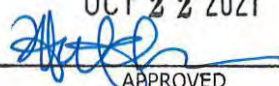
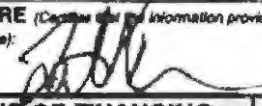


STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA Dept. of Health		FOR OPB USE ONLY											
AGENCY: FL Parishes Human Services Authority		OPB LOG NUMBER <b>91</b>		AGENDA NUMBER									
SCHEDULE NUMBER: 09-301		Approval and Authority: Division of Administration Office of Planning & Budget  <b>OCT 22 2021</b>  APPROVED											
SUBMISSION DATE: 10/04/21													
AGENCY BA-7 NUMBER: 22-01													
HEAD OF BUDGET UNIT: Richard Kramer													
TITLE: Executive Director													
SIGNATURE (Caption and the information provided is correct and true to the best of your knowledge): 		<i>Act 119 &amp; 21 RS Section 11</i>											
<b>MEANS OF FINANCING</b>		<b>CURRENT FY 2021-2022</b>		<b>ADJUSTMENT (+) or (-)</b>		<b>REVISED FY 2021-2022</b>							
<b>GENERAL FUND BY:</b>													
DIRECT		\$14,741,874		\$0		\$14,741,874							
INTERAGENCY TRANSFERS		\$6,032,084		\$1,331,820		\$7,363,904							
FEES & SELF-GENERATED		\$2,754,288		\$0		\$2,754,288							
Regular Fees & Self-generated		\$2,754,288		\$0		\$2,754,288							
Subtotal of Fund Accounts from Page 2		\$0		\$0		\$0							
STATUTORY DEDICATIONS		\$0		\$0		\$0							
[Select Statutory Dedication]		\$0		\$0		\$0							
[Select Statutory Dedication]		\$0		\$0		\$0							
Subtotal of Dedications from Page 2		\$0		\$0		\$0							
FEDERAL		\$0		\$0		\$0							
<b>TOTAL</b>		<b>\$23,528,046</b>		<b>\$1,331,820</b>		<b>\$24,859,866</b>							
AUTHORIZED POSITIONS		0		0		0							
AUTHORIZED OTHER CHARGES		181		0		181							
NON-TO FTE POSITIONS		0		0		0							
<b>TOTAL POSITIONS</b>		<b>181</b>		<b>0</b>		<b>181</b>							
<b>PROGRAM EXPENDITURES</b>		<b>DOLLARS</b>		<b>POS</b>		<b>DOLLARS</b>		<b>POS</b>					
<b>PROGRAM NAME:</b>													
FL Parishes Human Svs Auth		\$23,528,046		181		\$1,331,820		0		\$24,859,866		181	
Program 2		\$0		0		\$0		0		\$0		0	
Program 3		\$0		0		\$0		0		\$0		0	
Program 4		\$0		0		\$0		0		\$0		0	
Program 5		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
Subtotal of programs from Page 2		\$0		0		\$0		0		\$0		0	
<b>TOTAL</b>		<b>\$23,528,046</b>		<b>181</b>		<b>\$1,331,820</b>		<b>0</b>		<b>\$24,859,866</b>		<b>181</b>	

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT:</b> LA Dept. of Health	<b>FOR OPB USE ONLY</b>	
<b>AGENCY:</b> FL Parishes Human Services Authority	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER:</b> 09-301		
<b>SUBMISSION DATE:</b> 10/04/21	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER:</b> 22-01		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
The funding source for the requested increase is Interagency Transfer (IAT) means of finance from LDH/Office of Behavioral Health (OBH) to Florida Parishes Human Services Authority (FPHSA). The increase is necessary to provide sufficient IAT budget authority for FPHSA to receive IAT funding allocated from OBH for the SAPT COVID Supplemental funding and MHBG Covid Supplemental funding.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$1,331,820	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,331,820</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below.  
No additional personnel is being requested. Any new positions related to these grant will be temporary job appointments.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
This request cannot be postponed for consideration in the agency's budget request for next fiscal year because the grants are effective in Fiscal Year 2021-2022 and FPHSA currently has insufficient IAT budget authority for receipt of funds from OBH.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
This is not an after the fact BA-7.



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will have a positive impact to individuals in the Behavioral Health area of services provided within the Florida Parishes Human Services Authority (FPHSA) catchment area

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE:				
LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022
JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).				

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

Approval of this BA-7 will have a positive impact on FPHSA's Behavioral Health services as a result of creation or expansion of the following programs to better serve the community needs: an access team, mobile crisis unit, distribution of Narcan kits, as well as expansion of case management, peer support, MAT, and Functional Family

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

Not applicable

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Not applicable







**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$1,331,820	\$0	\$0	\$0	\$1,331,820
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$1,331,820	\$0	\$0	\$0	\$1,331,820
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$1,331,820</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,331,820</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

### GENERAL PURPOSE

The purpose of this BA-7 is to increase Interagency Transfer (IAT) means of finance to allow sufficient budget authority for the receipt of funds from LDH/Office of Behavioral Health (OBH) to Florida Parishes Human Services Authority (FPHSA) for the SAPT COVID Supplemental funding and the MHBG COVID Supplemental funding through federal block grants.

### REVENUES

Interagency Transfer from LDH/OBH to FPHSA

### EXPENDITURES

Other-Other charges

G/L Account: Other Charges-Misc Supplies	5620065	\$78,180
G/L Account Other Charges-Contracts	5620064	\$231,374
G/L Account Other Charges Acquisition	5620054	\$450,000
G/L Accounts Other Charges Salaries/RB	multiple	\$572,266

Total            \$1,331,820

### OTHER

Richard Kramer, Executive Director 985/543-4333 extension 1403      [richard.kramer@fphsa.org](mailto:richard.kramer@fphsa.org)

Rachelle Sibley, Chief Operating Officer 985/543-4333 extension 1422      [rachelle.sibley@fphsa.org](mailto:rachelle.sibley@fphsa.org)



STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Louisiana Department of Health		<b>FOR OPB USE ONLY</b>				
AGENCY: Capital Area Human Services District		OPB LOG NUMBER <b>92</b>		AGENDA NUMBER		
SCHEDULE NUMBER: 09-302		Approval and Authority: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">                     Division of Administration                      Office of Planning &amp; Budget                       OCT 22 2021                        APPROVED                      Act 119 of 2015, Section 11                 </div>				
SUBMISSION DATE: 10/01/2021						
AGENCY BA-7 NUMBER: 01						
HEAD OF BUDGET UNIT: Janzlean Laughinghouse, PhD						
TITLE: Executive Director						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge) 						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022		
<b>GENERAL FUND BY:</b>						
DIRECT	\$18,672,805	\$0		\$18,672,805		
INTERAGENCY TRANSFERS	\$8,932,107	\$2,366,790		\$11,298,897		
FEE & SELF-GENERATED	\$3,553,108	\$0		\$3,553,108		
Regular Fees & Self-generated	\$3,553,108	\$0		\$3,553,108		
Subtotal of Fund Accounts from Page 2	\$0	\$0		\$0		
STATUTORY DEDICATIONS	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
[Select Statutory Dedication]	\$0	\$0		\$0		
Subtotal of Dedications from Page 2	\$0	\$0		\$0		
FEDERAL	\$0	\$0		\$0		
<b>TOTAL</b>	<b>\$31,158,020</b>	<b>\$2,366,790</b>		<b>\$33,524,810</b>		
AUTHORIZED POSITIONS	0	0		0		
AUTHORIZED OTHER CHARGES	218	0		218		
NON-TO FTE POSITIONS	0	0		0		
<b>TOTAL POSITIONS</b>	<b>218</b>	<b>0</b>		<b>218</b>		
<b>PROGRAM EXPENDITURES</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>
<b>PROGRAM NAME:</b>						
CAHSD	\$31,158,020	218	\$2,366,790	0	\$33,524,810	218
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$31,158,020</b>	<b>218</b>	<b>\$2,366,790</b>	<b>0</b>	<b>\$33,524,810</b>	<b>218</b>



**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT:</b> Louisiana Department of Health	<b>FOR OPB USE ONLY</b>	
<b>AGENCY:</b> Capital Area Human Services District	<b>OPB LOG NUMBER</b>	<b>AGENDA NUMBER</b>
<b>SCHEDULE NUMBER:</b> 09-302		
<b>SUBMISSION DATE:</b> 10/01/2021	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER:</b> 01		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
Interagency Transfers

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$2,366,790	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$2,366,790</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

This BA-7 is to provide sufficient budget authority to receive IAT funding allocated to Capital Area Human Services District for projected expenditures in FY22. This is a companion BA-7 to CBH

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

No, this is not an after the fact BA-7



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will provide individuals obtaining behavioral health treatment in the seven (7) parish CAHSD catchment area enhanced services for the treatment of behavioral health illnesses complicated by the impact of COVID-19 on the community, allow for COVID-19 testing, counseling, information dissemination, training on mitigation strategies, the provision of personal protective equipment to reduce the risk of exposure and increase Narcan distribution to emergency responder.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. *(Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)*

OBJECTIVE: N/A

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. *(For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)*

N/A

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

N/A

5. Describe the performance impacts of failure to approve this BA-7. *(Be specific. Relate performance impacts to objectives and performance indicators.)*

The CAHSD would not have sufficient budget authority to implement the enhanced Covid-19 specific programs included in this funding.





**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: CAHSD

<b>MEANS OF FINANCING:</b>	<b>State General Fund</b>	<b>Interagency Transfers</b>	<b>Fees &amp; Self-Generated Revenues</b>	<b>Statutory Dedications</b>	<b>Federal Funds</b>	<b>TOTAL</b>
<b>AMOUNT</b>	\$0	\$2,366,790	\$0	\$0	\$0	\$2,366,790
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$2,366,790	\$0	\$0	\$0	\$2,366,790
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$2,366,790</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,366,790</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## **BA-7 QUESTIONNAIRE**

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

### **GENERAL PURPOSE**

This BA-7 will balance the IAT budget authority with OBH allocated funding for COVID-19 services.

### **REVENUES**

\$1,300,220 – IAT from the LDH/OBH SAPT Block Grant COVID-19 Supplemental Funding  
\$ 706,501 – IAT from the LDH/OBH MH Block Grant COVID-19 Supplemental Funding  
\$ 360,069 – IAT from the LDH/OBH SAMHSA COVID-19 Emergency Supplemental Funding  
\$2,366,790

### **EXPENDITURES**

This BA7 will increase expenditures in the Other Charges Budget Category for contract services and purchase of supplies.

### **OTHER**

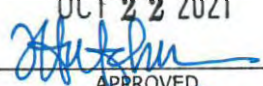
Janzlean Laughinghouse, Ph.D., LCSW-BACS, LAC  
Executive Director  
Janzlean.Laughinghouse@la.gov  
(225) 922-2700

Shaketha Carter  
Deputy Director  
Shaketha.Carter@la.gov  
225-922-2700

Karen Thomas  
Accountant Administrator  
Karen.Thomas@la.gov  
225-922-0004



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: Health and Hospitals</b>		<b>FOR OPB USE ONLY</b>				
<b>AGENCY: Metropolitan Human Services District</b>		OPB LOG NUMBER <b>93</b>	AGENDA NUMBER			
<b>SCHEDULE NUMBER: 09-304</b>		Approval and Authority: <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Division of Administration                      Office of Planning &amp; Budget   <b>OCT 22 2021</b>                        APPROVED                      ACT 19 OF 21 RS Section 11                 </div>				
<b>SUBMISSION DATE: 10/05/2021</b>						
<b>AGENCY BA-7 NUMBER: #01</b>						
<b>HEAD OF BUDGET UNIT: Rochell Head-Dunham, MD</b>						
<b>TITLE: Executive Director/Medical Director</b>						
<b>SIGNATURE</b> (Certifies that the information provided is correct and true to the best of your knowledge)  Steven Farber MD.						
<b>MEANS OF FINANCING</b>	<b>CURRENT FY 2021-2022</b>	<b>ADJUSTMENT (+) or (-)</b>	<b>REVISED FY 2021-2022</b>			
<b>GENERAL FUND BY:</b>						
DIRECT	\$18,519,059	\$0	\$18,519,059			
INTERAGENCY TRANSFERS	\$5,373,934	\$2,850,161	\$8,224,095			
FEEES & SELF-GENERATED	\$1,229,242	\$0	\$1,229,242			
Regular Fees & Self-generated	\$1,229,242	\$0	\$1,229,242			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$1,355,052	\$0	\$1,355,052			
<b>TOTAL</b>	<b>\$26,477,287</b>	<b>\$2,850,161</b>	<b>\$29,327,448</b>			
AUTHORIZED POSITIONS	0	0	0			
AUTHORIZED OTHER CHARGES	144	0	144			
NON-TO FTE POSITIONS	0	0	0			
<b>TOTAL POSITIONS</b>	<b>144</b>	<b>0</b>	<b>144</b>			
<b>PROGRAM EXPENDITURES</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>
<b>PROGRAM NAME:</b>						
Metropolitan Human Services District	\$26,477,287	144	\$2,850,161	0	\$29,327,448	144
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$26,477,287</b>	<b>144</b>	<b>\$2,850,161</b>	<b>0</b>	<b>\$29,327,448</b>	<b>144</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT:</b> Health and Hospitals	<b>FOR OPB USE ONLY</b>	
<b>AGENCY:</b> Metropolitan Human Services District	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER:</b> 09-304		
<b>SUBMISSION DATE:</b> 10/05/2021	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER:</b> #01		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	\$0	\$0	\$0
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	\$0	\$0	\$0

Use this section for additional Program Names, if needed.  
The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	\$0	0	\$0	0	\$0	0

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
This BA7 is to provide sufficient budget authority to received IAT funding allocated to Metropolitan Human Services District. Requested IAT authority is adjusted based on the analysis of projected FY22 expenditures.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$2,850,161	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$2,850,161</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
This BA-7 does not require additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
Federal Block Grant funding received by the LDH Program Offices allocated for expenditures during the current Federal Fiscal Year are allocated to the District for program implementation and expenditure during the current State Fiscal Year.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
This is not an after the fact BA-7



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will provide individuals obtaining behavioral health treatment in the three (3) parish MHSD catchment area enhanced services for the treatment of behavioral health illnesses complicated by the impact of COVID-19 on the community, allow for COVID-19 testing, counseling, information dissemination, training on mitigation strategies, the provision of personal protective equipment to reduce the risk of exposure and increase Narcan distribution to emergency responder.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE: N/A

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

Approval of the BA7 will result in only positive affects to services directly provided to behavioral health consumers and stakeholders in the community.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

There are no performance impacts.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

The MHSD would not have sufficient budget authority to implement the enhanced Covid-19 specific programs included in this funding.

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Metropolitan Human Services District

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$18,519,059	\$0	\$18,519,059	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,373,934	\$2,850,161	\$8,224,095	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$1,229,243	\$0	\$1,229,243	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$1,355,052	\$0	\$1,355,052	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$26,477,288</b>	<b>\$2,850,161</b>	<b>\$29,327,449</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$26,415,881	\$2,850,161	\$29,266,042	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$61,407	\$0	\$61,407	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$26,477,288</b>	<b>\$2,850,161</b>	<b>\$29,327,449</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	144	0	144	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>144</b>	<b>0</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$1,229,243	\$0	\$1,229,243	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT</b>						
<b>PROGRAM 1 NAME:</b> <u>Metropolitan Human Services District</u>						
<b>MEANS OF FINANCING:</b>	<b>State General Fund</b>	<b>Interagency Transfers</b>	<b>Fees &amp; Self-Generated Revenues</b>	<b>Statutory Dedications</b>	<b>Federal Funds</b>	<b>TOTAL</b>
<b>AMOUNT</b>	<b>\$0</b>	<b>\$2,850,161</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,850,161</b>
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$2,850,161	\$0	\$0	\$0	\$2,850,161
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$2,850,161</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,850,161</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	144	0	0	0	144
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>144</b>



## **BA-7 QUESTIONNAIRE**

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

### **GENERAL PURPOSE**

This BA7 is to provide sufficient budget authority to received IAT funding allocated to Metropolitan Human Services District. Requested IAT authority is adjusted based on the analysis of projected FY22 expenditures associated with Comprehensive Opioid Abuse Program (LaCOAP II); SAPT COVID Supp; MHBG COVID Supp.

### **REVENUES**

Interagency Transfer: \$ 2,850,161

**Total**                      \$ 2,850,161

### **EXPENDITURES**

OBJ 3500-Other Charges \$ 2,850,161


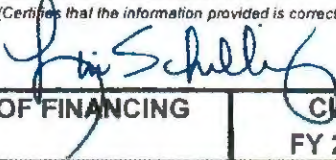
**Total**                      \$2,850,161

### **OTHER**

Rochelle Head-Dunham, MD  
Executive Director/Medical Director  
Phone: 504-535-2909  
Email: [Rochelle.Dunham@mhsdla.org](mailto:Rochelle.Dunham@mhsdla.org)

Traci Brown  
Chief Financial Officer  
Phone: 504-535-2936  
Email: [Traci.Brown@Mhsdl.org](mailto:Traci.Brown@Mhsdl.org)

STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Health		FOR OPB USE ONLY				
AGENCY: South Central LA Human Services Authority		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 09-309		94				
SUBMISSION DATE: 10-04-2021		Approval and Authority: Division of Administration Office of Planning & Budget  OCT 22 2021  APPROVED				
AGENCY BA-7 NUMBER: 22-01						
HEAD OF BUDGET UNIT: Lisa Schilling						
TITLE: Executive Director						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge)						
		Act 119 & 2125 section 11				
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$15,383,326	\$0	\$15,383,326			
INTERAGENCY TRANSFERS	\$4,749,286	\$1,445,954	\$6,195,243			
FEES & SELF-GENERATED	\$3,000,000	\$0	\$3,000,000			
Regular Fees & Self-generated	\$3,000,000	\$0	\$3,000,000			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$0	\$0	\$0			
<b>TOTAL</b>	<b>\$23,132,615</b>	<b>\$1,445,954</b>	<b>\$24,578,569</b>			
AUTHORIZED POSITIONS	C	0	0			
AUTHORIZED OTHER CHARGES	145	0	145			
NON-TO FTE POSITIONS	C	0	0			
<b>TOTAL POSITIONS</b>	<b>145</b>	<b>0</b>	<b>145</b>			
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
Program 1 South Central LA H.S.A.	\$23,132,615	145	\$1,445,954	0	\$24,578,569	145
Program 2	\$0	C	\$0	0	\$0	0
Program 3	\$0	C	\$0	0	\$0	0
Program 4	\$0	C	\$0	0	\$0	0
Program 5	\$0	C	\$0	0	\$0	0
	\$0	C	\$0	0	\$0	0
	\$0	C	\$0	0	\$0	0
	\$0	C	\$0	0	\$0	0
	\$0	C	\$0	0	\$0	0
	\$0	C	\$0	0	\$0	0
Subtotal of programs from Page 2	\$0	C	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$23,132,615</b>	<b>145</b>	<b>\$1,445,954</b>	<b>0</b>	<b>\$24,578,569</b>	<b>145</b>

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT:</b> Health	<b>FOR OPB USE ONLY</b>	
<b>AGENCY:</b> South Central LA Human Services Authority	<b>OPB LOG NUMBER</b>	<b>AGENDA NUMBER</b>
<b>SCHEDULE NUMBER:</b> 09-309		
<b>SUBMISSION DATE:</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER:</b> 22-01		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
This BA7 is to provide sufficient budget authority to received IAT funding allocated to South Central Louisiana Human Services Authority. Requested IAT authority is adjusted based on the analysis of projected FY22 expenditures.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$1,445,954	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,445,954</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
N/A

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
No

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

This BA7 is to provide sufficient budget authority to receive IAT funding allocated to South Central Louisiana Human Services Authority. Requested IAT authority is adjusted based on an analysis of projected FY22 expenditures

2. Complete the following information for each objective and related performance indicators that will be affected by this request (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE:				
LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022
JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).				

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

Approval of the BA7 will result in only positive affects to services directly provided to behavioral health consumers and stakeholders in the community.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

N/A

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

SCLHSA will not be able to collect the Grant funds the Office of Behavioral Health for the expenses incurred for providing services as outlined in Grants.

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: South Central Louisiana Human Services Authority

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$15,383,326	\$0	\$15,383,326	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,749,289	\$1,445,954	\$6,195,243	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$3,000,000	\$0	\$3,000,000	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$23,132,615</b>	<b>\$1,445,954</b>	<b>\$24,578,569</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$62,793	\$0	\$62,793	\$0	\$0	\$0	\$0
Operating Services	\$1,212,368	\$0	\$1,212,368	\$0	\$0	\$0	\$0
Supplies	\$567,904	\$0	\$567,904	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$20,616,370	\$1,445,954	\$22,062,324	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$673,180	\$0	\$673,180	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$23,132,615</b>	<b>\$1,445,954</b>	<b>\$24,578,569</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	145	0	145	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>145</b>	<b>0</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$3,000,000	\$0	\$3,000,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: South Central Louisiana Human Services Authority

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$1,445,954	\$0	\$0	\$0	\$1,445,954
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$1,445,954	\$0	\$0	\$0	\$1,445,954
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$1,445,954</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,445,954</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	145	0	0	0	0	145
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145</b>

## **BA-7 QUESTIONNAIRE**

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

### **GENERAL PURPOSE**

This BA-7 will balance the IAT budget authority with OBH allocated funding.

### **REVENUES**

This BA7 increases the IAT revenue expected from the La Dept of Health / Office of Behavioral Health for awards received from SAMHSA.

Coronavirus Response and Relief Supplement Appropriation (MH/SA COVID19 Sup) from SAMSHA to increase community based services for individuals after hours through Drop-In Center, provide education to the community for law enforcement providers and concerned citizen and to improve SCLHSA's infrastructure that includes upgrade to the agency's antiquated the telephone system as well as hire a team to provide services to the SMI/SED/FEP populations the include treatment and outreach services, training and marketing to staff the community about SCLHSA programs and individualize the current electronic health record to better meet the communication expectations of clients.

\$1,051,174 (LaGOV Fund 30900000800)

Temporary Assistance for Needy Families (TANF) Funds are used for a long-term residential program for the treatment of women with addictions and their dependent children.

\$ 148,812 (LaGOV Fund 30900000800)

Hurricane Ida Crisis Counseling Program (CCP) Services are funded through SAMSHA is a structured framework of supports provided by mental health professionals to assist individuals and communities in recovering from Hurricane Ida.

\$ 245,968 (LaGOV Fund 30900000000)

### **EXPENDITURES**

This BA7 will increase expenditures in the Other Charges Budget Category for contract services.

\$1,051,174 (LaGOV GL Account 5610003) MH/SA COVID19 Sup expenditures include the purchase of naran kits, trainer and materials for CIT, Dispatcher and YMHFA Community Training, telephone system including switch and firewall upgrade, contracts and lease for after-hours drop-in center, staff training on FEP, education and information material on FEP, billboards, contracts for FEP team including rent of office space and supplies.

\$ 148,812 (LaGOV GL Account 5610003) TANF Funds will be used to pay the daily rate increase for providing residential services to women with dependent.

\$ 245,968 (LaGOV GL Account 5610003) CCP funds will be used to establish two (2) teams of mental health professionals to provide outreach services to individual and/or families that includes counseling, distribute resource information, attend community gatherings/meetings, distribute stress relief items such as stress balls, coloring books, puzzles, etc to individuals, hospitals, first responder workplaces, etc and provide public service announcements.

### **OTHER**

Lisa Schilling, SCLHSA Executive Director

985-858-2931

[Lisa.schilling@la.gov](mailto:Lisa.schilling@la.gov)

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LOUISIANA DEPARTMENT OF HEALTH		FOR OPB USE ONLY				
AGENCY: 310 NE DELTA HUMAN SRVS AUTHORITY		OPB LOG NUMBER <b>95</b>		AGENDA NUMBER		
SCHEDULE NUMBER:		Approval and Authority: <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">                     Division of Administration                      Office of Planning &amp; Budget   <b>OCT 22 2021</b>                        APPROVED                 </div> Act 119 of 2021 - Section 11				
SUBMISSION DATE: 9/29/21						
AGENCY BA-7 NUMBER: 01						
HEAD OF BUDGET UNIT: ANGEL W. WILLIAMS						
TITLE: CHIEF FISCAL AND OPERATIONS OFFICER						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge). <i>Angel W. Williams</i>						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$10,578,707	\$0	\$10,578,707			
INTERAGENCY TRANSFERS	\$4,163,904	\$843,849	\$5,007,753			
FEES & SELF-GENERATED	\$773,844	\$0	\$773,844			
Regular Fees & Self-generated	\$773,844	\$0	\$773,844			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$0	\$0	\$0			
<b>TOTAL</b>	<b>\$15,516,455</b>	<b>\$843,849</b>	<b>\$16,360,304</b>			
AUTHORIZED POSITIONS	0	0	0			
AUTHORIZED OTHER CHARGES	101	0	101			
NON-TO FTE POSITIONS	0	0	0			
<b>TOTAL POSITIONS</b>	<b>101</b>	<b>0</b>	<b>101</b>			
<b>PROGRAM EXPENDITURES</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>	<b>DOLLARS</b>	<b>POS</b>
<b>PROGRAM NAME:</b>						
NE DELTA HUMAN SRVS AUTHOR	\$15,516,455	101	\$843,849	0	\$16,360,304	101
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$15,516,455</b>	<b>101</b>	<b>\$843,849</b>	<b>0</b>	<b>\$16,360,304</b>	<b>101</b>



**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: LOUISIANA DEPARTMENT OF HEALTH</b>	<b>FOR OPB USE ONLY</b>	
<b>AGENCY: 310 NE DELTA HUMAN SRVS AUTHORITY</b>	<b>OPB LOG NUMBER</b>	<b>AGENDA NUMBER</b>
<b>SCHEDULE NUMBER:</b>		
<b>SUBMISSION DATE: 9/29/21</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER: 01</b>		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
This increase is to align IAT budget authority with OBH appropriated funding including funding received for the Substance Abuse Prevention and Treatment (SAPT) - COVID Supplemental grant and the Mental Health Block Grant (MHBG) - COVID Supplemental grant.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$843,849	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$843,849</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
No, this BA-7 does not require additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
In FY22 NEDHSA does not have enough IAT Budget Authority to cover expenditures associated with this grant funding.

5. Is this an after the fact BA-7, e.g., have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
This is not an after the fact BA-7.

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT</b>				
<p>1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.</p> <p>Approval of this BA-7 will allow NEDHSA to successfully execute initiatives of the Substance Abuse Prevention and Treatment (SAPT) - COVID Supplemental grant and the Mental Health Block Grant (MHBG) - COVID Supplemental grant.</p>				
<p>2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)</p>				
OBJECTIVE: N/A				
LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022
<p>JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s). There are no impacts to Performance Indicators related to this BA-7.</p>				
<p>3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)</p> <p>The approval of this BA-7 will have a positive impact by the implementation of Anti Stigma work and a Supported Employment Initiative funded through the Substance Abuse Prevention and Treatment (SAPT) - COVID Supplemental grant and the Mental Health Block Grant (MHBG) - COVID Supplemental grant.</p>				
<p>4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact. This BA-7 will aid in meeting existing Performance Indicators.</p>				
<p>5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.) Failure to approve this request will prevent NEDHSA from carrying out the mission and goals related to this request.</p>				





STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: NE DELTA HUMAN SERVICES AUTHORITY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$843,849	\$0	\$0	\$0	\$843,849
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$843,849	\$0	\$0	\$0	\$843,849
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	\$0	\$843,849	\$0	\$0	\$0	\$843,849
<b>OVER / (UNDER)</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	0	0	0	0	0	0

## QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

### GENERAL PURPOSE

- I.E.-This BA-7 is to align IAT budget authority with OBH appropriated funding including funding received for the Substance Abuse Prevention and Treatment (SAPT) - COVID Supplemental grant and the Mental Health Block Grant (MHBG) - COVID Supplemental grant

### REVENUES

- Funding consists of \$843,849 from IAT
  - \$462,526 – Substance Abuse Prevention and Treatment (SAPT) - COVID Supplemental grant
  - \$381,323 – Mental Health Block Grant (MHBG) - COVID Supplemental grant

### EXPENDITURES

- Other Charges

### OTHER

Dr. Monteic A. Sizer  
Executive Director  
(318)362-3020  
[Monteic.Sizer@la.gov](mailto:Monteic.Sizer@la.gov)

Angel W. Williams  
Chief Fiscal & Operations Officer  
(318)362-5332  
[Angel.Williams@la.gov](mailto:Angel.Williams@la.gov)



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: HEALTH		FOR OPB USE ONLY				
AGENCY: Acadlana Area Human Services District		OPB LOG NUMBER <b>96</b>		AGENDA NUMBER		
SCHEDULE NUMBER: 09-325		Approval and Authority: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                         Division of Administration                          Office of Planning &amp; Budget   <b>OCT 22 2021</b>                            APPROVED                     </div> Act 119 of 2020 - Section 11				
SUBMISSION DATE: 10/04/21						
AGENCY BA-7 NUMBER: 1						
HEAD OF BUDGET UNIT: Brad Farmer						
TITLE: Executive Director						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge) 						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$14,003,767	\$0	\$14,003,767			
INTERAGENCY TRANSFERS	\$3,396,282	\$2,758,281	\$6,154,563			
FEES & SELF-GENERATED	\$1,536,196	\$0	\$1,536,196			
Regular Fees & Self-generated	\$1,536,196	\$0	\$1,536,196			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$0	\$0	\$0			
<b>TOTAL</b>	<b>\$18,936,245</b>	<b>\$2,758,281</b>	<b>\$21,694,526</b>			
AUTHORIZED POSITIONS	0	0	0			
AUTHORIZED OTHER CHARGES	119	0	119			
NON-TO FTE POSITIONS	0	0	0			
<b>TOTAL POSITIONS</b>	<b>119</b>	<b>0</b>	<b>119</b>			
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
AAHSD (Program 1000)	\$18,936,245	119	\$2,758,281	0	\$21,694,526	119
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$18,936,245</b>	<b>119</b>	<b>\$2,758,281</b>	<b>0</b>	<b>\$21,694,526</b>	<b>119</b>

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: HEALTH</b>	<b>FOR OPB USE ONLY</b>	
<b>AGENCY: Acadiana Area Human Services District</b>	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER: 09-325</b>		
<b>SUBMISSION DATE: 10/04/21</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER: 1</b>		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
This request is for an increase in budget authority in IAT funding from the Office of Behavioral Health. The amount allocated for Acadiana Area Human Services District was increased after the appropriation was completed for fiscal year 2022.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$2,758,281	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$2,758,281</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
No - this BA-7 does not require additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
Postponing this request will potentially jeopardize the grant awards. This BA7 is needed to facilitate all IAT funding AAHSD will receive from OBH.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
This is not an after the fact BA-7.



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will result in the district having sufficient budget authority for FY-22 to facilitate all IAT funding that the authority is allocated to receive.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

**OBJECTIVE:**

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

**JUSTIFICATION FOR ADJUSTMENT(S):** Explain the necessity of the adjustment(s).  
There are no impacts to Performance Indicators related to this BA-7.

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

The approval of this BA-7 will have a positive impact through improved health care delivery for the overall wellness and status of adults with co-occurring mental illness and physical health conditions or chronic diseases, and individuals with a substance use disorder.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.  
This BA-7 will aid in meeting existing Performance Indicators.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)  
Failure to approve this request will prevent AAHSD from carrying out their missions and goals related to this request.

STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Acadiana Area Human Services District

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$14,003,767	\$0	\$14,003,767	\$0	\$0	\$0	\$0
Interagency Transfers	\$3,396,282	\$2,758,281	\$6,154,563	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$1,536,196	\$0	\$1,536,196	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>FEDERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$18,936,245</b>	<b>\$2,758,281</b>	<b>\$21,694,526</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$176,100	\$0	\$176,100	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$18,218,094	\$2,758,281	\$20,977,275	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$541,151	\$0	\$541,151	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>UNALLOTTED</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$18,936,245</b>	<b>\$2,758,281</b>	<b>\$21,694,526</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	119	0	119	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>119</b>	<b>0</b>	<b>119</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$1,536,196	\$0	\$1,536,196	\$0	\$0	\$0	\$0
(Select Fund Account)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Fund Account)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Acadiana Area Human Services District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$2,758,281	\$0	\$0	\$0	\$2,758,281
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$2,758,281	\$0	\$0	\$0	\$2,758,281
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	\$0	\$2,758,281	\$0	\$0	\$0	\$2,758,281
<b>OVER / (UNDER)</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	0	0	0	0	0	0



**BA-7 QUESTIONNAIRE**

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

**GENERAL PURPOSE**

1. This increase is to align IAT budget authority with OBH appropriated funding and funding received by AAHSD in the amount of \$2,758,281

**REVENUES**

	<u>MOF</u>	<u>Description</u>	<u>Amount</u>
2.	Interagency Transfer	OBH Transfer of IAT Budget Authority	<u>\$2,758,281</u>
	TOTAL		<u>\$2,758,281</u>

**EXPENDITURES**

9. This request is for an increase in budget authority in IAT funding from the Office of Behavioral Health. The amount allocated for Acadiana Area Human Services District was increased after the appropriation was completed for fiscal year 2022.

11.	<u>Expenditure Object</u>	<u>Description</u>	<u>Amount</u>
	3500	Other Charges - Aid to Local School Board	<u>\$2,758,281</u>
	TOTAL		<u>\$2,758,281</u>

**OTHER**

12. Provide names, phone numbers, and e-mail addresses of agency contacts

Brad Farmer, Executive Director  
337-282-4190  
[Brad.Farmer@la.gov](mailto:Brad.Farmer@la.gov)

Yancey Miro, Director of Behavioral Health  
337-262-1611  
[yancey.miro@la.gov](mailto:yancey.miro@la.gov)

Daniel Leger, Accountant Administrator 2  
337-262-4180  
[Daniel.Leger@la.gov](mailto:Daniel.Leger@la.gov)

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

DEPARTMENT: LOUISIANA DEPARTMENT OF HEALTH		FOR OPB USE ONLY				
AGENCY: OFFICE OF PUBLIC HEALTH		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 09-326		100				
SUBMISSION DATE: October 01, 2021		Approval and Authority:				
AGENCY BA-7 NUMBER: #4 COVID-19 Staffing Surge/Hurricane IDA Response/Mass Vaccination FEMA Reimbursements		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-size: small;">Division of Administration Office of Planning &amp; Budget</p> <p style="text-align: center; font-size: large; font-weight: bold;">OCT 29 2021</p> <p style="text-align: center; font-size: x-large; font-family: cursive;">[Signature]</p> <p style="text-align: center; font-weight: bold;">APPROVED</p> </div>				
HEAD OF BUDGET UNIT: Kimberly Hood, JD		<i>Act 119 of 2021 RS - Section 11</i>				
TITLE: OPH Assistant Secretary						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge):						
<i>[Signature]</i>						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$57,235,968	\$0	\$57,235,968			
INTERAGENCY TRANSFERS	\$499,065,075	\$216,085,038	\$715,150,113			
FEES & SELF-GENERATED	\$54,175,366	\$0	\$54,175,366			
Regular Fees & Self-generated	\$54,166,366	\$0	\$54,166,366			
Subtotal of Fund Accounts from Page 2	\$9,000	\$0	\$9,000			
STATUTORY DEDICATIONS	\$10,148,851	\$0	\$10,148,851			
[Select Statutory Dedication]	\$0	\$0	\$0			
[Select Statutory Dedication]	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$10,148,851	\$0	\$10,148,851			
FEDERAL	\$715,018,557	\$0	\$715,018,557			
<b>TOTAL</b>	<b>\$1,335,652,817</b>	<b>\$216,085,038</b>	<b>\$1,551,737,855</b>			
AUTHORIZED POSITIONS	1,235	0	1,235			
AUTHORIZED OTHER CHARGES	0	0	0			
NON-TO FTE POSITIONS	105	0	105			
<b>TOTAL POSITIONS</b>	<b>1,340</b>	<b>0</b>	<b>1,340</b>			
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
PUBLIC HEALTH SERVICES	\$1,335,652,817	1,340	\$216,085,038	0	\$1,551,737,855	1,340
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$1,335,652,817</b>	<b>1,340</b>	<b>\$216,085,038</b>	<b>0</b>	<b>\$1,551,737,855</b>	<b>1,340</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: LOUISIANA DEPARTMENT OF HEALTH</b>	<b>FOR OPB USE ONLY</b>	
<b>AGENCY: OFFICE OF PUBLIC HEALTH</b>	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER: 09-326</b>		
<b>SUBMISSION DATE: October 01, 2021</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER: #4 COVID-19 Staffing Surge/Hurricane IDA Response/Mass Vaccination FEMA Reimbursements</b>		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
Emergency Medical Technician Fund Account	\$9,000	\$0	\$9,000
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$9,000</b>	<b>\$0</b>	<b>\$9,000</b>
<b>STATUTORY DEDICATIONS</b>			
Oyster Sanitation Fund (Q08)	\$186,051	\$0	\$186,051
Louisiana Fund (Z13)	\$6,821,260	\$0	\$6,821,260
Telecommunications for the Deaf Fund (E02)	\$2,716,136	\$0	\$2,716,136
Emergency Medical Technician Fund (P14)	\$0	\$0	\$0
Vital Records Conversion Fund (H18)	\$425,404	\$0	\$425,404
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$10,148,851</b>	<b>\$0</b>	<b>\$10,148,851</b>

Use this section for additional Program Names, if needed.  
The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?

The source of funding for this request is Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) for costs incurred by the Office of Public Health for the following: 1) Additional costs of \$143,003,521 for COVID-19 Surge Staffing of Hospitals BA-7 #3; 2) Contracts and purchase orders of \$47,202,615 for emergency response to Hurricane IDA and; 3) Annualization of Mass Vaccination Project in response to COVID-19 pandemic for \$25,878,902.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$216,085,038	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$216,085,038</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
This action does not require any additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

The Office of Public Health does not have sufficient revenue or expenditure authority to receive these reimbursements from GOHSEP for OPH's response to the increase of COVID-19 surge staffing for hospitals, emergency response to Hurricane IDA, and the Mass Vaccination Project due to the COVID-19 pandemic.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

The Office of Public Health is now and has been incurring expenditures related to the COVID-19 pandemic as per Emergency Proclamation Number 25 JBE 2020 by which the governor declared a statewide public health emergency. In addition, per Proclamation Number 166 JBE 2021 signed by the governor on August 27th, 2021, OPH has incurred expenditures and obligations in response to Hurricane IDA.

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will allow the Office of Public Health to receive \$216,085,038 in Interagency Transfers from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) for costs incurred for the following: 1) Setting up Mass Vaccination sites and implementing Community Strike Teams; 2) Providing COVID-19 surge staffing for hospitals and 3) contract services and operational supplies for direct response to Hurricane IDA. This would have a positive impact on the agency's ability to respond to Hurricane Ida and COVID-19 activities.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. *(Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)*

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. *(For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)*

There are no additional impacts other than what is stated above.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

This request is for Interagency Transfer funding for FEMA reimbursements as a direct response to the COVID-19 crisis as well as direct response to Hurricane IDA, for which the agency does not have any performance indicators to track.

5. Describe the performance impacts of failure to approve this BA-7. *(Be specific. Relate performance impacts to objectives and performance indicators.)*

Failure to approve this BA-7 will result in the agency's inability to: 1) set up Mass Vaccination sites and community strike teams statewide; 2) provide COVID-19 surge staffing for hospitals and; 3) directly respond to Hurricane IDA. Failure to approve this BA-7 will result in the agency's inability to receive funding/reimbursement for: 1) mass vaccination sites and community strike teams statewide; 2) COVID-19 surge staffing for hospitals and; 3) direct response for recovery from Hurricane Ida. This would negatively impact the agency's ability to support COVID-19 surge mitigation and Ida recovery efforts.

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: PUBLIC HEALTH SERVICES

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$57,235,968	\$0	\$57,235,968	\$0	\$0	\$0	\$0
Interagency Transfers	\$17,137,700	\$216,085,038	\$233,222,738	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$54,184,366	\$0	\$54,184,366	\$0	\$0	\$0	\$0
Statutory Dedications **	\$10,148,851	\$0	\$10,148,851	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$1,196,945,932	\$0	\$1,196,945,932	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$1,335,652,817</b>	<b>\$216,085,038</b>	<b>\$1,551,737,855</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$78,624,622	\$0	\$78,624,622	\$0	\$0	\$0	\$0
Other Compensation	\$7,792,731	\$0	\$7,792,731	\$0	\$0	\$0	\$0
Related Benefits	\$49,378,340	\$0	\$49,378,340	\$0	\$0	\$0	\$0
Travel	\$2,758,228	\$0	\$2,758,228	\$0	\$0	\$0	\$0
Operating Services	\$13,852,790	\$0	\$13,852,790	\$0	\$0	\$0	\$0
Supplies	\$15,025,827	\$0	\$15,025,827	\$0	\$0	\$0	\$0
Professional Services	\$58,439,797	\$0	\$58,439,797	\$0	\$0	\$0	\$0
Other Charges	\$1,080,816,486	\$216,085,038	\$1,296,901,524	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$27,180,745	\$0	\$27,180,745	\$0	\$0	\$0	\$0
Acquisitions	\$1,783,251	\$0	\$1,783,251	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$1,335,652,817</b>	<b>\$216,085,038</b>	<b>\$1,551,737,855</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	1,221	0	1,221	0	0	0	0
Unclassified	14	0	14	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>1,235</b>	<b>0</b>	<b>1,235</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	105	0	105	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>1,340</b>	<b>0</b>	<b>1,340</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$54,175,366	\$0	\$54,175,366	\$0	\$0	\$0	\$0
Emergency Medical Technician Fund Account	\$9,000	\$0	\$9,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
Oyster Sanitation Fund (Q08)	\$186,051	\$0	\$186,051	\$0	\$0	\$0	\$0
Louisiana Fund (Z13)	\$6,821,260	\$0	\$6,821,260	\$0	\$0	\$0	\$0
Telecommunications for the Deaf Fund (E02)	\$2,716,136	\$0	\$2,716,136	\$0	\$0	\$0	\$0
Emergency Medical Technician Fund (P14)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vital Records Conversion Fund (H18)	\$425,404	\$0	\$425,404	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT						
PROGRAM 1 NAME: <u>PUBLIC HEALTH SERVICES</u>						
MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$216,085,038	\$0	\$0	\$0	\$216,085,038
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$216,085,038	\$0	\$0	\$0	\$216,085,038
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$216,085,038</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$216,085,038</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

## GENERAL PURPOSE

The purpose of this BA-7 is to request budget authority in the amount of \$216,085,038 for FEMA Reimbursements for the following: 1) \$143,003,521 COVID-19 surge staffing for hospitals increase related to FY22 BA-7 #3; 2) \$47,202,615) contracts and operation costs for response to Hurricane IDA and; 3) \$25,878,902 annualization of FY21 BA-7 for Mass Vaccination Event (MVE) in response to the COVID-19 pandemic.

## REVENUES

Interagency Transfers – \$216,085,038 from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).

## EXPENDITURES

Other Charges –

**GL Account 5620137 - Other Charges Professional Services \$210,877,151:** 1) Expenditures for contracts to set up Community Strike Teams and Mass Vaccination Sites. These contracts will be for ten person strike teams set up in each parish for five (5) days a week; costs for leasing of nine (9) Mass Vaccination Sites; 2) Expenditures for medical staffing surge contracts. These contracts have been activated to support hospitals and medical facilities statewide from Shreveport to New Orleans through December to combat this most recent CV-19 surge; 3) Contracts for emergency response to Hurricane IDA that includes ambulance services, field staff and tactical support staff for regional Special Needs Shelters (SNS), medical staffing and direct patient care for Medical Special Needs Shelters (MSNS).

**GL Account 5620065 – Other Charges Supplies \$5,207,887:** 1) Medical and Operational supply expenditures for the Mass Vaccination Sites (MVEs) that include (but are not limited to) – needles, syringes, alcohol prep pads, surgical masks, band aids, surgical gloves, medical waste disposal boxes, oxygen, hand carts, coolers, specialty freezers for vaccine storage, first aid kits; 2) Operational supplies for emergency response to Hurricane IDA which includes (but is not limited to) – oxygen and oxygen cylinders, oxygen regulators, bariatric beds with privacy screens, blood collecting tubes, testing cartridges, peri-wash cleanser.

## OTHER

Name of Agency/Program Contact: Ashley Dromgoole, OPH Chief Financial Officer  
Phone: (225)342-7881  
Email: [ashley.dromgoole@la.gov](mailto:ashley.dromgoole@la.gov)

Note: this should be the person who can provide further information on this item and who will attend the Joint Legislative Committee on the Budget (JLCB) meeting to testify, if necessary.

Budget Contact: Ashley Dromgoole, OPH Chief Financial Officer  
Phone: (225)342-7881  
Email: [ashley.dromgoole@la.gov](mailto:ashley.dromgoole@la.gov)

STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LDH/ IMCAL H.S.A.		FOR OPB USE ONLY				
AGENCY: IMCAL H.S.A.		OPB LOG NUMBER <b>97</b>		AGENDA NUMBER		
SCHEDULE NUMBER: 09-375		Approval and Authority: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">             Division of Administration              Office of Planning &amp; Budget   <b>OCT 22 2021</b>                APPROVED           </div> <i>Act 119 of 2020 - Section 11</i>				
SUBMISSION DATE: 9/30/21						
AGENCY BA-7 NUMBER: 1						
HEAD OF BUDGET UNIT: TANYA MCGEE						
TITLE: EXECUTIVE DIRECTOR, IMCAL H.S.A.						
SIGNATURE (Certify that the information provided is correct and true to the best of your knowledge) 						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$8,087,781	\$0	\$8,087,781			
INTERAGENCY TRANSFERS	\$2,739,156	\$980,364	\$3,719,520			
FEEs & SELF-GENERATED	\$1,300,000	\$0	\$1,300,000			
Regular Fees & Self-generated	\$1,300,000	\$0	\$1,300,000			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$0	\$0	\$0			
(Select Statutory Dedication)	\$0	\$0	\$0			
(Select Statutory Dedication)	\$0	\$0	\$0			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$125,000	\$0	\$125,000			
<b>TOTAL</b>	<b>\$12,251,937</b>	<b>\$980,364</b>	<b>\$13,232,301</b>			
AUTHORIZED POSITIONS	0	0	0			
AUTHORIZED OTHER CHARGES	77	0	77			
NON-TO FTE POSITIONS	0	0	0			
<b>TOTAL POSITIONS</b>	<b>77</b>	<b>0</b>	<b>77</b>			
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
IMCAL H.S.A.	\$12,251,937	77	\$980,364	0	\$13,232,301	77
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$12,251,937</b>	<b>77</b>	<b>\$980,364</b>	<b>0</b>	<b>\$13,232,301</b>	<b>77</b>



**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: LDH/ IMCAL H.S.A.</b>	<b>FOR OPB USE ONLY</b>	
<b>AGENCY: IMCAL H.S.A.</b>	<b>OPB LOG NUMBER</b>	<b>AGENDA NUMBER</b>
<b>SCHEDULE NUMBER: 09-375</b>		
<b>SUBMISSION DATE: 9/30/21</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER: 1</b>		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
This BA7 is to balance IAT appropriated budget to IAT Agreement dated 8/6/21 to provide sufficient budget authority to receive IAT funding allocated to Imperial Calcasieu Human Services Authority (IMCAL H.S.A.), and will allow for expenditures to process timely for FY22

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$980,364	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$980,364</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
This BA-7 does not require any additional personnel

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year  
Will facilitate IAT funding to be received, and allow for IMCAL H.S.A. to encumber contracts and start new initiatives per IAT funding source requirements.

5. Is this an after the fact BA-7, e.g., have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
This BA-7 is not and after-the-fact BA-7

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will allow for sufficient budget authority for FY22; and will facilitate reception of IAT funding and processing of expenditures.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

Approval of this BA-7 will allow IMCAL H.S.A. to provide services as specified by IAT Funding Source.

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.  
 N/A

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)  
 Client services through the contracts initiated with the associated IAT funding cannot occur.



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: IMCAL H.S.A.

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$8,087,781	\$0	\$8,087,781	\$0	\$0	\$0	\$0
Interagency Transfers	\$2,739,156	\$980,364	\$3,719,520	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$1,300,000	\$0	\$1,300,000	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$125,000	\$0	\$125,000	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$12,251,937</b>	<b>\$980,364</b>	<b>\$13,232,301</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$2,000,000	\$0	\$2,000,000	\$0	\$0	\$0	\$0
Supplies	\$300,000	\$0	\$300,000	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$9,648,602	\$980,364	\$10,628,966	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$303,335	\$0	\$303,335	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$12,251,937</b>	<b>\$980,364</b>	<b>\$13,232,301</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	77	0	77	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>77</b>	<b>0</b>	<b>77</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$1,300,000	\$0	\$1,300,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: IMCAL H.S.A.

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$980,364	\$0	\$0	\$0	\$980,364
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$980,364	\$0	\$0	\$0	\$980,364
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$980,364</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$980,364</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## **BA-7 QUESTIONNAIRE**

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

### **QUESTIONNAIRE ANALYSIS**

#### **GENERAL PURPOSE**

This BA7 is to balance IAT appropriated budget to IAT Agreement dated 8/6/21 for the expected funding from Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) to provide sufficient budget authority to receive IAT funding allocated to Imperial Calcasieu Human Services Authority (IMCAL H.S.A.) through grants; and will allow for expenditures to process timely for FY22

- (1) Increase for COVID-19 Supplement Federal CFDA # 93.665
- (2) Increase for State Opioid Response NCE Federal CFDA # 93.788
- (3) Increase for Substance Abuse Prevention and Treatment Covid Supp Federal CFDA # 93.959
- (4) Increase for Mental Health Block Grant Covid Supp Federal CFDA #93.958

#### **REVENUES**

IAT – Grants received from OBH as IAT Funding for IMCAL H.S.A. in FY22

#### **EXPENDITURES**

The expenditures associated with the BA-7 are in "Other Charges – Professional Services" expenditure category and will have a positive impact to the individuals in the IMCAL H.S.A. catchment area from outreach efforts related to:

+\$215,952 COVID-19 SUPPLEMENT

+\$39,412 STATE OPIOID RESPONSE 1.0 (SOR 1.0) for activities related to prevention, treatment and recovery activity for opioid use disorder

+\$337,500 SUBSTANCE ABUSE PREVENTION AND TREATMENT COVID SUPP (SAPT CV SUPP)

+\$387,500 MENTAL HEALTH COVID SUPPLEMENT (MHBG CV SUPP)

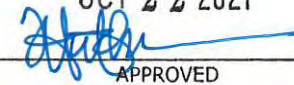

#### **OTHER**

Tanya McGee, MS  
Executive Director  
Imperial Calcasieu Human Services Authority (IMCAL H.S.A.)  
(337) 475-3100

Melanie Jackson  
Chief Financial Officer  
Imperial Calcasieu Human Services Authority (IMCAL H.S.A.)  
(337) 475- 4869



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Department of Health		FOR OPB USE ONLY			
AGENCY: Central LA Human Services District		OPB LOG NUMBER <b>98</b>		AGENDA NUMBER	
SCHEDULE NUMBER: 09-376		Approval and Authority Division of Administration Office of Planning & Budget  <b>OCT 22 2021</b>  APPROVED  <i>Act 119 of 2025 - Section 11</i>			
SUBMISSION DATE: 10/4/21					
AGENCY BA-7 NUMBER: 1 - Increase IAT Authority					
HEAD OF BUDGET UNIT: Rebecca Craig					
TITLE: Executive Director					
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge) 					
MEANS OF FINANCING		CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022
GENERAL FUND BY:					
DIRECT		\$9,751,715	\$0		\$9,751,715
INTERAGENCY TRANSFERS		\$4,179,346	\$1,972,024		\$6,151,370
FEES & SELF-GENERATED		\$1,000,000	\$0		\$1,000,000
Regular Fees & Self-generated		\$1,000,000	\$0		\$1,000,000
Subtotal of Fund Accounts from Page 2		\$0	\$0		\$0
STATUTORY DEDICATIONS		\$0	\$0		\$0
[Select Statutory Dedication]		\$0	\$0		\$0
[Select Statutory Dedication]		\$0	\$0		\$0
Subtotal of Dedications from Page 2		\$0	\$0		\$0
FEDERAL		\$0	\$0		\$0
<b>TOTAL</b>		<b>\$14,931,061</b>	<b>\$1,972,024</b>		<b>\$16,903,085</b>
AUTHORIZED POSITIONS		0	0		0
AUTHORIZED OTHER CHARGES		<del>87</del> 0 <i>AJS</i>	0		0
NON-TO FTE POSITIONS		<del>0</del> 87 <i>AJS</i>	0		87
<b>TOTAL POSITIONS</b>		<b>87</b>	<b>0</b>		<b>87</b>
PROGRAM EXPENDITURES		DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:					
<i>HA</i> Program 1 <i>Central LA HSD</i>		\$14,931,061	87	\$1,972,024	0
Program 2		\$0	0	\$0	0
Program 3		\$0	0	\$0	0
Program 4		\$0	0	\$0	0
Program 5		\$0	0	\$0	0
		\$0	0	\$0	0
		\$0	0	\$0	0
		\$0	0	\$0	0
		\$0	0	\$0	0
Subtotal of programs from Page 2		\$0	0	\$0	0
<b>TOTAL</b>		<b>\$14,931,061</b>	<b>87</b>	<b>\$1,972,024</b>	<b>0</b>

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: Department of Health	FOR OPB USE ONLY	
AGENCY: Central LA Human Services District	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-376		
SUBMISSION DATE: 10/4/21	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 1 - Increase IAT Authority		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
 This increase is to align IAT budget authority with OBH appropriated funding including funding received for Substance Abuse Prevention and Treatment (SAPT) COVID Supplement \$928,841, Mental Health Block Grant (MHBG) COVID Supplement \$489,401, COVID-19 \$21,570, COVID-19 Supplement \$108,295 and COVID-19 Crisis Counseling Regular Services Program \$333,917.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$1,972,024	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,972,024</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
 No, this BA-7 doesn't include personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
 If postponed CLHSD would not have sufficient budget authority to accept the additional IAT from OBH.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
 No, this is not an after the fact BA-7.





STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Central LA Human Services District

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026 <sup>1</sup>
<b>GENERAL FUND BY:</b>							
Direct	\$9,751,715	\$0	\$9,751,715	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,179,348	\$1,972,024	\$6,151,370	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$1,000,000	\$0	\$1,000,000	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>FEDERAL FUNDS</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$14,931,061</b>	<b>\$1,972,024</b>	<b>\$16,903,085</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$14,709,318	\$1,972,024	\$16,678,340	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$224,745	\$0	\$224,745	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>UNALLOTTED</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$14,931,061</b>	<b>\$1,972,024</b>	<b>\$16,903,085</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	87	0	87	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>87</b>	<b>0</b>	<b>87</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$1,000,000	\$0	\$1,000,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Central LA Human Services District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	\$0	\$1,972,024	\$0	\$0	\$0	\$1,972,024
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$1,972,024	\$0	\$0	\$0	\$1,972,024
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	\$0	\$1,972,024	\$0	\$0	\$0	\$1,972,024
<b>OVER / (UNDER)</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	0	0	0	0	0	0
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	0	0	0	0	0	0

## QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

### GENERAL PURPOSE

1. I.E. – This BA-7 is for additional IAT resulting from additional funding awarded.

### REVENUES

- FY22 IAT per the General Appropriation Bill, HB1 (Act 119) of the 2021 Regular Legislative Session:

Current IAT Budget	\$ 4,179,346
--------------------	--------------

- Revised IAT from the Office of Behavioral Health includes the following increases that will be allocated and reimbursed to Central LA Human Services District:

Substance Abuse Prevention and Treatment Block Grant (SAPT)	
COVID Supplement	\$ 928,841
Mental Health Block Grant (MHBG) COVID Supplement	489,401
COVID-19	21,570
COVID-19 Supplement	198,295
COVID-19 Crisis Counseling Regular Services Program (CCP RSP)	<u>333,917</u>
Amount of increase	<u>\$ 1,972,024</u>

### EXPENDITURES

- 9. Expenditures will be in the Other Charges category. Requested amounts are based on projected expenditures in the various program areas.
- 11. General ledger account for this will be primarily 5620064, Miscellaneous - Professional Services; there may be a portion that the general ledger account will be 5620063, Miscellaneous - Operating Services.

### OTHER

- 12.

Rebecca Craig, MA  
Executive Director  
(318) 487-5191  
[Rebecca.Craig@la.gov](mailto:Rebecca.Craig@la.gov)

Karin Shrader  
Chief Fiscal Officer  
(318) 487-5030  
[Karin.Shrader@la.gov](mailto:Karin.Shrader@la.gov)



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA DEPARTMENT OF HEALTH		FOR OPB USE ONLY											
AGENCY: NORTHWEST LA HUMAN SERVICES DISTRICT		OPB LOG NUMBER <b>99</b>		AGENDA NUMBER									
SCHEDULE NUMBER: 09-377		Approval and Authority: Division of Administration Office of Planning & Budget  <b>OCT 22 2021</b>  APPROVED  <i>Act 119, 2/21/21 Section 11</i>											
SUBMISSION DATE: 10/04/2021													
AGENCY BA-7 NUMBER: #1													
HEAD OF BUDGET UNIT: Douglas Efferson													
TITLE: Executive Director													
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge) 													
MEANS OF FINANCING		CURRENT FY 2021-2022		ADJUSTMENT (+) or (-)		REVISED FY 2021-2022							
GENERAL FUND BY:													
DIRECT		\$8,810,873		\$0		\$8,810,873							
INTERAGENCY TRANSFERS		\$5,013,149		\$1,370,150		\$6,383,299							
FEES & SELF-GENERATED		\$1,500,000		\$0		\$1,500,000							
Regular Fees & Self-generated		\$1,500,000		\$0		\$1,500,000							
Subtotal of Fund Accounts from Page 2		\$0		\$0		\$0							
STATUTORY DEDICATIONS		\$0		\$0		\$0							
[Select Statutory Dedication]		\$0		\$0		\$0							
[Select Statutory Dedication]		\$0		\$0		\$0							
Subtotal of Dedications from Page 2		\$0		\$0		\$0							
FEDERAL		\$0		\$0		\$0							
<b>TOTAL</b>		<b>\$15,324,022</b>		<b>\$1,370,150</b>		<b>\$16,694,172</b>							
AUTHORIZED POSITIONS		0		0		0							
AUTHORIZED OTHER CHARGES		89		0		89							
NON-TO FTE POSITIONS		0		0		0							
<b>TOTAL POSITIONS</b>		<b>89</b>		<b>0</b>		<b>89</b>							
<b>PROGRAM EXPENDITURES</b>		<b>DOLLARS</b>		<b>POS</b>		<b>DOLLARS</b>		<b>POS</b>					
PROGRAM NAME:													
NLHSD		\$15,324,022		89		\$1,370,150		0		\$16,694,172		89	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
		\$0		0		\$0		0		\$0		0	
Subtotal of programs from Page 2		\$0		0		\$0		0		\$0		0	
<b>TOTAL</b>		<b>\$15,324,022</b>		<b>89</b>		<b>\$1,370,150</b>		<b>0</b>		<b>\$16,694,172</b>		<b>89</b>	

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT: LA DEPARTMENT OF HEALTH</b>	<b>FOR OPB USE ONLY</b>	
<b>AGENCY: NORTHWEST LA HUMAN SERVICES DISTRICT</b>	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER: 09-377</b>	<b>ADDENDUM TO PAGE 1</b>	
<b>SUBMISSION DATE: 9/22/2021</b>		
<b>AGENCY BA-7 NUMBER: #1</b>		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Use this section for additional Program Names, if needed.  
The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?  
 This increase is to align IAT budget authority with OBH appropriated funding including funding received accordingly.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$1,370,150	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$1,370,150</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
 No - this BA-7 does not require additional personnel.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.  
 This increase is to have sufficient budget authority for the remainder of FY22. The adjustment is needed to facilitate IAT funding that the District will receive.

5. Is this an after the fact BA-7, e.g., have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
 This is not an after the fact BA-7.

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1 Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7

Approval of this BA-7 will account for sufficient budget authority for the remainder of FY22. This adjustment is needed to facilitate all IAT funding that the District will receive. There will be no programmatic impacts to the District.

2 Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s)  
 There are no impacts to Performance Indicators related to this BA-7.

3 Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example, Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

There are no impacts to performance indicators related to this BA-7.

4 If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

There are no impacts to performance indicators related to this BA-7.

5 Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Failure to approve this BA-7 will not allow for sufficient budget authority for the remainder of FY22. This BA-7 adjustment is needed to facilitate all IAT funding that the District will receive.



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME Northwest Louisiana Human Service District

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY</b>							
Direct	\$8,810,873	\$0	\$8,810,873	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,013,149	\$1,370,150	\$6,383,299	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$1,500,000	\$0	\$1,500,000	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$15,324,022</b>	<b>\$1,370,150</b>	<b>\$16,694,172</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$14,967,091	\$1,370,150	\$16,337,241	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$356,931	\$0	\$356,931	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$15,324,022</b>	<b>\$1,370,150</b>	<b>\$16,694,172</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	89	0	89	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>89</b>	<b>0</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg Fees & Self-generated	\$1,500,000	\$0	\$1,500,000	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Northwest Louisiana Human Service District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
<b>AMOUNT</b>	<b>\$0</b>	<b>\$1,370,150</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,370,150</b>
<b>EXPENDITURES:</b>						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$1,370,150	\$0	\$0	\$0	\$1,370,150
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$1,370,150</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,370,150</b>
<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## BA-7 QUESTIONNAIRE

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

### GENERAL PURPOSE

1. This BA-7 is to provide sufficient budget authority to receive IAT funding allocated to Northwest Louisiana Human Services District. This is a companion BA-7 #1 to the Office of Behavioral Health. Requested IAT authority is adjusted based on an analysis of projected FY22 expenditures.

### REVENUES

(Explain the Means of Financing. Provide details including Source, authority to spend, etc.)

- |  |                      |
|--|----------------------|
| 2. If STATE GENERAL FUND                     | N/A                  |
| 3. If IAT                                    | OBH - \$1,370,150.00 |
| 4. If Self-Generated Revenues                | N/A                  |
| 5. If Statutory Dedications                  | N/A                  |
| 6. If Interim Emergency Board Appropriations | N/A                  |
| 7. If Federal Funds                          | N/A                  |
| 8. All Grants:                               | N/A                  |

### EXPENDITURES

9. Provide detailed expenditure information including how the amount requested was calculated. Additional funding is to align FY22 IAT with IAT allocation received from OBH.
10. If funds are being transferred, please explain how excess funds became available.  
N/A
11. Provide object details as part of explanation.  
Object/GL class to be used: 5620164 (MISC-OC RELATED BENEFITS), 5620078 (MISC-OC-RETIREMENT CONTRIB-ST EMPLOY), 5620081 (MISC-OC-F.I.C.A. TAX (OASDI)), 5620082 (MISC-OC-MEDICARE TAX), 5620083 (MISC-OC-GROUP INSURANCE CONTRIBUTION), 5620060 (MISC-TRAVEL IN STATE OTHER), 5620063 (MISC-OPERATING SERVICES), 5620065 (MISC-SUPPLIES OTHER), 5620064 (MISC-PROFESSIONAL SERVICES) and 5620137 (MISC-OTHER CHARGES-PROFESSIONAL SERVICES-MEDICAL)

### OTHER

12. NLHSD Contacts:

Douglas Efferson  
Executive Director  
Northwest Louisiana Human Services District  
318-676-5128

Gloria Lott  
Chief Financial Officer  
318-676-5102

**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

DEPARTMENT: Legislative		FOR OPB USE ONLY				
AGENCY: Legislative Budgetary Control Council		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 24-960		104				
SUBMISSION DATE: 10/22/2021		Approval and Authority:				
AGENCY BA-7 NUMBER: 1		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Division of Administration                      Office of Planning &amp; Budget   <div style="text-align: center;"> <span style="font-size: 1.2em;">OCT 29 2021</span>    <span style="font-size: 0.8em;">APPROVED</span> </div> </div>				
HEAD OF BUDGET UNIT:		<span style="color: blue; font-size: 0.9em;">JLCB- August 13, 2021 - Agenda #3-motion #2</span>				
TITLE:						
SIGNATURE <small>(Certifies that the information provided is correct and true to the best of your knowledge):</small>						
<span style="color: red;">FOR RECORDKEEPING PURPOSE ONLY</span>						
MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022			
<b>GENERAL FUND BY:</b>						
DIRECT	\$8,557,125	\$0	\$8,557,125			
INTERAGENCY TRANSFERS	\$0	\$0	\$0			
FEES & SELF-GENERATED	\$0	\$0	\$0			
Regular Fees & Self-generated	\$0	\$0	\$0			
Subtotal of Fund Accounts from Page 2	\$0	\$0	\$0			
STATUTORY DEDICATIONS	\$25,000,000	\$163,330	\$25,163,330			
Legislative Capitol Technology Enhancement Fund (ST6)	\$25,000,000	\$0	\$25,000,000			
State Coronavirus Relief Fund (STK)	\$0	\$163,330	\$163,330			
Subtotal of Dedications from Page 2	\$0	\$0	\$0			
FEDERAL	\$0	\$0	\$0			
<b>TOTAL</b>	<b>\$33,557,125</b>	<b>\$163,330</b>	<b>\$33,720,455</b>			
AUTHORIZED POSITIONS	0	0	0			
AUTHORIZED OTHER CHARGES	0	0	0			
NON-TO FTE POSITIONS	0	0	0			
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>PROGRAM EXPENDITURES</b>						
PROGRAM NAME:	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
Legislative Budgetary Control Council	\$33,557,125	0	\$163,330	0	\$33,720,455	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
<b>TOTAL</b>	<b>\$33,557,125</b>	<b>0</b>	<b>\$163,330</b>	<b>0</b>	<b>\$33,720,455</b>	<b>0</b>

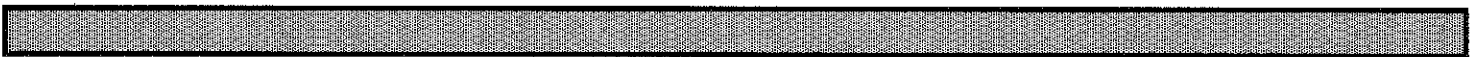


**STATE OF LOUISIANA**  
**DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET**  
**REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

<b>DEPARTMENT:</b> Legislative	<b>FOR OPB USE ONLY</b>	
<b>AGENCY:</b> Legislative Budgetary Control Council	OPB LOG NUMBER	AGENDA NUMBER
<b>SCHEDULE NUMBER:</b> 24-960		
<b>SUBMISSION DATE:</b> 10/22/2021	<b>ADDENDUM TO PAGE 1</b>	
<b>AGENCY BA-7 NUMBER:</b> 1		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.  
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
<b>GENERAL FUND BY:</b>			
<b>FEES &amp; SELF-GENERATED</b>			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>STATUTORY DEDICATIONS</b>			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



Use this section for additional Program Names, if needed.  
 The subtotal will automatically be transferred to Page 1.

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
<b>PROGRAM NAME:</b>						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
<b>SUBTOTAL (to Page 1)</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>	<b>\$0</b>	<b>0</b>

**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. **FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.**

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds? Statutory Dedications from the State Coronavirus Relief Fund.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$163,330	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$163,330</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

3. If this action requires additional personnel, provide a detailed explanation below:  
NA

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

At the August 13, 2021 meeting of the Joint Legislative Committee on the Budget, a motion carried under agenda item #3 that authorized and directed the Commissioner of Administration to increase the budget authority of the Legislative Budgetary Control Council by \$163,330. The funding is from Statutory Dedications out of the State Coronavirus Relief Fund to be used for filtration system maintenance at the Capitol.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.  
NA

STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT**

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

NA

2. Complete the following information for each objective and related performance indicators that will be affected by this request. *(Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)*

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. *(For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)*

NA

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

NA

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

NA

STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Legislative Budgetary Control Council

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT							
PROGRAM 1 NAME: <u>Legislative Budgetary Control Council</u>							
MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PROJECTIONS			
	FY 2021-2022	ADJUSTMENT	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
<b>GENERAL FUND BY:</b>							
Direct	\$8,557,125	\$0	\$8,557,125	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Statutory Dedications **	\$25,000,000	\$163,330	\$25,163,330	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL MOF</b>	<b>\$33,557,125</b>	<b>\$163,330</b>	<b>\$33,720,455</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>EXPENDITURES:</b>							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$33,557,125	\$163,330	\$33,720,455	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$33,557,125</b>	<b>\$163,330</b>	<b>\$33,720,455</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS</b>							
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>*Dedicated Fund Accounts:</b>							
Reg. Fees & Self-generated	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>**Statutory Dedications:</b>							
Legislative Capitol Technology Enhancement Fund (ST6)	\$25,000,000	\$0	\$25,000,000	\$0	\$0	\$0	\$0
State Coronavirus Relief Fund (STK)	\$0	\$163,330	\$163,330	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0



STATE OF LOUISIANA  
 DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET  
 REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

**PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT**

PROGRAM 1 NAME: Legislative Budgetary Control Council

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$163,330	\$0	\$163,330

EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$163,330	\$0	\$163,330
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$163,330</b>	<b>\$0</b>	<b>\$163,330</b>

<b>OVER / (UNDER)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
<b>TOTAL T.O. POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Charges Positions	0	0	0	0	0	0
Non-TO FTE Positions	0	0	0	0	0	0
<b>TOTAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Agenda Item #3 - contains 4 motions

1. Motion to establish legislative intent.

Members, in the Funds Bill this past session, we transferred unspent CARES Act money from the Coronavirus Local Recovery Allocation Fund, Main Street Recovery Fund, and Critical Infrastructure Workers Hazard Pay Rebate Fund into the State Coronavirus Relief Fund, resulting in \$1.54M of remaining CARES money sitting in the Fund that needs to be spent on COVID related expenses by December 31, 2021.

So, I would like to make a motion to clarify the intent and how it can be used. Specific to R.S. 39:100.45, which should read - On June 30, 2021, the treasurer is authorized and directed to transfer any unobligated monies in the Coronavirus Local Recovery Allocation Fund, and the Louisiana Main Street Recovery Fund, and the Critical Infrastructure Workers Hazard Pay Rebate Fund into the State Coronavirus Relief Fund to use by the state subject to appropriation if the legislature is in session or the Joint Legislative Committee on the Budget if the legislature is not in session for the purpose of providing monies to local government units, eligible business or the state in accordance with the provisions of this subpart in the CARES Act.

2. Motion to direct commissioner to transfer monies

The commissioner of administration is authorized and directed to increase the FY 2021-2022 budget authority for the Legislative Budgetary Control Council in the amount of \$163,330 in State General Fund by Statutory Dedications out of the State Coronavirus Relief Fund for filtration system maintenance at the Capitol.

3. Motion to direct commissioner to increase budget authority

The commissioner of administration is authorized and directed to increase the FY 2021-2022 budget authority for the Louisiana Department of Health's Office of Behavioral Health Hospital Based Treatment Program by the remaining fund balance in State General Fund by Statutory Dedications out of the State Coronavirus Relief Fund with the intent of supplanting state general fund at a future date.

4. Motion for commissioner to allow for technical corrections

The commissioner of administration shall make such technical corrections or adjustments as necessary to ensure the monies are allocated and expended as directed herein by the Joint Legislative Committee on the Budget.

Approved by the Joint Legislative  
Committee on the Budget

DATE: 8-13-21