| DEPARTMENT: LA Dept. of Health | | | FOR OPB USE ONLY | | | | |
|---|------------------------------|-----------|------------------------------|---------------|---|----------|--|
| GENCY: FL Parishes Human Services Authority | | | OPB LOG NUMBER AGENDA NUMBER | | | | |
| SCHEDULE NUMBER: 09-301 | | - | 91 | | | | |
| SUBMISSION DATE: 10/04/21 | | A | pproval and Authority: | | Administration | - | |
| AGENCY BA-7 NUMBER: 22-01 | | - | | Office of Pla | anning & Budget | | |
| HEAD OF BUDGET UNIT: Richard N | | | 1 | 007 | 2 2 2021 | | |
| | | | | A. Of | A L LULI | | |
| TITLE: Executive Director | | | 4 | WALK | 2 | - 1 | |
| SIGNATURE (Contrast of a polision allon provi your knowledge): | fed is correct and true to t | | Art 119 1 2 | ~ | PROVED | | |
| MEANS OF FINANCING CURREN | | | ACT 119 2 2 ADJUSTME | NT | and the second se | | |
| | FY 2021-2022 | | (+) or (-) | | FY 2021-202 | 22 | |
| GENERAL FUND BY: | | | | | | 1.33 | |
| DIRECT | \$14 | ,741,874 | | \$0 | \$14,7 | 41,674 | |
| INTERAGENCY TRANSFERS | \$8 | ,032,084 | \$1 | ,331,820 | \$7,3 | 63,904 | |
| FEES & SELF-GENERATED | \$2 | 754,288 | | \$0 | | 54,288 | |
| Regular Feee & Self-generated | | 2,754,288 | | \$0 | | ,764,280 | |
| Subtotal of Fund Accounts from Page 2 | | \$0 | \$2 | | | | |
| STATUTORY DEDICATIONS | | \$0 | \$0 | | 1 | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | | | |
| (Select Statutory Dedication) | | \$0 | \$0 | | | | |
| Sublotal of Dedications from Page 2 | | \$0 | | \$0 | | \$0 | |
| FEDERAL | \$0 | | | \$0 | | \$0 | |
| TOTAL | \$23 | ,526,046 | \$1,331,820 | | \$24,859,8 | | |
| AUTHORIZED POSITIONS | | 0 | 0 | | | | |
| AUTHORIZED OTHER CHARGES | | 181 | 0 | | 16 | | |
| NON-TO FTE POSITIONS | | 0 | 0 | | | | |
| TOTAL POSITIONS | | 161 | 0 | | 1 | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | |
| PROGRAM NAME: | | | | | | | |
| FL Parishes Human Svs Auth | \$23,528,046 | 181 | \$1,331,820 | 0 | \$24,859,886 | 181 | |
| Program 2 | \$0 | 0 | \$0 | 0 | \$0 | (| |
| Program 3 | 50 | 0 | \$0 | 0 | \$0 | (| |
| Program 4 | \$0 | 0 | \$0 | 0 | \$0 | (| |
| Program 5 | \$0 | 0 | \$0 | 0 | \$0 | | |
| | \$0 | | | | | | |
| | | 0 | \$0 | 0 | \$0 | | |
| | \$0 | 0 | \$0 | 0 | \$0 | | |
| | \$0 | ٥ | \$0 | 0 | \$0 | 1 | |
| | \$0 | 0 | \$0 | 0 | \$0 | | |
| | \$0 | 0 | \$0 | 0 | \$0 | | |
| Subtotal of programs from Page 2 | \$0 | 0 | \$0 | 0 | \$0 | 1 | |
| TOTAL | \$23,528,046 | 181 | \$1,331,820 | 0 | \$24,859,868 | 18 | |

| DEFARIMENT. LA Dept. of Mealth | DEPARTMENT: LA Dept. of Health | | | | FOR OPB USE ONLY | | | | |
|--|--|--|---|---|--|---|--|--|--|
| GENCY: FL Parishes Human Services Authority | | | OPB LOG NUM | BER | AGENDA NUMB | ER | | | |
| SCHEDULE NUMBER: 09-301 | CHEDULE NUMBER: 09-301 | | | | | | | | |
| SUBMISSION DATE: 10/04/21 AGENCY BA-7 NUMBER: 22-01 | | | | | | | | | |
| | | | ADDI | ENDUM T | O PAGE 1 | | | | |
| Use this section for additional Ded | icated Fund Acco | ounts or St | atutory Dedication | s, if needed | 1. | | | | |
| The subtotal will automatically be t | ransferred to Pag | ge 1. | | | | | | | |
| MEANS OF FINANCING | CURRENT FY 2021-2022 | | ADJUSTME (+) or (-) | NT | REVISED FY 2021-202 | 22 | | | |
| GENERAL FUND BY: | | | | | | | | | |
| FEES & SELF-GENERATED | | T | | T | | | | | |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 | | | |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 | | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$0 | | | |
| STATUTORY DEDICATIONS | | | | | | - 11 | | | |
| [Select Statutory Dedication] | \$0 | | \$0 | | | | | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | \$ | | | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | \$ | | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | \$0 \$0 | | | |
| [Select Statutory Dedication] | | \$0 | \$0 \$0 | | | | | | |
| [Select Statutory Dedication] | | \$0 | | | | \$0 | | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | and the second | \$0 | | | |
| Use this section for additional Pro | • | | | | | | | | |
| The subtotal will automatically be | | | | | | | | | |
| PROGRAM EXPENDITURES | transferred to Pa DOLLARS | ge 1. POS | DOLLARS | POS | DOLLARS | POS | | | |
| | | | DOLLARS | POS | DOLLARS | POS | | | |
| PROGRAM EXPENDITURES | | | DOLLARS \$0 | POS | | POS | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | | | | 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 | POS | \$0 | 0 | \$0 | 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 | POS 0 0 | \$0 \$0 \$0 \$0 | 0 0 0 0 0 | \$0 \$0 \$0 \$0 | 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 | POS 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 000000000000000000000000000000000000000 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 | | | |
| PROGRAM EXPENDITURES | DOLLARS \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | POS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | 0 0 0 0 0 0 0 0 0 0 0 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | | | |

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.

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

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 insufficent 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.

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 Serives 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.)

| - | PERF | ORMANCE STAN | IDARD | |
|-------|----------------------------|-------------------------|--------------------------|-------------------------|
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-2022 |
| | | 1 1 202 1-2022 | (1) OK(-) | 112021-2020 |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

OB JECTIVE

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

Not applicable

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: FLORIDA PARISHES HUMAN SERVICES AUTHORITY

| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | ADJ | USTMENT OUTY | EAR PROJECTI | ROJECTIONS | |
|--|--------------------|-------------|---|--------------|---------------------------------------|---|----------------------|--|
| ILANS OF FINANCING. | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 | |
| GENERAL FUND BY: | | | | | | | | |
| Direct | \$14,741,674 | \$0 | \$14,741,674 | \$0 | \$ 0 | \$0 | \$0 | |
| Interagency Transfers | \$6,032,084 | \$1,331,820 | \$7,363,904 | \$0 | \$0 | \$0 | \$0 | |
| Fees & Self-Generated * | \$2,754,288 | \$0 | \$2,754,288 | \$0 | \$0 | \$0 | \$0 | |
| Statutory Dedications ** | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| FEDERAL FUNDS | \$ 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| TOTAL MOF | \$23,528,046 | \$1,331,820 | \$24,859,866 | \$0 | \$0 | \$0 | \$0 | |
| EXPENDITURES: | | | | | | | | |
| 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 | \$38,015 | \$0 | \$38,015 | \$0 | \$0 | \$0 | \$0 | |
| Operating Services | \$802,250 | \$0 | \$802,250 | \$0 | \$0 | \$0 | \$0 | |
| Supplies | \$110,455 | \$0 | \$110,455 | \$0 | \$0 | \$0 | \$0 | |
| Professional Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Other Charges | \$21,880,467 | \$1,331,820 | \$23,212,287 | \$0 | \$0 | \$0 | \$0 | |
| Debt Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 50 | |
| Interagency Transfers | \$696,859 | \$0 | \$696,859 | \$0 | \$0 | \$0 | \$0 | |
| Acquisitions | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| Major Repairs | 50 | \$0 | \$0 | \$0 | \$0 | \$0 | \$(| |
| UNALLOTTED | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 50 | |
| TOTAL EXPENDITURES | \$23,528,046 | \$1,331,820 | \$24,859,866 | \$0 | \$0 | \$0 | S | |
| POSITIONS | | | | | 1 | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 1 | |
| Unclassified | 0 | 0 | 0 | 0 | 0 | | | |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Other Charges Positions | 181 | 0 | 181 | 0 | 0 | | | |
| Non-TO FTE Positions | 0 | 0 | The surveyory party sector of the sector of | 0 | | | | |
| TOTAL POSITIONS | 181 | 0 | 181 | 0 | 0 | 0 | | |
| *Dedicated Fund Accounts: | £2.754.000 | 1 | 1 40 754 000 | | 1 | | \$ | |
| Reg. Fees & Self-generated [Select Fund Account] | \$2,754,288 \$0 | | and the second se | \$0 \$0 | | | | |
| [Select Fund Account] | \$0 | | | \$0 | | | | |
| **Statutory Dedications: | | | | | | Constraint for the start of the second starts | Lines artering and a | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | | | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | | | |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | | | \$0 \$0 | \$0 \$0 | | | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | | | |
| Select Statutory Dedication | \$0 | | | \$0 | | | | |
| [Select Statutory Dedication] | \$0 | | | | | | | |
| [Select Statutory Dedication] | \$0 | \$0 | | | \$0 | \$0 | | |

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 |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------|-------------|
| AMOUNT | \$0 | \$1,331,820 | \$0 | \$0 | \$0 | \$1,331,820 |
| 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 | \$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 |
| TOTAL EXPENDITURES | \$0 | \$1,331,820 | \$0 | \$0 | \$0 | \$1,331,820 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 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 |
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 |

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 |
|--|---------------------------|
| Rachelle Sibley, Chief Operating Officer 985/543-4333 extension 1422 | rachelle.sibley@fphsa.org |

BA-7 SUPPORT INFORMATION Page

| DEPARTMENT: Louisiana Department of Health | | | FOR OPB USE ONLY | | | | |
|---|---|-------------|------------------------------|---------------|---------------|---------|--|
| AGENCY: Capital Area Human Services District | | | OPB LOG NUMBER AGENDA NUMBER | | | | |
| SCHEDULE NUMBER: 09-302 | | | 1 92 | | | | |
| SUBMISSION DATE: 10/01/2021 | | | Approval and Authority: | | | | |
| AGENCY BA-7 NUMBER: 01 | | | | | dministration | | |
| | EAD OF BUDGET UNIT: Janzlean Laughinghouse, PhD | | | nice or Plani | ning & Budget | | |
| TILE: Executive Director | Laughinghouse, | FILD | | OCT. 2 | 2 2021 | | |
| SONATURE (Certifies that the information proy | | | | x fr | | | |
| ur knowledge | Contract and true to | the best of | | APAR | OVED | | |
| anakan hand | ushow | , | Act 119 0 21 | | ection 11 | _ | |
| MEANS OF FINANCING | QURREN | | ADJUSTME | | REVISED | | |
| | FY 2021-2022 | | (+) or (-) | | FY 2021-202 | 2 | |
| GENERAL FUND BY: | | | | | | | |
| DIRECT | \$18 | ,672,805 | | \$0 | \$18,6 | 72,805 | |
| INTERAGENCY TRANSFERS | \$8 | ,932,107 | \$2 | 366,790 | | 98,897 | |
| FEES & SELF-GENERATED | | ,553,108 | | \$0 | | 53,108 | |
| Regular Fees & Self-generated | | \$3,553,108 | | 50 | | 653,108 | |
| Subtotal of Fund Accounts from Page 2 | | \$0 | | \$0 | | \$0 | |
| STATUTORY DEDICATIONS | | \$0 | | \$0 | 1 | | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | \$0 | |
| [Select Statutory Dedication] | \$0 | | | 50 | \$1 | | |
| Subtotal of Dedications from Page 2 | | \$0 | | \$0 | | \$0 | |
| FEDERAL | | \$0 | | \$0 | \$ | | |
| TOTAL | \$31 | ,158,020 | \$2 | ,366,790 | \$33,524,81 | | |
| AUTHORIZED POSITIONS | | 0 | | 0 | | | |
| AUTHORIZED OTHER CHARGES | | 218 | | 0 | 21 | | |
| NON-TO FTE POSITIONS | | 0 | | 0 | | 0 | |
| TOTAL POSITIONS | | 218 | | 0 | 2 | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | |
| PROGRAM NAME: | | | | | | | |
| 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 | C | |
| | \$0 | 0 | \$0 | 0 | \$0 | C | |
| Subtotal of programs from Page 2: | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| TOTAL | \$31,158,020 | 218 | \$2,366,790 | 0 | \$33,524,810 | 218 | |

Pane 1

| DEPARTMENT: Louisiana Department of Health | FOR OPB USE ONLY |
|--|------------------------------|
| AGENCY: Capital Area Human Services District | OPB LOG NUMBER AGENDA NUMBER |
| SCHEDULE NUMBER: 09-302 | |
| SUBMISSION DATE: 10/01/2021 | ADDENDUM TO PAGE 1 |
| AGENCY BA-7 NUMBER: 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 |
|-------------------------------|-------------------------|--------------------------|-------------------------|
| GENERAL FUND BY: | | | |
| FEES & SELF-GENERATED | | | |
| [Select Fund Account] | \$0 | \$0 | \$0 |
| [Select Fund Account] | \$0 | \$0 | \$0 |
| SUBTOTAL (to Page 1) | \$0 | \$0 | \$0 |
| STATUTORY DEDICATIONS | | | |
| [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 |
| SUBTOTAL (to Page 1) | \$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 |
|--|---------|-----|-------------|-----|-------------|-----|
| PROGRAM NAME: | | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | Û |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | . 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| nan an | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| n an an an an an an ann an an an an an a | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$ 0 | 0 | \$0 | Q |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| n na | \$0 | 0 | \$0 | 0 | \$ 0 | 0 |
| SUBTOTAL (to Page 1) | \$0 | 0 | . \$0 | 0 | \$0 | 0 |

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 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND BY: | | | | | |
| 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 |
| TOTAL | \$2,366,790 | \$0 | \$0 | \$0 | \$0 |

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 received IAT funding allocated to Capital Area Human Services District for projected expenditures in FY22. This is a companion BA-7 to 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

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

| | A CONTRACTOR AND A CONTRACTOR A | PERFORMANCE STANDARD | | | | | |
|---------|--|-------------------------|--------------------------|-------------------------|--|--|--|
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-2023 | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| <u></u> | | | | | | | |

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.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT PROGRAM 1 NAME: CAHSD REQUESTED REVISED **ADJUSTMENT OUTYEAR PROJECTIONS** CURRENT **MEANS OF FINANCING:** ADJUSTMENT FY 2021-2022 FY 2021-2022 FY 2022-2023 FY 2023-2024 FY 2024-2025 FY 2025-2026 GENERAL FUND BY: Direct \$18,672,805 \$0 \$18,672,805 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Interagency Transfers \$8,932,107 \$2,366,790 \$11,298,897 \$0 \$0 \$0 Fees & Self-Generated * \$3,553,108 \$0 \$3,553,108 \$0 \$0 Statutory Dedications ** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 FEDERAL FUNDS \$0 \$0 \$0 \$0 \$0 \$0 TOTAL MOF \$31,158,020 \$33,524,810 \$0 \$2,366,790 \$0 \$0 \$0 EXPENDITURES: \$0 \$0 \$0 \$0 \$0 \$0 \$0 Salaries \$0 \$0 \$0 Other Compensation \$0 \$0 \$0 \$0 **Related Benefits** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Travel \$0 \$0 \$0 **Operating Services** \$0 \$0 \$0 \$0 Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Professional Services** \$0 \$0 \$0 \$0 Other Charges \$29,969,763 \$2,366,790 \$32,336,553 \$0 \$0 \$0 \$0 \$0 \$0 \$0 **Debt Services** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Interagency Transfers \$1,188,257 \$1,188,257 \$0 \$0 \$0 \$0 Acquisitions \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Major Repairs \$0 \$0 UNALLOTTED \$0 \$0 \$0 \$0 \$0 \$0 \$0 TOTAL EXPENDITURES \$31,158,020 \$2,366,790 \$33,524,810 \$0 \$0 \$0 \$0 POSITIONS 0 0 Classified 0 0 0 0 0 0 0 0 0 0 Unclassified 0 0 0 TOTAL T.O. POSITIONS 0 0 0 0 0 0 0 Other Charges Positions 218 0 218 0 0 0 0 0 Non-TO FTE Positions 0 0 0 0 0 TOTAL POSITIONS 218 0 218 0 0 0 0 Dedicated Fund Accounts: Reg. Fees & Self-generated \$0 \$3,553,108 \$0 \$3,553,108 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Fund Account] \$0 \$0 \$0 (Select Fund Account) \$0 \$0 \$0 \$0 \$0 \$0 "Statutory Dedications: \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Select Statutory Dedication) \$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 [Select Statutory Dedication] \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

CAHSD

| MEANS OF FINANCING: | State General Fund | Interagency Transfers | Fees & Self- Generated Revenues | Statutory Dedications | Federal Funds | TOTAL |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|----------------------------|-------------|
| AMOUNT | \$0 | \$2,366,790 | \$0 | \$0 | \$0 | \$2,366,790 |
| EXPENDITURES: | | | | | We share the second second | |
| 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 | \$Ō | \$0 | \$0 | \$0 |
| Major Repairs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| UNALLOTTED | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL EXPENDITURES | \$0 | \$2,366,790 | \$0 | \$0 | \$0 | \$2,366,790 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 0 | 0 | 0 | 0 | 0 | C |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | (|
| TOTAL POSITIONS | 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

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
 <u>\$360,069</u> - 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

| DEPARTMENT: Health and Hospitals | | FOR OPB USE ONLY | | | | | |
|---|--|------------------|--------------------|--------------|--------------|--------------------|--------|
| AGENCY: Metropolitan Human Service | s District | - | OPB LOG N | UMBE | R | AGENDA NUMBE | R |
| SCHEDULE NUMBER: 09-304 | | | 92 | | | | |
| SUBMISSION DATE: 10/05/2021 | | | Approval and Autho | rity: | | | |
| | | | | C | | dministration | |
| AGENCY BA-7 NUMBER: #01 | | | | Of | fice of Plan | ning & Budget | |
| HEAD OF BUDGET UNIT: Rochell Head | -Dunham, MD | | | | 007.0 | 0 2021 | |
| TITLE: Executive Director/Medical Dire | ctor | | | 0 | pul 2 | 2 2021 | |
| SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge) Sturun Farbur JD. | | | ACH19 2 | 21 | | ROVED | |
| MEANS OF FINANCING | CURREN | T | ADJUST | MEN | | REVISED | |
| | FY 2021-20 | | (+) or (-) | | | FY 2021-202 | 2 |
| GENERAL FUND BY: | | - | <u> </u> | | 1207 | -301-0-0-8 | |
| DIRECT | \$18, | 519,059 | | | 50 | \$18,51 | 9,059 |
| INTERAGENCY TRANSFERS | | \$5,373,934 | | \$2 | 850,161 | | 24,095 |
| FEES & SELF-GENERATED | \$1,229,242 | | | 4 m 1 | | | 29,242 |
| Regular Fees & Self-generated | \$1,229,242 | | | \$0 | | rom0 and the later | |
| Subtotal of Fund Accounts from Page 2 | \$0 | | | \$0 \$0 | | \$1,229,3 | |
| STATUTORY DEDICATIONS | \$0 | | | \$0 | | | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | \$(| |
| [Select Statutory Dedication] | 30 \$0 | | | \$0 | | | \$0 |
| Subtotal of Dedications from Page 2 | | \$0 | | \$0 | 5 | | |
| FEDERAL | \$1 | 355,052 | \$0 | | \$1,3 | 55,052 | |
| TOTAL | \$26, | 477,287 | \$2,850,161 | | 850,161 | \$29,327,44 | |
| AUTHORIZED POSITIONS | | 0 | | | 0 | | |
| AUTHORIZED OTHER CHARGES | | 144 | | | 0 | 144 | |
| NON-TO FTE POSITIONS | | 0 | 1 | | 0 | 0 | |
| TOTAL POSITIONS | and the second | 144 | | | 0 | | 144 |
| | 2011 422 | | | - | | DOLLADO I | _ |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | | POS | DOLLARS | POS |
| PROGRAM NAME: | FOO 477 007 | | 1 60.050 4 | or I | 0 | | |
| Metropolitan Human Services District | \$26,477,287 | 144 | \$2,850,1 | | 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 |
| an a | \$0 | 0 | | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | 1 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | | 50 | 0 | \$0 | 0 |
| | | | | | | | |
| | \$0 | 0 | | \$0 | 0 | \$0 | 0 |
| Subtotal of programs from Page 2 | \$0 | 0 | | \$0 | 0 | \$0 | 0 |
| TOTAL | \$26,477,287 | 144 | \$2,850,* | 161 | 0 | \$29,327,448 | 144 |

~

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

وهيافه الأجرافي والمحارب والمعادية والمحاوية المتوافية الساريونية

the design of the second second second

| DEPARTMENT: Health and Hospi | PARTMENT: Health and Hospitals | | | | FOR OPB USE ONLY | | | | |
|---|--|--|--|---------------------------|------------------|-------------------------------|--|--|--|
| AGENCY: Metropolitan Human S | ervices District | | OPB LOG NUM | BER | AGENDA NUMBER | | | | |
| SCHEDULE NUMBER: 09-304 | | | | 1 | | | | | |
| SUBMISSION DATE: 10/05/2021 | | ······································ | ADDENDUM TO PAGE 1 | | | | | | |
| AGENCY BA-7 NUMBER: #01 | | | ADU | ENDOM | IU PAGE 1 | | | | |
| Use this section for additional De | | | Statutory Dedicatio | ns, lf need | ed. | | | | |
| The subtotal will automatically be MEANS OF FINANCING | CURREN | IT | ADJUSTME (+) or (-) | ADJUSTMENT (+) or (-) | | 22 | | | |
| GENERAL FUND BY: | | | | 网络空间中静行的 | 與其他常常"你必要"在 | 對法律的 | | | |
| FEES & SELF-GENERATED | A South and a second state of the | arten tradition | na, e se la poir en placemente de la placem La placemente de la placeme | A GRA MULTURES | | 19-9861 (1- 4) PANAKA | | | |
| [Select Fund Account] | 2 | \$0 | à à èm - in metantatan ditater. | \$0 | | \$0 | | | |
| [Select Fund Account] | 1999)))))))))))))))))))))))))))))))))) | \$0 \$0 | | \$0 | | \$0 | | | |
| SUBTOTAL (to Page 1) | \$0 | | | \$0 | | \$ 0 | | | |
| STATUTORY DEDICATIONS | | | | | | | | | |
| (Select Statutory Dedication) | \$0 \$ 0 | | | | | | | | |
| [Select Statutory Dedication] | \$0 | | \$0 | | \$0 | | | | |
| [Select Statutory Dedication] | \$0 | | | | | \$0 | | | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | \$0 | | | |
| [Select Statutory Dedication] | \$ 0 | | \$0 \$0 | | | \$0 \$0 | | | |
| [Select Statutory Dedication] | \$0 | | | | \$0 | | | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | \$0 | | | | |
| | | | 440 MIT & 415 1150-109 (mail for the state of the state o | ita ila ka ka manakana ka | | | | | |
| Use this section for additional Pr The subtotal will automatically be | e transferred to Pa | age 1. | | | | | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | | | |
| PROGRAM NAME: | กระวางสารสารสารสารสารสารสารสารสารสารสารสารสารส | ana Quan | | | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | . 0 | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| and and the second s | \$0 0 \$0 0 | | \$0 | 0 | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| naurich eine an | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| ju ju se na | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| <u>р селото с по родина, с с с с с с с с с с с с с с с с с с с</u> | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| SUBTOTAL (to Page 1) | \$0 | - | \$0 | 0 | \$0 | 0 | | | |

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 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND BY: | | | | | |
| 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 |
| TOTAL | \$2,850,161 | \$0 | \$0 | \$0 | \$0 |

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

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

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 end performance indicators. Repeat this portion of the request form as often as necessary.)

OBJECTIVE: N/A

| <u>_</u> | | PERFORMANCE STANDARD | | | | | |
|----------|----------------------------|-------------------------|--------------------------|------------------------|--|--|--|
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-202 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Metropolitan Human Services District

| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | ADJU | JSTMENT OUTY | EAR PROJECTI | ONS |
|--|--------------|-------------|--------------|--------------|--------------|--------------|--------------|
| MEANS OF FINANCING. | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
| GENERAL FUND BY: | | | | | | | |
| 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 |
| TOTAL MOF | \$26,477,288 | \$2,850,161 | \$29,327,449 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | | | | | |
| 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 |
| TOTAL EXPENDITURES | \$26,477,288 | \$2,850,161 | \$29,327,449 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | 1 | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 144 | 0 | 144 | 0 | 0 | 0 | 0 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 144 | 0 | 144 | 0 | 0 | 0 | 0 |
| *Dedicated Fund Accounts: | | • | | V | • | <u> </u> | |
| 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 |
| **Statutory Dedications: | | | | | | | |
| [Select Statutory Dedication] | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| [Select Statutory Dedication] | \$0 | \$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 |

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

Metropolitan Human Services District

| MEANS OF FINANCING: | State General Fund | Interagency Transfers | Fees & Self- Generated Revenues | Statutory Dedications | Federal Funds | TOTAL |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------|-------------|
| AMOUNT | \$0 | \$2,850,161 | \$0 | \$0 | \$0 | \$2,850,161 |
| 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 | \$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 |
| TOTAL EXPENDITURES | \$0 | \$2,850,161 | \$0 | \$0 | \$0 | \$2,850,161 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 0 | 144 | 0 | 0 | 0 | 144 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 0 | 144 | 0 | 0 | 0 | 144 |

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

Traci Brown Chief Financial Officer Phone: 504-535-2936 Email: Traci.Brown@Mhsdl.org

| DEPARTMENT: Health | | | FOR OPB USE ONLY | | | | | |
|--|----------------------------|-------------|-------------------------|----------|-------------------|---------|--|--|
| AGENCY: South Central LA Human | Services Authori | ty | OPB LOG NUME | ER | AGENDA NUMBE | R | | |
| SCHEDULE NUMBER: 09-309 | | - | 94 | | | | | |
| SUBMISSION DATE: 10-04.20 | .71 | | Approval and Authority: | Division | of Administration | | | |
| AGENCY BA-7 NUMBER: 22-01 | , uj | | | | anning & Budget | | | |
| HEAD OF BUDGET UNIT: Lisa Schi | lling | | | 0.01 | | . 11 | | |
| | ann A | | | MULT | 2 2 2021 | 11 | | |
| TITLE: Executive Director | | | | ALT | Rh | | | |
| SIGNATURE (Certifies that the information provi your knowledge) | ded is correct and true to | the best of | | | | | | |
| MEANS OF FINANCING | CURREN | Т | ACT 19 JZI ADJUSTME | NT | REVISED | | | |
| | FY 2021-20 | | | | FY 2021-202 | 2 | | |
| GENERAL FUND BY: | | | | 1.1 | | | | |
| DIRECT | \$15, | 383,326 | | \$0 | \$15,3 | 33,326 | | |
| INTERAGENCY TRANSFERS | \$4,749,289 | | S1 | 445,954 | | 95,243 | | |
| FEES & SELF-GENERATED | | 000,000 | | \$0 | | 00,000 | | |
| Regular Fees & Self-generated | \$3,000,000 | | \$0 | | | 000,000 | | |
| Subtotal of Fund Accounts from Page 2 | \$3 | | | \$0 | +0,000, | | | |
| STATUTORY DEDICATIONS | \$C | | | \$0 | | | | |
| [Select Statutory Dedication] | \$3 | | | \$0 | S | | | |
| [Select Statutory Dedication] | \$3 | | | \$0 | <u></u> | \$0 | | |
| Subtotal of Dedications from Page 2 | \$3 | | | \$0 | | \$0 | | |
| FEDERAL | | \$C | \$0 | | \$ | | | |
| TOTAL | \$23 | ,132,615 | \$1 | ,445,954 | \$24,578,5 | | | |
| AUTHORIZED POSITIONS | | С | | 0 | | | | |
| AUTHORIZED OTHER CHARGES | | 145 | | 0 | 145 | | | |
| NON-TO FTE POSITIONS | | C | | 0 | 0 | | | |
| TOTAL POSITIONS | | 145 | | 0 | ······ | 145 | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | | |
| PROGRAM NAME: | | 1 | DOLLOUID | | Deterito | 1.00 | | |
| 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 | | |
| TOTAL | \$23,132,615 | 145 | | 0 | \$24,578,569 | 145 | | |

| DEPARTMENT: Health | | | FOR OPB USE ONLY | | | | | | |
|--|--|------------|--|---------------|------------------|-------------|--|--|--|
| AGENCY: South Central LA Huma | in Services Autho | rity | OPB LOG NUM | BER | AGENDA NUMB | ER | | | |
| SCHEDULE NUMBER: 09-309 | National Additional Control Cont | | the state of the second se | | | | | | |
| SUBMISSION DATE: | | | | | | | | | |
| AGENCY BA-7 NUMBER: 22-01 | | | ADD | ENDUM | TO PAGE 1 | | | | |
| Use this section for additional Dec | lipstad Eurod App | ounte or S | tatuton Dodication | e lf noade | A | | | | |
| The subtotal will automatically be | | | Matutory Decisation | ia, is fideuc | *** * | | | | |
| MEANS OF FINANCING | CURREN | IT | ADJUSTME | NT | REVISED | | | | |
| | FY 2021-2 | 022 | (+) or (-) | | FY 2021-202 | 22 | | | |
| GENERAL FUND BY: | | | | | | | | | |
| FEES & SELF-GENERATED | | | | 1 | | | | | |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 | | | |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 | | | |
| SUBTOTAL (to Page 1) | | \$0 | \$0 | | | \$0 | | | |
| STATUTORY DEDICATIONS | | | | | | | | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | | \$ 0 | | | |
| [Select Statutory Dedication] | | \$0 \$0 | | | | \$0 | | | |
| [Select Statulory Dedication] | | \$0 | | | | | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | | | | |
| [Select Statutory Dedication] | namente contente en la contente e a contente e presente de la contente de la contente de la contente de la cont | \$0 | | \$0 | | \$ 0 | | | |
| (Select Statutory Dedication) | - | \$0 | | \$ 0 | | | | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | \$0 | | | | |
| | | | | | | | | | |
| Use this section for additional Pro | - | | | | | | | | |
| The subtotal will automatically be PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | | | |
| PROGRAM NAME: | | | | | | | | | |
| | 50 Store | 0 | \$0 | 0 | 50 | 0 | | | |
| | · | | | | 90 0 8 | | | | |
| | \$0 | 0 | | \$0 0 | | 0 | | | |
| n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | \$0 | 0 | \$0 0 | | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | <u>\$0</u> | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | |
| Manahadiman 5 m2/12 0245455003450 | \$0 | 0 | \$0 | 0 | \$ 0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$ 0 | G | | | |
| | 4 - | 5 | | | | 8 | | | |

\$0 0 \$0 0 \$0 \$0 \$0 0 **\$**0 0 **\$**0 \$0 0^{-1} \$0 0 SUBTOTAL (to Page 1) 0 \$0 \$0 \$0 Û

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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.

| TOTAL | \$1,445,954 | \$0 | \$0 | \$0 | \$0 |
|-----------------------|--------------|--------------|--------------|--------------|--------------|
| FEDERAL | \$0 | \$0 | \$0 | \$0 | \$0 |
| STATUTORY DEDICATIONS | \$0 | · \$0 | \$0 | \$0 | \$0 |
| FEES & SELF-GENERATED | \$0 | \$0 | \$0 | \$0 | \$0 |
| INTERAGENCY TRANSFERS | \$1,445,954 | \$0 | \$0 | \$0 | \$0 |
| DIRECT | \$0 | \$0 | \$0 | \$0 | \$0 |
| GENERAL FUND BY: | | | | | |
| OR EXPENDITURE | PY 2021-2022 | FT 2022-2023 | PT 2023-2024 | F1 2024-2025 | F1 2020-2020 |
| MEANS OF FINANCING | EV 2024 2022 | EV 2022 2023 | FY 2023-2024 | EV 2024 2025 | EV 2026 2026 |

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

 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

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 authroity 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)

| | PERFO | ORMANCE STAN | IDARD |
|------|------------------------|--------------------------|------------------------|
| | CURRENT 7 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-202 |
| | | | |
| | | | |
| | | | |
| | | | |

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.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: South Central Louisiana Human Services Authority

| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | ADJUSTMENT OUTYEAR PROJECTIONS | | | | |
|--|--------------|-------------|--------------|--------------------------------|--------------|--------------|--------------|--|
| MEANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 | |
| GENERAL FUND BY: | | | | | | | | |
| 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 | |
| TOTAL MOF | \$23,132,615 | \$1,445,954 | \$24,578,569 | \$0 | \$0 | \$0 | \$0 | |
| EXPENDITURES: | | | | | | | | |
| 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 | |
| TOTAL EXPENDITURES | \$23,132,615 | \$1,445,954 | \$24,578,569 | \$0 | \$0 | \$0 | \$0 | |
| POSITIONS | | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL T.O. POSITIONS | 0 | C | 0 | 0 | 0 | 0 | 0 | |
| Other Charges Positions | 145 | 0 | 145 | 0 | 0 | 0 | 0 | |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL POSITIONS | 145 | 0 | 145 | 0 | 0 | 0 | 0 | |
| *Dedicated Fund Accounts: | | | | | | | | |
| 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 | |
| **Statutory Dedications: | | | | | | | | |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | |
| [Select Statutory Dedication] | \$0 | \$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 | |

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 |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------|-------------|
| AMOUNT | \$0 | \$1,445,954 | \$0 | \$0 | \$0 | \$1,445,954 |
| 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 | \$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 |
| TOTAL EXPENDITURES | \$0 | \$1,445,954 | \$0 | \$0 | \$0 | \$1,445,954 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 145 | 0 | 0 | 0 | 0 | 145 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 145 | 0 | 0 | 0 | 0 | 145 |

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 3090000800)

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 3090000000)

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 narcan 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

| DEPARTMENT: LOUISIANA DEPAR | FOR OPB USE ONLY | | | | | | |
|--|----------------------------|-------------|------------------------------|---------------|-----------------|----------------|--|
| AGENCY: 310 NE DELTA HUMAN SRVS AUTHORITY | | | OPB LOG NUMBER AGENDA NUMBER | | | | |
| SCHEDULE NUMBER: | | | - 95 | | | | |
| SUBMISSION DATE: 9/29/21 | | | Approval and Authority: | | | | |
| | / | | | | Administration | | |
| AGENCY BA-7 NUMBER: 01 | | | | Office of Pla | anning & Budget | | |
| HEAD OF BUDGET UNIT: ANGEL W. WILLIAMS | | | | 1007 | 2 2 2021 | 11 | |
| TITLE: CHIEF FISCAL AND OPERATIONS OFFICER | | | | AL. | I D LOLI | | |
| SIGNATURE (Certifies that the information provi your knowledge). | ded is correct and true to | the best of | | OTAL | PROVED | . | |
| Angol W Williams | | | 1.0.110 - 21 | TAP | | | |
| MEANO OF FINANCING | CURREN | | AC+119 221 | Co- | SectionII | | |
| MEANS OF FINANCING | | | ADJUSTME | 191 | REVISED | | |
| | FY 2021-2 | 022 | (+) ог (-) | | FY 2021-202 | 2 | |
| GENERAL FUND BY: | | | 7 | , | | | |
| DIRECT | \$10 | ,578,707 | | \$0 | \$10,5 | 78,707 | |
| INTERAGENCY TRANSFERS | \$4 | ,163,904 | | \$843,849 | \$5,0 | 07,753 | |
| FEES & SELF-GENERATED | 5 | 5773,844 | | \$0 | \$7 | 73,844 | |
| Regular Fees & Self-generated | | \$773 844 | | \$0 | | 773,844 | |
| Subtotal of Fund Accounts from Page 2 | | 02 | | \$0 | | | |
| STATUTORY DEDICATIONS | | \$0 | \$0 | | | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | | | |
| [Select Statutory Dedication] Subtotal of Dedications from Page 2 | | \$0 \$0 | \$0 | | | | |
| FEDERAL | | \$0 | | \$0 \$0 | | | |
| TOTAL | ¢16 | ,516,455 | 1 | \$843,849 | 646 3 | \$0 160,304 | |
| AUTHORIZED POSITIONS | | ,510,455 | | | | 00,304 | |
| AUTHORIZED OTHER CHARGES | | 101 | · | 0 | | | |
| | | | | | | | |
| NON-TO FTE POSITIONS | ····· | 0 | | | | | |
| TOTAL POSITIONS | | 101 | | 0 | | 101 | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | |
| PROGRAM NAME: | | | | | | | |
| 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 | |
| | \$0 | 0 | | 0 | \$0 | | |
| Subtotal of programs from Page 2 | \$0 | 0 | | 0 | \$0 | 0 | |
| TOTAL | • • | 101 | | 0 | \$16,360,304 | 3 | |
| L IOTAL | \$15,516,455 | רטר | \$843,849 | | \$10,350,304 | 101 | |

D--- 4

| DEPARTMENT: LOUISIANA DEPA | FOR OPB USE ONLY | | | | | |
|--|---|-------------|--|-------------|---|-------------------|
| AGENCY: 310 NE DELTA HUMAN | OPB LOG NUM | BER | AGENDA NUMB | ER | | |
| SCHEDULE NUMBER: | 94097 <u>i vi s</u> ana ang ang ang ang ang ang ang ang ang | | | | ······································ | |
| SUBMISSION DATE: 9/29/21 | | T | | | | |
| AGENCY BA-7 NUMBER: 01 | ADD | | TO PAGE 1 | | | |
| Use this section for additional Ded | licated Fund Acco | ounts or Si | atutory Dedication | s, if neede | d. | |
| The subtotal will automatically be | | | | | | |
| MEANS OF FINANCING | CURREN | Π | ADJUSTME | NT | REVISED | 1 |
| | FY 2021-2 | 022 | (+) or (-) | | FY 2021-202 | 22 |
| GENERAL FUND BY: | ži da se | | | | | м) — 1 Т |
| FEES & SELF-GENERATED | | Ť | ······································ | | | |
| Select Fund Account | ···· | \$0 | | \$0 | | \$0 |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$0 |
| STATUTORY DEDICATIONS | | | | | | |
| (Select Statutory Dedication) | \$0 | | \$0 | | والمتحدث والمستقد المتحدث المتحد والتكري وسير بستان فيتحدث والمحادث والمحاد والمحاد والمحاد والمحاد والمحاد | |
| [Select Statutory Dedication] | | \$0 | ······································ | \$0 | \$(| |
| [Select Statutory Dedication] | | \$0 | \$0 \$0 | | | |
| [Select Statutory Dedication] | · · · · · · · · · · · · · · · · · · · | \$0 \$0 | \$0 \$0 | | | <u>\$0</u> \$0 |
| [Select Statutory Dedication] [Select Statutory Dedication] | | \$0 \$0 | \$0 | | <u></u> | \$0 |
| SUBTOTAL (to Page 1) | | \$ 0 | | \$ 0 | | |
| | ······ | | | | | |
| Use this section for additional Pro | gram Names, if n | eeded. | | | ····· | |
| The subtotal will automatically be | transferred to Pa | ge 1. | | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
| PROGRAM NAME: | | | | | | |
| | \$ Ú | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| · · · · · · · · · · · · · · · · · · · | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| <u> </u> | \$0 \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | | . ~ (| | | | Į |
| | | 0 | \$0 | U | 1 50 | 1 0 |
| | \$0 | 0 | \$0 \$0 | 0 | \$0 \$0 | |
| | | 0 0 0 | \$0 \$0 \$0 | | , | 0 |

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 | FY 2021-2022 | EY 2022-2023 | FY 2023-2024 | EV 2024.2025 | EV 2025-2026 |
|-----------------------|--------------|--------------|---------------|--------------|----------------|
| OR EXPENDITURE | | TT SULL SULU | 1 1 2020 2024 | 11 2024-2020 | 1 1 2.020-2020 |
| GENERAL FUND BY: | | | | | |
| 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 |
| TOTAL | \$843,849 | \$0 | \$0 | \$0 | \$0 |

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.

| | PERFORMANCE IMPACT OF MID-Y | EAR BUDGET | ADJUSTME | ENT |
|-------------|---|--------------------------|--------------------------|---|
| 1. Identify | and explain the programmatic impacts (positive or ne | gative) that will result | from the approva | l of this BA-7. |
| | of this BA-7 will allow NEDHSA to successfully execut t (SAPT) - COVID Supplemental grant and the Mental | | | |
| this reque | ete the following information for each objective and rel est. (Note: Requested adjustments may involve revisi n of new objectives and performance indicators. Repe y.) | ions to existing objecti | ves and performe | ance indicators |
| OBJECTI | VE: N/A | | | |
| | | | | 10100 |
| 님 | | | ORMANCE STAN | and the second se |
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-2022 |
| | | | | |
| | | | | l |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | CATION FOR ADJUSTMENT(S): Explain the necessit e no impacts to Performance Indicators related to this | | | |
| indicators | explain any performance impacts other than or in add s. (For example: Are there any anticipated direct or in s? Will this BA-7 have a positive or negative impact of | direct effects on prog | gram managemei | |
| Employm | oval of this BA-7 will have a positive impact by the imp ent Initiative funded through the Substance Abuse Pre ental grant and the Mental Health Block Grant (MHBG | evention and Treatme | nt (SAPT) - COV | |
| impact. | e are no performance impacts associated with this BA 7 will aid in meeting existing Performance Indicators. | -7 request, then fully | explain this lack o | of performance |
| | ibe the performance impacts of failure to approve this s and performance indicators.) | BA-7. (Be specific. | Relate performar | nce impacts to |

Failure to approve this request will prevent NEDHSA from carrying out the mission and goals related to this request.

| PROGRAM 1 NAME | PROGRAM NE DELTA HU | | ST FOR MID-Y | EAR BUDGET | ADJUSTMEN | т | |
|--|------------------------|---|--------------|--------------|---|--|--|
| <u> </u> | CURRENT | REQUESTED | REVISED | AD.U | STMENT OUTY | EAR PROJECTK | DN8 |
| MEANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
| GENERAL FUND BY | | | | | | | |
| Direct | \$10,578,707 | \$0 | \$10,578,707 | \$0 | \$0 | \$0 | \$0 |
| Interagency Transfers | \$4,163,904 | \$843,849 | \$5,007,753 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | |
| Fees & Self-Generated * | \$773 844 | \$0 | \$773,844 | \$0 | \$0 | \$0 | \$0 |
| Statutory Dedications ** | \$0 | 50 | \$0 | \$0 | \$0 | \$0 | \$0 |
| FEDERAL FUNDS | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL MOF | \$15,516,455 | \$843,849 | \$16,360,304 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | | | | | |
| Salaries | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Compensation | \$0 | \$0 | \$0 | \$0 | \$0 | 50 | \$0 |
| Related Benefits | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Travel | \$0 | 50 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Operating Services | \$0 | 50 | 50 | \$0 | \$0 | \$0 | \$0 |
| Supplies | 50 | 50 | \$0 | \$0 | 50 | \$0 | \$0 |
| | | | | | | | |
| Professional Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Charges | \$15,064,404 | \$843,849 | \$15,908,253 | \$0 | \$0 | \$0 | \$0 |
| Debt Services | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Interagency Transfers | \$452,051 | 50 | \$452,051 | \$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 |
| TOTAL EXPENDITURES | \$15,515,455 | \$843,849 | \$16,360,304 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | Charles Charles | and the second sec | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | the helpedge and an appropriation. I make the se | 0 | |
| Other Charges Positions | 101 | 0 | 101 | 0 | 0 | | 0 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 101 | 0 | 101 | 0 | 0 | 0 | 0 |
| *Dedicated Fund Accounts: | | | | | | | |
| Reg. Fees & Self-generated | \$773,844 | \$0 | \$773,844 | \$0 | \$0 | | |
| [Select Fund Account] [Select Fund Account] | \$0 | -b | | \$0 | | - | |
| | 1 40 | 1 | 40 | | 1 | 1 40 | |
| "Statutory Dedications: (Select Statutory Dedication) | \$0 | \$0 | 1 60 | \$0 | \$0 | 50 | 50 |
| [Select Statutory Dedication] | \$0 | | | 50 | | and the second s | A company of the second |
| [Select Statutory Dedication] | \$0 | Contraction of a later of the second s | | \$0 | 1 | | |
| (Select Statutory Dedication) | \$0 | | \$0 | \$0 | \$0 | \$0 | |
| [Select Statutory Dedication] | \$0 | | | \$0 | | | |
| [Select Statutory Dedication] | \$0 | • • | | \$0 | THE REPORT OF THE PARTY OF THE | | |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 | | | \$0 \$0 | | | |

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 |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|--|-----------|
| AMOUNT | \$0 | \$843,849 | \$0 | \$0 | \$0 | \$843,849 |
| EXPENDITURES: | | | | | and the second | |
| 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 |
| TOTAL EXPENDITURES | \$0 | \$843,849 | \$0 | \$0 | \$0 | \$843,849 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | C |
| Unclassified | 0 | 0 | 0 | 0 | 0 | (|
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | (|
| Other Charges Positions | 0 | 0 | 0 | 0 | 0 | (|
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | (|
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 | |

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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

<u>OTHER</u>

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

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

BA-7 SUPPORT INFORMATION Page

| DEPARTMENT: HEALTH | I | FOR OPB USE ONLY | | | | | |
|--|-----------------|------------------|------------------------|---------------|---------------|--------|--|
| AGENCY: Acadiana Area Human Se | rvices District | | OPB LOG NUMBE | R | AGENDA NUMBER | 2 | |
| SCHEDULE NUMBER: 09-325 | | | 96 | | | | |
| SUBMISSION DATE: 10/04/21 | | A | pproval and Authority: | 1 | | _ | |
| | | | D | ivision of Ac | Iministration | | |
| AGENCY BA-7 NUMBER: 1 | | | Of | fice of Plann | ing & Budget | 11 | |
| HEAD OF BUDGET UNIT: Brad Farm | ner | | | 007 0 | 0 2021 | | |
| TITLE: Executive Director | | | | OCT 2 | 2 2021 | | |
| SIGNATURE (Certifies that the information provi your knowledge). | | | tet 119 27 | | OVED | | |
| MEANS OF FINANCING | CURREN | _ | ADJUSTMEN | T | REVISED | | |
| | FY 2021-20 | 22 | (+) or (-) | | FY 2021-2022 | 2 | |
| GENERAL FUND BY: | | | | | | | |
| DIRECT | \$14. | 003,767 | | \$0 | \$14,00 | 3.767 | |
| INTERAGENCY TRANSFERS | | 396,282 | \$2 | 758,281 | | 4,563 | |
| | | | Ψ. | | | | |
| FEES & SELF-GENERATED | | 536,196 | | \$0 | | 6,196 | |
| Regular Fees & Self-generated Subtotal of Fund Accounts from Page 2 | 3 | \$0 | | \$0 | \$1,636,1 | | |
| STATUTORY DEDICATIONS | | \$0 | \$0 | | | | |
| [Select Statutory Dedication] | | \$0 | 50 | | \$ | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | 31 | | |
| Subtotal of Dedications from Page 2 | | \$0 | \$0 | | 1 | | |
| FEDERAL | \$0 | | | \$0 | | \$0 | |
| TOTAL | \$18,936,245 | | \$2 | 758,281 | \$21,6 | 94,526 | |
| AUTHORIZED POSITIONS | | 0 | | 0 | | | |
| AUTHORIZED OTHER CHARGES | | 119 | 0 | | 1 | | |
| NON-TO FTE POSITIONS | | 0 | 0 | | | | |
| TOTAL POSITIONS | | 119 | | 01 | 1 | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | |
| PROGRAM NAME: | DOLLARO | 105 | DOLLARG | | DOLLANG | 100 | |
| AAHSD (Program 1000) | \$18,936,245 | 119 | \$2,758,281 | 0 | \$21,694,526 | 119 | |
| | \$10,550,245 | 0 | \$0 | 0 | \$21,034,520 | 0 | |
| Program 2 | | | | | | | |
| 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 | 0 | \$0 | 0 | \$0 | (| |
| | | | | | | | |
| Sublotal of programs from Page 2 | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| TOTAL | \$18,936,245 | 119 | \$2,758,281 | 0 | \$21,694,526 | 119 | |

BA-7 FORM (7/1/2021)

| DEPARTMENT: HEALTH | | FOR OPB USE ONLY | | | | | |
|--|---|------------------|---|--------------------|--------------------------|-------------|--|
| AGENCY: Acadiana Area Human S | OPB LOG NUM | BER | AGENDA NUMBE | R | | | |
| SCHEDULE NUMBER: 09-325 | | Į | | | | | |
| SUBMISSION DATE: 10/04/21 | | | | | | | |
| AGENCY BA-7 NUMBER: 1 | 146-17-185 | ADDI | | TO PAGE 1 | | | |
| Use this section for additional Ded | licated Fund Acco | wats or S | tatutory Dedication | e if naada | d. | | |
| The subtotal will automatically be | | | 200 604 6 M B . But no million construction | angå ne kronoranan | van s | | |
| MEANS OF FINANCING | CURREN | | ADJUSTME | NT | REVISED | | |
| | FY 2021-2 | 022 | (+) or (-) | | FY 2021-202 | 22 | |
| GENERAL FUND BY; | | | | | | | |
| FEES & SELF-GENERATED | <u>an an a</u> | | dan bahan bahar kara kara kara kara kara kara kara | ſ | PARANCE ALLER ELECTROPIC | | |
| [Select Fund Account] | × | \$0 | . A de la constantin de la | \$0 | | \$0 | |
| Select Fund Account | · · · · · · · · · · · · · · · · · · · | \$0 | | \$0 | | \$0 | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$ 0 | |
| STATUTORY DEDICATIONS | | | | · | | | |
| (Select Statutory Dedication) | · | \$0 | | \$0 | 0 | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | \$0 \$0 | |
| (Select Statutory Dedication) | | \$0 | | \$0] | | \$0 | |
| [Select Statutory Dedication] | an a | \$0 | | \$0 | | \$0 \$0 | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | \$0 \$0 | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | 0 | | |
| | | | | | | | |
| Use this section for additional Pro | • | | | | | | |
| The subtotal will automatically be | | | | | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | |
| PROGRAM NAME: | | | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | Û | |
| | \$ 0 | 0 | \$0 | 0 | \$0 | 0 | |
| անհետոներներին ումնչը անկարվունին ինչներն ներկերին տուհարկում դարնենացի մասնապարտությունը հանցանության։ | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | |
| and the second | | | | <u>t</u> | | | |

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SUBTOTAL (to Page 1)

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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 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND BY: | | | | | |
| 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 |
| TOTAL | \$2,758,281 | \$0 | \$0 | \$0 | \$0 |

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 potientially 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.

BA-7 FORM (7/1/2021)

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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.)

PERFORMANCE INDICATOR NAME PERFORMANCE INDICATOR NAME PERFORMANCE INDICATOR NAME PERFORMANCE STANDARD CURRENT ADJUSTMENT REVISED FY 2021-2022 (+) OR (-) FY 2021-202 (+) OR (-) FY 202 (+) OR (-) FY

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 racipients ? Will this BA-7 have a positive or negative impact on some other program or egency?)

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 liness 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.

OBJECTIVE:

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT PROGRAM 1 NAME: Acadiana Area Human Services District CURRENT REQUESTED ADJUSTMENT OUTYEAR PROJECTIONS REVISED **MEANS OF FINANCING:** FY 2021-2022 ADJUSTMENT FY 2021-2022 FY 2022-2023 FY 2023-2024 FY 2024-2025 FY 2025-2028 GENERAL FUND BY: Direct \$14,003,767 \$0 \$14,003,767 \$0 \$0 \$0 \$0 \$3,396,282 \$2,758,281 \$0 \$0 Interagency Transfers \$6,154,563 \$0 \$0 Fees & Self-Generated * \$1,536,196 \$0 \$1,536,198 \$0 \$0 \$0 \$0 Statutory Dedications ** \$0 \$0 \$0 \$0 \$0 \$0 \$0 FEDERAL FUNDS \$0 \$0 \$0 \$0 \$0 \$0 \$0 TOTAL MOP \$18,936,245 \$2,758,281 \$21,694,526 \$0 \$0 \$0 \$0 EXPENDITURES: Salarios \$0 \$0 **\$**0 \$0 **\$**0 \$0 \$0 \$0 \$0 \$0 Other Compensation \$0 \$0 \$0 \$0 **Related Banefits** \$D \$0 \$0 \$0 **\$**C \$0 \$0 \$0 50 \$0 \$0 \$0 50 \$0 Travel **Operating Services** \$0 \$0 \$0 \$0 \$0 \$0 50 \$176,100 Supplies \$0 \$176,100 \$0 \$0 \$0 \$0 **S**O \$0 \$0 \$0 80 Professional Services \$0 \$0 Other Charges \$18,218,994 \$2,758,281 \$20,977,275 \$0 **3**0 \$0 \$0 **Debt Services** 50 \$0 \$0 \$0 \$0 80 \$0 Interagency Transfers \$541,151 \$0 \$541,151 50 \$0 50 \$0 \$0 \$0 Acquisitions \$0 \$0 30 \$0 \$0 Major Repairs \$0 \$0 \$0 \$0 \$0 \$0 \$0 UNALLOTTED \$0 \$0 \$0 \$0 \$0 \$0 \$0 TOTAL EXPENDITURES \$18,936,245 \$2,758,281 \$21,694,626 \$0 50 \$0 \$0 POSITIONS Classified 0 0 0 0 0 0 0 0 0 0 Unclassified 0 Ð 0 0 TOTAL T.O. POSITIONS 0 Q 0 Q 0 0 Q 0 119 Û 110 0 0 Other Charges Positions 0 Non-TO FTE Positions 0 C 0 Ø 0 0 0 TOTAL POSITIONS 119 0 0 119 0 0 0 Dedicated Fund Accounts: Reg. Fees & Self-generated \$1,536,196 \$0 \$1,536,196 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Select Fund Account) \$0 50 \$0 \$0 \$0 \$Û (Select Fund Account) \$0 \$0 \$0 \$0 \$0 *Statutory Dedications: (Select Statutory Dedication) \$0 \$0 \$0 \$0 **\$**0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 (Select Statutory Dedication) \$0 \$0 \$0 \$0 \$0 **\$**0 \$0 \$0 \$0 (Select Statutory Decilcation) \$0 \$0 \$0 \$0 \$0 **\$**0 \$0 \$0 (Select Statutory Dedication) \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 (Select Statutory Dedication) \$0 \$0

\$0

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(Select Statutory Dedication)

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de la ser la seguir estas de la composición de

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

Acadiana Area Human Services District

| MEANS OF FINANCING: | State General Fund | interagency Transfere | Fees & Self- Generated Revenues | Statutory Dedications | Federal Funds | TOTAL |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|--|-------------|
| AMOUNT | \$0 | \$2,758,281 | \$0 | \$9 | \$0 | \$2,758,281 |
| 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 | \$ Q |
| 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 Repeirs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| UNALLOTTED | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL EXPENDITURES | \$0 | \$2,758,281 | \$0 | \$0 | \$0 | \$2,758,281 |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | | 0 | (|
| Unclassified | 0 | 0 | 0 | G | 0 | (|
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | C | 0 | |
| Other Charges Positions | 0 | 0 | 0 | 0 | 0 | |
| Non-TO FTE Positions | Ū | 0 | 0 | | and a half a half a second | |
| TOTAL POSITIONS | 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

This increase is to align IAT budget authority with OBH appropriated funding and funding received by AAHSD in the amount of \$2,756,281

REVENUES

٩.

| | MQE | Description | Amount |
|----|----------------------|--------------------------------------|-------------|
| 2. | Interagency Transfer | OBH Transfer of IAT Budget Authority | \$2,758,281 |
| | TOTAL | | \$2,758,201 |

EXPENDITURES

 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. | Expenditure Object | Description | Amount |
|-----|-----------------------|---|----------------------------|
| | 3500 TOTAL | Other Charges - Aid to Local School Beard | \$2,758,281 \$2,758,281 |

<u>OTHER</u>

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

Brad Farmer, Executive Director 337-262-4190 Brad, Farmer@la.gov

Yancey Miro, Diractor of Behavioral Health 337-262-1611 yancey.mire@la.gov

Daniel Leger, Accountant Administrator 2 337-252-4180 Daniel Leger@la.gov

| DEPARTMENT: LOUISIANA DEPARTMENT OF HEALTH | | | | FOR OPB USE ONLY | | | |
|---|--|--|--|---|---|--|--|
| AGENCY: OFFICE OF PUBLIC HEALTH | | | | OPB LOG NUMBER AGENDA NUMBER | | | |
| SCHEDULE NUMBER: 09-326 | | | | | | | |
| 021 | | Approval and Authority: | | | - | | |
| SUBMISSION DATE: October 01, 2021 AGENCY BA-7 NUMBER: #4 COVID-19 Staffing Surge/Hurricane IDA Response/Mass Vaccination FEMA Reimbursements | | | | lanning & Budget | 7 | | |
| Hood, JD | | | CCT | 29 2021 | | | |
| | a | | ATT | PPROVED | - | | |
| ided is correct and true to i | the best of | At 119 221 | | | | | |
| | | - | | REVISED FY 2021-20 | | | |
| | | | | | 4.4.1.4 | | |
| \$57 | ,235,968 | | \$0 | \$57,2 | 235,968 | | |
| \$499 | ,065,075 | \$216 | 6,085,038 | \$715, | 150,113 | | |
| \$54 | ,175,366 | | \$0 | | 175,366 | | |
| \$ | | \$0 | | \$54,166, | | | |
| | | | | \$9 | | | |
| | | | | | | | |
| | \$0 \$0 | | \$0 | | \$ | | |
| \$ | \$10,148,851 | | \$0 | | 0,148,85 | | |
| \$715,018,557 | | | \$0 | | 018,557 | | |
| \$1,335,652,817 | | \$210 | \$216,085,038 | | 737,855 | | |
| | 1,235 | | 0 | | 1,235 | | |
| | 0 | | 0 | | | | |
| | 105 | | 0 | | | | |
| | 1,340 | | 0 | 1,34 | | | |
| DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | | |
| | | | | | | | |
| \$1,335,652,817 | 1,340 | \$216,085,038 | 0 | \$1,551,737,855 | 1,340 | | |
| \$0 | 0 | \$0 | 0 | \$0 | C | | |
| | 0 | \$0 | 0 | \$0 | C | | |
| \$0 | 0 | \$0 | 0 | \$0 | (| | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | (| | |
| | 1,340 | \$0 | 0 | \$0 | 1,340 | | |
| | ALTH 021 0-19 Staffing ss Vaccination FE r Hood, JD vided is correct and true to the CURREN FY 2021-2 \$57 \$499 \$54 \$54 \$1,335,652,817 \$0 \$0 \$0 \$0 | ALTH 021 0-19 Staffing ss Vaccination FEMA / Hood, JD //ded is correct and true to the best of CURRENT FY 2021-2022 \$57,235,968 \$499,065,075 \$54,175,366 \$54,166,366 \$54,166,366 \$9,000 \$10,148,851 \$715,018,557 \$1,335,652,817 1,235 0 \$10,148,851 \$715,018,557 \$1,335,652,817 1,235 0 105 105 1,340 DOLLARS POS \$1,340 \$0 0 \$0 0 \$0 0 0 \$0 0 0 0 0 0 0 0 0 0 0 0 0 0 | CURRENT OPB LOG NUM 021 Approval and Authority. 0-19 Staffing ss Vaccination FEMA Approval and Authority. rHood, JD | ALTH OPB LOG NUMBER / 0 U 021 Approval and Authority: 0-19 Staffing ss Vaccination FEMA Division of Office of P (Hood, JD Approval and Authority: ided is correct and true to the best of At 119 Act 05 - 5 CURRENT FY 2021-2022 ADJUSTMENT (+) or (-) \$57,235,968 \$0 \$54,186,386 \$0 \$54,186,386 \$0 \$54,186,386 \$0 \$10,148,851 \$0 \$10,148,851 \$0 \$10,148,851 \$0 \$10,148,851 \$0 \$11,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,340 \$216,085,038 \$1,335,652,817 \$216,085,038 \$1,340 \$216, | CURRENT OPB LOG NUMBER AGENDA NUMB 021 Approval and Authority: OPB LOG NUMBER AGENDA NUMB 021 Approval and Authority: Division of Administration office of Panning & Budget QCT ? 9 2021 0ffice of Panning & Budget QCT ? 9 2021 Adepsoved Adepsoved nded is correct and inue to the best of Adjustment REVISED FY 2021-2022 CURRENT Adjustment REVISED FY 2021-202 \$57,236,968 \$0 \$57, \$54,99,065,075 \$216,085,038 \$715, \$54,175,366 \$0 \$56, \$50 \$0 \$54, \$60 \$0 \$510, \$10,148,861 \$0 \$10, \$0 \$0 \$0 \$13,35,652,817 \$216,085,038 \$1,551, \$1,335,652,817 1,340 \$216,085,038 \$1,551,737,855 \$0 \$0 \$0 \$0 \$0 \$1,335,652,817 1,340 \$216,085,038 \$1,551,737,855 \$0 \$0 \$0 | | |

| DEPARTMENT: LOUISIANA DEPART | MENT OF HEALTH | FOR OPB USE ONLY | | | |
|--|-------------------------|--------------------------------|-------------------------|--|--|
| AGENCY: OFFICE OF PUBLIC HEAL | ТН | OPB LOG NUMBER | AGENDA NUMBER | | |
| SCHEDULE NUMBER: 09-326 | | | | | |
| SUBMISSION DATE: October 01, 202 | 1 | | | | |
| AGENCY BA-7 NUMBER: #4 COVID- Surge/Hurricane IDA Response/Mass Reimbursements | | ADDENDUM T | O PAGE 1 | | |
| Use this section for additional Dedica The subtotal will automatically be tra | 2 | tutory Dedications, if needed. | | | |
| MEANS OF FINANCING | CURRENT FY 2021-2022 | ADJUSTMENT (+) or (-) | REVISED FY 2021-2022 | | |
| GENERAL FUND BY: | | | | | |
| FEES & SELF-GENERATED | | | | | |
| Emergency Medical Technician Fund Account | \$9,000 | \$0 | \$9,000 | | |
| [Select Fund Account] | \$0 | \$0 | \$0 | | |
| SUBTOTAL (to Page 1) | \$9,000 | \$0 | \$9,000 | | |
| STATUTORY DEDICATIONS | | | | | |
| Oyster Sanitation Fund (Q08) | \$186,051 | \$0 | \$186,051 | | |
| Louisiana Fund (Z13) | \$6,821,260 | \$0 | \$6,821,260 | | |
| Tologommunications for the Dest Fund | | | | | |

| SUBTOTAL (to Page 1) | \$10,148,851 | \$0 | \$10,148,851 |
|---|--------------|-----|--------------|
| [Select Statutory Dedication] | \$0 | \$0 | \$0 |
| Vital Records Conversion Fund (H18) | \$425,404 | \$0 | \$425,404 |
| Emergency Medical Technician Fund (P14) | \$0 | \$0 | \$0 |
| Telecommunications for the Deaf Fund (E02) | \$2,716,136 | \$0 | \$2,716,136 |
| | + - 1 + | 4 - | |

| Use this section for additional Pro | • | | | | | | | | | |
|--|---------|-----|---------|---|-----------|-------------|--|--|--|--|
| The subtotal will automatically be transferred to Page 1. PROGRAM EXPENDITURES DOLLARS POS DOLLARS POS DOLLARS POS | | | | | | | | | | |
| | DOLLARS | FU9 | DOLLARO | | - POLEANO | HEAC | | | | |
| PROGRAM NAME: | | | | | | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$0 | . 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |
| | \$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 (to Page 1) | \$0 | 0 | \$0 | 0 | \$0 | 0 | | | | |

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.

| | TOTAL | \$216,085,038 | \$0 | \$0 | \$0 | \$0 |
|---------------------|-------|---------------|--------------|--------------|--------------|--------------|
| FEDERAL | | \$0 | \$0 | \$0 | \$0 | \$0 |
| STATUTORY DEDICATIO | ONS | \$0 | \$0 | \$0 | \$0 | \$0 |
| FEES & SELF-GENERAT | ED | \$0 | \$0 | \$0 | \$0 | \$0 |
| INTERAGENCY TRANSF | ERS | \$216,085,038 | \$0 | \$0 | \$0 | \$0 |
| DIRECT | | \$0 | \$0 | \$0 | \$0 | \$0 |
| GENERAL FUND BY: | | | | | | |
| MEANS OF FINANC | | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |

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

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.

| | PERFORMANCE IMPACT OF MID-YEA | | ADJUSTM | ENT |
|---|---|---|--|---|
| 1. Identify | and explain the programmatic impacts (positive or negati | ve) that will result | t from the approv | al of this BA-7. |
| Governor following: surge stat | of this BA-7 will allow the Office of Public Health to receive 's Office of Homeland Security and Emergency Preparedn 1) Setting up Mass Vaccination sites and implementing C ffing for hospitals and 3) contract services and operational d have a positive impact on the agency's ability to respond | ness (GOHSEP) for community Strike | or costs incurred Teams; 2) Provid ct response to Hu | for the ling COVID-19 urricane IDA. |
| this reque | ete the following information for each objective and related est. (Note: Requested adjustments may involve revisions n of new objectives and performance indicators. Repeat t y.) | to existing object | ives and perform | ance indicators |
| OBJECTI | VE: | | | |
| <u>ب</u> | | PERF | ORMANCE STAL | NDARD |
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT | REVISED FY 2021-2022 |
| | | FT 2021-2022 | (+) OR (-) | FT 2021-2022 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| 3. Briefly indicators recipients | ATION FOR ADJUSTMENT(S): Explain the necessity of explain any performance impacts other than or in addition . (For example: Are there any anticipated direct or indirect ? Will this BA-7 have a positive or negative impact on so no additional impacts other than what is stated above. | to effects on object of fects on prog | ectives and perfo | |
| impact. This reque | e are no performance impacts associated with this BA-7 re est is for Interagency Transfer funding for FEMA reimburs- vell as direct response to Hurricane IDA, for which the age | ements as a direc | t response to the | COVID-19 |
| 5. Descri | be the performance impacts of failure to approve this BA-7 and performance indicators.) | 7. (Be specific. I | Relate performan | ice impacts to |
| strike tear Failure to vaccinatio response | approve this BA-7 will result in the agency's inability to: 1) ns statewide; 2) provide COVID-19 surge staffing for hosp approve this BA-7 will result in the agency's inability to rec in sites and community strike teams statewide; 2) COVID- for recovery from Hurricane Ida. This would negatively imp gation and Ida recovery efforts. | itals and; 3) direc æive funding/reim 19 surge staffing | tly respond to Hu bursement for: 1 for hospitals and | urricane IDA.) mass ; 3) direct |

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: PUBLIC HEALTH SERVICES

| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | ADJUSTMENT OUTYEAR PROJECTIONS | | | |
|--|-----------------|---------------|-----------------|--------------------------------|--------------|--------------|--------------|
| MEANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
| GENERAL FUND BY: | | 1 | | | | | |
| 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 |
| TOTAL MOF | \$1,335,652,817 | \$216,085,038 | \$1,551,737,855 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | | | | | |
| 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 |
| TOTAL EXPENDITURES | \$1,335,652,817 | \$216,085,038 | \$1,551,737,855 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | | |
| Classified | 1,221 | 0 | 1,221 | 0 | 0 | 0 | 0 |
| Unclassified | 14 | 0 | 14 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 1,235 | 0 | 1,235 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-TO FTE Positions | 105 | 0 | 105 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 1,340 | 0 | 1,340 | 0 | 0 | 0 | 0 |
| *Dedicated Fund Accounts: | | | | | | | |
| Reg. Fees & Self-generated | \$54,175,366 | \$0 | \$54,175,366 | \$0 | \$0 | \$0 | \$0 |
| Emergency Medical Technician | \$9,000 | \$0 | \$9,000 | \$0 | \$0 | \$0 | \$0 |
| Fund Account [Select Fund Account] | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| **Statutory Dedications: | | | | | | | |
| 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] [Select Statutory Dedication] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

PUBLIC HEALTH SERVICES

| MEANS OF FINANCING: | State General Fund | Interagency Transfers | Fees & Self- Generated Revenues | Statutory Dedications | Federal Funds | TOTAL | |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------|---------------|--|
| AMOUNT | \$0 | \$216,085,038 | \$0 | \$0 | \$0 | \$216,085,038 | |
| 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 | \$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 | |
| TOTAL EXPENDITURES | \$0 | \$216,085,038 | \$0 | \$0 | \$0 | \$216,085,038 | |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| POSITIONS | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL T.O. POSITIONS | 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 | |
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | |

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

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: <u>ashley.dromgoole@la.gov</u>

| DEPARTMENT: LDH/ IMCAL H.S.A. | FOR OPB USE ONLY | | | | | |
|--|---------------------------------------|-------------|------------------------|-------------|--|------------|
| AGENCY: IMCAL H.S.A. | | | OPB LOG NUN | IBER | AGENDA NUMB | ER |
| SCHEDULE NUMBER: 09-375 | | | 97 | | | |
| SUBMISSION DATE: 9/30/21 | | | Approval and Authority | r | | |
| AGENCY BA-7 NUMBER: 1 | | ······ | | | of Administration Manning & Budget | |
| HEAD OF BUDGET UNIT: TANYA M | | | 1 1 | Office of F | alining & budget | |
| TITLE: EXECUTIVE DIRECTOR, IM | | | 1 1 | OCT | 2 2 2021 | 1 |
| SIGNATURE (Certifies that the information prov | | | | Ah- | 1-De | |
| your knowledge) | iaea is carrect ana true to | ine døsi of | - - | ag | PEROVED | _ |
| MEANS OF FINANCING | CURREN | VT. | ACTI9 T | 2125 | BEVICED | |
| MEANS OF FINANCING | FY 2021-2 | | | 20.2 X | REVISED FY 2021-202 | |
| GENERAL FUND BY: | (12021-2 | .022 | (+) or (- |) | FT 2021-20 | |
| DIRECT | | 3,087,781 | 1 | to | | 07 704 |
| | | | 1 | \$0 | | 87,781 |
| INTERAGENCY TRANSFERS | · · · · · · · · · · · · · · · · · · · | \$2,739,156 | | \$980,364 | | 19,520 |
| FEES & SELF-GENERATED | \$1,300,000 | | | \$0 | | 00,000 |
| Regular Fees & Self-generated Subtotel of Fund Accounts from Page 2 | \$1 300 000 | | | \$0 \$0 | | ,300,000 |
| STATUTORY DEDICATIONS | \$0 | | | \$0 | | \$0 \$0 |
| [Select Statutory Dedication] | \$0 | | | \$0 \$0 | \$1 \$1 | |
| [Select Statutory Dedication] | \$0 | | | \$0 | \$(| |
| Subtotal of Dedications from Page 2 | | \$0 | | \$0 | Şi | |
| FEDERAL | - | \$125,000 | | \$0 | \$125,000 | |
| TOTAL | \$12 | 2,251,937 | | \$980,364 | \$13,2 | 232,301 |
| AUTHORIZED POSITIONS | | 0 | | 0 | | 0 |
| AUTHORIZED OTHER CHARGES | | 77 | 0 | | | 77 |
| NON-TO FTE POSITIONS | | 0 | 0 | | | 0 |
| TOTAL POSITIONS | | 77 | | 0 | ······································ | 77 |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
| PROGRAM NAME: | | | <u></u> | | | |
| 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 |
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| | \$0 | | | | | |
| Subtatal of programs from Pro- 0 | | 0 | \$0 | 0 | \$0 | 0 |
| Subtotal of programs from Page 2 | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| TOTAL | \$12,251,937 | 77 | \$980,364 | 0 | \$13,232,301 | 77 |

| DEPARTMENT: LDH/ IMCAL H.S.A | PARTMENT: LDH/ IMCAL H.S.A. | | | FOR OPB USE ONLY | | | | |
|--|---|--|--|------------------|--|--|--|--|
| AGENCY: IMCAL H.S.A. | - 1945 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 | | OPB LOG NUM | BER | AGENDA NUMB | ER | | |
| SCHEDULE NUMBER: 09-375 | | | | | an a | | | |
| SUBMISSION DATE: 9/30/21 | ₩ <u>₩</u> ₩ | | | | | | | |
| AGENCY BA-7 NUMBER: 1 | | an an an thair an ann an | ADDENDUM TO PAGE 1 | | | | | |
| Use this section for additional Dec | licated Fund Acco | ounts or S | tatutory Dedication | s, if neede | od. | | | |
| The subtotal will automatically be | | | | | | | | |
| MEANS OF FINANCING | CURREN | IT | ADJUSTME | NT | REVISED | | | |
| | FY 2021-2 | 022 | (+) or (-) | tan (n. 1997). | FY 2021-202 | 22 | | |
| GENERAL FUND BY: | | | | | | 47.4925) | | |
| FEES & SELF-GENERATED | | | | | | | | |
| [Select Fund Account] | an geographic and a second | \$0 | | \$0 | | \$0 | | |
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| SUBTOTAL (to Page 1) | di superiora da construcción de la | \$0 | | \$0 | | \$0 | | |
| STATUTORY DEDICATIONS | | | · · · · · · · · · · · · · · · · · · · | | | ······ | | |
| [Select Statutory Dedication] | | \$ 0 | | \$0 | 5 | | | |
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| [Select Statutory Dedication] | | \$0 | | <u>\$0</u> | 50 2020-00-00-00-00-00-00-00-00-00-00-00-00 | | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$0 | | |
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| Use this section for additional Pro The subtotal will automatically be | | | | · | | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS | | |
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| eserver exclusion of the server of the serve | \$0 | 0 | \$0 | 0 | | | | |
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| SUBTOTAL (to Page 1) | \$0 | C | \$0 | 0 | \$0 | 1 (| | |

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 2025-2020 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND BY: | | | | · · | |
| 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 |
| TOTAL | \$980,364 | \$0 | \$0 | \$0 | \$0 |

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

a construction where the construction of a second structure was a superconduction of the second structure of the

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.

 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.)

| ត | | | ORMANCE STAN | |
|---|---|--|--|--|
| EVEL | PERFORMANCE INDICATOR NAME | | ADJUSTMENT | REVISED |
| | | FY 2021-2022 | (+) OR (-) | FY 2021-202 |
| | | married Billion (1990) | and the second statement of the second s | |
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| | | Construction in the second second | | A PROPERTY AND A PROPERTY AND |

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 exemple: 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.

 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.

OD ECTIVE.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: IMCAL H.S.A.

| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | ADJI | JSTMENT OUTY | EAR PROJECTI | ONS |
|--|--------------|------------|--------------|--------------|--------------|--------------|--------------|
| MEANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
| GENERAL FUND BY: | | | | | | | |
| 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 |
| TOTAL MOF | \$12,251,937 | \$980,364 | \$13,232,301 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | | | | | |
| 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 |
| TOTAL EXPENDITURES | \$12,251,937 | \$980,364 | \$13,232,301 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | ya sha | | | | | |
| Classified | 0 | o | 0 | 0 | o | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 77 | 0 | 77 | 0 | 0 | . 0 | 0 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 77 | 0 | 77 | 0 | 0 | 0 | 0 |
| *Dedicated Fund Accounts: | | | | | | | |
| 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 \$0 |
| [Select Fund Account] | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | φU |
| **Statutory Dedications: | 60 | 09 | 60 | | eol | en l | \$0 |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$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 |

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 | |
|-------------------------|-----------------------|--------------------------|---------------------------------------|--------------------------|---------------|-----------|--|
| AMOUNT | \$0 | \$980,364 | \$0 | \$0 | \$0 | \$980,364 | |
| 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 | \$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 | |
| TOTAL EXPENDITURES | \$0 | \$980,364 | \$0 | \$0 | \$0 | \$980,364 | |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| POSITIONS | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL T.O. POSITIONS | 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 | |
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | |

BA-7 QUESTIONNAIRE

(Provide answers on the Questionnairo 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 OPIOD 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)

<u>OTHER</u>

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

> BA-7 SUPPORT INFORMATION Page 1

| DEPARTMENT: Department of Hea | PARTMENT: Department of Health | | | | FOR OPB USE ONLY | | | | |
|--|---------------------------------------|---------------|----------|--|------------------|-------------------|----------|--|--|
| AGENCY: Central LA Human Servi | | | 1 | OPB LOG NUM | IBER | AGENDA NUME | BER | | |
| SCHEDULE NUMBER: 09-376 | | | - | 98 | | | | | |
| SUBMISSION DATE: 10/4/21 | ······ | ······ | Аррго | val and Authority | | | | | |
| | | | | | Division (| of Administration | Í | | |
| AGENCY BA-7 NUMBER: 1 - Increa | | | -{ | 1 | Office of P | fanning & Budget | 1 | | |
| HEAD OF BUDGET UNIT: Rebecca | Craig | | | | 0CT | 2 2 2021 | 1 | | |
| TITLE: Executive Director | | | | | | 4 4 2021 | | | |
| SIGNATURE (Certifies that the information grow | ided is correct and true t | o the best of | 1 | | AURA | L | _ [| | |
| your knowledge) | | | | | A | PPROVED | | | |
| Kebern Le | and | | AC | 419021 | 85- | Sachon 11 | | | |
| MEANS OF FINANCING | CURRE | NT | | ADJUSTME | ENT | REVISED |) | | |
| | FY 2021-2 | 2022 | | (+) or (- |) | FY 2021-20 | 22 | | |
| GENERAL FUND BY: | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| DIRECT | \$ | 9,751,715 | | | \$0 | \$9,7 | 751,71 | | |
| INTERAGENCY TRANSFERS | \$- | 4,179,346 | | \$ | 1,972,024 | \$6.1 | 151,37 | | |
| FEES & SELF-GENERATED | \$1,000 000 | | 1 | | \$0 | | 00,00 | | |
| Regular Fees & Self-generated | \$1,000,000 | | + | ····· | \$0 \$0 | | 1,000,00 | | |
| Subtotal of Fund Accounts from Page 2 | \$0 | | | \$0 | | \$1,000 | | | |
| STATUTORY DEDICATIONS | \$0 | | | | \$0 | | | | |
| [Select Statutory Dedication] | \$0 | | <u> </u> | | \$0 | | \$ | | |
| [Select Statutory Dedication] | \$0 | | | | \$0 | | | | |
| Subtotal of Dedications from Page 2 | \$0 | | | | \$0 | | 4 | | |
| FEDERAL | \$0 | | | | \$0 | | \$ | | |
| TOTAL | \$1 | 1,931,061 | | \$1 | 1,972,024 | \$16,9 | 903,08 | | |
| AUTHORIZED POSITIONS | | 0 | | 0 | | (| | | |
| AUTHORIZED OTHER CHARGES | | 8.7 0 | AJS | de general de la constituire de la constituire de la constituire | 0 | C | | | |
| NON-TO FTE POSITIONS | | 0.87 | AJJ | | 0 | | 87 | | |
| TOTAL POSITIONS | | 87 | 1 | | 0 | 8 | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | | OLLARS | POS | DOLLARS | POS | | |
| PROGRAM NAME: | | | | | | DOLLING | | | |
| Program-1 Central LA HSD | \$14,931,061 | 87 | | \$1,972,024 | 0 | \$16,903,085 | 87 | | |
| Program 2 | \$0 | 0 | | \$0 | 0 | \$0 | | | |
| Program 3 | \$0 | 0 | | \$0 | 0 | \$0 | | | |
| ^p rogram 4 | \$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 | 0 | | \$0 | 0 | \$0 | | | |
| Subtolal of programs from Page 2: | \$0 | 0 | | \$0 | 0 | 50 | | | |
| TOTAL | \$14,931,061 | 87 | | \$1,972,024 | 0 | \$16,903,085 | 6 | | |

H

BA-7 FORM (7/1/2021)

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

| DEPARTMENT: Department of He | ealth | · · · · · · · · · · · · · | FOR OPB USE ONLY | | | | | |
|--|-------------------|---|------------------------------|--------------------|-------------|-------------|--|--|
| AGENCY: Central LA Human Ser | vices District | a a ta | OPB LOG NUMBER AGENDA NUMBER | | | | | |
| SCHEDULE NUMBER: 09-376 | ***** | | | | | | | |
| SUBMISSION DATE: 10/4/21 | | | | | | | | |
| AGENCY BA-7 NUMBER: 1 - Incre | ase IAT Authority | , | ADE | ENDUM | TO PAGE 1 | | | |
| Use this section for additional De | dicated Fund Acc | ounts or l | Statutory Dedicatio | ns, if need | ed. | | | |
| The subtotal will automatically be | | | | | | | | |
| MEANS OF FINANCING | CURREI | NT . | ADJUSTM | ADJUSTMENT REVISED | | | | |
| | FY 2021-2 | FY 2021-2022 | |) | FY 2021-20 | 22 | | |
| GENERAL FUND BY: | | | | | | | | |
| FEES & SELF-GENERATED | | | | I | | | | |
| [Select Fund Account] | | \$0 | | \$0 | | \$ 0 | | |
| [Select Fund Account] | 50 | | | \$ 0 | | \$0 | | |
| SUBTOTAL (to Page 1) | \$0 | | | \$ 0 | | \$0 | | |
| STATUTORY DEDICATIONS | | | | | | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | 50 | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | | <u>\$0</u> | | \$0 | | |
| [Select Statutory Dedication] | | <u>\$0</u> | | <u>\$0</u> | | \$0 | | |
| (Select Statutory Dedication) | | <u>\$0</u> | | \$0 | | <u>\$0</u> | | |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$0 | | |
| Use this section for additional Pro | wram Namae If s | aadad | | | | | | |
| The subtotal will automatically be | | | | | | | | |
| PROGRAM EXPENDITURES | DOLLARS | - | DOLLARS | POS | DOLLARS | POS | | |
| PROGRAM NAME: | | | | | | | | |
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| Anna a na aire anns an sao ha fao 12 mar | \$0 | 0 | \$0 | 0 | \$0 | 0 | | |
| n an | \$0 | • 0 | \$0 | Q | \$ 0 | 0 | | |
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| | \$O | 0 | \$0 | 0 | \$0 | 0 | | |
| ουροποιορία τη βάλη το ποληγιο χοηρητική που το πολογιο βά ^{το} θα τη πορο πόρου το πολόγου Του ^π οληγιο Του πολογια Τ | \$0 | 0 | \$0 | \$0 | 0 | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 | | |
| SUBTOTAL (to Page 1) | \$0 | 0 | \$0 | 0 | \$0 | 0 | | |

Page 1

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 6A-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 \$198,295 and COVID-19 Crisis Counseling Regular Services Program \$333,917.

| MEANS OF FINANCING | EX 2004 2020 | EV 0000 0000 | | | | |
|-----------------------|--------------|---------------|--------------|--------------|--------------|--|
| OR EXPENDITURE | FT 2021-2022 | P Y 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 | |
| GENERAL FUND BY: | | | | | | |
| 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 | |
| TOTAL | \$1,972,024 | \$0 | \$0 | \$0 | \$0 | |

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

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

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

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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 sufficient IAT budget authority to accept IAT funding from OEH. There is no programmatic impact 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: N/A

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|---------------------------------------|--|----------------------|------------|--------------|--|--|--|
| 2 | PERFORMANCE INDICATOR NAME | CURRENT | ADJUSTMENT | REVISED | | | |
| 5 | | FY 2021-2022 | (+) OR (-) | FY 2021-2022 | | | |
| | | | | | | | |
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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 egency?)

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 result in CLHSD not having sufficient budget authority to accept the additional IAT from OBH.

Page 1

| X1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
|--|----------------|----------------|--|---|--------------|-------------------|--|
| | PROGRAM | LEVEL REQU | EST FOR MID | YEAR BUDGET | ADJUSTMEN | IT | |
| PROGRAM 1 NAME: | Central LA Hur | nan Services D | Istrict | and the second secon | | | an Banan ana amin'ny kaodim-paositra dia mampika kaoka manjara kaoka manjara kaoka manjara kaoka manjara kaoka |
| | CURRENT | REQUESTED | REVISED | ADJ | USTMENT OUTY | EAR PROJECTI | ONS |
| MEANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2026 | FY 2025-2028 |
| GENERAL FUND BY: | | | | | | | - |
| Direct | \$9,751,715 | \$ 0 | \$9,751,715 | \$0 | \$0 | \$0 | \$0 |
| Interagency Transfors | \$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 |
| FEDERAL FUNDS | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL MOF | \$14,931,061 | \$1,972,024 | \$16,903,085 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | ina national province at the sufferment of an angle of the sufferment of the sufferment of the sufferment of t | | | | |
| Salaries | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Compensation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Related Benafits | \$0 | \$0 | \$0 | \$0 | <u>\$0</u> | \$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 | \$14,700,316 | \$1,972,024 | \$16,678,340 | \$0 | . \$0 | \$0 | \$0 |
| Debt Services | \$0 | \$0 | \$0 | \$ 0 | \$0 | \$0 | \$0 |
| Interagency Transfers | \$224,745 | \$0 | \$224,746 | \$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 |
| TOTAL EXPENDITURES | \$14,931,061 | \$1,972,024 | \$16,903,085 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | Ð | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | · 0 | ٥ |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 87 | 0 | 87 | 0 | 0 | 0 | Ú . |
| Non-TO FTE Positions | 0 | 0 | G | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 87 | 0 | 87 | 0 | Ŭ | 0 | Ø |
| Dedicated Fund Accounts: | | | | and the second se | | | |
| Reg. Faes & Self-generated | \$1,000,000 | \$0 | \$1,000,000 | \$0 | \$0 | \$0 | \$0 |
| [Select Fund Account] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | <u>\$0</u> \$0 |
| | 1 40 | U\$ | L. *V | | i\$0 | | |
| **Statutory Dedications: [Select Statutory Dedication] | \$0 | \$0 | \$0 | \$0 | \$ 0 | \$ 0 | \$ 0 |
| (Select Statutory Dedication) | \$0 | \$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] [Select Statutory Dedication] | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | <u>\$0</u> \$0 | \$0 \$0 |
| [Select Statutory Dedication] | | \$0 | 1 | | 50 | \$0 | \$0 \$0 |
| | \$0 | | \$0 | \$0 | ្រ ភូម | 30 | \$0 |

| PROC | GRAM LEVEL R | EQUEST FOR | MID-YEAR B | JDGET ADJU | STMENT | - Constant Sectors of the United States | | |
|-------------------------|--|--------------------------|---------------------------------------|--------------------------|---------------|--|--|--|
| PROGRAM 1 NAME: | RAM 1 NAME: Central LA Human Services District | | | | | | | |
| MEANS OF FINANCING: | State General Fund | Interagency Transfers | Fees & Self- Generated Revenues | Statutory Dedications | Federal Funds | TOTAL | | |
| AMOUNT | \$0 | \$1,972,024 | \$ 0 | \$0 | \$0 | \$1,972,024 | | |
| EXPENDITURES: | | | | | | and the second | | |
| 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 | \$ D | \$0 | \$0 | \$0 | \$D | | |
| 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 | | |
| TOTAL EXPENDITURES | \$0 | \$1,972,024 | \$ 0 | \$0 | \$0 | \$1,972,024 | | |
| OVER / (UNDER) | \$ 0 | \$0 | \$0 | \$0 | \$ 0 | \$0 | | |
| POSITIONS | T | | | | <u></u> | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Unclassified | C C | 0 | 0 | 0 | Û | 0 | | |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | Q | | |
| Other Charges Positions | • 0 | G | 0 | 0 | 0 | 0 | | |
| Non-TO FTE Positions | 0 | 0 | 0 | Û | 0 | 0 | | |
| TOTAL POSITIONS | 0 | 0 | 0 | Ű . | 0 | Ø | | |

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 (SAP | T) | |
|---|------|-----------|
| 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) | 333,917 |
| Amount of increase | \$ | 1,972,024 |

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 5520064, Miscellaneous Professional Services; there may be a portion that the general ledger account will be 5620063, Miscellaneous - Operating Services.

<u>OTHER</u>

12.

Rebecca Craig, MA Executive Director (318) 487-5191 <u>Rebecca.Craig@la.gov</u>

Karin Shrader Chief Fiscal Officer (318) 487-5030 Karin.Shrader@la.gov

BA-7 SUPPORT INFORMATION Page 1

| DEPARTMENT: LA DEPARTMENT OF HEALTH | | | FOR OPB USE ONLY | | | |
|--|-----------------------------|-------------|------------------|-------------|--------------------|-----------|
| AGENCY: NORTHWEST LA HUMAN SERVICES DISTRICT | | | OPB LOG NUM | BER | AGENDA NUMBE | R |
| SCHEDULE NUMBER: 09-377 | | | 09 | | | • |
| SUBMISSION DATE: 10/04/2021 | SUBMISSION DATE: 10/04/2021 | | | | | |
| AGENCY BA-7 NUMBER: #1 | | | | | Administration | |
| HEAD OF BUDGET UNIT: Douglas | | | | | initially & budget | |
| | ITLE: Executive Director | | | | 2 2 2021 | 1 |
| | | | | Mho | 0 | |
| SIGNATURE (Certifies that the information provi your knowledge) | ded is correct and this to | the best of | | 7 AU | PROVED | - |
| the las | - 10 | | Act 119 221 | 0000 | cho-li | |
| MEANS OF FINANCING | CURREN | | ADJUSPME | INT I | REVISED | |
| MEANS OF FINANCING | FY 2021-2 | • • | | | FY 2021-202 | 20 |
| | | 022 | (+) or (-) | | FT 2021-202 | <u> </u> |
| GENERAL FUND BY: | | | | | | |
| DIRECT | \$8 | ,810,873 | | \$0 | \$8,8 | 10,873 |
| INTERAGENCY TRANSFERS | \$5 | ,013,149 | \$1 | 1,370,150 | \$6,3 | 83,299 |
| FEES & SELF-GENERATED | \$1 | ,500,000 | | \$0 | \$1,5 | 00,000 |
| Regular Fees & Self-generated | | \$1,500.000 | | \$0 | \$1 | 1,500,000 |
| Subtotal of Fund Accounts from Page 2 | | \$0 | | \$0 | | 50 |
| STATUTORY DEDICATIONS | | \$0 | | \$0 | | \$0 |
| [Select Statutory Dedication] | | \$0 | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | | \$0 | | |
| Subtotal of Dodications from Page 2 | \$0 | | | 50 | | \$0 |
| FEDERAL | \$0 | | | \$0 | | \$0 |
| TOTAL | \$15 | ,324,022 | \$* \$* | \$1,370,150 | | 594,172 |
| AUTHORIZED POSITIONS | | 0 | 0 | | | |
| AUTHORIZED OTHER CHARGES | | 89 | | 0 | | |
| NON-TO FTE POSITIONS | · _ · _ · | 0 | | 0 | | |
| TOTAL POSITIONS | | 89 | | 0 | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
| PROGRAM NAME: | | | | | | |
| NLHSD | \$15,324,022 | 89 | \$1 370,150 | 0 | \$16,694,172 | 89 |
| | \$0 | 0 | \$1.510,150 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | | |
| | | | + | | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | 50 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| Subtolal of programs from Page 2 | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| TOTAL | | 1 | 1 | L | | <u></u> |
| | \$15,324,022 | 89 | \$1,370,150 | 0 | \$16,694,172 | 89 |

| DEPARTMENT: LA DEPARTMENT OF HEALTH | | | FOR OPB USE ONLY | | | |
|---|---------------------|--|--|------------|---|-------------|
| AGENCY: NORTHWEST LA HUMA | N SERVICES DIS | TRICT | OPB LOG NUM | BER | AGENDA NUMB | ER |
| SCHEDULE NUMBER: 09-377 | <u></u> | ******** | | | | |
| SUBMISSION DATE: 9/22/2021 | | | | | | |
| AGENCY BA-7 NUMBER: #1 | ADD | ENDUM | TO PAGE 1 | | | |
| Use this section for additional Dec | | | tatutory Dedication | s, if need | əd. | |
| The subtotal will automatically be | | | - A 2000 - I | | | |
| MEANS OF FINANCING | CURREN FY 2021-2 | | ADJUSTME (+) or (-) | | REVISED | 1 |
| GENERAL FUND BY: | | | | | | |
| FEES & SELF-GENERATED | | | | | a a la de la desentación de la desentac | |
| [Select Fund Account] | | \$0 | | \$0 | | \$0 |
| [Select Fund Account] | | \$0 | | \$0 | | \$ 0 |
| SUBTOTAL (to Page 1) | | \$0 | | \$0 | | \$0 |
| STATUTORY DEDICATIONS | | | | | | |
| [Select Statutory Dedication] | \$0 | | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | \$0 ¢A | | | |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | | \$0 \$0 | | -3 | |
| [Select Statutory Dedication] | | \$0 | \$0 | | | |
| [Select Statutory Dedication] | | \$0 | \$0 | | the second se | |
| SUBTOTAL (to Page 1) | | \$0 | \$0 | | \$1 | |
| | | | er er en | | | |
| Use this section for additional Pro | - | | | | | |
| The subtotal will automatically be PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
| PROGRAM NAME: | | an a | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$ 0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | Û. | \$ 0 | 0 |
| | \$0 | 0 | \$0 | D | \$0 | 0 |
| n na <u>mana sa kana kana kana kana kana kana kan</u> | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| ne y de la censión de la companya de la contra de la contra de la contra de la Contra de Contra de la contra de La contra de la contr | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| SUBTOTAL (to Page 1) | \$0 | 0 | \$0 | 0 | \$0 | 0 |

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.

| STATUTORY DEDICATIONS | \$0 | φφ \$0 | \$0 \$0 | 40 \$0 | ېر ۵۵ |
|--------------------------------------|--------------------|--------------|--------------|--------------|--------------|
| INTERAGENCY TRANSFERS | \$1,370,150 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| GENERAL FUND BY: DIRECT | \$0 | \$0 | \$0 | \$0 | \$0 |
| MEANS OF FINANCING OR EXPENDITURE | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |

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.

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 8A-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.

| - | | PERFORMANCE STANDARD | | | | | |
|-------|----------------------------|-------------------------|--------------------------|------------------------|--|--|--|
| LEVEL | PERFORMANCE INDICATOR NAME | CURRENT FY 2021-2022 | ADJUSTMENT (+) OR (-) | REVISED FY 2021-202 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| | PROGRAM | LEVEL REQUE | ST FOR MID-Y | EAR BUDGET | ADJUSTMEN | T | |
|--|----------------|--|-----------------|--------------|--------------|--------------|--------------------------|
| PROGRAM 1 NAME | Northwest Loui | siana Human S | ervice District | | | | |
| | CURRENT | REQUESTED | REVISED | ADJ | USTMENT OUTY | EAR PROJECT | ONS |
| EANS OF FINANCING: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2026-2026 |
| SENERAL FUND BY | | | | | | | |
| 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 |
| EDERAL FUNDS | \$0 | \$0 | 50 | \$0 | \$0 | \$0 | \$0 |
| TOTAL MOF | \$15,324,022 | \$1,370,150 | \$16,694,172 | \$0 | \$0 | \$0 | 50 |
| | \$15,324,022 | \$1,370,130 | \$10,094,17X | 30 | \$0 | 30 | 50 |
| EXPENDITURES: | | | | | | | |
| 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 | \$15,337,241 | \$0 | \$0 | \$0 | 50 |
| 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 | 50 | \$0 | \$0 |
| Major Repairs | \$0 | 50 | \$0 | \$0 | \$0 | 50 | \$0 |
| UNALLOTTED | 50 | \$0 | | 50 | | | \$0 |
| | - | | \$0 | - | \$0 | \$0 | the second second second |
| TOTAL EXPENDITURES | \$15,324,022 | \$1,370,150 | \$16,694,172 | \$0 | \$0 | \$0 | \$0 |
| POSITIONS | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | D | 0 |
| Other Charges Positions | 89 | 0 | 89 | 0 | 0 | 0 | |
| Non-TO FTE Posilions | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL POSITIONS | 89 | 0 | 68 | 0 | 0 | 0 | 1 |
| Dedicated Fund Accounts: | | and a second sec | | | | | |
| Reg Fees & Self-generaled | \$1,500,000 | \$0 | \$1,500,000 | \$0 | \$0 | \$0 | 1 0 |
| Select Fund Account) | \$1,500,000 | \$0 | \$0 | \$0 | \$0 | | \$ |
| [Select Fund Account] | \$0 | | \$0 | \$0 | | | \$ |
| "Statutory Dedications: | | | | | | | |
| (Select Statutory Dedication) | \$0 | | \$0 | \$0 | | | |
| [Select Statutory Dedication] | \$0 | | \$0 | \$0 | | | \$ |
| [Select Statutory Dedication] | \$0 | | | \$0 | | | |
| [Select Statutory Dedication] [Select Statutory Dedication] | \$0 \$0 | | | \$0 | | | |
| [Select Statutory Dedication] | \$0 | | \$0 | \$0 | | | |
| (Select Statutory Dedication) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | |
| [Select Statutory Dedication] | \$0 | | \$0 | \$0 | \$0 | \$ |) \$ |

| 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 | | | |
| AMOUNT | \$0 | \$1,370,150 | \$0 | \$0 | \$0 | \$1,370,150 | | | |
| 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 | \$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 | | | |
| TOTAL EXPENDITURES | \$0 | \$1,370,150 | \$0 | \$0 | \$0 | \$1,370,150 | | | |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | |
| POSITIONS | | | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Unclassified | 0 | D | 0 | 0 | 0 | 0 | | | |
| FOTAL T.O. POSITIONS | 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 | | | |
| TOTAL POSITIONS | 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

 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

- 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

 Provide object details as part of explanation.
 Object/GL class to be used: 5620164 (MISC-OC RELATED BENEFITS), 5620078 (MISC-OC-RETIREMENT CONTRIB-ST EMPLY), 5620081 (MISC-OC-F.I.C.A. TAX (OASDI)), 5620082 (MISC-OC-MEDICARE TAX), 5620083 (MISC-OC-GROUP INSURANCE CONTIBUTION), 5620066 (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)

<u>OTHER</u>

12. NLHSD Contacts:

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

Gloria Lott Chief Financial Officer 318-676-5102

| DEPARTMENT: Legislative | FOR OPB USE ONLY | | | | | |
|--|-------------------------------|--------------------|------------------------------|----------------|---------------|-----------|
| AGENCY: Legislative Budgetary C | ontrol Council | | OPB LOG NUMBER AGENDA NUMBER | | | |
| SCHEDULE NUMBER: 24-960 | | | - 104 | | | |
| SUBMISSION DATE: 10/22/2021 | | | Approval and Authority: | | | |
| | | | | Division of A | dministration | |
| AGENCY BA-7 NUMBER: 1 | | | | Office of Flan | ning & Budget | |
| HEAD OF BUDGET UNIT: | | 001 8 | 9 2021 | | | |
| TITLE: | | | | Adita | 14 | |
| SIGNATURE (Certifies that the information prov | ided is correct and true to t | he best of | | UN APP | ROVED | |
| your knowledge): FOR RECORDKEEPING PURPOSE ONLY | | | 1.00 0.00 | | 1.1.10 | } |
| | | 17 | JUCB-AUSUS- | 13,2021 | | |
| MEANS OF FINANCING | CURREN | | ADJUSTMI | | REVISED | |
| | FY 2021-2 | 2022 | (+) or (- |) | FY 2021-20 |)22 |
| GENERAL FUND BY: | | | | | | |
| DIRECT | \$8 | 3,55 7 ,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 | 5,000,000 | | \$163,330 | | 163,330 |
| Legislative Capitol Technology Enhancement Fund (ST6) | \$ | 25,000,000 | | \$0 | | 5,000,000 |
| State Coronavirus Relief Fund (STK) | | \$0 | | \$163,330 | | \$163,330 |
| Subtotal of Dedications from Page 2 | \$0 | | | \$0 | | \$0 |
| FEDERAL | \$0 | | | \$0 | | \$0 |
| TOTAL | \$33,557,125 | | | \$163,330 | | 720,455 |
| AUTHORIZED POSITIONS | | 0 | | 0 | | |
| AUTHORIZED OTHER CHARGES | | 0 | | 0 | | |
| NON-TO FTE POSITIONS | | 0 | | 0 | | |
| TOTAL POSITIONS | | 0 | | 0 | | 0 |
| | | | | | | |
| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
| PROGRAM NAME: | | | | | | |
| 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 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| Subtotal of programs from Page 2: | | | | | | |

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

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

| | nanoionou to i ugo n | | |
|-------------------------------|-------------------------|--------------------------|-------------------------|
| MEANS OF FINANCING | CURRENT FY 2021-2022 | ADJUSTMENT (+) or (-) | REVISED FY 2021-2022 |
| GENERAL FUND BY: | | | |
| FEES & SELF-GENERATED | | | |
| [Select Fund Account] | \$0 | \$0 | \$0 |
| [Select Fund Account] | \$0 | \$0 | \$0 |
| SUBTOTAL (to Page 1) | \$0 | \$0 | \$0 |
| STATUTORY DEDICATIONS | | | |
| [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 |
| SUBTOTAL (to Page 1) | \$0 | \$0 | \$0 |

| PROGRAM EXPENDITURES | DOLLARS | POS | DOLLARS | POS | DOLLARS | POS |
|----------------------|---------|-----|---------|-----|---------|-----|
| PROGRAM NAME: | | | | | | |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$0 | 0 | \$0 | 0 | \$0 | 0 |
| | \$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 (to Page 1) | \$0 | 0 | \$0 | 0 | \$0 | 0 |

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.

| MEANS OF FINANCING OR EXPENDITURE | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| GENERAL FUND BY: | | | | | |
| 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 |
| TOTAL | \$163,330 | \$0 | \$0 | \$0 | \$0 |

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

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

| | PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT | | | | | | | | | |
|-----------|--|---|---------------------|-------------------|--------------|--|--|--|--|--|
| ROBOL | | | | | | | | | | |
| | 1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7. | | | | | | | | | |
| | NA | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | this reque | ete the following information for each objective and relatest. (Note: Requested adjustments may involve revision or creation of new objectives and performance indicates sary.) | ns to existing obje | ctives and perfor | mance | | | | | |
| | OBJECTI | VE: | | | | | | | | |
| | | | | | | | | | | |
| | | | PERF | ORMANCE STAI | NDARD | | | | | |
| | EVEI | PERFORMANCE INDICATOR NAME | CURRENT | ADJUSTMENT | REVISED | | | | | |
| | - | | FY 2021-2022 | (+) OR (-) | FY 2021-2022 | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | • | | | | | | | | |
| | JUSTIFIC | ATION FOR ADJUSTMENT(S): Explain the necessity | of the adjustment | (s). | | | | | | |
| | | | | | | | | | | |
| 000,000 | | | | | | | | | | |
| | 3. Briefly | explain any performance impacts other than or in additi | on to effects on o | piectives and per | formance | | | | | |
| | indicators | . (For example: Are there any anticipated direct or indi | rect effects on pro | ogram managem | | | | | | |
| | recipients | ? Will this BA-7 have a positive or negative impact on | some other progr | am 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 | | | | | | | | | |
| 83,489349 | | | | | | | | | | |
| 0.0000 | 5. Describe the performance impacts of failure to approve this PA 7. (Describe Destrict and the sector of the sect | | | | | | | | | |
| | Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.) NA | | | | | | | | | |
| | | | | | | | | | | |

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Legislative Budgetary Control Council

| | | DEQUERTER | DEVIOED | | | | |
|--|--------------|------------|--------------|---|--------------|--------------|--------------|
| MEANS OF FINANCING: | CURRENT | REQUESTED | REVISED | and the second se | USTMENT OUT | | |
| GENERAL FUND BY: | FY 2021-2022 | ADJUSTMENT | FY 2021-2022 | FY 2022-2023 | FY 2023-2024 | FY 2024-2025 | FY 2025-2026 |
| Direct | \$8,557,125 | \$0 | \$8,557,125 | \$0 | \$0 | \$0 | \$0 |
| Interagency Transfers | \$0,007,120 | \$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 |
| TOTAL MOF | \$33,557,125 | \$163,330 | \$33,720,455 | \$0 | \$0 | \$0 | \$0 |
| EXPENDITURES: | | | | | | | |
| Salaries | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Compensation | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| Related Benefits | | | | - | | \$0 | |
| Travel | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | \$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 |
| TOTAL EXPENDITURES | \$33,557,125 | \$163,330 | \$33,720,455 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | | |
| POSITIONS | | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Charges Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-TO FTE Positions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL POSITIONS | 0 | 0 | Ö | 0 | 0 | 0 | 0 |
| | | | | | | | |
| *Dedicated Fund Accounts: | | | | | | | |
| 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 |
| **Statutory Dedications: | | | | | | | |
| Legislative Capitol Technology Enhancement Fund (ST6) | \$25,000,000 | \$0 | \$25,000,000 | \$0 | \$0 | \$0 | \$0 |
| State Coronavirus Relief Fund | \$0 | \$163,330 | \$163,330 | \$0 | \$0 | \$0 | \$0 |
| (STK) [Select Statutory Dedication] | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| [Select Statutory Dedication] | \$0 | \$0 \$0 | \$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 |

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Legislative Budgetary Control Council

| | | 8072800002800088000888008800880088008800 | Fees & Self- | | | |
|-------------------------|-----------------------|--|-----------------------|--------------------------|---------------|-----------|
| MEANS OF FINANCING: | State General Fund | Interagency Transfers | 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 |
| TOTAL EXPENDITURES | \$0 | \$0 | \$0 | \$163,330 | \$0 | \$163,330 |
| | ti dinen in centra i | | | | | |
| OVER / (UNDER) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | |
| POSITIONS | | | | | | |
| Classified | 0 | 0 | 0 | 0 | 0 | 0 |
| Unclassified | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL T.O. POSITIONS | 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 |
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | |

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