

Agency Budget Request

FISCAL YEAR 2025–2026



Louisiana Department of Health

310 — Northeast Delta Human Services Authority



This page has been intentionally left blank

Signature Page	1
Operational Plan	3
Budget Request Overview	13
Agency Summary Statement	14
Total Agency	14
Program Summary Statement	19
3101 - Northeast Delta Human Services Authority	19
Source of Funding Summary	24
Agency Overview	24
Source of Funding Detail	25
Interagency Transfers	25
Fees & Self-generated	31
Expenditures by Means of Financing	45
Existing Operating Budget	45
Total Request	47
Revenue Collections/Income	49
Interagency Transfers	49
Fees & Self-generated	50
Justification of Differences	51
Schedule of Requested Expenditures	54
3101 - Northeast Delta Human Services Authority	54
Continuation Budget Adjustments	57
Agency Summary Statement	58
Total Agency	58
Continuation Budget Adjustments - Summarized	61
Program Summary Statement	65
3101 - Northeast Delta Human Services Authority	65
Continuation Budget Adjustments - by Program	68
Form 37668 — 310-Major Repair	68
Form 36596 — 310 - Inflation	70

Form 36594 — 310 - Salary & RB Compulsory Adjustment	72
Form 36595 — 310 - Other/IAT Increases	77
Technical and Other Adjustments	93
Agency Summary Statement	94
Total Agency	94
Program Breakout	95
Program Summary Statement	96
3101 - Northeast Delta Human Services Authority	96
New or Expanded Requests	97
Agency Summary Statement	98
Total Agency	98
Program Summary Statement	100
3101 - Northeast Delta Human Services Authority	100
Form 39159 — 310 - RISE	102
Total Request Summary	131
Agency Summary Statement	132
Total Agency	132
Program Summary Statement	135
3101 - Northeast Delta Human Services Authority	135
Addenda	137
General Addenda	147

Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30,2026

NAME OF DEPARTMENT / AGENCY: NE Delta Human SVC Authority PHYSICAL ADDRESS: 2513 Ferrand Street
BUDGET UNIT: NE Delta Human SVC Authority Monroe, LA
SCHEDULE NUMBER: 09-310 ZIP CODE: 71201
TELEPHONE NUMBER: 318-362-5051 WEB ADDRESS: nedeltahsa.org

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

HEAD OF DEPARTMENT: <u><i>Michael Harrington</i></u> PRINTED NAME/TITLE: <u>Michael Harrington, MBA, MA, Secretary</u> DATE: <u>10/28/24</u> EMAIL ADDRESS: <u>Michael.Harrington@la.gov</u>	HEAD OF BUDGET UNIT: <u><i>Dr. Monteic A. Sizer</i></u> <small>*Dr. Monteic A. Sizer (Oct-22-2024 10:23 CDT)</small> PRINTED NAME/TITLE: <u>Dr. Monteic A. Sizer/Executive Director</u> DATE: <u>10/22/2024</u> EMAIL ADDRESS: <u>Monteic.Sizer@la.gov</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PROGRAM CONTACT PERSON: <u>Joy Price</u> TITLE: <u>Corporate Compliance Manager</u> TELEPHONE NUMBER: <u>318-362-5330</u> EMAIL ADDRESS: <u>Joy.Price@la.gov</u>	FINANCIAL CONTACT PERSON: <u>Karen Evans</u> TITLE: <u>Chief Financial and Operations Officer</u> TELEPHONE NUMBER: <u>318-362-5332</u> EMAIL ADDRESS: <u>Karen.Evans3@la.gov</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: NDHSA - NDHSA

DEPARTMENT MISSION:

The mission of the Louisiana Department of Health is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana; The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services to others, and the utilization of available resources in the most effective manner.

DEPARTMENT GOALS:

The goals of the Louisiana Department of Health are:

- I. To ensure that appropriate and quality health care services are provided to the citizens of Louisiana.
- II. To protect and promote the health needs of the people of Louisiana and promote effective health practices.
- III. To develop and stimulate services by others.
- IV. To utilize available resources in the most effective manner.

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 310 - Northeast Delta Human Services Authority

AGENCY MISSION:

NE Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

AGENCY GOALS:

Goal I: Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services. Goal II: Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy. Goal III: Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness. Goal IV: Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.

STATEMENT OF AGENCY STRATEGY FOR DEVELOPMENT OF HUMAN RESOURCE POLICIES THAT ARE HELPFUL AND BENEFICIAL TO WOMEN AND FAMILIES:

The Northeast Delta Human Services Authority abides by all state Civil Services guidelines and procedures regarding equal opportunity for staff and, in particular, women and their families. The Northeast Delta Human Services Authority also addresses specific issues in respect to female employees and their families in the Human Resources policies for the agency and in the Northeast Delta Human Services Authority Personnel handbook. All policies are reviewed annually and changes/additions are made accordingly to new mandates or as issues arise. The Northeast Delta Human Services Authority focuses its treatment approach on the person and family in the provision of services and supports. The family is paramount to the treatment model and serves as the basis for individual and family treatment, recovery and wellness adaption.

STATE OF LOUISIANA
Operational Plan Form
Program Goals

PROGRAM NUMBER AND NAME: 3101 - Northeast Delta Human Services Authority

PROGRAM AUTHORIZATION:

Louisiana Act: 384 Northeast Delta Human Services Authority; creation; jurisdiction; domicile. The Northeast Delta Human Services Authority is hereby created as a special authority which, through its board, shall direct the operation and management of community-based programs and services relative to mental health, developmental disabilities, and addictive disorders services, including Early Childhood Supports and Services, and the Regional Transition Program for the parishes of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll. Programs and services relative to the Southern Oaks Addiction Recovery shall be provided in accordance with a twelve-month transition plan developed by the office of behavioral health and the governing board of the authority. B. The domicile of the authority shall be Ouachita Parish, Louisiana. Acts 2006, No. 631, §1, eff. June 23, 2006; Acts 2009, No. 384, §5, eff. July 1, 2010.

PROGRAM MISSION:

NE Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

PROGRAM GOALS:

Goal I: Improve the outcomes of citizens by expanding access to a network of appropriate, quality prevention and wellness, integrated care and developmental disability services.

Goal II: Provide integrated services that promote holistic care through best practices and strategies; ensure a person centered approach through prevention, treatment, support, education, and advocacy.

Goal III: Evaluate and analyze outcomes to strengthen internal operations to accommodate trending healthcare environments, payments, and electronic health records systems to produce data-driven decisions that best maximize efficiency and effectiveness.

Goal IV: Proactively address risks that impact the behavioral health of our citizens by using collaboration and sound communication practices both internally and with key partners and providers.

PROGRAM ACTIVITY:

STATE OF LOUISIANA Operational Plan Form Program Goals

PROGRAM NUMBER AND NAME: 3101 - Northeast Delta Human Services Authority

Integrated Care: Northeast Delta HSA provides integrated mental health, substance abuse, and primary care services through the systematic coordination of general and behavioral healthcare which includes integration of behavioral health with primary care services from children/adolescents across the lifespan.

Prevention and Wellness: NE Delta HSA Prevention & Wellness department uses research-based curriculums, environmental strategies, coalition-building and other proactive and data-driven strategies to help prevent and reduce risk-taking behaviors among regional youth, adolescents, and the general population. NE Delta HSA manages and administers these evidence-based prevention programs through its trusted regional and local community partners. Northeast Delta HSA provides prevention & wellness services to 8 of the 12 parishes served.

Through our continuous efforts and great partnerships with local school districts, Northeast Delta HSA has been able to provide evidence-based prevention programs from Pre-K to 10 grades. School districts participate in Red Ribbon Week, Orange Ribbon Week, Prevention Week, and Anti-Bullying Awareness Day; these efforts are achieved with school systems implementing research-based prevention programs and policies.

Developmental Disability Services The Northeast Delta HSA Developmental Disability Services unit has two core specializations:

Waiver Services: Medicaid Home and Community-Based Waiver programs allow people greater flexibility to choose where they want to live and to use services and supports that best suit their needs. Services are provided in the home or in the community.

Home and Community Based Services - Individual and family support services provide assistance not available from any other resource that will allow people with intellectual and developmental disabilities to live in their own home or with their families in their own community. These services include respite care, personal assistance services, specialized clothing, dental and medical services, equipment and supplies, communication services, crisis intervention, utility costs, specialized nutrition, and family education. These services are also inclusive of Flexible Family Funds that provide a monthly stipend to families of eligible children with severe or profound developmental disabilities from birth through age 18 to help families meet extraordinary costs. Services are provided through contractual agreements by private provider agencies or through individualized agreements with individuals and families who obtain their own service providers.

Administrative Functions: Northeast Delta Human Service Authority administrative functions to support the management and operations related to integrated care, prevention and wellness, and developmental disability services. The mission of Northeast Delta HSA administrative functions is to coordinate and organize people, resources and systems to effectively and efficiently support the overall mission, vision and tenets of the agency.

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-01 - Northeast Delta Human Services Authority will provide and offer an integrated, comprehensive care of services for adults and adolescents with Behavioral Health diagnosis.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
25212	K	Percentage of clients who indicate they would recommend NEDHSA services to family and friends	P	95	98	95	95	95	0	0
25219	K	Percentage of successful completions (inpatient addiction treatment programs, level 3.5)	P	65	50	65	65	65	0	0
26600	K	Percentage of Individual and Family Support/Consumer Care Resource funds expended.	P	95	98	95	95	95	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
26601	G	Number of adults served through Integrated Healthcare Services	N	Not Applicable	1,264	1,358	1,524	1,482
26602	G	Number of children/adolescents served through Integrated Healthcare Services	N	Not Applicable	47	59	184	90
26603	G	Number of persons served in an evidence-based community-based program	N	Not Applicable	6,528	5,948	8,563	9,109

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-02 - Northeast Delta Human Services Authority will ensure that behavioral health data is available to state, regional, and community partners and continue to mobilize communities based on culturally competent programs and interventions.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26604	S	Number of prevention related presentations with community-level data	N	20	122	20	20	20	0	0
26605	K	Number of participants that attend monthly Northeast Delta HSA sponsored coalition meetings throughout the Northeast Delta HSA region	N	25	61	55	55	55	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024		
26606	G	Number of schools participating in Communities that Care Youth Survey (CCYS)	N	42	8	11	22	9		

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-03 - Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual development disabilities and promote the delivery of quality supports to live in the setting of their choice.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
25221	K	Number of people receiving Developmental Disability services per year.	N	525	645	525	525	525	0	0
25223	K	Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation)	P	98	100	98	98	98	0	0
25965	K	Percentage of Individual & Family Support (FS) plans for which fund guidelines were followed.	P	100	100	100	100	100	0	0
26126	K	Percentage of Individual and Family Support Plans that meet the participants goals.	P	95	100	95	95	95	0	0
26608	K	Percentage of Waiver participants whose Plan of Care includes natural and community resources	P	90	100	90	90	90	0	0

STATE OF LOUISIANA
Operational Plan Form
Activities/Objectives - Performance Indicators

DEPARTMENT ID: 09 - LDH

AGENCY ID: 310 - Northeast Delta Human Services Authority

PROGRAM ID: 3101 - Northeast Delta Human Services Authority

PM OBJECTIVE: 3101-04 - Provide administrative support to programmatic services to ensure efficient, effective, and quality services.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26609	S	Percentage of contract invoices for which payment is issued within 30 days of fiscal department receipt	P	98	100	98	98	98	0	0
26610	S	Percentage of state assets in the Asset Management system located/accounted for annually	P	98	100	98	98	98	0	0
26611	S	Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity	N	0	0	0	0	0	0	0
26612	S	Administrative expenditures as a percentage of agency budget	P	15	13	15	15	15	0	0



This page has been intentionally left blank

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	11,143,605	11,309,002	12,372,914	1,063,912	9.41%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,504,577	4,483,420	5,014,696	531,276	11.85%
FEES & SELF-GENERATED	176,547	773,844	1,086,541	312,697	40.41%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	176,547	773,844	1,086,541	312,697	40.41%
Total:	\$176,547	\$773,844	\$1,086,541	\$312,697	40.41%

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Total:	—	—	—	—	—

Agency Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	15,322,509	16,028,392	17,899,834	1,871,442	11.68%
Debt Service	—	—	—	—	—
Interagency Transfers	502,220	537,874	574,317	36,443	6.78%
TOTAL OTHER CHARGES	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%

Agency Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	101	104	3	2.97%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	101	101	104	3	2.97%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	11,143,605	11,309,002	12,372,914	1,063,912
Interagency Transfers	4,504,577	4,483,420	5,014,696	531,276
Fees & Self-generated	176,547	773,844	1,086,541	312,697
Total:	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5610001	LOC AID-LOCL SCHL BD	(31)	—	—	—
5620062	MISC-INTERESTEXP	12,060	—	—	—
5620063	MISC-OPERATNG SVCS	1,681,325	1,593,405	2,454,688	861,283
5620064	MISC-PROF SVCS	1,333,360	1,376,474	1,752,015	375,541
5620065	MISC-SUPPLIES OTHER	267,805	476,116	565,781	89,665
5620066	MISC-TRVL IN STATE	35,365	22,029	22,029	—
5620067	MISC-TR OUT OF STATE	32,392	30,000	30,773	773
5620068	MISC-ACQ/MAJ REP OTH	400,317	127,000	—	(127,000)
5620069	MISC-INTERAGENCY OTH	612,668	650,000	664,560	14,560
5620072	MISC-OC SAL CLASS&UN	6,161,658	6,578,029	6,902,408	324,379
5620074	MISC-OC-SAL CLSS TRM	63,857	60,000	60,000	—
5620076	MISC-OC-WAGES	216,016	—	93,216	93,216
5620078	MISC-OC-RETIRE-STEM	2,327,638	2,325,225	2,456,940	131,715
5620079	MISC-OC-RETIRE-TEACH	52,348	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	5,286	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	86,585	80,000	82,218	2,218
5620083	MISC-OC-GRP INS CONT	753,510	699,999	741,908	41,909
5620137	MISC-OC-PS-MEDICAL	834,594	1,555,315	1,555,315	—
5620164	MISC-OC REL BENEFITS	29,780	5,000	5,000	—

Other Charges (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5620165	MISC-OC-POST RET BEN	381,922	400,000	463,183	63,183
5620900	MISC-ACQ/MAJ REP OTH	34,055	—	—	—
Total Other Charges:		\$15,322,509	\$16,028,392	\$17,899,834	\$1,871,442

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	537,874	537,874	—
5950007	IAT-PRINTING	400	—	—	—
5950014	IAT-TELEPHONE	136,916	—	(22,418)	(22,418)
5950049	IAT-CIVIL SERVICE	41,354	—	—	—
5950050	IAT-ORM INSURANCE	183,040	—	34,173	34,173
5950051	IAT-OSUP	6,224	—	(121)	(121)
5950052	IAT-LEG. AUDITOR	29,940	—	1,560	1,560
5950053	IAT-STATE TREASURER	1,202	—	—	—
5950058	IAT-TECH SVCS	89,187	—	26,932	26,932
5950059	IAT-ST PROCUREMENT	13,958	—	(3,683)	(3,683)
Total Interagency Transfers:		\$502,220	\$537,874	\$574,317	\$36,443
Total Agency Expenditures:		\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	11,143,605	11,309,002	12,372,914	1,063,912	9.41%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,504,577	4,483,420	5,014,696	531,276	11.85%
FEES & SELF-GENERATED	176,547	773,844	1,086,541	312,697	40.41%
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	176,547	773,844	1,086,541	312,697	40.41%
Total:	\$176,547	\$773,844	\$1,086,541	\$312,697	40.41%

Program Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	15,322,509	16,028,392	17,899,834	1,871,442	11.68%
Debt Service	—	—	—	—	—
Interagency Transfers	502,220	537,874	574,317	36,443	6.78%
TOTAL OTHER CHARGES	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885	11.52%

Program Positions

Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	101	104	3	2.97%
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—
TOTAL POSITIONS	101	101	104	3	2.97%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	11,143,605	11,309,002	12,372,914	1,063,912
Interagency Transfers	4,504,577	4,483,420	5,014,696	531,276
Fees & Self-generated	176,547	773,844	1,086,541	312,697
Total:	\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5610001	LOC AID-LOCL SCHL BD	(31)	—	—	—
5620062	MISC-INTERESTEXP	12,060	—	—	—
5620063	MISC-OPERATNG SVCS	1,681,325	1,593,405	2,454,688	861,283
5620064	MISC-PROF SVCS	1,333,360	1,376,474	1,752,015	375,541
5620065	MISC-SUPPLIES OTHER	267,805	476,116	565,781	89,665
5620066	MISC-TRVL IN STATE	35,365	22,029	22,029	—
5620067	MISC-TR OUT OF STATE	32,392	30,000	30,773	773
5620068	MISC-ACQ/MAJ REP OTH	400,317	127,000	—	(127,000)
5620069	MISC-INTERAGENCY OTH	612,668	650,000	664,560	14,560
5620072	MISC-OC SAL CLASS&UN	6,161,658	6,578,029	6,902,408	324,379
5620074	MISC-OC-SAL CLSS TRM	63,857	60,000	60,000	—
5620076	MISC-OC-WAGES	216,016	—	93,216	93,216
5620078	MISC-OC-RETIRE-STEM	2,327,638	2,325,225	2,456,940	131,715
5620079	MISC-OC-RETIRE-TEACH	52,348	45,000	45,000	—
5620081	MISC-OC-F.I.C.A. TAX	5,286	4,800	4,800	—
5620082	MISC-OC-MEDICARE TAX	86,585	80,000	82,218	2,218
5620083	MISC-OC-GRP INS CONT	753,510	699,999	741,908	41,909
5620137	MISC-OC-PS-MEDICAL	834,594	1,555,315	1,555,315	—
5620164	MISC-OC REL BENEFITS	29,780	5,000	5,000	—

Other Charges *(continued)*

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5620165	MISC-OC-POST RET BEN	381,922	400,000	463,183	63,183
5620900	MISC-ACQ/MAJ REP OTH	34,055	—	—	—
Total Other Charges:		\$15,322,509	\$16,028,392	\$17,899,834	\$1,871,442

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	537,874	537,874	—
5950007	IAT-PRINTING	400	—	—	—
5950014	IAT-TELEPHONE	136,916	—	(22,418)	(22,418)
5950049	IAT-CIVIL SERVICE	41,354	—	—	—
5950050	IAT-ORM INSURANCE	183,040	—	34,173	34,173
5950051	IAT-OSUP	6,224	—	(121)	(121)
5950052	IAT-LEG. AUDITOR	29,940	—	1,560	1,560
5950053	IAT-STATE TREASURER	1,202	—	—	—
5950058	IAT-TECH SVCS	89,187	—	26,932	26,932
5950059	IAT-ST PROCUREMENT	13,958	—	(3,683)	(3,683)
Total Interagency Transfers:		\$502,220	\$537,874	\$574,317	\$36,443
Total Expenditures for Program 3101		\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885
Total Agency Expenditures:		\$15,824,729	\$16,566,266	\$18,474,151	\$1,907,885

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
LDH-OBH	4,504,577	4,483,420	4,983,696	500,276	34208
LDH-MVA	—	—	14,000	14,000	37517
ACT 421 TEFRA	—	—	17,000	17,000	37526
Total Interagency Transfers	\$4,504,577	\$4,483,420	\$5,014,696	\$531,276	

Fees & Self-generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	61,770	128,195	134,292	6,097	34214
FEES & SELF GENERATED	425,929	528,649	835,249	306,600	34226
FEES & SELF GENERATED	42,510	65,000	65,000	—	34229
FEES & SELF GENERATED	15,123	20,000	20,000	—	34230
FEES AND SELF GENERATED	23,054	32,000	32,000	—	34234
PY CASH CARRYOVER	34,055	—	—	—	40082
TRANSFER	(425,894)	—	—	—	40083
Total Fees & Self-generated	\$176,547	\$773,844	\$1,086,541	\$312,697	
Total Sources of Funding:	\$4,681,124	\$5,257,264	\$6,101,237	\$843,973	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 34208 — 310 - OBH IAT

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,483,420	—	—	4,983,696	—	—	4,937,840	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,483,420	—	—	\$4,983,696	—	—	\$4,937,840	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,483,420	—	—	\$4,983,696	—	—	\$4,937,840	—	—

Form 34208 — 310 - OBH IAT

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this IAT is to support various mental health and substance abuse programs as directed by LDH-OBH.
Agency discretion or Federal requirement?	Agency discretion, as submitted on block grants intended use plans.
Describe any budgetary peculiarities.	Some funds are restricted based upon the terms of the grants.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None
Provide the amount of any indirect costs.	The amount of indirect costs associated with this activity is \$493,787 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Any indirect costs funded with other MOF?	There are indirect cost services not funded with this fee that are funded by State General Fund and IAT dollars.
Objectives and indicators in the Operational Plan.	Not applicable
Additional information or comments.	

Form 37517 — 310 - MVA IAT PASSR

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	14,000	—	—	14,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$14,000	—	—	\$14,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$14,000	—	—	\$14,000	—	—

Form 37517 — 310 - MVA IAT PASSR

Question	Narrative Response
State the purpose, source and legal citation.	The funds received from the Medical Vendor Administration will be used for PASSR related activities to support and reimburse expenses incurred in preadmission screening for clients with developmental disabilities.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Some funds are restricted based upon the terms of the grants.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None.
Provide the amount of any indirect costs.	The amount of indirect costs associated with this activity is \$1,400.00 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Any indirect costs funded with other MOF?	The amount of indirect costs associated with this activity is \$1,400 (10%). Indirect costs are allocated across operating services, operating supplies expenditure categories.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 37526 — 310- IAT ACT 421 TEFRA

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	17,000	—	—	17,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$17,000	—	—	\$17,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$17,000	—	—	\$17,000	—	—

Form 37526 — 310- IAT ACT 421 TEFRA

Question	Narrative Response
State the purpose, source and legal citation.	Act 421 of the 2019 Regular Legislative Session provides for the TEFRA option within the Louisiana Medicaid program through which children with disabilities can access Medicaid-funded services regardless of their parents' income.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Northeast Delta Human Services Authority will foster and facilitate independence for citizens with disabilities through the availability of home and community-based services.
Additional information or comments.	Not applicable

Fees & Self-generated

Form 34214 — 310 - Fees And Self Generated - Medicare

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	128,195	—	—	134,292	—	—	134,292	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$128,195	—	—	\$134,292	—	—	\$134,292	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$128,195	—	—	\$134,292	—	—	\$134,292	—	—

Form 34214 — 310 - Fees And Self Generated - Medicare

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost of providing services to NEDHSA clients with revenues received for psychiatric and medical services at NEDHSA Integrated Health Care Clinics provided to Medicare eligible clients.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	These funds are fees established by the Center of Medicaid and Medicare Services for Medicare beneficiaries.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 34226 — 310 - Fees And Self Generated - Medicaid

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	528,649	—	—	835,249	—	—	835,249	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$528,649	—	—	\$835,249	—	—	\$835,249	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$528,649	—	—	\$835,249	—	—	\$835,249	—	—

Form 34226 — 310 - Fees And Self Generated - Medicaid

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost providing services to NEDHSA clients and indigent populations. Fee objective is to cover cost of service. Revenue received for services provided to Medicaid eligible clients. These funds are fees established by the Louisiana Healthy Plans for services delivered to individuals with behavioral health issues who are beneficiaries of the Louisiana Managed Care Organizations (MCOs).
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	This revenue source is realized only when eligible direct patient care services are delivered to individuals.
Is the Total Request amount for multiple years?	Not applicable
Additional information or comments.	No
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 34229 — 310 - Fees And Self Generated - Insurance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	65,000	—	—	65,000	—	—	65,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$65,000	—	—	\$65,000	—	—	\$65,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$65,000	—	—	\$65,000	—	—	\$65,000	—	—

Form 34229 — 310 - Fees And Self Generated - Insurance

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of the fees is to offset the cost providing services to NEDHSA clients. Fees charged for services provided in Integrated Health Care, Mental Health, and Substance Abuse Clinics by credentialed staff who can be billable providers with various Third Party Insurers; thus, revenues are collected when these Third-Party Insurers are billed for those patients who have insurance benefits.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	The number of patients with insurance benefits available to them affects this revenue source. These funds are reasonable and customary fees established by Third Party Insurers.
Is the Total Request amount for multiple years?	No,
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	None.

Form 34230 — 310 - Fees And Self Generated - Co-Pays

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	20,000	—	—	20,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$20,000	—	—	\$20,000	—	—	\$20,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,000	—	—	\$20,000	—	—	\$20,000	—	—

Form 34230 — 310 - Fees And Self Generated - Co-Pays

Question	Narrative Response
State the purpose, source and legal citation.	The collection of Co-Pays help support clinics that provide services to NEDHSA clients. Clients with private insurance pay applicable co-pays according to their insurance plans.
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	Co Pay responsibility is determined by the client's insurance provider.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not Applicable.
Any indirect costs funded with other MOF?	Not Applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs). not applicable
Additional information or comments.	None.

Form 34234 — 310 - Fees and Self Generated - Miscellaneous

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	32,000	—	—	32,000	—	—	32,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$32,000	—	—	\$32,000	—	—	\$32,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$32,000	—	—	\$32,000	—	—	\$32,000	—	—

Form 34234 — 310 - Fees and Self Generated - Miscellaneous

Question	Narrative Response
State the purpose, source and legal citation.	Purpose of these receipts and revenues is for the furtherance of the general agency activities. Revenues from space leased, medical records copies, DWI copay, Medicaid enrollment.
Agency discretion or Federal requirement?	Agency discretion.
Describe any budgetary peculiarities.	Not Applicable.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not Applicable.
Any indirect costs funded with other MOF?	Not Applicable.
Objectives and indicators in the Operational Plan.	Objective: NEDHSA Integrated Healthcare services provide access to integrated care services for adults and adolescents with behavioral health diagnoses. NEDHSA will provide a continuum of quality, competent behavioral health and integrated services that meet the needs of persons served. Performance Indicators: % of persons served who indicate they would recommend the clinic to a friend or family member, % of successful completions (inpatient addiction treatment programs, and % of successful completions (residential addiction treatment programs).
Additional information or comments.	

Form 40082 — 310 - Cash Carryover / Transfer

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 40082 — 310 - Cash Carryover / Transfer

Question	Narrative Response
State the purpose, source and legal citation.	Fiscal 23 purchase of vehicle (Ford Transit) to replace existing vehicle that was not delivered until FY24
Agency discretion or Federal requirement?	Agency discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
Additional information or comments.	None
Provide the amount of any indirect costs.	None
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	

Form 40083 — 310 - Transfer

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 40083 — 310 - Transfer

Question	Narrative Response
State the purpose, source and legal citation.	Transfer of funds to Facility & Planning to remodel existing state building to provide inpatient rehabilitation services for pregnant women with dependent children.
Agency discretion or Federal requirement?	Agency Discretion
Describe any budgetary peculiarities.	None
Is the Total Request amount for multiple years?	No
Additional information or comments.	
Provide the amount of any indirect costs.	N/A
Any indirect costs funded with other MOF?	None
Objectives and indicators in the Operational Plan.	N/A
Additional information or comments.	

EXPENDITURES BY MEANS OF FINANCING

Existing Operating Budget

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 34208 LDH-OBH	Fees & Self-generated Form ID 34214 FEES & SELF GENERATED	Fees & Self-generated Form ID 34226 FEES & SELF GENERATED
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	16,028,392	10,771,128	4,483,420	128,195	528,649
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	537,874	537,874	—	—	—
TOTAL OTHER CHARGES	—	\$16,566,266	\$11,309,002	\$4,483,420	\$128,195	\$528,649
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	—	\$16,566,266	\$11,309,002	\$4,483,420	\$128,195	\$528,649

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34229 FEES & SELF GENERATED	Fees & Self-generated Form ID 34230 FEES & SELF GENERATED	Fees & Self-generated Form ID 34234 FEES AND SELF GENERATED
Salaries	—	—	—
Other Compensation	—	—	—
Related Benefits	—	—	—
TOTAL PERSONAL SERVICES	—	—	—
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	—	—
TOTAL OPERATING EXPENSES	—	—	—
PROFESSIONAL SERVICES	—	—	—
Other Charges	65,000	20,000	32,000
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	\$65,000	\$20,000	\$32,000
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$65,000	\$20,000	\$32,000

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 34208 LDH-OBH	Interagency Transfers Form ID 37517 LDH-MVA	Interagency Transfers Form ID 37526 ACT 421 TEFRA
Salaries	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	17,899,834	11,798,597	4,983,696	14,000	17,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	574,317	574,317	—	—	—
TOTAL OTHER CHARGES	—	\$18,474,151	\$12,372,914	\$4,983,696	\$14,000	\$17,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	—	\$18,474,151	\$12,372,914	\$4,983,696	\$14,000	\$17,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34214 FEES & SELF GENERATED	Fees & Self-generated Form ID 34226 FEES & SELF GENERATED	Fees & Self-generated Form ID 34229 FEES & SELF GENERATED	Fees & Self-generated Form ID 34230 FEES & SELF GENERATED	Fees & Self-generated Form ID 34234 FEES AND SELF GENERATED
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	134,292	835,249	65,000	20,000	32,000
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	\$134,292	\$835,249	\$65,000	\$20,000	\$32,000
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$134,292	\$835,249	\$65,000	\$20,000	\$32,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	4,504,577	4,452,420	4,983,696	531,276
LDH-OCDD	4710059	MR-FROM STATE AGENCY	—	14,000	14,000	—
ACT 421 TEFRA	4710059	MR-FROM STATE AGENCY	—	17,000	17,000	—
Total Collections/Income			\$4,504,577	\$4,483,420	\$5,014,696	\$531,276
TYPE						
Expenditures Source of Funding Form (BR-6)			4,504,577	4,483,420	5,014,696	531,276
Total Expenditures, Transfers and Carry Forwards to Next FY			\$4,504,577	\$4,483,420	\$5,014,696	\$531,276
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Fees & Self-generated

002 - Fees & Self-generated

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
MEDICARE	4650010	SALE NON ST-SERVICES	61,770	128,195	113,136	(15,059)
MEDICAID	4650010	SALE NON ST-SERVICES	425,929	528,649	836,405	307,756
INSURANCE - MISC	4650024	SALE NS-COMM INS	42,510	65,000	70,000	5,000
CO-PAY	4650026	SALE NS-CO-PAYS	15,123	20,000	30,000	10,000
MISC COLLECTIONS	4710095	MR-RECOUP & REBATES	23,054	32,000	37,000	5,000
Total Collections/Income			\$568,386	\$773,844	\$1,086,541	\$312,697
TYPE						
Expenditures Source of Funding Form (BR-6)			176,547	773,844	1,086,541	312,697
Carryforward			(34,055)	—	—	—
Carryover			125,894	—	—	—
Transfer			300,000	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$568,386	\$773,844	\$1,086,541	\$312,697
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 35188 — 310 - OBH IAT

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 35191 — 310 - Fees & SG Medicare

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 35193 — 310 - Fees & SG Medicaid

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 35194 — 310 - Fees & SG Insurance

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 35195 — 310 - Fees & SG Co-Pays

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 35196 — 310 - Fees & SG Misc

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 37530 — 310 - MVA IAT PASSR

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 37545 — 310 - IAT ACT 421 TEFRA

Question	Narrative Response
Explain any transfers to other appropriations.	N/A
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 40125 — 310 - Transfer Carryforward

Question	Narrative Response
Explain any transfers to other appropriations.	Transfer of funds to Facility ' Planning to remodel existing state building to provide inpatient rehabilitation services for pregnant women with dependent children.
Break out INA by Source of Funding.	N/A
Additional information or comments.	

Form 40147 — 310 - Carryforward

Question	Narrative Response
Explain any transfers to other appropriations.	Fiscal FY23 purchase order for vehicle (Ford Transit) that was not received until FY24.
Break out INA by Source of Funding.	N/A
Additional information or comments.	N/A

SCHEDULE OF REQUESTED EXPENDITURES

3101 - Northeast Delta Human Services Authority

Other Charges

FY2025-2026 Request	Means of Financing	Description
895,975	Fees & Self-generated	
3,239,484	Interagency Transfers	
3,862,954	State General Fund	
\$7,998,413		Contractual and operating costs of mental health, addictive disorders and developmental disability services.
184,526	Fees & Self-generated	
1,595,467	Interagency Transfers	
8,121,428	State General Fund	
\$9,901,421		Salaries and related benefits for Other Charges positions.
\$17,899,834	Total Other Charges	

Interagency Transfers

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
31,500	State General Fund		
\$31,500		LEGISLATIVE AUDITOR	Louisiana Legislative Auditor
217,213	State General Fund		
\$217,213		OFFICE OF RISK MANAGEMENT	Office of Risk Management Premium
101,126	State General Fund		
\$101,126		DOA-OFFICE OF TECHNOLOGY SVCS	Office of Technology Services
166,500	State General Fund		
\$166,500		OFF. TELECOMMUNICATIONS MGMT	Office of Telecommunications
40,541	State General Fund		
\$40,541		STATE CIVIL SERVICE	State Civil Service fees and CPTP
10,275	State General Fund		
\$10,275		DOA-OFFICE OF ST PROCUREMENT	State Purchasing

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
1,202	State General Fund		
\$1,202		ST TREASURER OPERATING	State Treasurer's Office
5,960	State General Fund		
\$5,960		UNIFORM PAYROLL OFFICE	Uniform Payroll
\$574,317	Total Interagency Transfers		



This page has been intentionally left blank

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	11,309,002	(127,000)	130,600	331,263	—	36,443	11,680,308
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	45,826	—	—	4,529,246
FEES & SELF-GENERATED	773,844	—	—	6,097	—	—	779,941
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	773,844	—	—	6,097	—	—	779,941
Total:	\$773,844	—	—	\$6,097	—	—	\$779,941

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Total:	—	—	—	—	—	—	—

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	16,028,392	(127,000)	130,600	383,186	—	—	16,415,178
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	537,874	—	—	—	—	36,443	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	—	—	—	101
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 37668 — 310-Major Repair

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(127,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(127,000)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(127,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(127,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(127,000)

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

**Total Agency
Request Type: INFLATION**

**Form 36596 — 310 - Inflation
Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	130,600
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$130,600

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	130,600
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$130,600
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$130,600

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: COMPULSORY

Form 36594 — 310 - Salary & RB Compulsory Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	331,263
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	45,826
FEES & SELF-GENERATED	6,097
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$383,186

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	383,186
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$383,186
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$383,186

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 36595 — 310 - Other/IAT Increases

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	36,443
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$36,443

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	36,443
TOTAL OTHER CHARGES	\$36,443
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$36,443

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	11,309,002	(127,000)	130,600	331,263	—	36,443	11,680,308
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	—	—	45,826	—	—	4,529,246
FEES & SELF-GENERATED	773,844	—	—	6,097	—	—	779,941
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	773,844	—	—	6,097	—	—	779,941
Total:	\$773,844	—	—	\$6,097	—	—	\$779,941

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	16,028,392	(127,000)	130,600	383,186	—	—	16,415,178
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	537,874	—	—	—	—	36,443	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$(127,000)	\$130,600	\$383,186	—	\$36,443	\$16,989,495
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	—	—	—	101
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 37668 — 310-Major Repair

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	(127,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(127,000)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(127,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(127,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(127,000)

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	All non-recurring expenses should be subtracted from the next year's budget request.
Cite performance indicators for the adjustment.	Not Applicable.
What would the impact be if this is not funded?	Not Applicable.
Is revenue a fixed amount or can it be adjusted?	Not Applicable.
Is the expenditure of these revenues restricted?	Not Applicable.
Additional information or comments.	None.

Form 36596 — 310 - Inflation

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	130,600
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$130,600

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	130,600
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$130,600
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$130,600

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Total Other Charges of \$5,830,339 comprised of supplies, services, travel, professional services, and other charges IAT under the general inflation rate (2.24%). Inflation Adjustment \$130,600.
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	Due to the increasing cost of of services and supplies without an incremental increase it could negatively impact our ability to provide services efficiently and effectively at our current high standards.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	

Form 36594 — 310 - Salary & RB Compulsory Adjustment

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	331,263
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	45,826
FEES & SELF-GENERATED	6,097
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$383,186

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	383,186
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$383,186
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$383,186

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Fees and Self-Generated

	Amount
Fees & Self-generated	6,097
Total:	\$6,097

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
<p>Explain the need for this request.</p>	<p>Salary and Wage Market Adjustment \$222,030 Base Salary Adj. \$-63,775 Related Benefits Adjustment \$131,715 Wages Base Adjustment \$ 89,773 Wages Market Adjustment and CPG \$3,443 Total Adjustments \$383,186 (spreadsheets attached)</p>
<p>Cite performance indicators for the adjustment.</p>	<p>None</p>
<p>What would the impact be if this is not funded?</p>	<p>The inability to give market rate adjustments to current staff and the inability to fill job appointments and fill vacant staff positions to provide needed services.</p>
<p>Is revenue a fixed amount or can it be adjusted?</p>	<p>No</p>
<p>Is the expenditure of these revenues restricted?</p>	<p>No</p>
<p>Additional information or comments.</p>	

LOUISIANA DEPARTMENT OF HEALTH
 COMPULSORY ADJUSTMENT-PERSONAL SERVICES
 FY 2025-2026
 PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	Non T.O.	BUDGETED 2024-2025	REQUESTED 2025-2026	INCREASE REQUESTED	
BASE SALARIES						
5620072	Base Salaries Classified Per PEP	89		\$5,602,439		Column labeled "Salary+Curr Year CPG"
5620072	Base Salaries Unclass Per PEP	5		\$731,266		Column labeled "Salary+Curr Year CPG"
	Funding for Vacancies	7		\$513,449		Column labeled " Salary"
	TOTAL BASE SALARIES	101		\$6,847,154		
PREMIUM PAY						
	Premium Pay/Shift Differential			\$10,278		column labeled "Other Pay"
	TOTAL PREMIUM PAY			\$10,278		
SALARY INCREASES						
	Market Adjustment Increase Y2 (Classified)			\$200,092		column labeled "Market Adjustment"
	Market Adjustment Increase Y2 (Unclass)			\$21,938		column labeled "Market Adjustment"
	TOTAL SALARY INCREASES			\$222,030		
	TOTAL SALARIES			\$7,079,462		
	LESS ATTRITION (4%)			(\$283,178)		4% of total salaries
	SALARIES NET OF ATTRITION		\$6,638,029	\$6,796,284	\$158,255	EOB Budget for salaries
5620073	OVERTIME		\$0	\$0	\$0	EOB included in salaries
5620074	TERMINATION		\$60,000	\$60,000	\$0	EOB included in salaries
	TOTAL SALARIES CATEGORY				\$158,255	

EXPLANATION OF INCREASE:

TOTAL SALARY INCREASES	\$222,030
SALARY BASE ADJUSTMENT	(\$63,775)
TOTAL INCREASE/DECREASE FOR SALARIES	\$158,255

DEPARTMENT OF HEALTH AND HOSPITALS
 COMPULSORY ADJUSTMENT-PERSONAL SERVICES
 FY 2024-2025
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2024-2025	REQUESTED 2025-2026	INCREASE REQUESTED
	OTHER COMPENSATION	0	0	0
	STUDENT LABOR	0	0	0
5620076	WAGES	0	89,773	89,773
	TOTAL OTHER COMPENSATION	0	89,773	89,773

EXPLANATION OF INCREASES:

	-
	-
Market Adjustment Year 2 + CPG	3,443
Total Pay Adjustments	3,443
Wage Base Adjustment	89,773
TOTAL INCREASE FOR WAGES	\$ 93,216

DEPARTMENT OF HEALTH AND HOSPITALS
 COMPULSORY ADJUSTMENT-PERSONAL SERVICES
 FY 2025-2026
PROGRAM: NORTHEAST DELTA HUMAN SERVICES AUTHORITY

GL	DESCRIPTION	BUDGETED 2024-2025	REQUESTED 2025-2026	INCREASE REQUESTED	
	RELATED BENEFITS				
5620078	STATE EMPLOYEE RETIRE.				
	INCUMBENTS		\$2,144,362		Employer Retirement except for TRSL
	VACANCIES		\$178,374		Employer Retirement for Vacancies
	TOTAL STATE RETIREMENT		\$2,322,736		
5620079	TEACHERS RETIREMENT				
	INCUMBENTS		\$46,408		Employer Retirement that are in TRSL
	VACANCIES		\$0		
	TOTAL TEACHERS RETIRE.		\$46,408		
5620081	F.I.C.A.				
	INCUMBENTS		\$6,343		OSDI for 3694
	VACANCIES		\$0		
	STUDENTS		\$0		
	WAGES		\$0		
	TOTAL F.I.C.A.		\$6,343		
5620083	GROUP INSURANCE				
	INCUMBENTS		\$831,412		Employer Med + Employer Life
	VACANCIES		\$119,504		Employer Med + Employer Life
5620165	RETIREES		\$399,000		EOB+ 2 additional retirees
	TOTAL GROUP INS		\$1,349,916		
	OTHER				
5620082	MEDICARE TAX		\$96,089		Employer Medi + Vacancy
	UNEMPLOYMENT TAX		\$0		
	VACANCIES		\$7,445		
	TOTAL OTHER		\$103,534		
	TOTAL RELATED BENEFITS		\$3,828,937		
	LESS ATTRITION (4.0%)*		\$137,197		
	REQUESTED RELATED BEN	\$3,560,025	\$3,691,740	\$131,715	Relate Benefits from BR-8

JUSTIFICATION OF INCREASES:

SALARY INCREASE ADJUSTMENTS	\$93,031	Ret % + Medi % times Salary Increases on Salaries tab
RELATED BENEFIT ADJUSTMENT	\$38,684	
TOTAL INCREASE IN RELATED BENEFITS	<u><u>\$131,715</u></u>	

*Note: Attrition is not taken on retiree insurance

Form 36595 — 310 - Other/IAT Increases

3101 - Northeast Delta Human Services Authority

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	36,443
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$36,443

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	36,443
TOTAL OTHER CHARGES	\$36,443
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$36,443

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	Payment adjustments for IAT - Louisiana Legislative Auditor decrease \$1,528, ORM increase 34,173, Uniform State Payroll increase of \$143.00, Office of State Procurement decrease of \$3,683 LAGOV HCM & SRM & Email increase \$26,932, OTM-Telephone decrease of \$22,418 (reclassifying email cost from OTM to OTS).
Cite performance indicators for the adjustment.	None
What would the impact be if this is not funded?	If not funded, the possible programmatic impact would be having to use other funds for this IAT that would prevent the agency from providing as many services as possible to our clients.
Is revenue a fixed amount or can it be adjusted?	No
Is the expenditure of these revenues restricted?	No
Additional information or comments.	

State of Louisiana Division of Administration
 Office of State Procurement
 PO Box 94095
 Baton Rouge, LA 70804-9095
 (225) 342-8010

INVOICE

DATE: August 2, 2024
 INVOICE # 25-310
 FOR: FY25 IAT Procurement Services

Bill To:
 Northeast Delta Human Services Authority

For Fiscal Year 2024-2025 (FY25), the Office of State Procurement (OSP) is budgeted and authorized to receive payment in the amount(s) specified below from the Sending Agency for its estimated proportional utilization of OSP Ancillary Services (purchasing, contractual review, and RFPs).

Agency	FY25 Appropriated	Prior Year Credit	Net FY25 Amount Due
09-310 Northeast Delta Human Services Authority	\$10,275.00	-\$5,935.00	\$4,340.00
TOTAL AMOUNT DUE			\$ 4,340.00

If your agency is a LaGov agency, please provide coding below.

Business Area*	Fund*	Cost Center*	GL*	WBS Element	Grant	Order	Amount*
310	3100000000	3101044100	5950059			LDHAX0000001	\$4,340.00
			5950059				
			5950059				
			5950059				
			5950059				
<i>*Required Coding</i>							Total: \$4,340.00

Authorized By:

Karen Evans

 Sending Agency Management/Finance Officer
 Karen.Evans3@la.gov

 Sending Agency Email Address

Sep 19, 2024

 Date
 318-362-5332

 Phone Number

Please confirm your receipt of this billing notice by completing the information requested and returning it to this office at OSP-Reports@la.gov no later than Tuesday, September 3, 2024.

If you have any questions concerning this invoice, please contact OSP at OSP-Reports@la.gov

Office of Risk Management
State of Louisiana
Division of Administration

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF

July 23, 2024

MEMORANDUM

To: Fiscal Officer
From: Office of Risk Management

Please check which payment option you would like to use.

One-time Payment
 Quarterly Payment
 Monthly Payment

Re: ORM Monthly Premium Adjustments for FY25 Insurance Premiums
Attached is an invoice for insurance premiums for your agency for FY25 (July 1, 2024 to June 30, 2025). The amount due is shown on the attached invoice.

Please provide the expenditure coding below to be used to process an on-line Auto Z-8 document for the above amount. **The completed form should be signed and returned to ORM via FAX at (225) 342-8473 or by email to Ruby.Scheffler@la.gov.**

If you have any questions, please contact Ruby Scheffler (225) 219-0412, or by email at Ruby.Scheffler@la.gov

ORM Agency #: 1370 Invoice # 16783 Total Amount: \$ 217,213
(on the top left hand of the invoice)

Business Area	G/L Account	Fund	Cost Center	Order	Amount
<u>310</u>	<u>5950050</u>	<u>3100000000</u>	<u>3101044100</u>	<u>LDHAX000001</u>	<u>\$ 217,213</u>

Authorized by: Karen Swans Karen Swans
Signature Please Print Name

P. O. Box 91106 D BATON ROUGE, LOUISIANA 70821-9106 D (225) 342-8500 D 1 800-354-9548 D FAX (225) 342-8473
AN EQUAL OPPORTUNITY EMPLOYER



STATE OF LOUISIANA
OFFICE OF THE GOVERNOR
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

AGENCY NO: 1370
Northeast Delta Human Services Authority
Karen Evans
2518 Ferrand Street
Monroe, LA 71201

INVOICE NO: 16783
INVOICE DATE: 07/01/2024
DESCRIPTION: Annual Premium Invoice
POLICY YEAR: 07/01/2024 - 07/01/2025
ORM ISIS No: 721403316/00
LaGov Vendor No: 310006998

Policy Number	Policy Description	Premium Charge	Safety Penalty/Credit	Premium Balance
ALPD20242025	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto (1st Party)	\$1,618	\$-81	\$1,537
ALPD20242025	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto Liability (3rd Party)	\$9,672	\$-484	\$9,188
BP20242025	STATEWIDE SELF-INSURED PROPERTY Property (1st Party)	\$44,115	\$-2,206	\$41,909
BP20242025	STATEWIDE SELF-INSURED PROPERTY Equipment Breakdown	\$2,629	\$-131	\$2,498
BP20242025	STATEWIDE SELF-INSURED PROPERTY PR Property (1st Party) - Disaster Fee	\$22,178	\$0	\$22,178
CGL20242025	SELF-INSURED COMMERCIAL GENERAL LIABILITY CGL - General Liability	\$14,933	\$-747	\$14,186
CRIM20242025	SELF INSURED BOND/CRIME Crime	\$31	\$-2	\$29
CRIM20242025	SELF INSURED BOND/CRIME Bonds	\$109	\$-5	\$104
MMP20242025	SELF-INSURED MEDICAL MALPRACTICE LIAB Medical Malpractice	\$6,520	\$0	\$6,520
STATEWIDEXSPR OP20242025	STATEWIDE EXCESS PROPERTY POLICY Property (1st Party)	\$90,279	\$0	\$90,279
US00071907PR2 4A	STATEWIDE EXCESS BOILER AND MACHINERY Equipment Breakdown	\$941	\$0	\$941
WC20242025	SELF-INSURED WORKERS COMP Workers Compensation	\$29,310	\$-1,466	\$27,844
Totals		\$222,335	\$-5,122	\$217,213 Amount Due

Make Check Payable To:
Office of Risk Management
P.O. Box 91106, Capitol Station
Baton Rouge, LA 70821-9106

Direct Inquiries To:
Ruby Dearing
ORM Accounting
(225) 219-0412



STATE OF LOUISIANA
OFFICE OF THE GOVERNOR
DIVISION OF ADMINISTRATION
OFFICE OF RISK MANAGEMENT

AGENCY NO: 1370
Northeast Delta Human Services Authority
Karen Evans
2518 Ferrand Street
Monroe, LA 71201

INVOICE NO: 16783
INVOICE DATE: 07/01/2024
DESCRIPTION: Annual Premium Invoice
POLICY YEAR: 07/01/2024 - 07/01/2025
ORM ISIS No: 721403316/00
LaGov Vendor No: 310006998

Policy Number	Policy Description	Premium Charge	Safety Penalty/Credit	Premium Balance
ALPD20242025	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto (1st Party)	\$1,618	\$-81	\$1,537
ALPD20242025	SELF-INSURED AUTO LIAB & PHYS DAMAGE Auto Liability (3rd Party)	\$9,672	\$-484	\$9,188 <i>SK</i>
BP20242025	STATEWIDE SELF-INSURED PROPERTY Property (1st Party)	\$44,115	\$-2,206	\$41,909
BP20242025	STATEWIDE SELF-INSURED PROPERTY Equipment Breakdown	\$2,629	\$-131	\$2,498
BP20242025	STATEWIDE SELF-INSURED PROPERTY PR Property (1st Party) - Disaster Fee	\$22,178	\$0	\$22,178 <i>PK</i>
CGL20242025	SELF-INSURED COMMERCIAL GENERAL LIABILITY CGL - General Liability	\$14,933	\$-747	\$14,186
CRIM20242025	SELF INSURED BOND/CRIME Crime	\$31	\$-2	\$29
CRIM20242025	SELF INSURED BOND/CRIME Bonds	\$109	\$-5	\$104
MMP20242025	SELF-INSURED MEDICAL MALPRACTICE LIAB Medical Malpractice	\$6,520	\$0	\$6,520 <i>YK</i>
STATEWIDEXSPR OP20242025	STATEWIDE EXCESS PROPERTY POLICY Property (1st Party)	\$90,279	\$0	\$90,279 <i>20K</i>
US00071907PR2 4A	STATEWIDE EXCESS BOILER AND MACHINERY Equipment Breakdown	\$941	\$0	\$941
WC20242025	SELF-INSURED WORKERS COMP Workers Compensation	\$29,310	\$-1,466	\$27,844
Totals		\$222,335	\$-5,122	\$217,213 Amount Due

Make Check Payable To:
Office of Risk Management
P.O. Box 91106, Capitol Station
Baton Rouge, LA 70821-9106

Direct Inquiries To:
Ruby Dearing
ORM Accounting
(225) 219-0412

Office of Risk Management
State of Louisiana
Division of Administration

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF

July 23, 2025

To Whom It May Concern:

Attached is a premium adjustment for your agency. **The total amount is due upon receipt, unless other arrangements have been made.**

If your agency is a LaGov agency, please complete the attached Memorandum for payment and return to Ruby Scheffler. ORM will utilize the Z8 document type in LaGov to process payments. You may email or fax your payment documents to the email address or fax number shown below.

If your agency is a non LaGov agency, please issue a check to the Office of Risk Management and mail to the address below.

Your prompt attention to this matter is appreciated. If you have any questions relating to payments, please contact Ruby Scheffler at (225) 219-0412. If you have questions about itemized categories or amounts on the invoice, please contact Kristy Breaux at (225) 342-8598.

Email payment documents to Ruby.Scheffler@la.gov
Fax Payment Documents to Attn: Ruby Scheffler @ (225) 342-8473

Mail:
State of Louisiana
DOA/Office of Risk Management
P. O. Box 91106
Baton Rouge, LA 70821-9106

P. O. Box 91106 • BATON ROUGE, LOUISIANA 70821-9106 • (225) 342-8500 • 1 800 354-9548 • FAX
(225) 342-8473
AN EQUAL OPPORTUNITY EMPLOYER



MICHAEL J. "MIKE" WAGUESPACK, CPA
LOUISIANA LEGISLATIVE AUDITOR

BY:

October 8, 2024

Dr. Monteic A. Sizer
Executive Director
Northeast Delta Human Services Authority
2513 Ferrand Street
Monroe, Louisiana 71201

Dear Dr. Sizer,

Act 733 of the 2024 Regular Legislative Session authorized the Legislative Auditor to allocate and collect from each auditee included in the state's Annual Comprehensive Financial Report such amounts as may be reasonably necessary to compensate the Legislative Auditor for services rendered.

I understand your agency is currently preparing its budget for the 2025-2026 fiscal year. I ask that you include \$31,500 for the 2025-2026 regular allocation of audit costs in your budget.

Your agency's audit allocation is based on the cost of audit services provided to you. If additional audit services are requested or required, those services may result in additional audit costs charged to your agency. Those costs would be discussed with you prior to any additional allocation.

Inquiries concerning this allocation should be directed to Ms. Beth Q. Davis, CPA, First Assistant Legislative Auditor, at (225) 339-3977. I appreciate the many courtesies extended my staff over the years and look forward to working with you in the future.

Sincerely,

Michael J. Waguespack, CPA
Louisiana Legislative Auditor

MJW:BQD:tmp
Allocation Letter 2026-ID 10839

Office of the Commissioner
State of Louisiana
Division of Administration

JEFF LANDRY
Governor



TAYLOR F. BARRAS
Commissioner of Administration

C310 - LDH-NE DELTA HUMAN SVC AUTH

Invoice #031 - July, 2024

Category	Description	Quantity	Rate	Total
A8154400	E-Mail Loss Prevention & Encryption	57	1.00	\$57.00
A8154401	SWE Mailbox / 4GB	150	5.00	\$750.00
A8154402	SWE Storage - GB	998.87	1.00	\$998.87
A8154504	LaGov HCM with Payroll	18,753	1.00	\$18,753.00
A8154506	LaGov SRM	60,373	1.00	\$60,373.00
Total Amount Due				\$80,931.87

All questions/concerns should be directed as follows:

Personnel Discrepancies or Travel Backup - Contact the designated Agency Relationship Manager (ARM)

Copies of backup expenditure Invoice(s) - Contact OFSS at OTS.Billing@la.gov

All non-ISIS agencies please remit payment to the address below:

Office of Technology Services
C/O Finance & Support Services
PO Box 94095
Baton Rouge, LA 70804

Office of the Commissioner
State of Louisiana
Division of Administration

LEE LANDRY
GOVERNOR



TAYLOR F. BARRAS
Commissioner of Administration

C310 - LDH-NE DELTA HUMAN SVC AUTH

Invoice #019 - August, 2024

Category	Description	Quantity	Rate	Total
A8154400	E-Mail Loss Prevention & Encryption	57	1.00	\$57.00
A8154401	SWE Mailbox / 4GB	150	5.00	\$750.00
A8154402	SWE Storage - GB	1,021.96	1.00	\$1,021.96

Total Amount Due \$1,828.96

1828.96 x 12 = 21,947.52
\$ 22,000

All questions/concerns should be directed as follows:

Personnel Discrepancies or Travel Backup - Contact the designated Agency Relationship Manager (ARM)
Copies of backup expenditure Invoice(s) - Contact OFSS at OTS.Billing@la.gov

All non-ISIS agencies please remit payment to the address below:

Office of Technology Services
C/O Finance & Support Services
PO Box 94095
Baton Rouge, LA 70804

Doc # 8800038083

Chris Strickland
Chris Strickland (Sep 24, 2024 10:27 CDT)

Sep 24, 2024

Eric Coulterson

Sep 24, 2024

REVIEWED
By Bonnie Patterson at 10:33 am, Sep 24, 2024

Karen Crane

Sep 24, 2024

Dr. Monteic A. Sizer
Dr. Monteic A. Sizer (Sep 24, 2024 17:21 CDT)

Sep 24, 2024

Summary of Charges for period ending: 07/31/2024

Below is a list of all OTM Accounting Unit Numbers for which you are shown as a responsible party.

Questions about this information should be directed as follows:

- * OTMServicePortal@la.gov is for all emails requiring assistance with portal issues.
Example, password reset and/or contact changes.
- * Networkorders@la.gov is for all emails regarding a change to an existing Account Unit Number, voice and/or data order.
- * OTMFiscal@la.gov The emails regarding the following must be sent to this mailbox:
 - Account Unit Number Adds - All requests for new Account Unit Numbers to be setup. The request must come from the Telecommunications Coordinator (TC).
 - Contact Updates - To update financial contact person.
 - Account Balances - Inquiries about account balances related to your OTM account.
- * OTM_CD@la.gov The emails regarding the following must be sent to this mailbox:
 - Billing Issues-Questions regarding charges and/or credits on the monthly OTM invoice.

OTM will respond as soon as possible, not to exceed five business days.

For agencies paying by paper check, please send your payment to:

Office of Telecommunications Management
Billing Unit
P.O. Box 94095
Baton Rouge, LA 70804-9095

Please be sure to pay the amount in the **TOTAL DUE** column. Some agencies have paid the amount in the Amount column and will be receiving a call from the OTM Accounts Receivable Section regarding this issue. The Total Due can also be found below.

We strongly recommend that you review the user guide for the new OTM Self Service Portal. It is provided at:

<https://www.doa.la.gov/media/q54d03ir/ns-self-service-portal-guide.pdf>

Details of your OTM bill are posted at the OTM Self Service Portal:

<https://www.otmms.doa.louisiana.gov/SelfService/MainLogon.aspx>

Please note that in order to see details for the current month billing reports only, from the Report History List screen:

- Click in the Title field
- Type *MMM YYYY* - (where MMM = the first three letters of the current month bill, YYYY = year)
- Press the Get button.

<u>Account Unit Number</u>	<u>Description</u>	<u>Total</u>
M310-5500	LDH/NDHSA/REG 8 COMM SERV OFF	2,227.60
M310-8800	LDH/NDHSA/OBH REG8 ADMIN	2,511.05
M310-8850	LDE - NE Delta Prevention Center	716.58
M310-9181	LDH/NDHSA/COLUMBIA BEH HLTH CL	1,222.16
M310-9183	LDH/NDHSA/MONROE BEH HLTH CNT	3,940.09
M310-9185	LDH/NDHSA/RUSTON BEH HLTH CTR	973.34
M310-9186	LDH/NDHSA/TALLULAH BH CENTER	779.13
M310-9187	LDH/NDHSA/WINNSBORO BH CLINIC	675.71
M310-9188	LDH/NDHSA/BASTROP BEH HLTH CLA	832.40

13,878.06 x 12
166,537

State of Louisiana Division of Administration

Office of State Uniform Payroll
 PO Box 94095
 Baton Rouge, LA 70804-9095
 (225) 342-0700

INVOICE

DATE: October 1, 2024
 INVOICE # 25-1009-43
 FOR: FY 25 IAT OSUP

Bill To:

NE Delta Human Services Authority

DESCRIPTION	AMOUNT
Payment Request for Payroll Services on behalf of the Office of State Uniform Payroll for the period of July 1, 2024 through June 30, 2025	\$ 5,960.00
Z8 # 8800038695	
TOTAL	\$ 5,960.00

If you have any questions concerning this invoice, please contact Marcia Darville at (225) 342-5993 or DOAFiscal@la.gov.



JOHN M. SCHRODER
LOUISIANA STATE TREASURER

(225) 342-0010
www.latreasury.com

P.O. Box 44154
Baton Rouge, LA 70804

October 2, 2023

Ms. Helen Harris, Division of Fiscal Management Director
Northeast Delta Human Services District
P.O. Box 3797
Baton Rouge, LA 70821

RE: Central Depository Banking Service Cost for FY24

Dear Ms. Harris:

Your agency's share of the State's central depository banking cost for fiscal year 2023-2024 is \$1,202. This allocation is based on banking activity in FY22 and has been approved by the Division of Administration as your share of the cost for this fiscal year.

A Z8 (#88000025494) has been prepared and is available in LaGov for processing. This document must be appropriately coded, edited and approved for payment by your office no later than October 13, 2023.

If you have any Z8 processing questions, please contact Denise Chandler at (225) 342-0053. For questions concerning the calculation of the allocation, please contact me at (225) 342-0051.

Sincerely,

Lindsay Schexnayder, CPA
Chief Financial Officer

LS:dc



This page has been intentionally left blank

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	11,309,002	371,306	—	11,680,308
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	45,826	—	4,529,246
FEES & SELF-GENERATED	773,844	6,097	—	779,941
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$423,229	—	\$16,989,495
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	16,028,392	386,786	—	16,415,178
Debt Service	—	—	—	—
Interagency Transfers	537,874	36,443	—	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$423,229	—	\$16,989,495
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$423,229	—	\$16,989,495
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	101
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3101 Northeast Delta Human Services Authority
STATE GENERAL FUND (Direct)	—	—
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	—	—
TOTAL MEANS OF FINANCING	—	—
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	—	—
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	—	—
PROFESSIONAL SERVICES	—	—
Other Charges	—	—
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	—	—
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—
TOTAL EXPENDITURES & REQUEST	—	—
Classified	—	—
Unclassified	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	11,309,002	371,306	—	11,680,308
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	45,826	—	4,529,246
FEES & SELF-GENERATED	773,844	6,097	—	779,941
STATUTORY DEDICATIONS	—	—	—	—
FEDERAL FUNDS	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$423,229	—	\$16,989,495
Salaries	—	—	—	—
Other Compensation	—	—	—	—
Related Benefits	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—
Travel	—	—	—	—
Operating Services	—	—	—	—
Supplies	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—
Other Charges	16,028,392	386,786	—	16,415,178
Debt Service	—	—	—	—
Interagency Transfers	537,874	36,443	—	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$423,229	—	\$16,989,495
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$423,229	—	\$16,989,495
Classified	—	—	—	—
Unclassified	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	101
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	11,309,002	371,306	—	692,606	12,372,914
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	45,826	—	485,450	5,014,696
FEES & SELF-GENERATED	773,844	6,097	—	306,600	1,086,541
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	16,028,392	386,786	—	1,484,656	17,899,834
Debt Service	—	—	—	—	—
Interagency Transfers	537,874	36,443	—	—	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	3	104
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	773,844	6,097	—	306,600	1,086,541
Total:	\$773,844	\$6,097	—	\$306,600	\$1,086,541

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Total:	—	—	—	—	—

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	11,309,002	371,306	—	692,606	12,372,914
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	4,483,420	45,826	—	485,450	5,014,696
FEES & SELF-GENERATED	773,844	6,097	—	306,600	1,086,541
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	16,028,392	386,786	—	1,484,656	17,899,834
Debt Service	—	—	—	—	—
Interagency Transfers	537,874	36,443	—	—	574,317
TOTAL OTHER CHARGES	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	—	—	3	104
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	773,844	6,097	—	306,600	1,086,541
Total:	\$773,844	\$6,097	—	\$306,600	\$1,086,541

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Total:	—	—	—	—	—

Form 39159 — 310 - RISE

3101 - Northeast Delta Human Services Authority

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested	FY2026-2027 Requested	FY2027-2028 Requested	FY2028-2029 Requested
STATE GENERAL FUND (Direct)	—	692,606	713,382	734,783	756,827
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	485,450	500,013	515,013	530,463
FEES & SELF-GENERATED	—	306,600	315,798	325,271	335,030
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	1,484,656	1,529,193	1,575,067	1,622,320
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	—	1,484,656	1,529,193	1,575,067	1,622,320
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	—	1,484,656	1,529,193	1,575,067	1,622,320
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	1,484,656	1,529,193	1,575,067	1,622,320
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	3	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	For the operation of a 15 to 60 bed inpatient facility to provide inpatient addiction services to addicted pregnant women with dependent children. Per OBH, they are seeking assistance to enhance the network of residential substance use treatment programs for women, pregnant women and women with dependent children due to no current providers of these specialized services in region 8.
How will it help fulfill the program's mission?	Operation of inpatient treatment center for pregnant women with a substance use/abuse diagnosis and their dependent children. This program will allow NEDHSA to provide services to this vulnerable population in region 8. Per ASAM level 3.3 - Clinically managed population specific high intensity residential treatment-adult provider must ensure following staffing: LMHP or UP under supervision 40 hours per week (Professional Counselor 4) and a clerical support staff (One FTE per day shift) need 2 (Admin Coordinator 4). Northeast Delta HSA Mission: NEDHSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.
Who will be the principal users?	Our goal is to assist pregnant women with substance abuse disorders and their dependent children to improve their ability to live successfully in the community of their choice with the least amount of professional intervention by reaching independence through Support & Education (R.I.S.E).
Who will primarily benefit from the service?	Pregnant women receiving the inpatient services and their dependent children and extended families and the region 8 community at large. The philosophy of NEDHSA is to respect the dignity and rights of all persons. In order to maximize the potential of each individual, services will be diverse and address the uniqueness of the individual, the family and the community. NEDHSA focuses on the strengths of the individual in all aspects of service delivery.
What strategic objectives are affected?	3101-01: Northeast Delta Human Services Authority will provide access to integrated care of services for adults and adolescents with Behavioral Health diagnosis. 3101-02: Northeast Delta Human Services Authority will ensure that behavioral health data is available to state, regional, and community partners and continue to mobilize communities based on culturally competent programs and interventions. 3101-03: Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice. 3101-04: Provide administrative support to programmatic services to ensure efficient, effective, and quality services.
What operational objectives are affected?	Performance Indicators: 25212- Percentage of clients served who would recommend to family and friends NEDHSA services. 25219- Percentage of successful completions (inpatient addiction treatment programs, level 3.5) 26600- Percentage of Individual and Family Support/Consumer Care Resource funds expended 26604- Number of prevention related presentations with community-level data. 25221- Number of people receiving Developmental Disability services per year 25223- Percentage of valid Flexible Family Fund (FFF) eligibility determinations (in accordance with FFF promulgation) 25965- Percentage of Individual & Family Support (FS) plans for which fund guidelines were followed. 26126- Percentage of Individual and Family Support Plans that meet the participants' goals 26608- Percentage of Waiver participants whose Plan of Care includes natural and community resources 26609- Percentage of contract invoices for which payment is issued within 30 days of fiscal department receipt 26610- Percentage of state assets in the Asset Management System located/accounted for annually 26611- Number of findings in Legislative Auditor Report resulting from misappropriation of resources, fraud, theft, or other illegal or unethical activity. 26612- Administrative expenditures as a percentage of agency's budget

Question	Narrative Response
List a revised version of the objective(s) here.	N/A
If no objective exists, create one-strategic.	N/A

Question	Narrative Response
If no objective exists, create one-operational.	N/A

Question	Narrative Response
<p>Explain the Strategies needed to implement.</p>	<p>3101-01: Northeast Delta Human Services Authority will provide access to integrated care of services for adults and adolescents with Behavioral Health diagnosis. Strategy 1.1: Assume administrative, fiscal, and programmatic responsibilities community-based behavioral health services and Prevention programs/activities within its eight-parish area, as agreed upon through a contract with LDH Strategy 1.2: Implement an effective fiscal and programmatic monitoring system that ensures the quality, quantity, and appropriateness of services delivered by all contract providers. Strategy 1.3: Provide standardized screening, registration, and admission procedures (along with relevant documentation). Strategy 1.4: Actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be gathered on an ongoing basis in a variety of means, to include at least an annual community forum. Strategy 1.5: Maintain close working relationship with and support the work of the regional advisory council in their efforts to advocate for consumers and families. Strategy 1.6 Implement Mobile Outreach Service to rural communities within the NEDHSAD. 3101-02: Northeast Delta Human Services Authority will ensure that behavioral health data is available to state, regional, and community partners and continue to mobilize communities based on culturally competent programs and interventions. Strategy 2:1 Use Tele-health technology to maximize existing prescriber and Licensed Mental Health Provider resources. Strategic 2.2 Use data collection and analysis to support performance improvement activities and to make decisions based on outcome measurements. Strategy 2.3 Use electronic health records information to provide a standard format for assessment, diagnosis and treatment planning for persons served. Strategy 2.4 Use electronic health records technology to ensure compliance with the requirements needed to support effective treatment planning and outcomes. Strategy 2.5 Utilize information collected by technology-based systems to analyze performance and use information as a tool for Executive Team decisions or as warranted. Strategy 2.6 Use on-line technology to conduct quarterly client satisfaction surveys to identify potential needs for intervention. Strategy 2.7: Use on-line technology/web-based applications to ensure ease of access and monitoring of payroll and attendance records. Strategy 2.8: Use an electronic billing system to facilitate staff efficiency, timeliness of billing, and to promote billing's accuracy. 3101-03: Northeast Delta Human Services Authority will facilitate improved outcomes for citizens with intellectual developmental disabilities and promote the delivery of quality supports to live in the setting of their choice. Strategy 3.1 Serve as the Single Point of Entry (SPOE) into the Developmental Disabilities Services System providing support coordination services to individuals and their families through community resources. Strategy 3.2 Identify State agencies and community organization resources in order to better support people with developmental disabilities to live full community lives and support partnerships with and referrals to these agencies and/or organizations. Strategy 3.3 Monitor program utilization, effectiveness, and collect performance indicator data. Strategy 3.4 Develop and implement policies and procedures for adult waiver participants to have paths to community employment. Strategy 3.5 Meet quarterly with service providers and families to discuss goals and services and to resolve barriers to achieving goals. Strategy 3.6 Maintain communication with the Regional Advisory Committee, to include public input into the regional planning process and comment on regulations proposed by OCDD. Strategy 3.7 As per stated regulations, OCDD will provide the Advisory Committee timely information on the budget, in addition to information on implementation of all services and quality assurance reports. Strategy 3.8 Collaborate with the Regional Advisory Committee to develop outreach plans. Such outreach plans shall provide for public dissemination of information regarding developmental disabilities and the services available through NEDHSA. The state advisory committee shall coordinate with all regional advisory committees and shall use data provided by the regional advisory committees in the deliberations of the committee. Strategy 3.9 To conduct Community Education and Awareness events sponsored by NEDHSA to educate individuals, family member, community organizations, businesses and the medical community regarding service access. Strategy 3.10 To actively seek input from stakeholders and consumers to identify service gaps and to initiate program development or modification as appropriate. Input will be</p>

Question	Narrative Response
Additional information or comments.	

NORTHEAST DELTA HUMAN SERVICES AUTHORITY

Integrated Care Services



Reaching Independence through Support and Education (R.I.S.E.)

Residential Treatment Center

www.nedeltahsa.org

NORTHEAST DELTA HUMAN SERVICES AUTHORITY

VISION

The Northeast Delta HSA vision is to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential.

MISSION

Northeast Delta HSA serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

TENETS

Three Tenets guide our actions:

- Greater access to services
- Excellent customer service
- Quality competent care

PHILOSOPHY

Serve as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to help realize their full human potential by offering quality, excellent care with greater accessibility.

The phoenix represents the shedding of old ways and renewal toward a better existence. It also represents the sun that sinks below the horizon each day and fades away into ashes, rising again each day anew. The ashes are not those of destruction, but rather of hope and wisdom. As with the phoenix, we are always in some phase of growth and transformation. We use the ashes of our former selves to create the person we are destined to become.

PROGRAM STATEMENT AND PHILOSOPHY

The Northeast Delta Human Services Authority (NEDHSA) is dedicated to providing supports and services to the following populations:

- Children and adolescents with serious emotional disturbances (SED)
- Adults with severe mental illness (SMI)
- Individuals with intellectual and developmental disabilities (IDD)
- People with substance use disorders (SUD)

- Those with co -occurring disorders (COD)
- Individuals with Autism Spectrum Disorders (ASD)
- Pregnant women (SUD) and their dependent children

NEDHSA provides a variety of services and support to individuals within our integrated healthcare system. NEDHSA helps people who are uninsured, those with Medicaid and Medicare and other insurance plans. NEDHSA recognizes that it takes an enormous amount of courage to seek help and commends you for your resiliency and spirit. We understand that the journey of recovery is an ongoing and sometimes challenging process for you, family members and friends.

NEDHSA employs dedicated, qualified staff for delivery of behavioral health services. The staff works together in a multi- disciplinary team which includes: psychiatrists, physicians, registered nurses, licensed clinical social workers, licensed professional counselors, care managers, psychologists, peer supporters and other personnel.

We provide integrated care treatment that follows a person-centered approach and utilizes all the current evidence-based practices available to assist and increase an individual's strengths, believing that each person has the potential to grow, learn, and change. Our goal is to assist each consumer in the area to improve his/her ability to live successfully in the community of his/her choice with the least amount of professional intervention.

The philosophy of the Northeast Delta Human Services Authority is to respect the dignity and rights of all persons. In order to maximize the potential of each individual, services will be diverse and address the uniqueness of the individual, the family, and the community. NEDHSA focuses on the strengths of the individual in all aspects of service delivery.

Reaching Independence through Support and Education (R.I.S.E.) Treatment Center

Purpose

Not all facilities are equipped to help women who are pregnant, so it's important to ensure that these specialized services become more readily available. There is a proven connection between women abusing substances and these individuals having a history of physical and/or sexual abuse. Along with this connection, these women tend to also have medical and mental health problems. NEDHSA's integrated care approach takes a holistic approach to meet the needs of each individual served.

Previous research has shown that pregnant women are less likely to receive an appointment to an addiction treatment center; have difficulties obtaining child care at treatment facilities; and in many states, face punitive policies(link is external) for their substance use, including fines, loss of custody of their children, involuntary commitment, and incarceration.

The intent of this collaboration is to ensure professionals from various specialties can be incorporated into specialized treatment for women admitted into the R.I.S.E. Treatment Center. It's imperative that a pregnant woman be under a doctor's care to detox from alcohol and/or drugs during pregnancy, both for her safety and the health of her unborn child.

Model programs for pregnant women should include:

- Pregnancy and parenting education.
- Staff with medical, mental health, and addiction treatment backgrounds.
- Continuity with counselors.
- Health and psychiatric services.
- Child care services.
- Transportation services.
- Housing services.

Addiction is a disease that deeply affects not only the person using but also family members and friends. Those most directly affected are any children born of the person abusing substances. Oftentimes, women will not seek help for their addiction. There is often a fear of judgment. Many are afraid they will be arrested and/or reported to child protective services. For those with dependents, there is often fear that these children will be removed from their custody.

Training Facility Needs and Opportunities

Part of this endeavor is utilizing the treatment center as a training facility. Northeast Delta Human Services Authority will utilize the R.I.S.E. Treatment Center to recruit and train individuals seeking to work with this specific population. The facility is slated to serve as the premier training facility for the Northeast Louisiana region.

“Substance use disorders affect a significant number of pregnant persons in the USA and are associated with substantial maternal and neonatal morbidity and mortality. Treatment is complex and requires a comprehensive, interdisciplinary approach.” Arguably, there is a lack of research and/or detailed accounts that demonstrate interdisciplinary clinics/centers focused on pregnant women with substance use disorders. Just as there is limited resources that cater

Future studies are needed to better understand and address these disparities, and to build upon accumulating evidence on the association of overdose mortality in pregnant and postpartum women with poverty and lack of adequate healthcare. More research is also needed on the risk and protective factors of pregnancy-associated mortality among people with and without drug use.

Admission Criteria and Payment for Services

In order to be admitted, the woman must be pregnant and have declared substance use diagnosis. There may be consideration to women who have a declared substance use diagnosis, but are not pregnant. The R.I.S.E. Treatment Center accepts public and private insurance, as well as self-pay. Medicaid and Medicare may cover or partially cover the costs of treatment for addiction. Admissions representatives will be available to discuss other options, where available.

Screening Batteries

The following is a list of screening batteries used upon admission and/or specific intervals of treatment:

- Women
 - Biopsychosocial Assessment
 - Patient Health Questionnaire (PHQ-9)
 - Mood Disorder Questionnaire (MDQ)
 - General Anxiety Disorder (GAD-7)
 - Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
 - Drug Abuse Screening Test (DAST-10)
 - The CRAFFT Questionnaire
 - Institute for Health and Recovery’s Integrated 5 P’s Screening Tool
- Children/Adolescents
 - Biopsychosocial Assessment
 - Patient Health Questionnaire (PHQ-9), Modified for Adolescents
 - Mood Disorder Questionnaire (MDQ)
 - Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
 - The Screen for Child Anxiety Related Disorders (SCARED)
 - Pediatric Symptoms Checklist (PSC)

Services Provided

Our residential facility, R.I.S.E. Treatment Center provides non-medical detoxification and comprehensive treatment to individuals seeking sobriety as well as to their dependent children. R.I.S.E. Treatment Center is a 60-bed facility for pregnant women and their dependent children. The length of stay varies based on individual needs.

Addictions are multifaceted problems, and it takes a multifaceted solution to make real progress. A daily activity schedule will be posted each day. A draft of the schedule is also included in this packet of information.

Patients are expected to take an active role in their treatment by participating in group sessions. Televisions, telephones and radios are shut off during this time to allow you to focus on your treatment plan and programming. Clinicians develop a schedule of treatment options so that participants get all of the right treatment options. By participating in different treatment options, participants are giving themselves the best chance for success.

At the R.I.S.E. Treatment Center, women will be able to receive evidence-based comprehensive addiction treatment inclusive of the following:

- Non-medical Detoxification, if needed
- Medical detoxification, if needed, under strict supervision of Addictionologist
- Individual, group, and family therapy
- Trauma-specific treatment
- Pregnancy education and counseling
- Parenting skills education and coaching
- Prenatal care (through local partners), education and counseling
- Infant mental health counseling
- Relapse prevention planning
- Assessment and therapy for co-occurring disorders
- Smoking cessation treatment
- Health and wellness programs
- Nutrition therapy
- 12-step programming
- Recreational therapy
- Life skills training
- Aftercare planning

Facility, Renovations and Upgrades

The R.I.S.E. Treatment Center is currently undergoing renovations to make improvements to the bathrooms, laundry room, kitchen, and a few other areas to enhance the overall aesthetics of the building. Below are a few pictures of the treatment center.







Daily Schedules

Women's Activity Schedule					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
7:00 a.m.	Wake up/ADLs				
8:00 a.m.	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:45 a.m.	Morning Meditation				
9:00 a.m.	Individual/Family Session				
10:00 a.m.	Lifeskills: Wellness	Anger Management	Lifeskills: Wellness	Stress Management	Lifeskills: Wellness
11:00 a.m.	Psychoeducation Group	Life Skills: Parenting Group	Trauma Therapy Group	Life Skills: Wellness Group	Behavioral Health Group
Afternoon					
12:00 p.m.	Lunch and Reflection Time				
1:00 p.m.	Relapse Prevention Group				
2:00 p.m.	Nutrition and Wellness Group				
3:00 p.m.	Individual/Family Session				
4:00 p.m.	Therapeutic Community Group				
Evening					
5:00 p.m.	Dinner	Dinner	Dinner	Dinner	Dinner
6:30 p.m.	Recovery Meeting				
7:30 p.m.	Structured Activities/Recreation				
9:00 p.m.	Quiet Time				
10:00 p.m.	Lights Out and Bedtime				

Children Activity Schedule (not attending public school)					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
7:00 a.m.	Wake up/ADLs				
8:00 a.m.	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8:45 a.m.	Morning Meditation				
9:00 a.m.	Individual/Family Session				
10:00 a.m.	School	School	School	School	School
11:00 a.m.	School	School	School	School	School
Afternoon					
12:00 p.m.	Lunch and Reflection Time				
1:00 p.m.	School or Behavioral Health Group				
2:00 p.m.	Nutrition and Wellness Group				
3:00 p.m.	Individual/Family Session				
4:00 p.m.	Therapeutic Community Group				
Evening					
5:00 p.m.	Dinner	Dinner	Dinner	Dinner	Dinner
6:30 p.m.	Recovery Meeting				
7:30 p.m.	Structured Activities/Recreation				
9:00 p.m.	Quiet Time				
10:00 p.m.	Lights Out and Bedtime				

References

B Han, et al. Pregnancy and postpartum drug overdose deaths in the US before and during the COVID-19 Pandemic (link is external). JAMA Psychiatry. DOI: 10.1001/jamapsychiatry.2023.4523 (2023)

Mckinney, J.R., Russell, M., Avellaneda-Ojeda, A. et al. A Comprehensive Care Approach for Pregnant Persons with Substance Use Disorders. Int J Ment Health Addiction 21, 2865–2876 (2023). <https://doi.org/10.1007/s11469-022-00760-x>

9/11/23, 4:48 PM

Google Maps

Google Maps SOAR



Imagery ©2023 Google, Imagery ©2023 Airbus, CNES / Airbus, Maxar Technologies, USDA/FPAC/GEO, Map data ©2023 50 ft

<https://www.google.com/maps/@32.4521611,-92.1092022,235m/data=!3m1!1e3?entry=ttu>



Questions and Answers about R.I.S.E. Treatment Center

Question: What is the purpose of the R.I.S.E. treatment center?

Answer: This R.I.S.E. treatment center's purpose is all about helping pregnant women with dependent children reach independence through support and education. This treatment center is located in Monroe, LA. R.I.S.E. Residential Treatment Center provides services for pregnant women and their dependent children. This treatment center provides substance abuse treatment and detoxification residential/inpatient care to pregnant women. The dependent children also receive services based on need and age. The treatment center serves as a medical training center for partners like Ochsner LSU Health –Medical Center and St. Francis Medical Center.

Question: What is the length of stay for residential treatment?

Answer: Every patient is different, and everyone progresses at a different rate. A plan is developed for each patient with an estimated length of stay. Each patient's progress is discussed in the team's weekly conferences. Lengths of stays vary from one month to longer than 120 days.

Question: What are the admission criteria for your program?

Answer: In order to be admitted, the woman must be pregnant and have declared substance use diagnosis. There may be consideration to women who have a declared substance use diagnosis, but are not pregnant.

Question: What is it like to be in a residential treatment center?

Answer: Structure is key to recovery. A weekly schedule at R.I.S.E. focuses on providing a holistic approach that is organized through blocks of activities. Each day follows a scheduled routine, with activities provided in hour-based blocks following breakfast, lunch, and dinner.

Question: What payment options are available?

Answer: The R.I.S.E. Treatment Center accepts public and private insurance, as well as self-pay. Medicaid and Medicare may cover or partially cover the costs of treatment for addiction. You can find out information about treatment center costs and payment options by speaking with an admissions representative.

Question: What should I bring with me?

Answer: Here are a few suggested items to bring:

- Current prescription medications,
- Insurance cards and I.D.
- Loose-fitting shirts or blouses,
- Loose-fitting pants or shorts,
- Undergarments/socks
- Nightgown or pajamas
- Robe/slippers Sweater
- Comfortable shoes
- Glasses
- Personal medical equipment (i.e. hearing aids, dentures, etc.)

Question: Can family members visit me during my residential stay?

Answer: No. We do not allow outside visitors. These rules are explained before and during admission.

Question: Are cell phones allowed?

Answer: All electronic devices must be surrendered upon admission to the treatment center. Mobile/electronic devices are not allowed within the first 30-60 days of treatment. As treatment progresses, the assigned clinician will work closely to identify if there are reasons to accommodate use of electronic devices.

Question: What is the difference between inpatient and residential treatment?

Answer: Inpatient treatment is a term used to describe medical care that requires an individual to reside or live in a treatment center or hospital while undergoing treatment. Residential treatment, also known as rehab, is a type of inpatient treatment which usually occurs outside of a hospital setting within facilities that provide comfortable, home-like settings. Residential treatment programs have much longer lengths of stays.

Question: I'm getting released. Now what?

Answer: A residential stay is only the beginning of treatment. As part of discharge planning, your clinician will provide resources and offer help connecting with services the week you are scheduled to leave. People who need more support may go to a sober living facility or relocate to another area entirely. Treatment plans depend on each person's unique needs.

Question: Can I get mail while I'm in treatment? What is the mailing address?

Answer: Yes, you are able to receive mail. The mailing address will be provided to you, when needed.

Question: Do I have to share a room with anyone?

Answer: Depending on the family unit and size, there may be times where sharing a room is required.

Question: How effective is residential treatment?

Answer: While there is no cure for addiction, it can be managed successfully. Residential treatment provides a controlled environment that allows for complete focus on recovery without the lure of drugs and alcohol. Recovery is a lifelong process.

Question: If a pregnant woman abuses drugs, does it affect the fetus?

Answer: Many substances including alcohol, nicotine, and other drugs can have negative effects on the developing fetus because they are transferred to the fetus across the placenta. For example, nicotine has been connected with premature birth and low birth weight as has the use of cocaine. Heroin exposure results in dependence in the newborn, requiring treatment for withdrawal symptoms. It is often difficult to tease apart the confluence of factors that go with drug abuse during pregnancy—poor nutrition, inadequate prenatal care, stress, and psychiatric comorbidities—all of which may impact fetal development.

Question: What is detoxification, or "detox"?

Answer: Detoxification is the process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal. It is often the first step in a drug treatment program and should be followed by treatment with a behavioral-based therapy and/or a medication, if available. Detox alone with no follow-up is not treatment.

Question: What is withdrawal? How long does it last?

Answer: Withdrawal describes the various symptoms that occur after long-term use of a drug is reduced or stopped abruptly. Length of withdrawal and symptoms vary with the type of drug. For example, physical symptoms of heroin withdrawal may include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, and cold flashes. These physical symptoms may last for several days, but the general depression, or dysphoria (opposite of euphoria), that often accompanies heroin withdrawal may last for weeks. In many cases, withdrawal can be easily treated with medications to ease the symptoms, but treating withdrawal is not the same as treating addiction.

Question: What is drug addiction?

Answer: Drug addiction is a complex, and often chronic, brain disease. Addiction results largely from brain changes that stem from prolonged drug use—changes that involve multiple brain circuits, including those responsible for governing self-control and other behaviors. It is characterized by drug craving, seeking, and use that can persist even in the face of devastating life consequences. Drug addiction is treatable, often with medications (for some addictions) combined with behavioral therapies. However, relapse is common and can happen even after long periods of abstinence, underscoring the need for long-term support and care. Relapse does not signify treatment failure, but rather should prompt treatment re-engagement or modification.

Question: Will I be asked to do chores while in the program?

Answer: Yes, you will be responsible for daily chores which include tidying your room and bathroom areas. Additionally, the expectation is that you will clean behind yourself and/or your child(ren).

Question: Do you provide gender-specific treatment?

Answer: Yes. Research has shown that treatment is more effective when individuals have the opportunity to focus completely on their own healing, without distraction. This treatment center is designed for women and is designed with an understanding of the connection between risk factors and protective factors women face while pregnant, using addictive substances, navigating recovery, and reaching independence.

Question: What are the sleeping arrangements and amenities like?

Answer: In our residential treatment center, we offer comfortable rooms with two beds, private bath, and all the amenities necessary to care for a newborn. Some amenities include: bassinet, diaper changing stations, nursing supplies, diapers, etc.

Question: How do I make a referral or how do I seek admission into the program?

Answer: Persons interested in receiving more information can contact 800-256-2522 for more information and details regarding the admission process.

NEDHSA CLINICS

Bastrop Behavioral Health Clinic
451 E. Madison Ave, Bastrop, LA 71220
318-283-0868
Monday – Friday 8:00 A.M. – 4:30 P.M.

Children & Family Clinic
2525 Ferrand St, Monroe, LA, 71201
318-362-3153
Monday – Friday 10:00 A.M. – 6:30 P.M.

Columbia Behavioral Health Clinic
5159 Hwy 4 East, Columbia, LA 71418
318-649-2333
Monday – Friday 8:00 A.M. – 4:30 P.M.

Developmental Disabilities Center
2324 Armand Connector, Monroe, LA 71201
318-362-3396
Monday – Friday 8:00 A.M. – 4:30 P.M.

Genoa Pharmacy
4800 South Grand St, Monroe, LA 71202
318-737-1183
Monday – Friday 8:00 A.M. – 4:30 P.M.

Monroe Behavioral Health Clinic
4800 South Grand St, Monroe, LA 71202
318-362-3339
Monday – Friday 8:00 A.M. – 4:30 P.M.

Prevention & Wellness Center
2400 Ferrand St, Monroe, LA, 71201
318-362-4617
Monday – Friday 8:00 A.M. – 4:30 P.M.

Ruston Behavioral Health Clinic
901 White St, Ruston, LA 71270
318-251-4125
Monday – Friday 8:00 A.M. – 4:30 P.M.

Tallulah Behavioral Health Clinic
1012 Johnson St, Tallulah, LA 71282
318-574-1713
Monday – Friday 8:00 A.M. – 4:30 P.M.

Winnsboro Behavioral Health Clinic
1301 Landis St, Winnsboro, LA 71295
318-435-2146
Monday - Friday 8:00 A.M. – 4:30 P.M.



Call for Questions or Admissions:
800-256-2522

Address:
4781 South Grand St
Monroe, LA 71202

**In Operation 24 Hours a Day,
7 Days a Week.**

nedeltahsa.org

CONNECT WITH US



DOWNLOAD THE NEDHSA APP!



Mental Health • Addictive Disorders
Prevention & Wellness • Developmental Disabilities

Northeast Delta
Human Services Authority



Reaching Independence
through Support & Education



HSA
Northeast Delta
Human Services Authority

What is the purpose of the R.I.S.E. Treatment Center?

This R.I.S.E. treatment center's purpose is all about helping pregnant women with dependent children reach independence through support and education. This treatment center is located in Monroe, LA. R.I.S.E. Residential Treatment Center provides services for pregnant women and their dependent children. This treatment center provides substance abuse treatment and detoxification residential/inpatient care to pregnant women. The dependent children also receive services based on need and age.

What is the length of stay for residential treatment?

Every patient is different, and everyone progresses at a different rate. A plan is developed for each patient with an estimated length of stay. Each patient's progress is discussed in the team's weekly conferences. Lengths of stays vary from one month to longer than 120 days.

What are the admission criteria for your program?

In order to be admitted, the woman must be pregnant and have declared substance use diagnosis. There may be consideration to women who have a declared substance use diagnosis, but are not pregnant.

What is it like to be in a residential treatment center?

Structure is key to recovery. A weekly schedule at R.I.S.E. focuses on providing a holistic approach that is organized through blocks of activities. Each day follows a scheduled routine, with activities provided in hour-based blocks following breakfast, lunch, and dinner.

What payment options are available?

The R.I.S.E. Treatment Center accepts public and private insurance, as well as self-pay. Medicaid and Medicare may cover or partially cover the costs of treatment for addiction. You can find out information about treatment center costs and payment options by speaking with an admissions representative.

What should I bring with me?

Here are a few suggested items to bring:

- ~ Current prescription medications
- ~ Insurance cards and I.D.
- ~ Loose-fitting shirts or blouses
- ~ Loose-fitting pants or shorts
- ~ Undergarments/socks
- ~ Nightgown or pajamas
- ~ Robe/slippers Sweater
- ~ Comfortable shoes
- ~ Glasses
- ~ Personal medical equipment (i.e. hearing aids, dentures, etc.)

Can family members visit me during my residential stay?

No. We do not allow outside visitors. These rules are explained before and during admission.

Are cell phones allowed?

All electronic devices must be surrendered upon admission to the treatment center. Mobile/electronic devices are not allowed within the first 30-60 days of treatment. As treatment progresses, the assigned clinician will work closely to identify if there are reasons to accommodate use of electronic devices.

What is the difference between inpatient and residential treatment?

Inpatient treatment is a term used to describe medical care that requires an individual to reside or live in a treatment center or hospital while undergoing treatment. Residential treatment, also known as rehab, is a type of inpatient treatment which usually occurs outside of a hospital setting within facilities that provide comfortable, home-like settings. Residential treatment programs have much longer lengths of stays.

What are the sleeping arrangements and amenities like?

In our residential treatment center, we offer comfortable rooms with two beds, private bath, and all the amenities necessary to care for a newborn. Some amenities include: bassinet, diaper changing stations, nursing supplies, diapers, etc.

Do I have to share a room with anyone?

Depending on the family unit and size, there may be times where sharing a room is required.

Will I be asked to do chores while in the program?

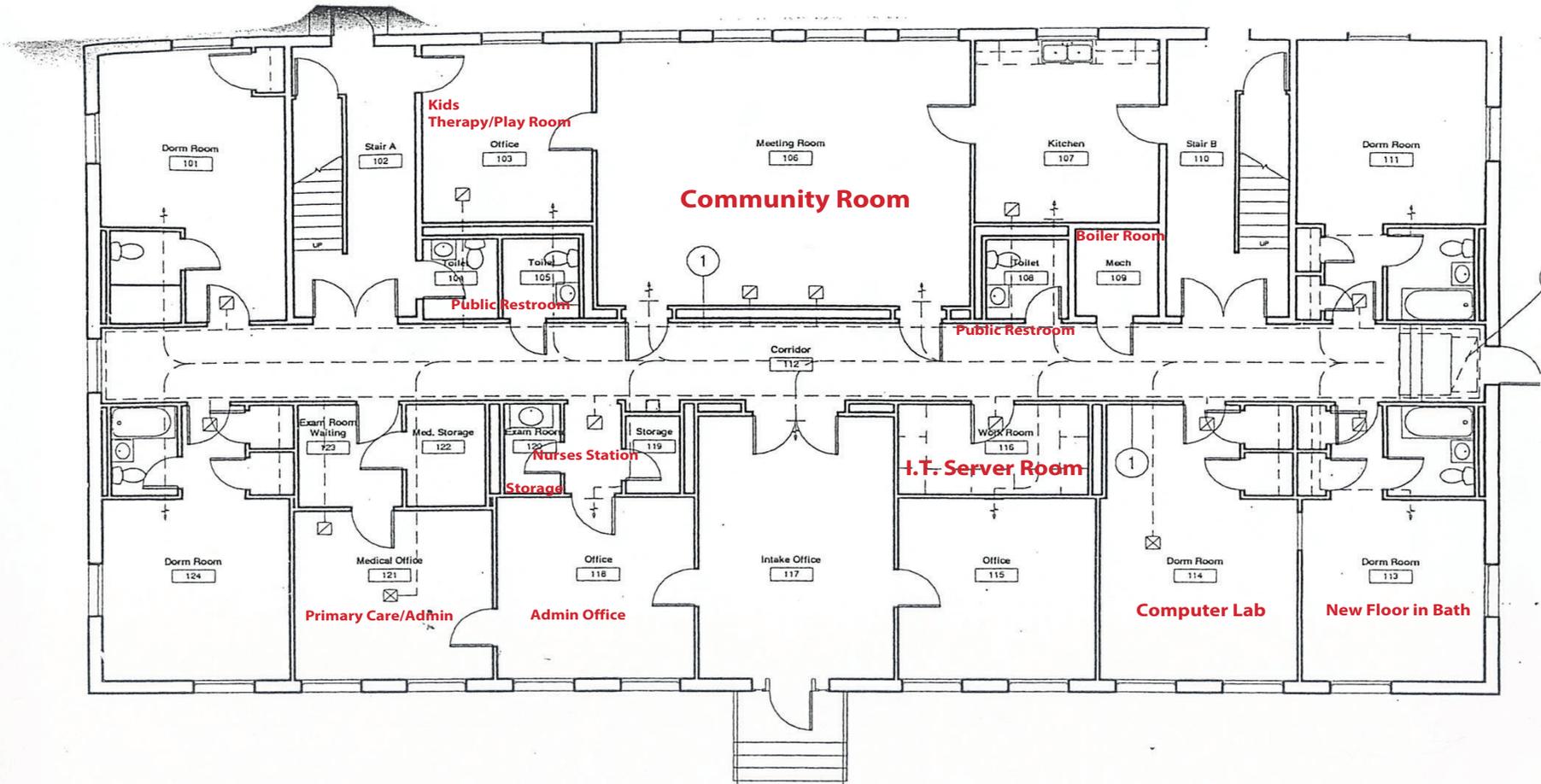
Yes, you will be responsible for daily chores which include tidying your room and bathroom areas. Additionally, the expectation is that you will clean behind yourself and/or your child(ren).

Do you provide gender-specific treatment?

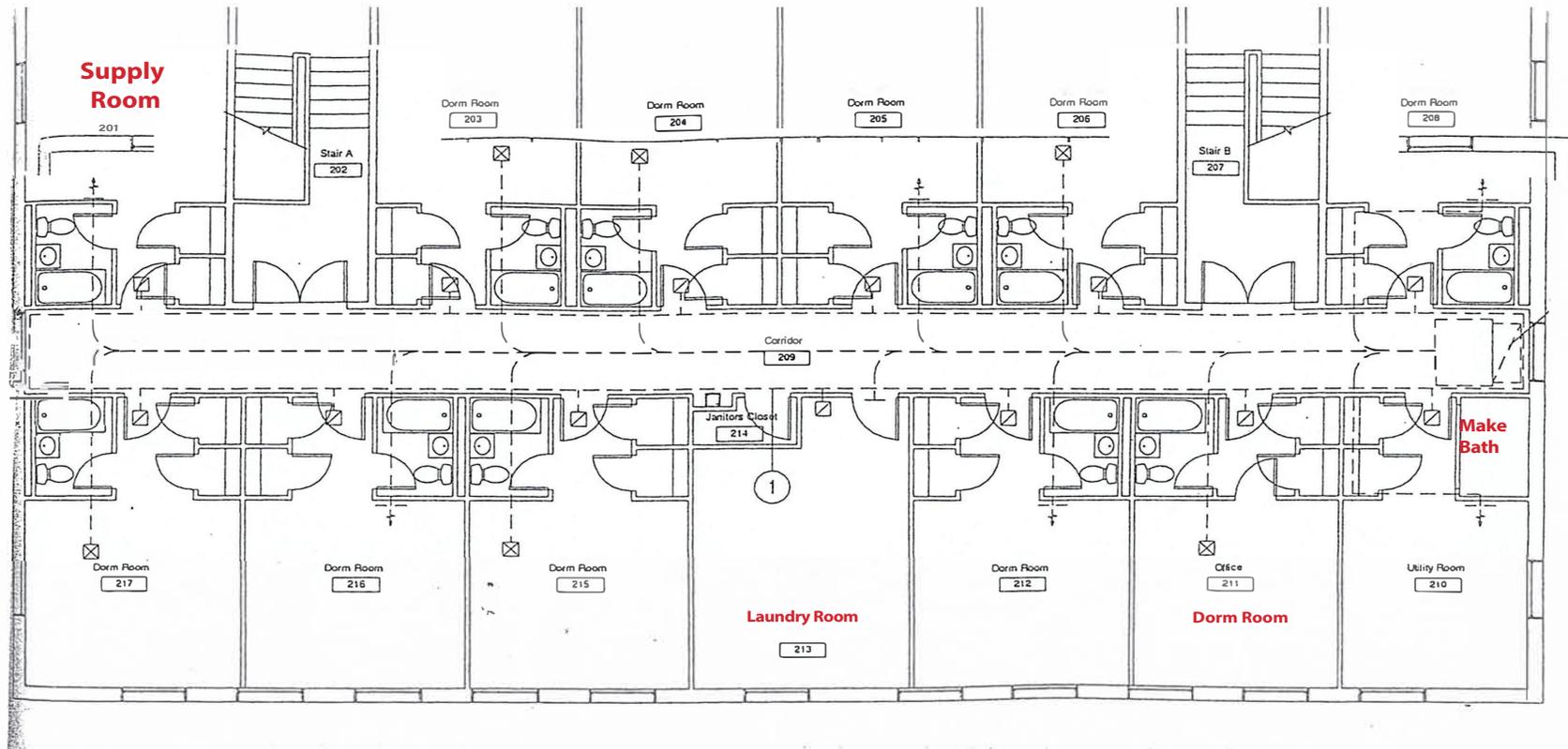
Yes, this treatment center is designed for women and is designed with an understanding of the connection between risk factors and protective factors women face while pregnant, using addictive substances, navigating recovery, and reaching independence.

I'm getting released. Now what?

A residential stay is only the beginning of treatment. As part of discharge planning, your clinician will provide resources and offer help connecting with services the week you are scheduled to leave. People who need more support may go to a sober living facility or relocate to another area entirely. Treatment plans depend on each person's unique needs.



S.O.A.R. Building
First Floor



S.O.A.R. Building
Second Floor



This page has been intentionally left blank

Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	11,143,605	11,309,002	371,306	—	692,606	12,372,914	1,063,912
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,504,577	4,483,420	45,826	—	485,450	5,014,696	531,276
FEES & SELF-GENERATED	176,547	773,844	6,097	—	306,600	1,086,541	312,697
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Total:	—	—	—	—	—	—	—

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	15,322,509	16,028,392	386,786	—	1,484,656	17,899,834	1,871,442
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	502,220	537,874	36,443	—	—	574,317	36,443
TOTAL OTHER CHARGES	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	101	—	—	3	104	3
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

PROGRAM SUMMARY STATEMENT

3101 - Northeast Delta Human Services Authority

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	11,143,605	11,309,002	371,306	—	692,606	12,372,914	1,063,912
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	4,504,577	4,483,420	45,826	—	485,450	5,014,696	531,276
FEES & SELF-GENERATED	176,547	773,844	6,097	—	306,600	1,086,541	312,697
STATUTORY DEDICATIONS	—	—	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—	—	—
TOTAL MEANS OF FINANCING	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—
Other Charges	15,322,509	16,028,392	386,786	—	1,484,656	17,899,834	1,871,442
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	502,220	537,874	36,443	—	—	574,317	36,443
TOTAL OTHER CHARGES	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885
Acquisitions	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$15,824,729	\$16,566,266	\$423,229	—	\$1,484,656	\$18,474,151	\$1,907,885
Classified	—	—	—	—	—	—	—
Unclassified	—	—	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	101	101	—	—	3	104	3
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—	—	—

Addenda

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget
Department Summary

CHILD - DS
Fiscal Year 2025 - 2026
Report Date: 10/30/24

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
#	Not assigned	310	Northeast Delta Human Services Authority	\$1,803,437	\$657,773	\$0	\$0	\$0	\$2,461,210	12
			Total:	\$1,803,437	\$657,773	\$0	\$0	\$0	\$2,461,210	12

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget
by Department

CHILD - DC
 Fiscal Year 2025 - 2026
 Report Date: 10/30/24

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$1,691,899	\$1,803,437	\$1,803,437	\$1,803,437	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$640,256	\$657,773	\$657,773	\$657,773	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0
TOTAL MEANS OF FINANCING	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER CHARGES	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget
by Department

CHILD - DC

Fiscal Year 2025 - 2026

Report Date: 10/30/24

TOTAL EXPENDITURES	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Classified	11	12	12	12	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	11	12	12	12	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	11	12	12	12	0

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2025 - 2026
Report Date: 10/30/24

310 - Northeast Delta Human Services Authority

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
#	Not assigned	3101	Northeast Delta Human Services Authority	\$1,803,437	\$657,773	\$0	\$0	\$0	\$2,461,210	12
			Total:	\$1,803,437	\$657,773	\$0	\$0	\$0	\$2,461,210	12

310 - Northeast Delta Human Services Authority

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$1,691,899	\$1,803,437	\$1,803,437	\$1,803,437	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$640,256	\$657,773	\$657,773	\$657,773	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0
TOTAL MEANS OF FINANCING	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER CHARGES	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
Fiscal Year 2025 - 2026
Report Date: 10/30/24

TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$2,332,155	\$2,461,210	\$2,461,210	\$2,461,210	\$0
Classified	11	12	12	12	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	11	12	12	12	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	11	12	12	12	0

Department: 09A - LDH

STATE OF LOUISIANA

CHILD1

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

Childrens Budget

Fiscal Year 2025 - 2026

by Agency/Program and Service

Report Date: 10/30/24

310 - Northeast Delta Human Services Authority

3101 - Northeast Delta Human Services Authority

Department: 09A - LDH

Agency: 310 NORTHEAST DELTA HUMAN SERVICES AUTHORITY

STATE OF LOUISIANA

Childrens Budget

Narrative

CHILD2

Fiscal Year 2025 - 2026

Report Date: 10/30/24

Form ID:

Form Description:

Service:

Question and Narrative Response

Describe the service:

NEDHSA provides individuals and their families assistance by team of behavioral health professionals including physicians, social workers, marriage and family therapist, addiction counselors and case managers.

How does this fulfill the program's mission?

Serving as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential by offering quality, excellent care with greater accessibility.

Who are the principal users?

Children zero- eighteen.

Who primarily benefits from the service?

Children zero-eighteen and their immediate family.

Related objectives and performance measures:

P.I Code 25221 - Number of people receiving individual and family support services

P.I Code 26126 - Percentage of individual and family support plans that meet the participate goals

P.I Code 26606 - Number of schools participating in communities that care youth surveys

GENERAL ADDENDA

NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

Date	10/13/2024	Sending Agency Fiscal Officer Hebert, MPM4
Date	10/08/2024	Recipient Agency Fiscal Officer <i>Karen Cunn</i>

The reason for the Interagency Agreement is : Reimbursement of PASSR -related activities up to \$14,000.00

Interagency Agreement Between LDH - Northeast Delta Human Services Authority #09-310 (Recipient Agency and #) and LDH - Medical Vendor Administration 09-305 (Sending Agency and #) For Fiscal Year 2025 - 2026, LDH - Northeast Delta Human Services Authority # 09-310 is budgeted to receive the following revenue \$14,000 from LDH - Medical Vendor Administration (09-305) (Agency Name and #) by Interagency Transfer for the following reason(s):

INTERAGENCY AGREEMENT
BR-19B (09/24)

INTERAGENCY AGREEMENT

BR-19B
(808)

Interagency Agreement Between LDH - Northeast Delta Human Services Authority #09-310 and LDH - Office of Behavioral Health #09-330
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026 LDH - Northeast Delta Human Services Authority #09-310 is budgeted to receive the following revenue from
(Agency Name and #)

LDH - Office of Behavioral Health #09-330 by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is:	Amount
Compulsive and Problem Gaming Fund - Treatment	\$53,104
Compulsive and Problem Gaming Fund - Prevention	\$44,000
State Opioid Response 3.0 (LaSOR 3.0) - Federal CFDA # 93.788	\$40,145
State Opioid Response 4.0 (LaSOR 4.0) - Federal CFDA # 93.788	\$900,000
Substance Abuse Prevention and Treatment (SAPT) - Federal CFDA # 93.959	\$2,253,336
Substance Abuse Prevention and Treatment (SAPT) - ARPA - Federal CFDA # 93.959	\$63,000
Tobacco Tax Health Care Fund	\$98,007
Total Addictive Disorders	\$3,051,592
Mental Health Block Grant (MHBG) - Federal CFDA # 93.958	\$485,019
Projects for Assistance in Transition from Homelessness (PATH) - Federal CFDA # 93.150	\$47,422
Zero Suicide - Federal CFDA # 93.243	\$60,000
Total Mental Health	\$592,441
Total	\$3,644,033

Karen Evans 09/18/2024
Recipient Agency Fiscal Officer Date

Lauri Hatlelid August 26, 2024
Sending Agency Fiscal Officer Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH - Northeast Delta Human Services Authority #09-310 (Recipient Agency and #) and LDH - MVA - Medicaid Program Support & Waivers #09-305 (Sending Agency and #)

for Fiscal Year 2025 - 2026, LDH - Northeast Delta Human Services Authority # 09-310 (Agency Name and #) is budgeted to receive the following revenue

from LDH - MVA - Medicaid Program Support & Waivers #09-305 (Agency Name and #)

The reason for the Interagency Agreement is : Receipt of ACT 421 - TEFRA funds in the amount of \$17,000.00

Karen Evans 10/08/2024
Recipient Agency Fiscal Officer Date

Sending Agency Fiscal Officer Date

(OTE: is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).



This page has been intentionally left blank



This page has been intentionally left blank

