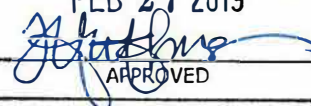
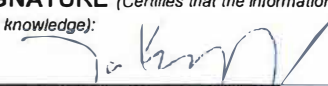


STATE OF LOUISIANA
DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET
REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: LA DEPARTMENT OF HEALTH		FOR OPB USE ONLY				
AGENCY: CAPITAL AREA HUMAN SERVICES DISTRICT		OPB LOG NUMBER 159		AGENDA NUMBER		
SCHEDULE NUMBER: 09-302		Approval and Authority: Division of Administration Office of Planning & Budget FEB 27 2019  APPROVED				
SUBMISSION DATE: 1/29/2019						
AGENCY BA-7 NUMBER: 302-19-3						
HEAD OF BUDGET UNIT: JAN KASOFSKY, PhD.						
TITLE: EXECUTIVE DIRECTOR						
SIGNATURE <i>(Certifies that the information provided is correct and true to the best of your knowledge):</i> 						
MEANS OF FINANCING	CURRENT FY 2018-2019	ADJUSTMENT (+) or (-)		REVISED FY 2018-2019		
GENERAL FUND BY:						
DIRECT	\$16,799,920	✓	\$0		\$16,799,920	
INTERAGENCY TRANSFERS	\$7,755,719	✓	\$164,560		\$7,920,279	
FEES & SELF-GENERATED	\$3,553,108	✓	\$0		\$3,553,108	
STATUTORY DEDICATIONS	\$0		\$0		\$0	
[Select Statutory Dedication]	\$0		\$0		\$0	
[Select Statutory Dedication]	\$0		\$0		\$0	
Subtotal of Dedications from Page 2	\$0		\$0		\$0	
FEDERAL	\$0		\$0		\$0	
TOTAL	\$28,108,747		\$164,560		\$28,273,307	
AUTHORIZED POSITIONS	0		0		0	
AUTHORIZED OTHER CHARGES	220	✓	0		220	
NON-TO FTE POSITIONS	0		0		0	
TOTAL POSITIONS	220		0		220	
PROGRAM EXPENDITURES						
PROGRAM NAME:	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
CAPITAL AREA HUMAN SERVICE	\$28,108,747	0	\$164,560	0	\$28,273,307	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$28,108,747	0	\$164,560	0	\$28,273,307	0

A

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

DEPARTMENT: LA DEPARTMENT OF HEALTH	FOR OPB USE ONLY	
AGENCY: CAPITAL AREA HUMAN SERVICES DISTRICT	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-302		
SUBMISSION DATE: 1/29/2019	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 302-19-3		

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

MEANS OF FINANCING	CURRENT FY 2018-2019	ADJUSTMENT (+) or (-)	REVISED FY 2018-2019
GENERAL FUND BY:			
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	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$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

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

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

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

This BA-7 is needed to increase budget authority for additional funds expected from LDH-Office of Behavioral Health (OBH) as the following adjustments were made after the FY19 Appropriation.

1. Comprehensive Opioid Abuse Program (LaCOAP) = \$61,404
2. Temporary Assistance for Needy Families (TANF) - \$53,593
3. Opioid State Targeted Responses (STR) - \$49,563

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

MEANS OF FINANCING OR EXPENDITURE	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$164,560	\$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	\$164,560	\$0	\$0	\$0	\$0

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

This BA-7 does not require additional personnel.

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

Postponing this request will potentially jeopardize the grant awards. This BA-7 is needed to facilitate all IAT funding the agency 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.

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

2

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

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

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

Approval of this BA-7 will result in CAHSD having sufficient budget authority for FY2019 to facilitate all IAT funding that the agency is allocated to receive to address major challenges in substance abuse and mental health.

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

OBJECTIVE:

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT	ADJUSTMENT	REVISED
		FY 2018-2019	(+) OR (-)	FY 2018-2019

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?)

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 mental illness and physical health conditions or chronic diseases, and individuals with a substance use disorder.

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

This BA-7 will aid in meeting existing Performance Indicators.

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

Failure to approve this request will prevent CAHSD from carrying out their missions and goals related to this request.

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

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Capital Are Human Services District

MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PROJECTIONS			
	FY 2018-2019	ADJUSTMENT	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
GENERAL FUND BY:							
Direct	\$16,799,920	\$0	\$16,799,920	\$0	\$0	\$0	\$0
Interagency Transfers	\$7,755,719	\$164,560	\$7,920,279	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$3,553,108	\$0	\$3,553,108	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$28,108,747	\$164,560	\$28,273,307	\$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	\$26,513,456	\$164,560	\$26,678,016	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$1,595,291	\$0	\$1,595,291	\$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	\$28,108,747	\$164,560	\$28,273,307	\$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	220	0	220	0	0	0	0
NON-TO FTE POSITIONS	0	0	0	0	0	0	0
TOTAL POSITIONS	220	0	220	0	0	0	0
* Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Capital Are Human Services District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self-Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$164,560	\$0	\$0	\$0	\$164,560

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	\$164,560	\$0	\$0	\$0	\$164,560
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	\$164,560	\$0	\$0	\$0	\$164,560

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

This BA-7 is needed to increase budget authority for additional funds expected from LDH-Office of Behavioral Health (OBH) as the following adjustments were made after the FY19 Appropriation

1. Comprehensive Opioid Abuse Program (LaCOAP) = \$61,404
2. Temporary Assistance for Needy Families (TANF) - \$53,593
3. Opioid State Targeted Response (STR) - \$49,563

REVENUES

Interagency Transfers - Federal Grants received from OBH as IAT funding for CAHSD

EXPENDITURES

The expenditures associated with this BA-7 are in the Other Charges (3740 - OC-Prof Svcs.) expenditure category and will have a positive impact to individuals in the CAHSD catchment area from outreach efforts

- \$61,404 Comprehensive Opioid Abuse Program (LaCOAP) to reduce the number of opioid related overdose and overdose deaths
- \$53,593 TANF provide recipients with residential treatment services.
- \$49,563 Opioid State Targeted Response (STR) outreach efforts based on funding provided from OBH

OTHER

CAHSD Contacts:

Jan Kasofsky, PhD.
225-922-2700
Executive Director

Ramona Harris
225-922-0004
Accountant Administrator