

STATE OF LOUISIANA LEGISLATIVE AUDITOR

**Department of Health and Hospitals:
Analysis of Program Authority
and Performance Data**

November 1997



Performance Audit Division

*Daniel G. Kyle, Ph.D., CPA, CFE
Legislative Auditor*

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**Performance Audit
Office of Legislative Auditor
State of Louisiana**

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November 19, 1997

The Honorable Randy L. Ewing,
President of the Senate
The Honorable H. B. "Hunt" Downer, Jr.,
Speaker of the House of Representatives

Dear Senator Ewing and Representative Downer:

This report gives the results of our performance audit of the Department of Health and Hospitals and its related boards, commissions, and like entities. The audit was conducted under provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. In addition, this audit is one step toward meeting requirements of Act 1100 of 1995.

The report represents our findings, conclusions, and recommendations. We have also identified matters for legislative consideration. Appendix E contains the department's response and Appendix F contains the Division of Administration - Office of Planning and Budget's response. I trust that this report will be of use to you in your legislative decision-making process.

Sincerely,

A handwritten signature in cursive script that reads "Daniel G. Kyle".

Daniel G. Kyle, CPA, CFE
Legislative Auditor

DGK/dl

{DHH}



Office of Legislative Auditor

Executive Summary

Performance Audit

Department of Health and Hospitals: Analysis of Program Authority and Performance Data

For fiscal year 1996-97, the legislature appropriated over \$3.9 billion to the Department of Health and Hospitals (DHH). Our audit found that all missions and goals reported for DHH in the 1996-97 executive budget are consistent with legislative authority. However, overall, the performance data reported in the executive budget are not useful for making funding and programmatic decisions. Some of the deficiencies we identified in the performance data are as follows:

- ◆ Most missions and goals are not clearly identified, which makes it difficult for users of the executive budget to grasp the purposes and clientele of the various DHH programs. In addition, less than half of the reported goals provide a destination and a sense of direction on how to address the missions.
- ◆ Not all programs have objectives reported, and few of the objectives that are reported are measurable and timebound. Therefore, legislators and other users of the executive budget cannot tell what the specific targeted levels of accomplishment are for various DHH programs. Most reported objectives are, however, consistent with corresponding goals, and most specify desired end results.
- ◆ Less than half of the programs have performance indicators reported, and most of the indicators that are reported do not show progress made toward the stated objectives. This is primarily because most objectives are not measurable and do not set benchmarks, and most indicators do not measure program results or impact. Almost all reported indicators are, however, clear and consistent with program objectives.
- ◆ No performance data are reported for the four programs of the Medical Vendor Payments Budget Unit. Some performance data are reported under the Medical Vendor Administration Program in another budget unit, but it does not address specific uses of funds. As a result, confusion and a lack of information related to Medicaid disbursements could result.

In addition, based on a review of stated purposes, we identified the potential for duplication in the area of health-related licensing. This area should be further reviewed to determine if duplication is occurring unnecessarily. We did not identify any programs, functions, or activities that appear to be overlapping or outmoded.

Finally, we found that numerous references to the Department of Health and Human Resources (DHHR) remain in state law despite the fact that DHHR was abolished in 1988. This made it difficult for us to determine legal responsibilities of DHH programs.

Daniel G. Kyle, Ph.D., CPA, CFE, Legislative Auditor
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Audit Initiation and Objectives

The Office of Legislative Auditor conducted this performance audit in response to certain requirements of Louisiana Revised Statute (R.S) 24:522. This law requires us to evaluate the basic assumptions underlying all state agencies, programs, and services. The law also requires us to make annual recommendations relative to the effectiveness and efficiency of programs and services provided. To address these directives for the Louisiana Department of Health and Hospitals, we analyzed the program authority and performance data reported in the 1996-1997 executive budget for the department. We also searched for programs that may be potentially overlapping, duplicative, or outmoded.

This report is one of a series of reports on all major executive branch departments addressing the following objectives:

- Determine if the department's missions and goals as reported in the fiscal year 1996-97 executive budget are consistent with legislative intent and legal authority
- Determine if the department's missions, goals, objectives, and performance indicators as reported in the fiscal year 1996-97 executive budget are consistent with established criteria described in this report
- Determine if the department's objectives and performance indicators as reported in the fiscal year 1996-97 executive budget collectively provide useful information for decision-making purposes
- Identify any programs, functions, and activities within the department that appear to be overlapping, duplicative, or outmoded

Reported Missions and Goals Are Consistent With Legislative Intent

To determine whether the overall mission of DHH and the missions of its budget units and programs reflect legislative intent, we compared the missions reported in the 1996-97 executive budget to applicable state laws. We found that all 74 missions are consistent with legal authority. However, the mission for the Health Education Authority of Louisiana does not fully reflect the responsibilities detailed in the authorizing legislation. We also

found that all 75 of the goals reported in the 1996-97 executive budget are consistent with the corresponding missions.

(See pages 30 and 31 of the report.)

Abolished Department of Health and Human Resources

Many Statutes Still Make Reference to the Abolished Department of Health and Human Resources

Prior to the creation of DHH in 1988, DHH functions were part of the Department of Health and Human Resources (DHHR). Act 1 of 1988 abolished DHHR and formally created DHH and the Department of Social Services. However, the legislature did not change all statutes that make reference to DHHR. Because many statutes still reference DHHR, we found it confusing and difficult to determine legal responsibilities of DHH programs.

(See page 31 of the report.)

Matter for Legislative Consideration 2.1

- 2.1 The legislature may wish to consider whether it would be beneficial to amend all references to DHHR in the Louisiana Revised Statutes. The amount of time it would take to amend these statutes may be a deciding factor in this decision.**

Overlap, Duplication, and Outmodedness

Potential Duplication May Exist Among DHH's Office of the Secretary and Various Licensing Boards

Twenty-two boards that are related to DHH are responsible for performing licensing functions for their particular specialty. Duplication may exist among these boards and DHH's Office of the Secretary. The office has legal authority to perform various functions of the state related to licensing.

If duplication is occurring unnecessarily, it could have an impact on the legislative decision-making process. Therefore, this area of potential duplication should be further reviewed to determine if any further action is necessary. We did not find any programs, boards, commissions, or like entities that appear to be overlapping or outmoded.

(See pages 32 through 33 of the report.)

Recommendation

- 2.1 DHH should review the potential duplication related to the licensing function identified in this chapter and consider eliminating or consolidating entities that perform the same or similar functions.**

Analysis Conducted

To determine if the executive budget provides useful information to legislators and other readers for making programmatic and budgetary decisions, we analyzed the performance data presented for DHH in the program information volume of the 1996-97 executive budget. In total, we analyzed 74 missions, 75 goals, 84 objectives, and 476 performance indicators.

(See pages 36 through 37 of the report.)

Missions

We noted only two instances where the missions reported in the executive budget are clearly identified as such. Also, not all programs have missions reported. The missions that are reported generally meet the criteria against which we compared them. That is, for the most part, they identify the purpose and clientele of the various DHH programs and are acceptable to DHH. The missions are also consistent with all higher level missions, and they identify program clients. All missions are consistent with legal authority.

(See pages 38 through 40 of the report.)

Goals

Goals are reported in the executive budget for most DHH budget units and programs, and are consistent with legal authority. However, in many cases, the goals are not clearly identified and do not reflect a destination toward which the entity is striving and a sense of direction on how to address the mission.

(See pages 40 through 41 of the report.)

Objectives

The 1996-97 executive budget does not report objectives for DHH at the department or budget unit level. However, various programs under these budget units do have objectives reported. In total, 73% of the DHH programs have objectives reported.

Over 80% of the reported objectives are consistent with program goals. The remaining objectives are for programs that do not have any goals reported. Furthermore, all but one of the objectives specify desired end results. Therefore, the objectives generally provide useful information about what the programs are generally attempting to accomplish.

However, very few of the reported objectives are measurable or timebound. Therefore, they do not reflect specific targets for accomplishment. Without this information, legislators and other users of the executive budget could not use these objectives to make informed funding decisions.

(See pages 42 through 43 of the report.)

Performance Indicators

The 1996-97 executive budget does not report any performance indicators for DHH at the department or budget unit level. Also, less than half of the DHH programs have performance indicators reported. In total, 476 performance indicators are reported for 29 programs within 21 budget units.

Although the majority of reported indicators are clear and consistent with program objectives, few measure program results and impact. In addition, few measure progress made toward the stated objectives. This is primarily because the objectives are not

measurable and do not set benchmarks. Therefore, taken collectively, the performance indicators do not provide useful information for making informed decisions about the programs.

(See pages 43 through 47 of the report.)

Recommendation

- 3.1 DHH, OPB, and legislative staffs should work together to ensure that all missions and goals reported in the executive budget are clearly labeled. It is difficult to evaluate performance measurement data if the information is not clearly labeled.**
- 3.2 OPB should develop and communicate to DHH a consistent philosophy for what types of programs should have missions and goals and what types should not. All missions and goals should meet the criteria listed in Exhibit 3-1.**
- 3.3 DHH, OPB, and legislative staffs should work together to develop specific, measurable, and timebound objectives for all programs including the administrative and support services programs. Doing so will provide benchmarks against which users of the executive budget can measure program progress and impact.**
- 3.4 DHH, OPB, and legislative staffs should work together to ensure that all programs have performance indicators that measure progress toward the stated objectives. This can be accomplished, in part, by making sure that all objectives are measurable and timebound.**
- 3.5 DHH, OPB, and legislative staffs should work together to ensure that all programs, including the administrative and support services programs, report a mix of performance indicators including outcome indicators that measure program results and impact.**

No Performance Data Reported for Medical Vendor Payments Programs

The 1996-97 executive budget does not report performance data under the four programs related to Medicaid disbursements within the Medical Vendor Payments Budget Unit. Some performance data are reported for the administration of these programs under the Medical Vendor Administration Program within the Office of the Secretary Budget Unit. However, nothing in the executive budget ties this information back to the programs listed under the Medical Vendor Payments Budget Unit. Therefore, confusion and a lack of information could result for legislators and others charged with making programmatic and funding decisions related to Medicaid disbursements.

R.S. 24:522 requires all state agencies to develop specific goals and objectives for each of their programs to include measures of performance. In addition, Act 1403 of 1997, which amended R.S. 39:36, requires agencies to include objectives and performance indicators in describing each budget unit.

Furthermore, Act 1465 of 1997, which enacts R.S. 39:87.1 through 87.4, requires that key objectives and key performance indicators be included in each agency's appropriation beginning in fiscal year 1998-99. This law also says that the availability of funds appropriated shall be conditioned upon each agency's compliance with various requirements related to reporting of performance.

To meet the requirements of these laws, the executive budget would need to include performance data for the four Medical Vendor Payments programs. Under the 1996-97 presentation, no performance data are reported under these programs, and no link to the performance data reported under the Medical Vendor Administration Program is made.

(See pages 48 through 50 of the report.)

Recommendation

- 3.6 OPB and DHH staffs should continue to work together, with input from legislative staff, to develop and report performance data related to the Medical Vendor Payments programs listed under Budget Unit 09-306 in the executive budget. In addition, complete performance data should be developed for**

the administration of these programs. Including complete performance data will ensure compliance with the law and allow users to see additional information related to program performance. In addition, OPB should establish a clear relationship between the administration of these programs and the programs themselves in the executive budget.

Chapter 1: Introduction

Audit Initiation and Objectives

The Office of the Legislative Auditor conducted this performance audit of the executive budget program information for the Department of Health and Hospitals (DHH) in response to certain requirements of Act 1100 of 1995. This act amended the state audit law by adding Louisiana Revised Statute (R.S.) 24:522, which created the Louisiana Performance Audit Program. Although the legislative auditor has been conducting performance audits since 1986, R.S. 24:522 formalizes an overall performance audit program for the state. In addition to finding solutions to present fiscal problems, the legislature created the Performance Audit Program to identify and plan for the state's long-term needs.

This report is one of a series of reports on all major executive branch departments addressing the following objectives:

- Determine if the department's missions and goals as reported in the fiscal year 1996-97 executive budget are consistent with legislative intent and legal authority
- Determine if the department's missions, goals, objectives, and performance indicators as reported in the fiscal year 1996-97 executive budget are consistent with established criteria
- Determine if the department's objectives and performance indicators as reported in the fiscal year 1996-97 executive budget collectively provide useful information for decision-making purposes
- Identify any programs, functions, and activities within the department that appear to be overlapping, duplicative, or outmoded

**Report
Conclusions**

Act 1 of the first extraordinary session of 1988 abolished the Department of Health and Human Resources (DHHR) and created the Department of Health and Hospitals (DHH). Although the act abolished DHHR, many statutes still make reference to the abolished department. We found such references to be confusing in determining program responsibilities.

According to state law (R.S. 36:251), DHH is responsible for providing health and medical services for the prevention of disease for the citizens of Louisiana. The legal authority for DHH and its programs is broad, and the authorizing statutes generally describe functions of DHH as a whole. We found that all missions and goals reported in the 1996-97 executive budget are consistent with the statutory provisions and therefore reflect legislative intent. However, one mission for the Health Education Authority of Louisiana (HEAL) could be expanded to include all responsibilities under its legal authority.

The department is composed of six statutory offices. We identified 40 related boards, commissions, and like entities. The legislature appropriated \$3,915,840,240 to the department for fiscal year 1996-97. For the same period, the department had 13,034 full-time-equivalent staff positions.

We identified several licensing boards whose functions may potentially duplicate with DHH's Office of the Secretary. Because the possible existence of duplicative functions may have an impact on the legislative decision-making process, the potential duplication identified in this report should be reviewed to determine if any further action is necessary. We did not find any apparent overlapping or outmoded programs, boards, commissions, or like entities.

The Division of Administration's Office of Planning and Budget (OPB) needs to make significant changes in the way it presents program information in the executive budget for DHH. Since OPB uses the department's operational plan as a basis to prepare the executive budget, the department may need to ensure that quality information is reported in its operational plan, as well.

Our analysis of the performance data contained in the fiscal year 1996-97 executive budget shows that, overall, the information is generally not useful to legislators and others for making programmatic decisions. This is because of the following reasons:

- 1. Most missions and goals are not clearly identified. If missions and goals are not clearly labeled, users may not grasp the purpose, clientele, and general direction of the department and its programs. In addition, less than half of the reported goals provide a destination and a sense of direction on how to address the missions. However, all missions and goals are consistent with legal authority.**
- 2. Not all programs have objectives reported, and the majority of objectives that are reported are not measurable or timebound. This makes it difficult to track progress made toward targeted results. Most reported objectives are, however, consistent with corresponding goals, and most specify desired end results.**
- 3. Less than half of all programs have performance indicators reported. Also, most of the indicators that are reported do not enable users to determine progress made toward achieving stated objectives. This is primarily because of the following two reasons:**
 - Most objectives are not measurable and do not set benchmarks toward which the corresponding indicators can measure progress.**
 - Most indicators do not measure program results or impact.**

Almost all of the reported indicators are, however, clear and consistent with program objectives.

4. **Performance data are not reported for the four programs of the Medical Vendor Payments Budget Unit (09-306). Some performance data are reported for the administration of these programs under the Medical Vendor Administration Program within the Office of the Secretary Budget Unit. However, nothing in the executive budget ties this information back to the programs listed under the Medical Vendor Payments Budget Unit. As a result, confusion and a lack of information could result for legislators and others charged with making programmatic and funding decisions related to Medicaid disbursements.**

Accountability Initiatives

Article 14, Section 6 of the 1974 Louisiana Constitution reorganized the executive branch into 20 departments. State law says that the structure of the executive branch of state government is to, in part, promote economy and efficiency in the operation and management of state government. Since the reorganization, additional efforts have been undertaken to eliminate duplicative, overlapping, and outmoded programs and activities. Some of these efforts require internal reviews of programs, policies, and services of state agencies, while others provide for external reviews.

R.S. 24:522 requires the legislative auditor to annually make recommendations to the legislature relative, in part, to the effectiveness and efficiency of programs and services that the various state agencies provide. In particular, it directs the auditor to evaluate the basic assumptions underlying all state agencies, programs, and services. The purpose of the evaluation is to assist the legislature in identifying those programs and services that are vital to the best interests of the people of Louisiana and those that no longer meet that goal. The act also requires state agencies to produce certain information during the budgetary process.

In July 1996, the Office of the Legislative Auditor issued a report that examined the performance and progress of Louisiana state government. That report followed up on all recommendations made in performance audits and staff studies issued by the legislative auditor during the previous three years. The report tracked the progress of agencies in implementing recommendations

contained in the performance studies and identified related legislation. We also identified a number of problem areas in state government including inadequate oversight and inadequate planning.

As part of our continuing efforts to meet the requirements of R.S. 24:522, this report examines the legal authority for DHH's programs and services. This report also examines the program information contained in the fiscal year 1996-97 executive budget and builds on the need for better planning. Similar performance audit reports are to be issued on all other executive branch departments.

State law also requires agencies to provide the legislature with certain information to justify their continued existence. This law is referred to as the sunset review process. This process allows the legislature, through oversight committees, an opportunity to evaluate the operations of state statutory entities.

State law (R.S. 36:8) also requires an annual report by department undersecretaries on their department management and program analysis. These reports are referred to as Act 160 reports, since Act 160 of 1982 originally enacted this law. This law requires agencies to conduct evaluations and analyses of programs, operations, and policies to improve the efficiency, economy, and effectiveness of the departments.

Other performance legislation includes an accountability act for colleges and universities. Also, various agency performance related reports are required to be submitted with the agency budget request. One of these reports is referred to as the "Sunset Review Budget Request Supplement."

**Program
Budgeting and
Strategic
Planning
Focus on
Outcomes**

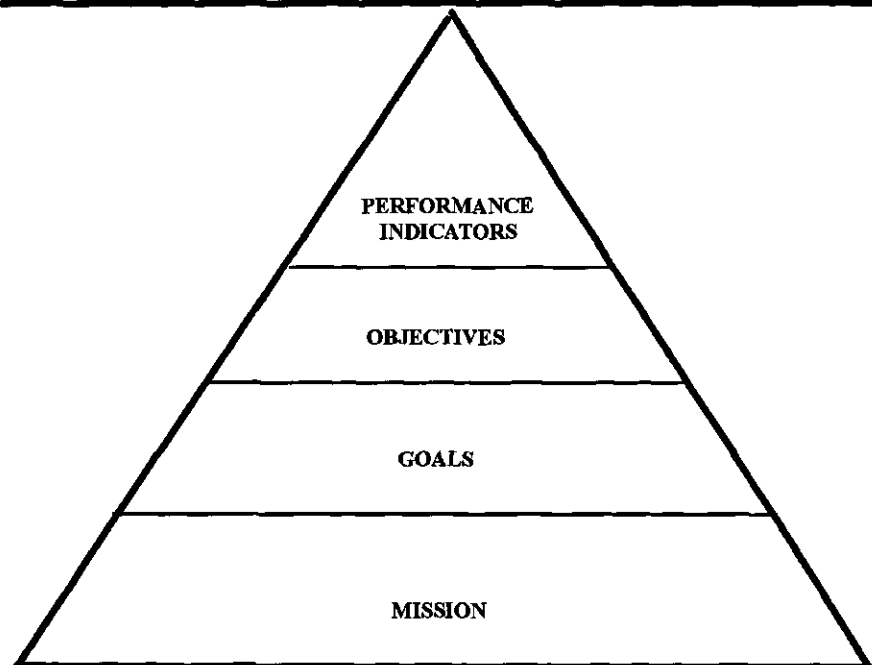
Act 814 of the 1987 Regular Legislative Session required the state to adopt a program budgeting system beginning in fiscal year 1988-89. R.S. 39:36 requires the executive budget to be in a format that clearly presents and highlights the programs operated by state government. According to *Manageware*, a publication of the Division of Administration's Office of Planning and Budget (OPB), program budgeting is a budget system that focuses on program objectives, achievements, and cost-effectiveness. *Manageware* also states that program budgeting is concerned with

outcomes or results rather than with individual items of expenditure.

Strategic planning is a process that sets goals and objectives for the future and strategies for achieving those goals and objectives, with an emphasis on how best to use resources. Act 1465 of the 1997 Regular Legislative Session enacted R.S. 39:31. This law requires each state department to engage in the strategic planning process, produce a strategic plan, and submit it to the commissioner of administration and the appropriate legislative oversight committees by July 1, 1998. Program budgeting involves the development of missions, goals, objectives, and performance indicators. These factors are components of the strategic planning process.

Exhibit 1-1 below shows how missions, goals, objectives, and performance indicators relate to each other. As can be seen in this exhibit, the mission is the base from which goals are derived. Objectives flow from the goals, and performance indicators flow from the objectives.

Exhibit 1-1**Major Components of the Strategic Planning Process**



Source: Prepared by legislative auditor's staff using a similar diagram in *Manageware*.

Manageware defines these terms as follows:

- **Mission:** a broad, comprehensive statement of the organization's purpose. The mission identifies what the organization does and for whom it does it.
- **Goals:** the general end purposes toward which effort is directed. Goals show where the organization is going.
- **Objectives:** specific and measurable targets for accomplishment. Objectives include a degree or type of change and a timetable for accomplishment.
- **Performance Indicators:** the tools used to measure the performance of policies, programs, and plans.

Furthermore, *Manageware* categorizes performance indicators into five types:

1. **Input indicators** measure resource allocation and demand for services. Examples of input indicators are budget allocations and number of full-time equivalent employees.
2. **Output indicators** measure the amount of products or services provided or the number of customers served. Examples of output indicators include the number of students enrolled in an adult education course, the number of vaccinations given to children, and the number of miles of roads resurfaced.
3. **Outcome indicators** measure results and assess program impact and effectiveness. Examples of outcome indicators are the number of persons able to read and write after completing an adult education course and the change in the highway death rate.
4. **Efficiency indicators** measure productivity and cost-effectiveness. They reflect the cost of providing services or achieving results. Examples of efficiency indicators include the cost per student enrolled in an adult education course, the bed occupancy rate at a hospital, and the average

processing time for environmental permit applications.

5. **Quality indicators** measure effectiveness in meeting the expectations of customers, stakeholders, and other groups. Examples of quality indicators include the number of defect-free reports compared to the number of reports produced, the accreditation of institutions or programs, and the number of customer complaints filed.

Manageware also points out the benefits of program budgeting, which include streamlining the budget process. *Manageware* also says that program budgeting supports quality management by allowing managers more budgetary flexibility while maintaining accountability for the outcomes of programs. It also says that since appropriations are made at the program level, program managers can more easily shift funds from one expenditure category to another to cover unanticipated needs.

The need for accountability in government operations is gaining recognition both domestically and internationally. According to a recent report issued by the United States General Accounting Office, the federal government is currently implementing the Government Performance and Results Act of 1993. This act requires agencies to set goals, measure performance, and report on their accomplishments. The report also cites several states including Florida, Oregon, Minnesota, Texas, and Virginia and foreign governments such as Australia, Canada, New Zealand, and the United Kingdom that are also pursuing management reform initiatives and becoming more results-oriented.

In Louisiana, the 1996-97 general appropriation bill and resulting act included program descriptions for the first time. The 1997-98 general appropriation bill also included performance indicators. For fiscal year 1997-98, this information was presented for informational purposes only. However, in the future, it will serve as a starting point for the full implementation of performance based budgeting.

Beginning in fiscal year 1998-99 and all subsequent fiscal years, key objectives and key performance indicators contained in the General Appropriation Act will be included in the agency's appropriation. Each agency will be required to provide quarterly performance progress reports. The agency's appropriation will be

issued conditioned upon the agency preparing and submitting these reports.

Executive Budget Is Basis for General Appropriation Act

Article VII, Section 11(A) of the Louisiana Constitution requires the governor to submit a budget estimate to the legislature that sets forth the state expenditures for the next fiscal year. This budget estimate, the executive budget¹, must include recommendations for appropriations from the state general fund, dedicated funds, and self-generated funds.

R.S. 39:36 requires the executive budget to be configured in a format that clearly presents and highlights the programs operated by state government. This statute also requires the executive budget to include:

- (1) an outline of the agency's programmatic structure, which should include an itemization of all programs with a clear description of the objectives of each program;
- (2) a description of the activities that are intended to accomplish each objective; and
- (3) clearly defined indicators of the quantity and quality of performance of these activities.

OPB develops the executive budget based on voluminous material contained in various documents prepared by the departments as part of their budget requests. The budget request packages are made up of six separate components, which are listed as follows. These packages contain both financial and program information.

1. **Operational plans** describe the various programs within state agencies. They also give program missions, goals, objectives, and performance indicators. Operational plans are derived from long-range strategic plans. Operational plans tell what portions of strategic plans will be addressed during a given operational period.

¹ The governor also submits a capital outlay budget. However, the scope of this audit includes only the executive budget.

2. **Existing operating budgets** describe the initial operating budgets as adjusted for actions taken by the Joint Legislative Committee on the Budget, the Interim Emergency Board, the legislature, and/or the governor.
3. **Continuation budgets** describe the level of funding for each budget unit that reflects the resources necessary to carry on all existing programs and functions at the current level of service in the ensuing fiscal year. These budget components include any adjustments necessary due to the increased cost of services or materials as a result of inflation and increased workload requirements resulting from demographic or other changes. *Continuation budgets contain program information.*
4. **Technical/other adjustment packages** allow for the transfer of programs or functions from certain agencies or departments to other agencies or departments. However, total overall revenues and expenditures cannot be increased. The Technical/other adjustment packages also contain program information.
5. **New or expanded service requests** are designed to provide information about the cost of new and/or expanded services that departments will provide. These service changes can come about as a result of regulation or procedural changes that are/were controlled by the agency or by the addition of services that were not previously provided. The new or expanded service requests also contain program information.
6. **Total request summaries** provide a crosscheck of the total budget request document. These forms are designed to provide summaries of all the requested adjustments made to arrive at the total budget requests.

According to *Manageware*, the total budget request must be accompanied by the Sunset Review Budget Request Supplement (BRS forms). The BRS forms list all activities that a budget unit has been directed to administer (through legislatively authorized programs and acts of the legislature) for which no funds were

appropriated in the existing operating budget. The BRS forms must be submitted to OPB, the Legislative Fiscal Office, and the *Joint Legislative Committee on the Budget*.

For the 1996-97 fiscal year, OPB prepared and published several volumes of a two-part executive budget using the departments' budget request packages. One part of the executive budget contains financial information, and the other part contains program information. The program information includes program descriptions, missions, goals, objectives, and performance indicators related to the services and products of each department resulting from spending state revenues.

According to R.S. 39:37, the governor must submit the executive budget to the Joint Legislative Committee on the Budget. The governor must make a copy of the executive budget available to each member of the legislature. The constitution requires that the governor submit a general appropriation bill for proposed ordinary operating expenditures in conformity with the executive budget document that was submitted to the legislature.

The general appropriation bill moves through the legislature similar to any other bill. The Appropriations Committee in the House of Representatives initially hears the bill, and then it moves to the full body of the house before going to the Senate Finance Committee, and then to the full Senate. Both the House and Senate may amend the bill. The bill is voted upon in its final form by the full membership of both chambers. OPB monitors any amendments the legislature makes to the bill.

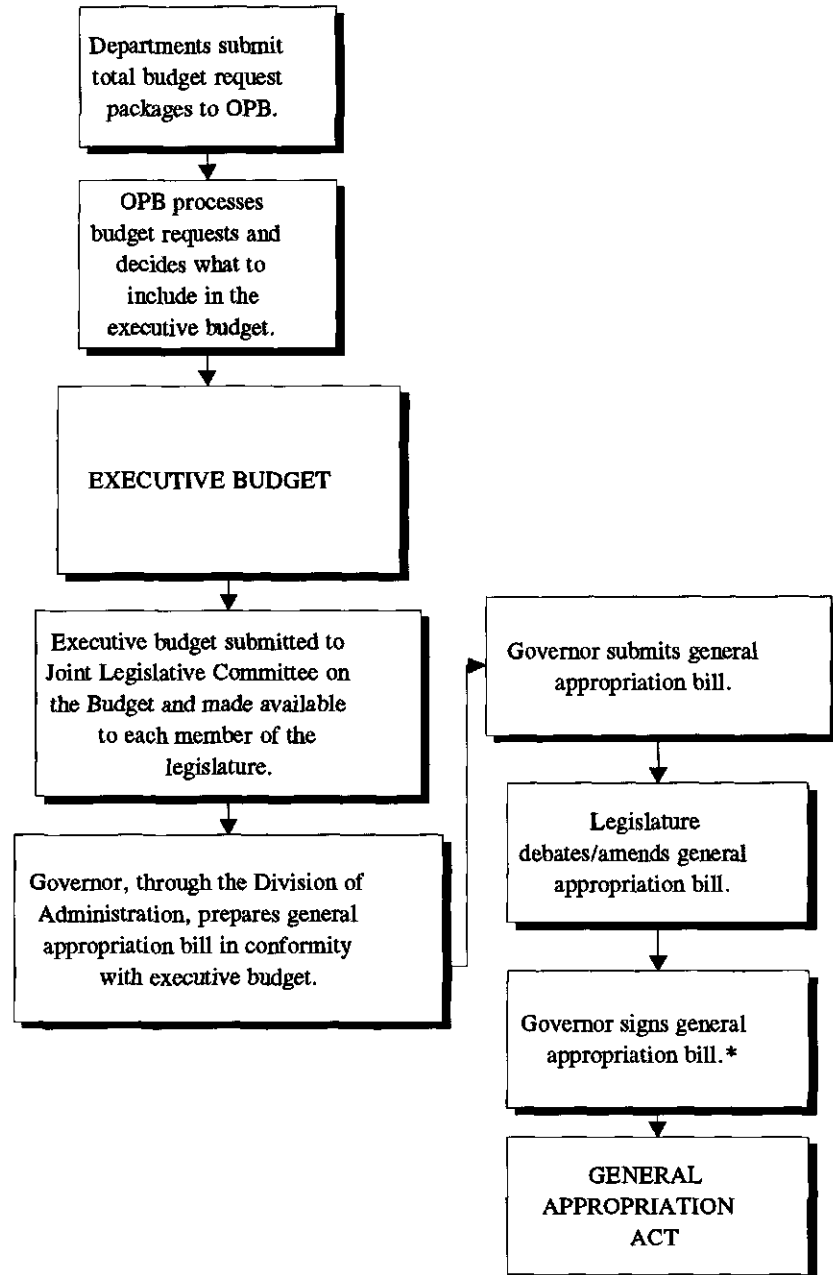
After the general appropriation bill passes the legislature, it is forwarded to the governor. Once the governor signs the bill, it becomes law in the form of the General Appropriation Act. After the governor signs the bill, OPB reports to the state departments any amendments made by the legislature. The state constitution allows the governor to veto any line item in the appropriation bill. A veto can be overridden by a two-thirds vote of the legislature. Exhibit 1-2 on the following page illustrates the executive budget and appropriation processes.

Exhibit 1-2

Executive Budget and Appropriation Processes

Executive Budget Process

Appropriation Process



* The governor has line-item veto power.

Source: Prepared by legislative auditor's staff using the state constitution, state law, *Manageware*, and *House Legislative Services - State and Local Government in Louisiana: An Overview* (December 1995).

Scope and Methodology

Overview. This performance audit of DHH's program information was conducted under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. All performance audits are conducted in accordance with generally accepted government auditing standards as promulgated by the Comptroller General of the United States.

This section provides a summary of the methodology used in this audit. Based on planning meetings held by legislative audit staff, we formulated audit objectives that would address issues specific to the performance data contained in the executive budget. The audit focused on program information reported in the fiscal year 1996-97 executive budget for DHH budget units. We did not include the Louisiana Health Care Authority or the nine state medical centers in the scope of this audit.

References Used. To familiarize ourselves with performance measurement, program budgeting, and accountability concepts, we reviewed various publications including the following:

- *Manageware* published by the Office of Planning and Budget (1991 and 1996 editions)
- *Research Report - Service Efforts and Accomplishments Reporting: Its Time Has Come, An Overview* published by the Governmental Accounting Standards Board (GASB) (1990)
- *Executive Guide: Effectively Implementing the Government Performance and Results Act* published by the U.S. General Accounting Office (June 1996)
- Various reports by the Canadian Comprehensive Auditing Foundation
- Reports from various states related to program budgeting and strategic planning including Florida, Minnesota, Nevada, Oregon, and Texas

These publications are listed in detail in Appendix A. We also conducted interviews with personnel of the Urban Institute, the federal Office of Management and Budget (OMB), and GASB. These individuals represent both the theoretical and practical sides of current performance measurement and accountability efforts.

To gain an understanding of the state's budget process, we reviewed state laws regarding program budgeting. In addition, we interviewed staff of OPB and DHH regarding their budget processes.

Legal Basis for Missions and Goals. We searched state and federal laws to determine whether there was legal authority for missions and goals of the department and its programs. We also reviewed applicable laws to determine legislative intent related to the creation of the department and the functions that the department and its programs are intended to perform.

In addition, we reviewed and organized data obtained from the department on its structure, functions, and programs. We also interviewed key department personnel about these issues. Furthermore, we prepared a listing, which is contained in Appendix B, of all related boards, commissions, and like entities we identified.

Comparison of Performance Data to Criteria. We developed criteria against which to compare the department's missions, goals, objectives, and performance indicators as reported in the fiscal year 1996-97 executive budget. To help develop these criteria, we gathered information from GASB, OMB, the Urban Institute, and *Manageware*. During our criteria development process, we obtained ongoing input from GASB. We also obtained concurrence from GASB on our final established criteria. We then compared the missions, goals, objectives, and performance indicators to the established criteria.

In addition, we evaluated the objectives and performance indicators to determine if they collectively provide useful information to decision makers. When deficiencies or other problems were identified, we discussed them with appropriate personnel of DHH and OPB. We did not assess the validity or reliability of the performance indicators.

Although other documents contain performance data on the department, we only compared the missions, goals, objectives, and performance indicators contained in the executive budget to the criteria. This decision was made because the executive budget is the culmination of OPB's review and refinement of the budget request components. It also represents the governor's official recommendation to the legislature for appropriations for the next fiscal year.

Potential Overlapping, Duplicative, or Outmoded Areas. Finally, we reviewed the program descriptions and legal authority for the department's programs and related boards, commissions, and like entities to identify areas that appeared to be overlapping, duplicative, or outmoded. We defined these terms as follows:

- **Overlapping:** instances where two or more programs appear to perform different activities or functions for the same or similar purposes
- **Duplicative:** instances where two or more programs appear to conduct identical activities or functions for the same or similar purposes
- **Outmoded:** those programs, activities, or functions that appear to be outdated or are no longer needed

We did not conduct detailed audit work on the areas we identified as potentially overlapping, duplicative, or outmoded. We only identified them for further review at another time.

Areas for Further Study

During this audit, we identified the following areas that require further study:

- As previously mentioned, assessing the validity and reliability of performance indicators was not within the scope of this audit. However, if the legislature intends to include performance indicators in future appropriation bills and acts, validity and reliability become increasingly important. Consequently, in the future, the legislature may wish to direct a study of the validity and reliability of performance indicators included in appropriation bills.
- The programs, functions, and activities that appear to be overlapping or duplicative should be assessed in more detail to determine whether they are truly overlapping or duplicative. Once these assessments are completed, the legislature may decide whether any of these programs, functions, or activities should be altered, expanded, or eliminated.

- The availability of management information systems that can readily integrate data from a variety of sources is essential to a successful program budgeting system. Capturing accurate and meaningful performance data is important, in part, because of the increased emphasis the legislature is placing on program information. Therefore, the capabilities of the department's management information system as related to program data should be addressed.

Report Organization

The remainder of this report is divided into the following chapters and appendixes:

- **Chapter 2** describes the Department of Health and Hospitals. This chapter gives the legal authority for the department and its programs as well as other information that describes the department and related boards, commissions, and like entities. Chapter 2 also compares the missions and goals of the department as reported in the fiscal year 1996-97 executive budget to their legal authority. In addition, this chapter discusses programs, functions, and activities that appear to be overlapping or duplicative.
- **Chapter 3** gives the results of our comparison of the department's missions, goals, objectives, and performance indicators as reported in the fiscal year 1996-97 executive budget to established criteria. In addition, this chapter discusses whether the objectives and performance indicators collectively provide useful information for decision-making purposes.
- **Appendix A** contains a list of publications used for this audit.
- **Appendix B** lists related boards, commissions, and like entities.

- **Appendix C** contains expenditure and staffing information by program.
- **Appendix D** presents our analysis of performance data for each DHH program.
- **Appendix E** contains the Department of Health and Hospitals' response to this report.
- **Appendix F** contains Division of Administration - Office of Planning and Budget's response to this report.

Chapter 2: Department Overview

Chapter Conclusions

Act 1 of the first extraordinary session of 1988 abolished the Department of Health and Human Resources (DHHR) and created the Department of Health and Hospitals (DHH). Although the act abolished DHHR, many statutes still make reference to the abolished department. We found such references to be confusing in determining program responsibilities.

According to state law (R.S. 36:251), DHH is responsible for developing and providing health and medical services for the prevention of disease for the citizens of Louisiana. The legal authority for DHH and its programs is broad, and the authorizing statutes generally describe functions of DHH as a whole. We found that all missions and goals reported in the 1996-97 executive budget are consistent with the statutory provisions and therefore reflect legislative intent. However, one mission for the Health Education Authority of Louisiana (HEAL) could be expanded to include all responsibilities under its legal authority.

The department is composed of six offices. The legislature appropriated \$3,915,840,240 to the department for fiscal year 1996-97. For the same period, the department had 13,034 authorized full-time-equivalent staff positions. We identified 40 related boards, commissions, and like entities.

We also identified various licensing boards whose functions may potentially duplicate with DHH's Office of the Secretary. Because the possible existence of duplicative functions may have an impact on the legislative decision-making process, the potential duplication identified in this report should be reviewed to determine if any further action is necessary. We did not find any apparent overlapping outmoded programs, boards, commissions, or like entities.

**Department
Creation and
Purpose****Statutory Organization of DHH**

The Department of Health and Hospitals (DHH) was created by Act 1 of the first extraordinary session of 1988, which enacted R.S. 36:251. Exhibit 2-1 on page 22 presents the organizational chart for the department.

According to R.S. 36:251, the department is responsible for “the development and providing of health and medical services for the prevention of disease for the citizens of Louisiana.” It further states that DHH shall be composed of the following six offices:

- Office of the Secretary
- Office of Management and Finance
- Office of Public Health
- Office of Mental Health
- Office for Citizens with Developmental Disabilities
- Office of Alcohol and Drug Abuse

The purposes of these offices are further detailed in state laws (R.S. 36:253, 36:256, 36:258). All offices are separate entities except for the Office of Management and Finance, which is located under the Office of the Secretary.

Office of the Secretary. This office is responsible for administration, control, and operation of the functions, programs, and affairs of the department. The office is also responsible for the Medical Vendor Administration Program, which administers the Medicaid program. R.S. 46:2622 defines the Medicaid program as the medical assistance program as established in Title XIX of the federal Social Security Act and as administered in the state of Louisiana by DHH. According to the 1996-97 operational plan, the goals of the Medicaid Administrative Program are to:

- Provide medical services under Title XIX of the federal Social Security Act to qualified residents of Louisiana and ensure access to quality health care services

- Protect the health and safety of residents of Louisiana; develop alternatives to institutionalization; and encourage preventive health care
- Operate the Medicaid program in an efficient and effective manner in accordance with federal and state statutes, rules, and regulations

Office of Management and Finance. This office is responsible for accounting and budget control, procurement and contract management, data processing, personnel management, and facility construction and consulting services for the department and all of its offices.

Office of Public Health. This office is responsible for the state's functions related to the general health of the people of the state. This responsibility includes the following: preparation and supervision of the sanitary code; local health units; sewerage treatment and disposal within the state; physical fitness; supplemental food programs for women, infants, and children; emergency medical services; and related functions affecting the public's health. It is also responsible for performing functions related to environmental quality and pollution control.

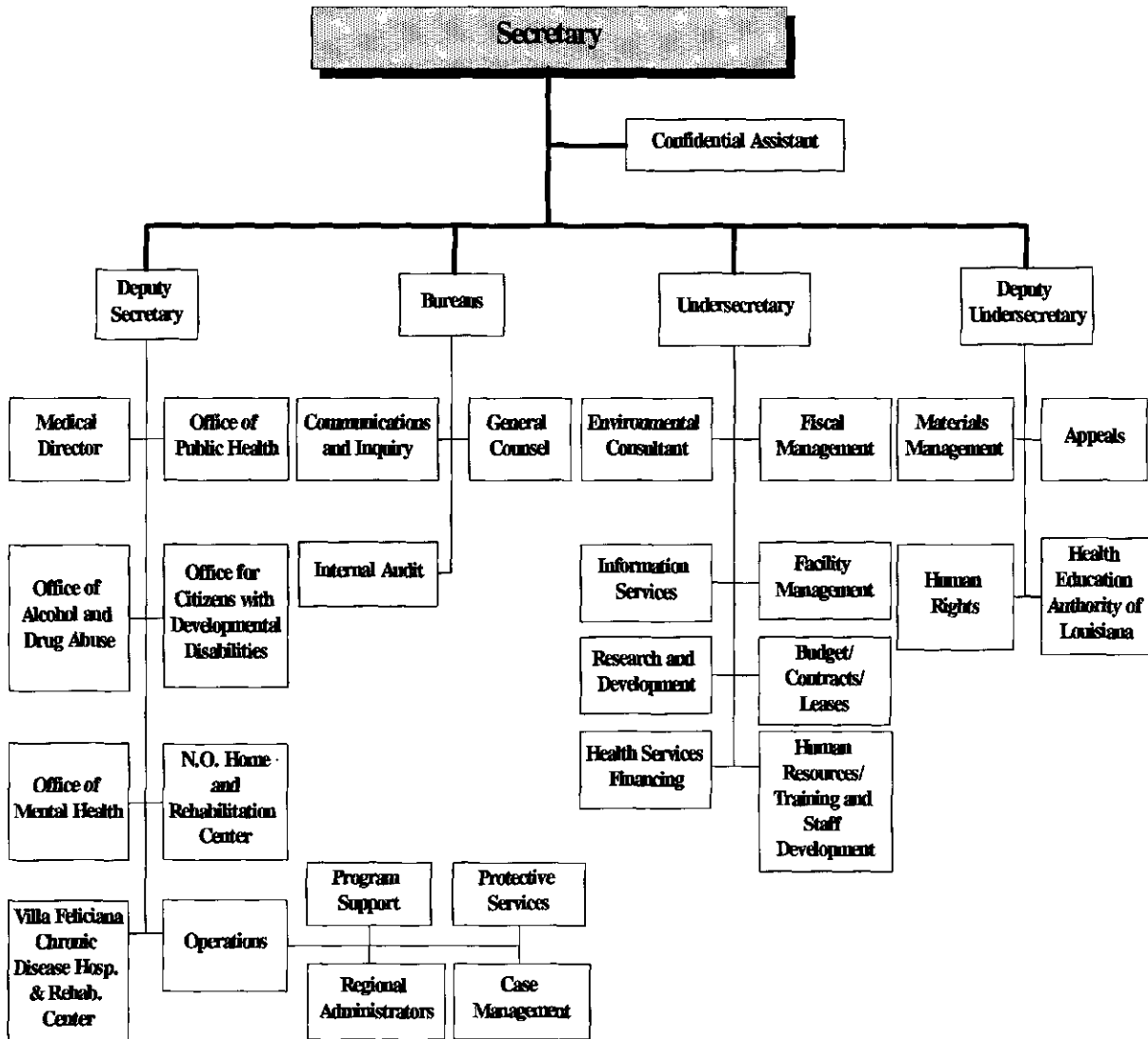
Office of Mental Health. This office is responsible for providing services and continuity of care for the prevention, detection, treatment, rehabilitation, and follow-up care of mental and emotional illness in Louisiana. It is also responsible for performing functions related to mental health and for administering residential and outpatient care facilities of the state for persons who are mentally ill. It operates a 24-hour toll-free telephone service to provide information regarding available services to assist with compulsive or problem gambling behavior.

Office for Citizens with Developmental Disabilities. This office is responsible for the care, training, treatment, and education of the mentally retarded, the developmentally disabled, and the autistic. It is also responsible for administering residential and day care facilities of the state for the mentally retarded and developmentally disabled.

Office of Alcohol and Drug Abuse. This office is responsible for the functions of the state related to the care, training, treatment, and education of alcohol or drug abusers and the prevention of alcohol and drug abuse. It is also responsible for administering the state's residential and outpatient care facilities for alcohol and drug abuse patients and for administering the state's alcohol and drug abuse programs.

Exhibit 2-1 below shows the organizational chart for DHH. It shows the structure through which DHH carries out the responsibilities discussed previously.

Exhibit 2-1
Organizational Chart of the Department of Health and Hospitals



Source: Prepared by the legislative auditor's staff from information provided by the Department of Health and Hospitals.

Executive Budget Presentation

The 1996-97 executive budget lists 22 budget units and 70 programs for DHH. Exhibit 2-2 below lists the budget units and programs, as well as the clientele served. Although these budget units and programs are not reflected in the state statutes as such, legal authority for their functions can be found in the statutes.

Exhibit 2-2

Summary of Budget Units, Programs, and Clientele Department of Health and Hospitals

Budget Units	Budget Unit/Program Names	Clientele Served or Service Outputs
09-305	Office of the Secretary Management and Finance Medical Vendor Administration Grants Program Health Education Authority of Louisiana: Parking Garage Day Care Center	DHH staff and programs 814,589 unduplicated Medicaid recipients N/A N/A 23 children
09-306	Medical Vendor Payments Medical Vendor Payments-Private Medical Vendor Payments-Public Medicare Buy-ins and Supplements Uncompensated Care Costs	N/A N/A N/A N/A
09-311	New Orleans Home and Rehabilitation Center Administrative and General Support Patient Services Patient Recreation Fund	N/A 65,486 patient days N/A
09-319	Villa Feliciana Chronic Disease Hospital Administrative and General Support Patient Services Patient Recreation Fund	N/A 94,472 in-patient days N/A

Budget Units	Budget Unit/Program Names	Clientele Served or Service Outputs
09-326	Office of Public Health Personal Health Services Commodity Supplemental Food AIDS/HIV Surveillance and Prevention Epidemiology and Rabies Control Immunization Influenza High Risk Refugee Health Sexually Transmitted Disease Control Tuberculosis Control Family Planning Genetic Diseases Children's Special Health Services Maternal and Child Health Supplemental Program for Women, Infants, and Children (WIC) Bureau of Emergency Medical Services Environmental Health Services Vital Records and Statistics	65,211 clients served (monthly average) 84,969 HIV clients tested and counseled Louisiana citizens 39,603 children fully immunized by age 2 100,000 immunizations given 552 new refugees screened/contacted 58,300 clinic visits 476 TB cases reported 62,850 patients served 645 patient visits 12,000 families (children and their families) receiving rehabilitative and support services 125,587 children and 53,678 pregnant women 131,256 client participation (monthly average) Louisiana citizens Louisiana citizens Louisiana citizens
09-330	Office of Mental Health Administration and Support Community Mental Health OMH Outpatient Clinic Services Day Programs/Psychosocial Rehabilitation Residential/Supportive Living Program Mental Health Rehabilitation Program Adult Acute Inpatient Units	N/A N/A 40,992 active caseload 1,841 clients served 668 program recipients 3,328 adults and children served 60,672 in-patient days
09-331	Central Louisiana State Hospital Administration and Support Patient Care	N/A 89,020 in-patient days

Budget Units	Budget Unit/Program Names	Clientele Served or Service Outputs
09-332	East Louisiana State Hospital Administration and Support Patient Care Community Support Patient Recreation and Rehabilitation Home Fund	N/A 102,509 in-patient days 5,280 in-patient days N/A
09-333	Southeast Louisiana State Hospital Administration and Support Patient Care Patient Recreation Fund	N/A 86,747 in-patient days N/A
09-335	Greenwell Springs Hospital Administration and Support Patient Care	N/A 16,447 in-patient days
09-337	Feliciana Forensic Facility Administration and Support Patient Care Community Support Patient Rehabilitation and Indigent Patient Fund	N/A 83,710 in-patient days N/A N/A
09-338	New Orleans Adolescent Hospital Administration and Support Patient Care Workshop and Training	N/A 27,100 in-patient days N/A
09-340	Office for Citizens with Developmental Disabilities (DD) Administration Community Based Nine Regional Offices Providing Family Support Cash Subsidies to Families with Child with DD Living at Home Support for DD Adults in Living Arrangements of their Own Choice Support for Family Center Services for DD Children Living at Home Extended Family Living Program	N/A 885 families served 497 families served 43 persons receiving moving expenses and 41 persons provided on-going support 78 children served 173 adults and children served

Budget Units	Budget Unit/Program Names	Clientele Served or Service Outputs
	Vocational and Habilitative Services	1,747 individuals served
	Respite Care Program	1,139 individuals served
	Infant Habitation/Early Intervention Services	2,009 infants/toddlers and their families served
	Supported Living Program	146 persons served
	Diagnosis and Evaluation Program	5,386 individuals served
	Guardianship Program	105 individuals served
	Louisiana Special Olympics	11,000 individuals served
	Contracted Case Management Services for Eligible Individuals	164 individuals served
	Case Management Data Bases	9,209 persons w/special needs tracked
	Specialized Residential Program	72 individuals served
	Obstetrics and Gynecological Services	43 patients seen
	Certified Medication Attendant	69 trained instructors and 1,750 persons certified
	Family Support Parent Facilitator Program	447 contacts
09-341	Peltier-Lawless Developmental Center	
	Administration and Support	N/A
	Patient Care	16,027 client days
	Community Support	3,288 client days
	Patient Recreation Fund	N/A
09-342	Metropolitan Developmental Center	
	Administration and Support	N/A
	Patient Care	95,274 client service days
	Patient Recreation	N/A
09-343	Columbia Developmental Center	
	Administration and Support	N/A
	Patient Care	8,960 client service days
	Community Support	16,945 client service days
	Patient Recreation Fund	N/A
09-344	Hammond Developmental Center	
	Administration and Support	N/A
	Patient Care	145,931 client service days
	Patient Recreation Fund	N/A

Budget Units	Budget Unit/Program Names	Clientele Served or Service Outputs
09-346	Northwest Developmental Center Administration and Support Patient Care Patient Recreation Fund	N/A 67,230 client service days N/A
09-347	Pinecrest Developmental Center Administration and Support Patient Care Community Support Patient Recreation Fund	N/A 331,540 client service days 10,354 client service days N/A
09-348	Ruston Developmental Center Administration and Support Patient Care Patient Recreation Fund	N/A 40,063 client service days N/A
09-349	Southwest Developmental Center Administration and Support Patient Care Community Support Business Enterprise Fund	N/A 36,420 client service days 31,993 client service days N/A
09-351	Office of Substance Abuse Administration Substance Abuse Prevention and Treatment Services Outpatient Clinic Target Case Management Short-term Inpatient Treatment Long-term Inpatient Treatment Detoxification Treatment Prevention Program Auxiliary Patient Recreation Fund	N/A 27,240 persons served 6,698 persons served 126,270 in-patient days 159,210 in-patient days 55,266 in-patient days 283,476 participants N/A

Source: Prepared by legislative auditor's staff using the 1996-97 executive budget and the 1997-98 DHH operational plan, which contains actual clientele/service outputs figures for fiscal year 1995-96.

**Department's
Expenditures,
Staffing, and
Clientele**

Expenditure and Staffing Data. According to the June 30, 1996 *Comprehensive Annual Financial Report (CAFR)* supplement, DHH's actual expenditures for fiscal year 1995-96 totaled more than \$4 billion. According to the State of Louisiana General Fund Appropriation Executive Summary, total appropriations for DHH for fiscal year 1996-97 were slightly less than \$4 billion. Total authorized positions were 13,034 for the same period.

Exhibit 2-3 on the following page contains a summary of expenditure data and the number of authorized positions for each budget unit. The first column shows the actual expenditures for fiscal year 1995-96. The second column shows the amounts appropriated for fiscal year 1996-97. The third column shows the number of staff or full-time-equivalent employees (FTE) authorized for each budget unit for fiscal year 1996-97. Appendix C provides expenditure and staffing data by program.

Clientele. DHH serves all citizens of Louisiana, including the uninsured and medically indigent citizens. However, the clientele varies by program, depending on the type of services provided by each particular program. Exhibit 2-2 beginning on page 23 includes DHH's clientele by program for fiscal year 1995-96.

Exhibit 2-3
Expenditure and Staffing Data
Department of Health and Hospitals

Budget Unit Names (and Numbers)	Fiscal Year 1995-96 Actual Expenditures	Fiscal Year 1996-97 Total Appropriations	Fiscal Year 1996-97 Number of Staff (FTE)*
Office of the Secretary (09-305)	\$129,262,000	\$135,194,560	1,541
Medical Vendor Payments (09-306)	3,290,490,000	3,141,480,221	0
New Orleans Home and Rehabilitation Center (09-311)	6,027,000	6,195,470	159
Villa Feliciana Chronic Disease Hospital (09-319)	15,829,000	16,162,080	449
Office of Public Health (09-326)	200,047,000	196,633,633	2,223
Office of Mental Health (09-330)	78,635,000	79,145,194	1,020
Central Louisiana State Hospital (09-331)	24,203,000	23,881,747	510
East Louisiana State Hospital (09-332)	25,596,000	25,606,584	595
Southeast Louisiana State Hospital (09-333)	28,589,000	27,871,852	706
Greenwell Springs Hospital (09-335)	11,145,000	8,453,260	202
Feliciana Forensic Facility (09-337)	16,988,000	17,471,362	401
New Orleans Adolescent Hospital (09-338)	11,529,000	12,028,652	278
Office for Citizens with Developmental Disabilities (09-340)	27,511,000	29,979,300	141
Peltier-Lawless Developmental Center (09-341)	4,233,000	4,554,750	111
Metropolitan Developmental Center (09-342)	21,314,000	21,504,770	535
Columbia Developmental Center (09-343)	2,979,000	3,023,747	93
Hammond Developmental Center (09-344)	29,492,000	29,698,993	826
Northwest Developmental Center (09-346)	13,963,000	14,443,893	408
Pinecrest Developmental Center (09-347)	64,118,000	64,165,023	1,867
Ruston Developmental Center (09-348)	6,642,000	6,738,777	191
Southwest Developmental Center (09-349)	8,507,000	8,810,900	241
Office of Substance Abuse (09-351)	38,592,000	42,795,472	537
Total	\$4,055,691,000	\$3,915,840,240	13,034

Source: Prepared by legislative auditor's staff using data from the FY 1995-96 Comprehensive Annual Financial Report Supplement, and State of Louisiana General Fund Appropriation - Executive Summary for fiscal year 1996-97.

*FTE = full-time-equivalent

Boards, Commissions, and Like Entities

We identified 40 boards, commissions, and like entities that are related to DHH. Of these, 22 are licensing agents. They each perform licensing functions for their particular specialty. For example, the Board of Dentistry licenses dentists, and the Board of Psychologists licenses psychologists.

According to the Legislative Auditor's *Boards, Commissions, and Like Entities Report to the Legislature* dated September 1996, certain boards and commissions receive administrative and technical support and are paid travel expenses by DHH. The executive budget includes these appropriations but does not include them as line items. According to the budget office at DHH, the department's travel expenses relating to boards, commissions, and like entities are located in the financial section of the fiscal year 1996-97 executive budget under the Office of Management and Finance's "Total Operating Expenses."

We did not analyze performance data (i.e., missions, goals, objectives, and performance indicators) for any of the boards, commissions, and like entities related to DHH because they were not included as line items in the fiscal year 1996-97 executive budget. Appendix B provides further information about these boards, commissions, and like entities. The appendix lists the legal citations that establish legal authority for each entity. The appendix also lists the purpose of each entity. For information on potential overlap and duplication with respect to boards, commissions, and like entities, refer to page 33.

Reported Missions and Goals Are Consistent With Legislative Intent

All Reported Missions Are Consistent With Law

To determine whether the overall mission of DHH and the missions of its budget units and programs reflect legislative intent, we compared the missions reported in the 1996-97 executive budget to state laws. The legal authority for DHH and its programs is broad, and the authorizing statutes generally describe functions of DHH as a whole. They do not mention the names of specific programs as they are listed in the executive budget.

We found that all 74 missions are consistent with legal authority. However, the mission for the Health Education Authority of Louisiana does not fully reflect the responsibilities detailed in the authorizing legislation.

The legislative intent for the Health Education Authority of Louisiana shapes this program to be one of much broader scope than the mission reported in the executive budget. The authorizing legislation (R.S. 17:3051) states that the program was created to promote health and welfare of the state in assisting medical care to provide efficient health care services in well-equipped facilities. *The mission states that the program operates a day care center and parking garage at Charity Hospital and Medical Center of Louisiana at New Orleans. The mission does not include the full legislative intent.*

All 75 goals reported in the executive budget are consistent with the corresponding missions. Furthermore, because all of the missions are consistent with legislative intent, we concluded that the goals are also consistent with legislative intent.

Abolished Department of Health and Human Resources

Many Statutes Still Make Reference to the Abolished Department of Health and Human Resources

DHH was created by Act 1 of the first extraordinary session of 1988, which enacted R.S. 36:251. This act abolished the Department of Health and Human Resources (DHHR) and created DHH and the Department of Social Services (DSS). As previously mentioned, this act directs the department to provide for “the development and providing of medical services for the prevention of disease for the citizens of Louisiana.”

When DHHR was abolished, the legislature did not change all statutes that make reference to DHHR. The general counsels for DHH and DSS said that references to DHHR in the statutes do not cause many problems and correcting the statutes would be very time consuming. However, we found it somewhat confusing and difficult to determine legal responsibilities of DHH programs. This may also cause confusion to the public.

Matter for Legislative Consideration

- 2.1 **The legislature may wish to consider whether it would be beneficial to amend all references to DHHR in the Louisiana Revised Statutes. The amount of time it would take to amend these statutes may be a deciding factor in this decision.**

Overlap, Duplication, and Outmodedness

Potential Duplication May Exist Among DHH's Office of the Secretary and Various Licensing Boards

We identified various licensing boards whose functions may potentially duplicate with DHH's Office of the Secretary. As defined in Chapter 1, duplicative entities perform identical activities or functions for the same or similar purposes.

Because of time constraints, we did not complete an in-depth review for each instance of potential duplication. The results of our work will serve as a basis for future reviews and analysis because the existence of potentially duplicative functions may have an impact on the legislative decision-making process. It may be difficult to establish accountability when multiple entities are performing duplicative functions. In addition, limited resources may be used inefficiently to provide services. Therefore, the potential duplication identified in this report should be reviewed to determine if any further action is necessary.

Licensing functions may be duplicative. As stated earlier, 22 of DHH's 40 related boards are licensing agents. These 22 boards perform licensing functions for their particular specialty. However, duplication may exist among these boards and certain functions that are required to be performed by DHH. For example, R.S. 36:254(A)(10) requires the Secretary to perform various functions of the state related to licensing.

According to DHH officials, there is no direct conflict between the authority of the Secretary of DHH and the authority of the various licensing boards related to DHH. They cited R.S. 36:803, which says that licensing agencies shall continue to exercise all powers, duties, functions, and responsibilities provided or authorized by the constitution or laws which are in nature of policy making, rule making, certification, licensing, regulation,

enforcement, or adjudication. However, since all of the licensing boards deal with licensing in health-related fields, we concluded that there is a potential for duplication. If duplication is occurring, it is difficult to establish accountability and manage resources efficiently.

Recommendation

- 2.1 DHH should review the potential duplication related to the licensing function identified in this chapter and consider eliminating or consolidating entities that perform the same or similar functions.**

No Apparent Overlapping or Outmoded Programs, Boards, Commissions, or Like Entities

As explained in Chapter 1, potential overlap is defined as programs that perform different activities or functions for the same or similar purpose. Outmoded programs, activities, or functions are those that appear to be outdated or no longer needed. To identify potentially overlapping and outmoded programs, activities, or functions, we reviewed descriptions and legal authority of DHH programs, boards, commissions, and like entities. We also reviewed the Budget Request Supplemental (BRS) forms provided by the department.

Our review did not reveal any apparent overlapping or outmoded programs, boards, commissions, or like entities. However, duplication may indicate that some boards may need to be reviewed for possible elimination or consolidation. Elimination or consolidation may be appropriate if one board fulfills the majority of the purpose and activities carried out by others.

Chapter 3: Analysis of Performance Data

Chapter Conclusions

The Division of Administration's Office of Planning and Budget (OPB) needs to make significant changes in the way it presents program information in the executive budget for DHH. Since OPB uses the department's operational plan as a basis from which to prepare the executive budget, DHH may also need to work more closely with OPB to ensure that quality information is reported in DHH's operational plan.

Our analysis of the performance data contained in the fiscal year 1996-97 executive budget shows that, overall, the information is generally not useful to legislators and others for making programmatic decisions. This is because of the following reasons:

1. Most missions and goals are not labeled in the executive budget, thus making them difficult to identify. If missions and goals are not easily identifiable, users may not grasp the purpose and clientele of the department and its programs or the general direction of the programs. In addition, less than half of the reported goals provide a destination and a sense of direction on how to address the missions. However, we found that all missions and goals are consistent with legal authority.
2. Not all programs have objectives reported, and the majority of objectives that are reported are not measurable or timebound. This makes it difficult to track progress made toward targeted results. Most reported objectives are, however, consistent with corresponding goals and specify desired end results.
3. Less than half of all programs have performance indicators reported. Also, most of the indicators that are reported do not enable users to determine progress made toward achieving stated objectives. This is primarily because of the following two reasons:

- **Most objectives are not measurable and do not set benchmarks toward which the corresponding indicators can measure progress.**
- **Most indicators do not measure program results or impact.**

Almost all of the reported indicators are, however, clear and consistent with program objectives.

- 4. Performance data are not reported for the four programs of the Medical Vendor Payments Budget Unit (09-306). Some performance data are reported for the administration of these programs under the Medical Vendor Administration Program within the Office of the Secretary Budget Unit. However, nothing in the executive budget ties this information back to the programs listed under the Medical Vendor Payments Budget Unit. Therefore, confusion and a lack of information could result for legislators and others charged with making programmatic and funding decisions related to Medicaid disbursements.**

Analysis Conducted

To determine if the executive budget provides useful information for making programmatic and budgetary decisions, we assessed the performance data reported in the program information volume of the 1996-97 executive budget for DHH. We assessed performance data for the department, its 22 budget units, and 66 of its 70 executive budget programs. As previously mentioned, the executive budget does not report performance data under the remaining 4 executive budget programs for the Medical Vendor Payments Budget Unit (09-306).

We assessed performance data against established criteria, as discussed in Chapter 1 of this report. Overall, we assessed 74 missions, 75 goals, 84 objectives, and 476 performance indicators.

Exhibit 3-1 below describes the criteria used in our analysis. We used *Manageware* and consulted with various experts to develop these criteria. The results of our analysis are described in the findings that follow. Appendix D shows the results of our performance data analysis for each budget unit and executive budget program.

Exhibit 3-1**Criteria Used to Evaluate Performance Data
Reported in Fiscal Year 1996-97 Executive Budget**

MISSION: A broad, comprehensive statement of purpose

- ✓ Identifies overall purpose for the existence of the organization, department, office, institution, or program as established by constitution, statute, or executive order
 - ✓ Identifies clients/customers of the organization or external and internal users of the organization's products or services
 - ✓ Organizationally acceptable
-

GOAL: The general end purpose toward which effort is directed

- ✓ Consistent with department, program, and office missions
 - ✓ Provides a sense of direction on how to address the mission; reflects the destination toward which the entity is striving
-

OBJECTIVE: A specific and measurable target for accomplishment

- ✓ Consistent with goals
 - ✓ Measurable
 - ✓ Timebound
 - ✓ Specifies desired end result
-

PERFORMANCE INDICATOR: Tool used to measure performance of policies, plans, and programs

- ✓ Measures progress toward objective or contributes toward the overall measurement of progress toward objective
 - ✓ Consistent with objective
 - ✓ Clear, easily understood, and non-technical
-

Source: Prepared by legislative auditor's staff based on input from *Manageware*, GASB, OMB, and the Urban Institute to show criteria used to evaluate the department's program data.

Missions

Most Missions Reported in Executive Budget Are Not Clearly Labeled

We noted only two instances where the missions are labeled as such in the executive budget. In 72 other cases, the missions are not clearly labeled as missions.

Clearly labeled missions help readers understand why programs exist. This can be accomplished by including the word “mission” or “purpose” before each reported mission. For example, the executive budget lists the following two missions that are clearly identified for the reader:

- The *mission* of the Substance Abuse Prevention and Treatment Services Program is to provide prevention and treatment for alcoholism and drug abuse to the citizens of the State of Louisiana requiring such services.
- The Villa Feliciana Chronic Disease Hospital and Rehabilitation Center’s *mission* is to provide health care and rehabilitation services to patients with chronic diseases and/or disabilities.

We asked the OPB planning analyst for DHH to identify those missions that were not clearly labeled in the executive budget. As a result of feedback from the analyst, we identified 29 pieces of information that he said could be missions or goals. For purposes of our report, we assessed these pieces of information as both missions and goals. This information can serve as a base for developing missions and goals for future editions of the executive budget. We also identified 43 other pieces of information that we assessed only as missions.

Not All Programs Have Missions Reported

The executive budget reports an overall mission for DHH and missions for all 22 budget units. However, not all programs within these budget units have missions reported. Of the 66 programs with performance data reported, 15 (23%) do not have missions reported. Fourteen of these programs are for administrative and support services.

According to a DHH official, it is difficult to measure planning. He said that since administrative and support programs primarily deal with planning, performance data (which include

missions) are not easily developed for those programs. However, according to the assistant director of research at GASB, performance data should be developed for administrative and support type programs.

For example, performance data for administrative and support functions such as payroll, auditing, and purchasing could be developed for administrative and support type programs. In addition, performance data setting goals and objectives for future planning could be developed. Finally, according to the assistant director of research at GASB, administrative and support type programs should develop performance data to measure the progress of other programs in developing performance data. If the department developed performance data related to these areas, readers of the executive budget could better determine how well programs are overseen and administered.

Reported Missions Are Generally Useful

The overall mission for DHH and the other 73 missions reported in the executive budget generally meet the criteria in Exhibit 3-1. For the most part, they identify the purpose and clientele of the programs. In addition, the 73 are consistent with higher level missions, and all are consistent with legal authority. Therefore, the missions provide useful information for users of the executive budget.

In addition, 31 (42%) missions are included in the agency's operational plans. From this we concluded that the agency agrees with the information presented in the executive budget. However, the remaining 43 (58%) missions, including the overall mission for DHH, are not included in the agency's operational plans. As a result, we could not determine definitively if the agency agrees with these missions as presented in the executive budget.

According to a DHH official, some missions that are reported in the executive budget are not included in the operational plan because programs in the executive budget are broader than the bureaus listed in the operational plan. In other words, some programs listed in the executive budget do not exist in the operational plan. Hence, there are no missions in the operational plan for these programs. The DHH official did say, however, that he agrees that the executive budget is an accurate representation of DHH.

All 73 budget unit and program missions are consistent with higher level missions. We could not assess the overall DHH mission using this criterion because there is no higher level mission for DHH. Also, all 74 missions are consistent with broad legal authority governing the department.

The majority of missions also identify program clients. However, the mission for the Office of the Secretary's Medical Vendor Administration Program does not specifically identify clients. The mission for this program is to administer the Medicaid program to ensure that it operates in an efficient and effective manner according to federal and state statutes, rules, and regulations. It is not clear from this mission whom the program is intended to serve.

Having missions that meet the criteria described in this report is important because staff must be able to understand why the department exists. Also, missions are essential to determine where the department is going and how it will get there. Finally, complete information on the department's purpose and clientele will help the legislature and others understand why funds are being recommended and whom the department's services are intended to benefit.

Goals

Goals Are Reported in Executive Budget for Most Budget Units and Programs

The executive budget does not report overall goals for DHH. However, goals are reported for the majority of budget units (13 or 59%) and programs (52 or 79%) with performance data. Of the maximum possible 88 budget units and programs for which performance data are reported, (22 budget units and 66 programs), the executive budget lists at least one goal in 65 (74%) cases. As a result, readers of the executive budget will be able to gain a better understanding of what these budget units and programs are seeking to accomplish.

In many cases, goals are not clearly labeled. We found that 34 (45%) of the reported goals are clearly labeled as goals. The remaining 41 (55%) goals are not labeled as such in the executive budget. As a result, readers of the executive budget

may not grasp what these budget units and programs are seeking to accomplish.

Labeling goals could be achieved by including the word “goal” in the wording. For example, a goal for the New Orleans Home and Rehabilitation Center states, “The *goal* of the Administrative and General Support Program is to provide efficient and effective administrative and support services to the programs and services provided in the facility.” Including the word “goal” in this statement allows readers of the executive budget to easily identify what the center is seeking to accomplish.

The OPB planning analyst for DHH stated that the executive budget is not written with strict adherence to the terminology used in *Manageware*. He also said that if correct information is presented, they do not worry about terminology or whether the information is labeled as missions or goals. However, since the executive budget represents the governor’s official request for funding, it is important to clearly present the data included in it.

Less Than Half of the Reported Goals Provide a Destination and Direction

Although all goals reported in the executive budget are consistent with the corresponding missions, only 32 (43%) reflect a destination toward which the entity is striving and a sense of direction on how to address the mission. An example of a goal that does not meet this criterion is a goal for the Office of Management and Finance. This goal states that the program is to improve communications throughout the department. The goal provides a direction (to improve communications), but it does not provide a destination for accomplishing the mission. As a result, readers of the executive budget may not be able to determine how the program will address its mission.

The Office of Management and Finance also provides an example of a goal that does meet this criterion. This goal states that the program will facilitate planning throughout the department to improve the decision-making process. It provides both a destination (improved decision making) and a direction (facilitate planning) for accomplishment. From this goal, readers of the executive budget should be able to determine the general end purpose toward which effort is directed.

Objectives**Not All Programs Have Objectives Reported in Executive Budget**

Although the executive budget does not report objectives at the department or budget unit level, it does report objectives for some programs. However, several programs do not have objectives reported. Of the 66 programs with performance data reported, 48 (73%) have a total of 84 objectives reported. The remaining 18 programs (27%) do not have objectives reported.

In addition, the Medical Vendor Payments Budget Unit does not have objectives reported or other performance data for any of its four programs. See the finding on pages 48 through 50 for additional information on this budget unit.

Most Reported Objectives Are Consistent With Corresponding Goals and Specify Desired End Results

Of the 84 reported objectives, 70 (83%) are consistent with the corresponding goals. The remaining 14 (17%) objectives are for programs that do not have goals reported. Furthermore, all but one objective specifies desired end results.

Because most of the reported objectives are consistent with program goals and specify desired end results, each set of objectives collectively provides information that could be useful to external users in determining what the programs are generally attempting to accomplish.

Few Reported Objectives Are Measurable or Timebound

Although most of the reported objectives are consistent with goals and specify desired end results, few are measurable or timebound. Only 16 (19%) of the 84 objectives are measurable. These 16 objectives represent only three budget units (Office of Public Health, Office of Mental Health, and Office for Citizens with Developmental Disabilities). In addition, only 6 (7%) objectives are timebound. These 6 objectives represent only two budget units (Office of Public Health and Office of Substance Abuse). Because few objectives are measurable and timebound, the objectives collectively provide few specific targets and timetables for accomplishment.

The Personal Health Services Program under the Office of Public Health Budget Unit provides an example of a measurable and timebound objective. The objective states that the program will promote a reduction in infant morbidity and mortality to the southern states average by 1997. The objective is measurable because it has a specific target--the southern states average. It is timebound because it includes a time frame for accomplishing the objective--by 1997.

Overall, however, because the majority of objectives are not measurable or timebound, users of the executive budget cannot tell what the specific targets or time frames for accomplishment are. Therefore, taken collectively, the objectives provide little information that is useful for making funding or programmatic decisions.

Performance Indicators

Less than Half of the Programs Have Performance Indicators Reported

The executive budget does not report any performance indicators at the department or budget unit level. However, it does report a total of 476 performance indicators for various programs within 21 of the 22 budget units. The Medical Vendor Payments Budget Unit is the only budget unit that does not have any indicators reported. See the finding on pages 48 through 50 for additional information on this budget unit.

Of the 66 programs with performance data reported, only 29 (44%) include performance indicators. According to DHH officials, not all programs need performance indicators. They said that including performance indicators at every level would create an excessive number of performance criteria that usually restrict management's flexibility and result in failure to achieve the desired effect. They said that performance measurement would be made more effective by selectively evaluating key areas and developing meaningful and broad-based performance guidelines.

The problem of too many performance indicators can be resolved by classifying indicators into two categories based on their use: internally reported indicators and externally reported

indicators. According to the assistant director of research at GASB, only performance indicators grounded in measurable objectives should be included in external documents such as the executive budget. Having too many indicators that are not linked to measurable objectives can overburden the reader.

Few Reported Indicators Measure Program Results and Impact

Of the 476 performance indicators reported, only 56 (12%) are outcome indicators that measure program results and impact. These indicators represent only 14 (21%) of the 66 programs for which performance data are reported. Without performance indicators that measure program results and impact, readers of the executive budget cannot determine how effective programs are.

Most of the remaining 420 indicators provide information on program resources, process outputs, and efficiency. Exhibit 3-2 classifies the indicators listed in the executive budget by type.

Exhibit 3-2

Types of Performance Indicators Reported in 1996-97 Executive Budget Department of Health and Hospitals

Indicator Type	Number	Percent of Total
Output	177	37%
Efficiency	140	29%
Input	98	21%
Outcome	56	12%
Explanatory or Quality	5	1%
Total	476	100%

Source: Prepared by legislative auditor's staff using fiscal year 1996-97 executive budget.

Almost All Reported Indicators Are Clear and Consistent With Program Objectives

Of the 476 performance indicators reported, 454 (95%) are clear, easily understandable, and non-technical. As a result, readers of the executive budget should be able to easily understand the content of these performance indicators.

An example of a performance indicator that is not clear or easily understood is one listed for the Office of Mental Health's Community Mental Health Program. This indicator is the number of presentations to CIU. Users of the executive budget may not know what presentations or CIU mean.

Also, 465 of the 476 (98%) performance indicators are consistent with the corresponding objectives. As a result, readers of the executive budget can be assured that these indicators relate to the objectives.

An example of a performance indicator that is not consistent with the objective is listed for the Office of the Secretary's Medical Vendor Administration Program. This indicator is the number of waivers renewed. It is not consistent with the objective of maintaining the State Plan as required by Title XIX of the Social Security Act.

Few Reported Indicators Measure Progress Toward Objectives

Of the 476 performance indicators reported, only 32 (7%) measure progress toward the stated objectives. As a result, readers of the executive budget cannot determine progress made toward desired levels of accomplishment.

Of these 32 performance indicators, 9 (28%) measure progress toward 6 objectives that contain some measurable components. We concluded that these 6 objectives are only partially measurable because the other components included in the objectives are not measurable. The remaining 23 (72%) performance indicators measure progress toward objectives that are fully measurable.

Generally, there are two reasons why 444 of the 476 reported indicators (93%) do not measure progress toward achieving the objectives:

- The majority of objectives are not measurable and do not set benchmarks.
- The majority of indicators do not measure program results or impact.

An example of a performance indicator that does measure progress toward the corresponding objective is listed for the Office of Public Health's Vital Records and Statistics Program. The objective is to respond to all requests for the issuance of Louisiana vital records and evidentiary documents archived by the agency within three days of receipt of mail requests and within 15 minutes of receipt of mail requests at service counters. The indicator--turnaround time for mail requests--measures progress toward the objective through a numeric value.

On the other hand, the Office of Public Health's Personal Health Services Program provides an example of an indicator that does not measure progress toward the corresponding objective. The objective for this program is to institute by 1997 a comprehensive surveillance system that will enable control of injury morbidity and mortality. The indicator is the number of parishes with EMS providers. It is unclear what listing parishes with EMS providers have to do with instituting a comprehensive injury surveillance system that controls injury morbidity and mortality.

Collectively, the reported performance indicators do not provide sufficiently useful information for making informed decisions about the programs. However, the executive budget does report performance indicators for three programs that provide more complete information than the other programs. For example, the 5 performance indicators reported for the Vital Records and Statistics Program within the Office of Public Health meet all of the established criteria. Also, the 44 performance indicators reported for the Community Mental Health Program within the Office of Mental Health constitute a varied mix of performance indicator types. Finally, almost 40% of the 62 performance indicators reported for the Community-Based Program within the Office for Citizens with Developmental Disabilities meet all established criteria and constitute a mix of input, output, outcome, and efficiency indicators. Users of the executive budget may find the indicators reported for these three programs more useful than the indicators reported for the other programs.

Recommendation

- 3.1 DHH, OPB, and legislative staffs should work together to ensure that all missions and goals reported in the executive budget are clearly labeled. It is difficult to evaluate performance measurement data if the information is not clearly labeled.**
- 3.2 OPB should develop and communicate to DHH a consistent philosophy for what types of programs should have missions and goals and what types should not. All missions and goals should meet the criteria listed in Exhibit 3-1.**
- 3.3 DHH, OPB, and legislative staffs should work together to develop specific, measurable, and timebound objectives for all programs including the administrative and support services programs. Doing so will provide benchmarks against which users of the executive budget can measure program progress and impact.**
- 3.4 DHH, OPB, and legislative staffs should work together to ensure that all programs have performance indicators that measure progress toward the stated objectives. This can be accomplished, in part, by making sure that all objectives are measurable and timebound.**
- 3.5 DHH, OPB, and legislative staffs should work together to ensure that all programs, including the administrative and support services programs, report a mix of performance indicators including outcome indicators that measure program results and impact.**

**No Performance
Data Reported
for Medical
Vendor Payments
Programs**

The 1996-97 executive budget does not report performance data under the four programs within the Medical Vendor Payments Budget Unit. These programs deal with payments made for medical services provided to Medicaid eligible clients. As can be seen in Exhibit 2-3 on page 29 in Chapter 2, this budget unit accounted for over \$3.1 billion of DHH's \$3.9 billion appropriation for fiscal year 1996-97. Some performance data are reported for the administration of these programs under the Medical Vendor Administration Program within the Office of the Secretary Budget Unit. However, nothing in the executive budget ties this information back to the programs listed under the Medical Vendor Payments Budget Unit. Therefore, confusion and a lack of information could result for legislators and others charged with making programmatic and funding decisions related to Medicaid disbursements.

The executive budget lists the following four programs under the Medical Vendor Payments Budget Unit (09-306):

- Program A: Medical Vendor Payments to Private Providers
- Program B: Medical Vendor Payments to Public Providers
- Program C: Medicare Buy-Ins and Supplements
- Program D: Uncompensated Care Costs

There are no missions, goals, objectives, or performance indicators reported under these programs in the executive budget. According to the description in the executive budget, the Medical Vendor Payments Budget Unit provides for direct payments to medical service providers for health care services rendered to Louisiana residents who are eligible for Medicaid. The Medicaid eligibility categories are as follows:

- Individuals eligible for Aid to Families with Dependent Children
- Pregnant women and children through age six with income under 133% of the poverty level
- Recipients of Supplemental Security Income, State Supplementation payments, Foster Care, Refugee Assistance, Medically Needy Assistance, and Long Term Care categories of federal assistance

As previously mentioned, the Medical Vendor Administration Program (Program B) is listed under the Office of the Secretary Budget Unit (09-305). According to the program description, this program administers the Medicaid Program to ensure efficient and effective operations. Objectives and performance indicators related to eligibility determinations, claims processing, maintaining standards, and program integrity are reported under this program. However, no performance data related to the specific uses of the funds are reported.

We discussed this situation with a DHH budget official, the OPB planning analyst for DHH, and the OPB budget analyst for DHH. They explained that the Medical Vendor Administration Program is the administrative program for the Medical Vendor Payments Budget Unit. The OPB budget analyst said that the Medical Vendor Administration Program deals with planning and personnel issues, whereas the Medical Vendor Payments Budget Unit deals strictly with reimbursements. The OPB planning analyst said that the Medical Vendor Payments Budget Unit was set up as a separate budget unit specifically to reflect the financial aspect of these programs, not the descriptive aspects included in DHH's operational plan.

The OPB planning analyst also said that developing performance data for the programs within the Medical Vendor Payments Budget Unit is difficult. He said that this is because the programs deal with reimbursements, which is unique, and that they must also deal with yearly changes in federal legislation affecting Medicaid. He also said that federal Health Care Financing Authority requirements play a role, as well.

Regardless of these issues, R.S. 24:522 requires all state agencies to develop specific goals and objectives for each of their programs to include measures of performance. In addition, Act 1403 of 1997, which amended R.S. 39:36, requires, among other things, that the following information be reported for each budget unit:

- An outline of the agency's programmatic structure, to include an itemization of all programs with a clear description of the key objective or objectives of each program

- Clearly defined indicators of the quantity and quality of performance of the key objective or objectives of each program and a listing of the key indicators of performance in achieving program objectives
- A description of the major programmatic and financial changes by program or budget unit for the ensuing fiscal year

Furthermore, Act 1465 of 1997, which enacts R.S. 39:87.1 through 87.4, requires that key objectives and key performance indicators be included in each agency's appropriation beginning in fiscal year 1998-99. This law also says that the availability of funds appropriated shall be conditioned upon each agency's compliance with various requirements related to reporting of performance.

To meet the requirements of these laws, future executive budgets would need to include performance data for the four Medical Vendor Payments programs. Under the 1996-97 presentation, no performance data are reported under these programs, and no link to the performance data reported under the Medical Vendor Administration Program is made. The OPB planning analyst said that DHH and OPB officials have met recently to address this problem. He said that future executive budgets will show more performance data for the four programs within the Medical Vendor Payments Budget Unit, partly because of the requirements of Act 1465.

Recommendation

- 3.6 OPB and DHH staffs should continue to work together, with input from legislative staff, to develop and report performance data related to the Medical Vendors Payments programs listed under Budget Unit 09-306 in the executive budget. In addition, complete performance data should be developed for the administration of these programs. Including complete performance data will ensure compliance with the law and allow users to see additional information related to program performance. In addition, OPB should establish a clear relationship between the administration of these programs and the programs themselves in the executive budget.**

Appendix A
List of Publications Used

Appendix A: List of Publications Used

- California, State of--California State Auditor. California Conservation Corps: Further Revisions Would Improve Its Performance-Based Budgeting Plan. October 1996.
- Canadian Comprehensive Auditing Foundation. *Effectiveness: Reporting and Auditing in the Public Sector*. 1987.
- Canadian Comprehensive Auditing Foundation. *Effectiveness: Putting Theory Into Practice*. 1993.
- Craymer, Dale K. and Albert Hawkins. *Texas Tomorrow: Strategic Planning and Performance Budgeting*. October 1993.
- Government Accounting Standards Board. *Concepts Related to Service Efforts and Accomplishments Reporting: Concept Statement #2*. April 1994.
- Government Accounting Standards Board. *Performance Budgeting: State Experiences and Implications for the Federal Government*. February 1993.
- Government Accounting Standards Board. *Research Report--Service Efforts and Accomplishments Reporting: Its Time Has Come--An Overview*. September 1990.
- Kravchuck, Robert and Ronald Schack. *Designing Effective Performance Measurement Systems Under the Government Performance and Results Act of 1993*. July/August 1996.
- Louisiana, State of--Office of Legislative Auditor. *Louisiana's Planning, Budgeting, and Program Evaluation System*. February 1995.
- Lyndon B. Johnson School of Public Affairs/The University of Texas at Austin. *Managing for Results: Performance Measures in Government*. Conference Proceedings. March 1994.
- Montague, Steve. Evaluation and Performance Measurement: Bringing the Logic Model to the Manager. *Canadian Evaluation Society Newsletter*, June 1997.
- Merjianian, Ara. Striving to Make Performance Measurement Work. *PA Times*, June 1997.
- Minnesota, State of--Office of the Legislative Auditor. A series of reports that comment on state agencies' 1994 annual performance reports. 1995.
- Office of Planning and Budget, Division of Administration. *Manageware: A Practical Guide to Managing for Results*. January 1996.
- Office of Planning and Budget, Division of Administration. *Manageware: Strategic Management Manual for the State of Louisiana*. November 1991.

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Texas, State of--State Auditor's Office. *Accurate and Appropriate Performance Measures Are the Foundation of Tomorrow's Texas*. June 1992.

United States General Accounting Office. *Prospect for Effective Implementation of the Government Performance and Results Act*. June 1997.

United States General Accounting Office, Comptroller General of the United States. *Executive Guide: Effectively Implementing the Government Performance and Results Act*. June 1996.

Walters, Jonathan. *Performance and Pain. Governing*. June 1997.

Appendix B
**Related Boards, Commissions,
and Like Entities**

Appendix B: Related Boards, Commissions, and Like Entities

Name of Board, Commission, or Like Entity	Legal Authority	Purpose/Function
Independent Entities (Legal authority places these entities under DHH, but they are self-governing.)		
Advisory Committee on Respiratory Care (located under the Board of Medical Examiners)	R.S. 37:3356	Assists the Board of Medical Examiners in licensing respiratory therapists
Board of Certification for Substance Abuse Counselors	R.S. 37:3373	Establishes requirements for counseling certification
Board of Certified Social Work Examiners	R.S. 37:2704	Licenses board certified social workers
Board of Chiropractic Examiners	R.S. 37:2802	Licenses chiropractors
Board of Dentistry	R.S. 37:753	Licenses dentists and dental hygienists
Board of Examiners in Dietetics and Nutrition	R.S. 37:3084	Licenses persons practicing the profession of dietetics and nutrition
Board of Electrolysis Examiners	R.S. 37:3061	Licenses electrologists
Board of Embalmers and Funeral Directors	R.S. 37:832	Licenses embalmers, funeral homes, and funeral home directors
Board of Examiners for Nursing Facility Administrators	R.S. 37:2503	Licenses nursing home administrators
Board of Examiners for Psychologists	R.S. 37:2353	Licenses psychologists
Board of Examiners for Sanitarians	R.S. 37:2102	Licenses sanitarians
Board for Hearing Aid Dealers	R.S. 37:2455	Licenses hearing aid dealers
Board of Massage Therapy	R.S. 37:3554	Licenses massage therapists
Board of Medical Examiners	R.S. 37:1263	Licenses professionals practicing medicine, osteopathy, radiology, and clinical exercise physiology
Board of Nursing	R.S. 37:914	Licenses registered nurses
Board of Pharmacy	R.S. 37:1172	Licenses pharmacists
Board of Physical Therapy Examiners	R.S. 37:2401.1	Licenses physical therapists
Board of Practical Nurse Examiners	R.S. 37:962	Prescribes standards for practical nurses and accredits nursing schools and courses
Board of Optometry Examiners	R.S. 37:1042	Licenses optometrists
Board of Speech-Language Pathology and Audiology	R.S. 37:2654	Licenses speech pathologists and/or audiologists
Board of Veterinary Medicine	R.S. 37:1515	Licenses professionals practicing veterinary medicine
Board of Wholesale Drug Distributors	R.S. 37:3463	Licenses wholesale drug distributors
Child Death Review Panel	R.S. 40:2019	Investigates unexpected childhood deaths and reports to the legislature

Name of Board, Commission, or Like Entity	Legal Authority	Purpose/Function
Clinical Laboratory Personnel Committee (located under the Board of Medical Examiners)	R.S. 37:1314	Assists the Board of Medical Examiners in licensing of clinical laboratory personnel
Commission on HIV and AIDS	R.S. 40:2018.1	Advises DHH on HIV and AIDS
Commission on Perinatal Care and Prevention of Infant Mortality	R.S. 40:2018	Researches all state laws, regulations, policies, and procedures that impact perinatal care and makes recommendations to the DHH secretary
Governor's Council on Physical Fitness and Sports	R.S. 40:2451	Develops services and programs of physical fitness and sports
Licensed Professional Counselors Board of Examiners	R.S. 37:1104	Licenses mental health counselors and licensed professional counselors
Licensed Professional Vocational Rehabilitation Counselors Board of Examiners	R.S. 37:3444	Licenses rehabilitation counselors
Medical Disclosure Panel	R.S. 40:1299.40	Determines which risks are hazardous during medical care and must be disclosed by a physician
Nursing Supply and Demand Commission	R.S. 37:1007	Studies the supply and demand of nurses (received no funding in FY 96-97)
Physicians Assistant Advisory Committee (located under the Board of Medical Examiners)	R.S. 37:1270.1	Assists the Board of Medical Examiners in licensing physician assistants
Radiologic Technology Board of Examiners	R.S. 37:3201	Licenses radiological technologists
Rural Health Care Authority	R.S. 40:2198	Establishes health clinics in rural Louisiana
Nonindependent Entities (Legal authority places these entities under DHH, and they are governed by DHH.)		
Advisory Committee on Midwifery	R.S. 37:3242	Licenses and advises the Louisiana State Board of Medical Examiners on the practice of licensed midwifery
Advisory Council on Early Identification of Hearing Impairment in Infants	R.S. 46:2265	Advises the Office of Public Health on hearing impairment law
Commission on Alcohol and Drug Abuse	R.S. 46:2501	Advises the Office of Alcohol and Drug Abuse on state policy on abuse
Health Education Authority of Louisiana	R.S. 17:3053	Promotes the medical and health education activities of private and public institutions
Medical Assistance Trust Fund Advisory Council	R.S. 46:2624	Advises the secretary of DHH in the administration of the trust fund
Minority Health Affairs Council	R.S. 40:1299.181	Studies the delivery of health care services to minorities in the state
Source: Prepared by legislative auditor's staff using data from the Legislative Auditor's <i>Boards, Commissions, and Like Entities Report to the Legislature</i> (April 1997) and the Louisiana Revised Statutes (Westlaw).		

Appendix C

Expenditure and Staffing Information by Program

Appendix C
Expenditure and Staff Information by Program
Department of Health and Hospitals

Budget Unit Numbers	Budget Unit Names/Program Names	Recommended Expenditures				Fiscal Year 1996-97	Fiscal Year 1996-97	Fiscal Year 1996-97	Fiscal Year 1996-97	Staff - Full-time Equivalent
		Fiscal Year 1995-96 Actual Expenditures	Without Congressional Action*	With Congressional Action*	Fiscal Year Appropriations					
09-305	Office of the Secretary									
	Management and Finance	\$28,417,000	\$24,400,013	\$24,967,164	\$24,817,618				408	
	Medical Vendor Administration Program	78,947,000	86,465,818	86,465,818	91,557,468				1,133	
	Grants Program	21,779,000	7,166,719	17,990,474	18,690,474					
	Health Education Authority of Louisiana	119,000	129,000	129,000	129,000					
	Total	\$129,262,000	\$118,161,550	\$129,552,456	\$135,194,560				1,541	
09-306	Medical Vendor Payments									
	Medical Vendor Payments to Private Providers	\$2,106,869,000	\$1,635,512,714	\$2,026,941,737	\$2,071,302,667					
	Medical Vendor Payments to Public Providers	424,657,000	302,491,631	444,089,555	419,168,034					
	Medicare Buy-ins and Supplements	82,314,000	91,280,071	96,084,287	91,272,534					
	Uncompensated Care Costs	676,650,000	0	575,894,259	559,736,986					
	Total	\$3,290,490,000	\$2,029,284,416	\$3,143,009,838	\$3,141,480,221				0	
09-311	New Orleans Home and Rehabilitation Center									
	Administrative and General Support	\$2,541,000	\$574,690	\$2,728,004	\$2,728,004				50	
	Patient Services	3,486,000	0	3,464,466	3,464,466				109	
	Patient Recreation Fund	0	0	3,000	3,000					
	Total	\$6,027,000	\$574,690	\$6,195,470	\$6,195,470				159	
09-319	Villa Feliciana Chronic Disease Hospital									
	Administration and General Support	\$5,532,000	\$1,311,727	\$5,656,452	\$5,656,452				134	
	Patient Services	10,271,000	0	10,456,200	10,455,628				315	
	Patient Recreation Fund	26,000	0	50,000	50,000					
	Total	\$15,829,000	\$1,311,727	\$16,162,652	\$16,162,080				449	

(Continued)

Budget Unit Numbers	Budget Unit Names/Program Names	Recommended Expenditures		Fiscal Year 1996-97		Fiscal Year 1996-97 Appropriations	Fiscal Year 1996-97 Staff Full-time Equivalent
		Fiscal Year 1995-96 Actual Expenditures	Fiscal Year 1996-97 Without Congressional Action*	Fiscal Year 1996-97 With Congressional Action*	Fiscal Year 1996-97		
09-326	Office of Public Health						
	Personal Health Services	\$175,600,000	\$168,997,253	\$168,997,253	\$174,435,616	1,677	
	Environmental Health Services	20,961,000	18,485,766	18,485,766	18,485,766	437	
	Vital Records and Statistics	3,486,000	3,712,251	3,712,251	3,712,251	109	
	Total	\$200,047,000	\$191,195,270	\$191,195,270	\$196,633,633	2,223	
09-330	Office of Mental Health						
	Administration and Support	\$3,370,000	\$4,827,041	\$3,373,716	\$3,727,214	29	
	Community Mental Health	75,265,000	65,724,393	72,966,257	75,417,980	991	
	Total	\$78,635,000	\$70,551,434	\$76,339,973	\$79,145,194	1,020	
09-331	Central Louisiana State Hospital						
	Administration and Support	\$6,475,000	\$2,266,131	\$6,984,870	\$6,984,870	104	
	Patient Care	17,728,000	0	17,089,110	16,896,877	406	
	Total	\$24,203,000	\$2,266,131	\$24,073,980	\$23,881,747	510	
09-332	East Louisiana State Hospital						
	Administration and Support	\$8,274,000	\$2,564,247	\$8,492,105	\$8,492,105	132	
	Patient Care	16,157,000	0	15,691,425	15,677,521	424	
	Community Support	1,142,000	0	1,305,958	1,305,958	39	
	Patient Recreation and Rehabilitation Home Fund	23,000	0	131,000	131,000		
	Total	\$25,596,000	\$2,564,247	\$25,620,488	\$25,606,584	595	
09-333	Southeast Louisiana State Hospital						
	Administration and Support	\$7,140,000	\$9,149,005	\$7,032,517	\$7,032,517	135	
	Patient Care	21,349,000	27,489,349	20,712,136	20,679,335	571	
	Patient Recreation Fund	100,000	160,000	160,000	160,000		
	Total	\$28,589,000	\$36,798,354	\$27,904,653	\$27,871,852	706	
09-335	Greenwell Springs Hospital						
	Administration and Support	\$3,459,000	\$1,327,168	\$3,533,468	\$2,774,761	70	
	Patient Care	7,686,000	0	8,938,314	5,678,499	132	
	Total	\$11,145,000	\$1,327,168	\$12,471,782	\$8,453,260	202	

(Continued)

Budget Unit	Budget Unit Names/Program Names	Fiscal Year 1995-96		Fiscal Year 1996-97		Fiscal Year 1996-97		Staff - Full-time Equivalent
		Actual Expenditures	Congressional Action*	Without Congressional Action*	With Congressional Action*	Recommended Expenditures	Appropriations	
09-337	Felician Forensic Facility							
	Administration and Support	\$3,646,000	\$6,901,540	\$3,788,359	\$3,788,359	\$3,788,359	61	
	Patient Care	12,938,000	19,349,649	13,073,020	13,046,852	13,046,852	333	
	Community Support	377,000	895,151	595,151	595,151	595,151	7	
	Patient Rehabilitation and Indigent Patient Fund	27,000	41,000	41,000	41,000	41,000		
Total	\$16,988,000	\$27,187,340	\$17,497,530	\$17,471,362	\$17,471,362	401		
09-338	New Orleans Adolescent Hospital							
	Administration and Support	\$3,337,000	\$1,267,091	\$3,423,638	\$3,423,638	\$3,423,638	68	
	Patient Care	8,192,000	0	8,601,157	8,585,014	8,585,014	210	
	Workshop and Training	0	0	20,000	20,000	20,000		
Total	\$11,529,000	\$1,267,091	\$12,044,795	\$12,028,652	\$12,028,652	278		
09-340	Office for Citizens With Developmental Disabilities							
	Administration	\$1,168,000	\$895,683	\$1,445,464	\$1,418,035	\$1,418,035	18	
	Community-Based	26,343,000	1,631,312	27,378,923	28,561,265	28,561,265	123	
Total	\$27,511,000	\$2,526,995	\$28,824,387	\$29,979,300	\$29,979,300	141		
09-341	Peltier-Lawless Developmental Center							
	Administration and Support	\$1,039,000	\$293,998	\$1,211,805	\$1,211,805	\$1,211,805	18	
	Patient Care	2,575,000	0	2,548,174	2,548,174	2,548,174	70	
	Community Support	619,000	0	789,771	789,771	789,771	23	
Patient Recreation Fund	0	0	5,000	5,000	5,000			
Total	\$4,233,000	\$293,998	\$4,554,750	\$4,554,750	\$4,554,750	111		
09-342	Metropolitan Developmental Center							
	Administration and Support	\$5,839,000	\$1,615,363	\$6,063,961	\$6,063,961	\$6,063,961	94	
	Patient Care	15,383,000	0	15,290,809	15,290,809	15,290,809	441	
Patient Recreation Fund	92,000	0	150,000	150,000	150,000			
Total	\$21,314,000	\$1,615,363	\$21,504,770	\$21,504,770	\$21,504,770	535		

(Continued)

Budget Unit Numbers	Budget Unit Names/Program Names	Fiscal Year 1995-96 Actual Expenditures	Recommended Expenditures		Fiscal Year 1996-97 Appropriations	Staff Full-time Equivalent
			Fiscal Year 1996-97 Without Congressional Action*	Fiscal Year 1996-97 With Congressional Action*		
09-343	Colombia Developmental Center					
	Administration and Support	\$686,000	\$233,881	\$722,154	\$722,154	16
	Patient Care	1,248,000	0	1,228,861	1,228,861	37
	Community Support	1,045,000	0	1,040,732	1,040,732	40
	Patient Recreation Fund	0	0	32,000	32,000	
	Total	\$2,979,000	\$233,881	\$3,023,747	\$3,023,747	93
09-344	Hammond Developmental Center					
	Administration and Support	\$8,364,000	\$2,217,973	\$9,336,643	\$9,336,643	138
	Patient Care	20,981,000	0	20,122,350	20,122,350	688
	Patient Recreation Fund	147,000	0	240,000	240,000	
	Total	\$29,492,000	\$2,217,973	\$29,698,993	\$29,698,993	826
09-346	Northwest Developmental Center					
	Administration and Support	\$4,430,000	\$1,065,538	\$5,023,002	\$5,023,002	66
	Patient Care	9,526,000	0	9,369,891	9,369,891	342
	Patient Recreation Fund	7,000	0	51,000	51,000	
	Total	\$13,963,000	\$1,065,538	\$14,443,893	\$14,443,893	408
09-347	Pinecrest Developmental Center					
	Administration and Support	\$18,162,000	\$4,829,162	\$19,835,492	\$19,835,492	229
	Patient Care	44,594,000	0	42,361,775	42,361,775	1,601
	Community Support	1,153,000	0	1,498,756	1,498,756	37
	Patient Recreation Fund	209,000	0	469,000	469,000	
	Total	\$64,118,000	\$4,829,162	\$64,165,023	\$64,165,023	1,867
09-348	Ruston Developmental Center					
	Administration and Support	\$2,204,000	\$518,234	\$2,225,630	\$2,225,630	46
	Patient Care	4,313,000	0	4,260,147	4,260,147	145
	Patient Recreation Fund	125,000	0	253,000	253,000	
	Total	\$6,642,000	\$518,234	\$6,738,777	\$6,738,777	191

(Continued)

Budget Unit Numbers	Budget Unit Names/Program Names	Recommended Expenditures				Staff Full-time Equivalent
		Fiscal Year 1995-96 Actual Expenditures	Fiscal Year 1996-97 Without Congressional Action*	Fiscal Year 1996-97 With Congressional Action*	Fiscal Year 1996-97 Appropriations Funds	
09-349	Southwest Developmental Center					
	Administration and Support	\$3,018,000	\$631,471	\$3,138,294	\$3,138,294	42
	Patient Care	4,172,000	0	4,250,988	4,250,988	155
	Community Support	1,176,000	0	1,121,618	1,121,618	44
	Business Enterprise Fund	141,000	0	300,000	300,000	
	Total	\$8,507,000	\$631,471	\$8,810,900	\$8,810,900	241
09-351	Office of Substance Abuse					
	Administration	\$1,167,000	\$975,022	\$975,022	\$1,143,072	16
	Substance Abuse Prevention and Treatment Services	37,410,000	42,311,040	42,311,040	41,523,400	521
	Auxiliary Patient Recreation Fund	15,000	129,000	129,000	129,000	
	Total	\$38,592,000	\$43,415,062	\$43,415,062	\$42,795,472	537
	Grand Total	\$4,055,691,000	\$2,539,837,095	\$3,907,249,189	\$3,915,840,240	13,034

Source: Prepared by the legislative auditor's staff using the Supplemental Information to the Fiscal Year 1995-96 Comprehensive Annual Financial Report (CAFR) - Schedule of Revenues, Expenditures, and Changes in Fund Balance - Budget and Actual, State of Louisiana Executive Budget and Governor's Supplementary Budget Recommendations for Fiscal Year 1996-97, and State of Louisiana and General Fund Appropriation - Executive Summary for Fiscal Year 1996-97

*At the time the executive budget was prepared, it was not certain if the federal government was going to continue the Medicaid entitlement program. Therefore, there are two executive budget totals: one with congressional action and one without congressional action.

(Concluded)

Appendix D

Performance Data Analysis

Appendix D: Performance Data Analysis

This appendix summarizes our analysis of the performance data reported for DHH in the fiscal year 1996-97 executive budget. Performance data are reported for the department, its 22 budget units, and 66 of its 70 programs. The executive budget does not report performance data under the 4 executive budget programs for the Medical Vendor Payments Budget Unit (09-306), or its programs. In total, we assessed 74 missions, 75 goals, 84 objectives, and 476 performance indicators.

Only two missions are clearly labeled and easily identifiable as missions in the executive budget. Therefore, we asked the OPB planning analyst for DHH to identify other missions, which are not clearly labeled. As a result of feedback from the analyst, we identified 29 pieces of information that he said could be missions or goals. For purposes of our report, we assessed these pieces of information as both missions and goals. We also identified 43 other pieces of information that we assessed only as missions.

As noted in Chapter 1, our analysis consisted of a comparison of reported missions, goals, objectives, and performance indicators to established criteria. The analysis shows the problems or deficiencies, as well as the positive aspects, we identified with the performance data.

We developed the criteria used in our analysis based on information obtained from the Governmental Accounting Standards Board (GASB), the federal Office of Management and Budget (OMB), the Urban Institute, and *Manageware* (a publication of the Office of Planning and Budget of the Louisiana Division of Administration). The established criteria are as follows:

Missions	
1.	Do they identify the overall purpose for the existence of the organization, department, office, institution, or program as established by constitution, statute, or executive order?
2.	Do they identify clients/customers of the organization or external and internal users of the organization's products or services?
3.	Are they organizationally acceptable?
Goals	
1.	Are they consistent with the department, program, and office missions?
2.	Do they provide a sense of direction on how to address the mission, and do they reflect the destination toward which the entity is striving?
Objectives	
1.	Are they consistent with the goals?
2.	Are they measurable?
3.	Are they timebound?
4.	Do they specify desired end results?

Performance Indicators	
1.	Do they measure progress toward the objectives or contribute toward the overall measurement of progress toward the objectives?
2.	Are they consistent with the objectives?
3.	Are they clear, easily understood, and non-technical?

For each program, we have included a conclusion that says whether or not the performance data reported provide useful information for budgetary decision making. Specifically, we determined whether the performance data could be used to determine what the entity is trying to accomplish and what progress has been made toward the stated objectives.

The following table of contents lists where the analysis for specific budget units can be found. The budget unit numbers are included in parentheses after the names.

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Department of Health and Hospitals

Mission: Strive to protect and promote health and to ensure access to medical, preventive, and habilitative services for all citizens of the state of Louisiana

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	N/A	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: The mission identifies the overall purpose and clientele of the department. Because the executive budget does not report any other types of performance data at the department level, the user of this information should review performance data at the program level to determine what each of the department's programs is trying to accomplish and what progress is being made.

Budget Unit # 09-305: Office of the Secretary

Mission: Exercise supervision and control over the Office of Management and Finance; the Medical Vendor Administration Program; the Grants Program; the Assistant Secretaries of the Offices of Public Health, Mental Health, Citizens with Developmental Disabilities, and Substance Abuse; and the state-operated nursing homes within the department

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-305: Office of the Secretary
Program A: Office of Management and Finance**

Mission: Provides management, supervision, and support services for the Department of Health and Hospitals

Goals:

- (1) Facilitate planning throughout the department to improve the decision-making process
- (2) Improve communications throughout the department
- (3) Improve the effectiveness of the department's human resources
- (4) Provide efficient and effective support services to the program offices in the Department

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Consistent with mission				
4 Goals		All 4 goals provide a sense of direction on how to address the mission Only 1 of the 4 goals reflects the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-305: Office of the Secretary
Program B: Medical Vendor Administration Program (Cont.)

Mission/Goal: Administer the Medicaid Program to insure that it operates in an efficient and effective manner according to Federal and State statutes, rules, and regulations (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives:

- (1) Provide Medicaid eligibility determinations within federal guidelines
- (2) Operate an efficient Medical Claims Processing Center
- (3) Maintain standards for providers through licensing, certification, and enrollment
- (4) Assure program integrity for all Medicaid services
- (5) Maintain the State Plan as required by Title XIX of the Social Security Act

Performance Indicators:

For objective 1: number of recipients eligible for program (average per month); number of applications taken per year; backlog (out of compliance) end of year; average processing time in days

For objective 2: HCFA score for recipient file maintenance; HCFA score for claims processing; amount of third party liability recoveries; HCFA score for provider file maintenance

For objective 3: number of certified facilities; number of licensed facilities; number of new providers entering program; number of facility surveys; number of survey follow-ups and complaints

For objective 4: number of cases reviewed resulting from an exception/complaint; number of cases reviewed as required by HCFA - resulting from a provider/recipient complaint; number of cases closed; number of cases with sanctions - Recoupment, Education; dollar amount recouped

For objective 5: number of waivers renewed; number of waiver renewals denied; number of persons avoiding institutionalization; Health Care Fin. Admin. savings report amounts

**Budget Unit # 09-305: Office of the Secretary
Program B: Medical Vendor Administration Program (Concluded)**

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Does not identify clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
5 Objectives	All objectives are consistent with goal	None of the objectives are measurable	None of the objectives are timebound	All of the objectives specify desired end results	
22 Indicators	Types of indicators: 4 input, 12 output, 2 outcome, 1 efficiency, and 3 quality	None of the 22 indicators measure progress toward the objective	16 of the 22 indicators are consistent with the objectives	13 of the 22 indicators are clear	

Conclusion: Collectively, the objectives explain what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objectives because the objectives are not measurable.

**Budget Unit # 09-305: Office of the Secretary
Program C: Grants Program**

Mission/Goal: Supplies grants, funding, and state loan repayments for social and support services, recruitment of needed medical personnel, and expand health care and medical services access for indigent and low income citizens of the State (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

<p>Budget Unit # 09-305: Office of the Secretary</p> <p>Program D: Health Education Authority of Louisiana (H.E.A.L.)</p>				
<p>Mission: Operates a day care center and parking garage at the Charity Hospital and Medical Center of Louisiana at New Orleans</p> <p>Goals: none</p> <p>Objectives: none</p> <p>Performance Indicators: none</p>				
<p>Summary of Performance Data Analysis</p>				
<p>1 Mission</p>	<p>Not specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission.</p>	<p>Does not identify overall purpose</p>	<p>Identifies clients/customers</p>
				<p>Could not determine</p>

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-306: Medical Vendor Payments

Mission/Goal: Provide for direct payments to medical service providers for health care services rendered to Louisiana residents who are eligible for Title XIX (Medicaid). (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: There are four programs listed under this budget unit in the executive budget. They do not include any performance data. There is some performance data listed under the Medical Vendor Administration Program in the Office of the Secretary Budget Unit (see pages D.8 and D.9). However, these data do not provide information about the specific uses of funds. More comprehensive performance data related to Medicaid disbursement should be developed.

Budget Unit # 09-311: New Orleans Home and Rehabilitation Center

Mission: Provides services to the medically indigent as well as others in the New Orleans region who are chronically ill

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Not specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Organizationally acceptable</p>
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-311: New Orleans Home and Rehabilitation Center
Program A: Administration and General Support**

Mission: Provide administrative and indirect resident services to the patients of the New Orleans Home and Rehabilitation Center

Goal: Provide efficient and effective administration and support services to the programs and services provided in the facility

Objective: Continue to oversee the provision of quality treatment and rehabilitative services to the residents of the New Orleans Home and Rehabilitation Center through indirect resident services necessary for the efficient operation of the center. These services include: administration, in-service training, volunteer services, accounting, personnel, purchasing, dietary, housekeeping, medical records, maintenance, inventory management and contract non-medical staff

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-311: New Orleans Home and Rehabilitation Center
Program B: Patient Services**

Mission: Provide medical and nursing care and ancillary services to the patients in the New Orleans Home and Rehabilitation Center

Goal: Provide quality medical and nursing care to the indigent population the facility serves

Objectives: Operate a comprehensive, integrated, system of medical care for center residents needing short or long-term care, nursing care or rehabilitation services to assure optimal emotional, physical, intellectual and social functioning for resident's capabilities

Performance Indicators: 1) licensed beds available; 2) patient days; 3) admissions; 4) cost per service unit - patient; 5) average length of stay (days); 6) average daily census; 7) percent occupancy

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			
1 Goal	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
7 Indicators	Types of indicators: 1 input, 2 output, and 4 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-311: New Orleans Home and Rehabilitation Center
Program C: Patient Recreation Fund**

Mission/Goal: Provide therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-319: Villa Feliciana Chronic Disease Hospital

Mission: Provide health care and rehabilitative services to patients with chronic diseases and/or disabilities

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Organizationally acceptable</p>
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-319: Villa Feliciano Chronic Disease Hospital
Program A: Administration and General Support**

Mission: Provide administrative services to patients of the Villa Feliciano Chronic Disease Hospital and Rehabilitation Center

Goal: Provide efficient and effective administrative and support services to the programs and services provided in the facility

Objective: Continue to oversee the provision of quality treatment and rehabilitative services to the residents of the center through indirect resident services necessary for the efficient operation of the center. These services include: Personnel, Payroll, Training, Communication, Accounting and Fiscal Services, Warehouse and Purchasing, Security, Housekeeping Services, and Maintenance.

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objectives cannot be determined because there are no performance indicators.

**Budget Unit # 09-319: Villa Feliciano Chronic Disease Hospital
Program B: Patient Services**

Mission: Provide health care and rehabilitative services to patients with chronic diseases and/or disabilities
Goal: Provide quality medical and nursing care and be cost effective in delivering health care services to the indigent population that the facility serves
Objective: Continue to deliver medical care to the chronically ill geriatric and other long term care patients
Performance Indicators: 1) staffed beds available; 2) total admissions; 3) average daily census; 4) total patient days; 5) average cost per patient day; 6) average length of stay; 7) average annual cost per occupied bed; 8) percent of occupancy

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with mission	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission						
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving				
1 Objective	Consistent with goal	Not measurable	Not timebound	Not timebound	Specifies a desired end result	
8 Indicators	Types of indicators: 1 input, 2 output, and 5 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with objective	All 8 indicators are consistent with objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-319: Villa Feliciana Chronic Disease Hospital
Program C: Patient Recreation Fund**

Mission/Goal: Provide therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear what specifically the program is trying to accomplish or what progress is being made.

Budget Unit # 09-326: Office of Public Health

Mission/Goal: Takes knowledge about wellness and prevention of illness, disability, and premature death and translates that knowledge into community services for the people of Louisiana. The office strives to minimize the cost of health care and environmental protection. (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

Budget Unit # 09-326: Office of Public Health Program A: Personal Health Services (Cont.)

Mission/Goal: Provides clinical and preventive services to promote reduced morbidity and mortality resulting from 1) chronic diseases, 2) infectious/communicable diseases 3) high risk conditions of infancy and childhood, and 4) accidental and intentional injuries (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives:

- (1) Promote a reduction in the incidence of chronic morbidity and mortality to the Southern states' average by 1997
- (2) Promote a reduction in communicable/infectious diseases to the Southern states' average by 1997
- (3) Promote a reduction in infant mortality and morbidity to the Southern states' average by 1997
- (4) Institute by 1997 a comprehensive injury surveillance system that will enable control of injury morbidity and mortality
- (5) Provide accurate, scientific analysis, and data to access required levels of indicators of disease and disorders; continue to disseminate analytical data and provide valid analytical data to Personal Health Services programs to allow effective monitoring of wellness, disease incidence, and prevalence
- (6) The Grants Program component supplies grants, funding and state loan repayments to provide social and support services, recruitment of needed medical personnel and expand health care and medical services access for indigent and low income citizens of the state.

Performance Indicators:

For objective 1:

Number of adult patients provided screening and/or health counseling/education; number of clinic visits (includes limited home visits); client's participating in behavioral risk survey; new contracts for cancer research agencies participating in joint cancer projects; number of chronic disease education programs provided; total estimated Louisiana hypertensive population; estimated indigent hypertensive population
 Commodity Supplemental Food Program: average number of women and children served per month; average number of clients 65+ served per month; administrative cost per client per year
 Health Resources Management: rural hospital grants for emergency health services; start-up primary care clinic grants; number of primary care practitioners recruited; number of scholarships for doctor of medicine awarded
 Environmental Epidemiology: number of health assessments; number of fish advisories/bans; number of sites using GIS; number of toxic exposures investigated; number of pesticide evaluations; number of disease clusters investigated; number of educational presentations

Budget Unit # 09-326: Office of Public Health Program A: Personal Health Services (Cont.)

For objective 2:

Seroprevalence survey tests; number of clients HIV tested and counseled; number of clients found to be HIV+; HIV/AIDS training workshops; HIV/AIDS literature distributed

Services provided for Early Intervention: clinic visits-outpatient; physician units of service; nurse practitioner units of service; social worker units of service; health education units of service

Epidemiology and Rabies Control: consultation telephone requests; inservice educational/technical programs provided; # of LA morbidity reports published; # of animal heads tested for rabies; cost of testing animal heads

Immunization: units of vaccine administered to all children; number of children fully immunized by age 2; percent of children fully immunized by age 2; number of children fully immunized by OPH by age 2; percent of children fully immunized by OPH by age 2

Influenza High Risk Immunizations Given: number receiving flu vaccine in OPH Clinics; number nursing homes receiving flu vaccine from OPH; percent nursing homes receiving flu vaccine from OPH; number nursing home patients immunized

Tuberculosis Control: TB cases reported; contacts identified (if the average of 10 per case located); percent cases completing medications/expected; cost per case on medication; clients treated through directly observed therapy

For Objective 3:

Family Planning: target population; number of patients served; percent of patients served

Genetic Diseases (rates per 100,000 newborns): PKU; Congenital Hypothyroidism; Sickle Cell Disease; number of patient visits at genetic clinics; number of patients with hemophilia receiving blood clotting factor

Children's Special Health Services: number of chronically ill or medically disabled children and their families receiving a continuum of diagnostic; therapeutic; rehabilitative and support services; number of medically indigent or financially eligible children with serious chronic illness or disabilities receiving specialized medical and related services; number of children with severe chronic illness or disabilities identified as program eligible through diagnostic services; number of families receiving family support services provided to facilitate home and community based care for severely disabled or chronically ill children and to avoid institutionalization

Maternal and Child Health: number of children served; number of pregnant women served

Supplemental Program - Women, Infants and Children (WIC): estimated target population; average monthly client participation; percent of eligible served; WIC vendor monitoring visits

For Objective 4:

Disability Prevention/Injury Control: Number of parishes with EMS providers; Number of eligible EMT-paramedic recertifying

For Objective 5:

Analyses completed and reports released on valid and authorized specimens submitted to the lab; percent accuracy based on quality assurance tests

For Objective 6: none

**Budget Unit # 09-326: Office of Public Health
Program A: Personal Health Services (Concluded)**

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
6 Objectives	Consistent with goal	4 of the 6 objectives are measurable	4 of the 6 objectives are timebound	Specify desired end result	
72 Indicators	Types of indicators: 7 input, 52 output, 3 outcome, and 10 efficiency	None of the 72 indicators measure progress toward the objectives	All but 3 of the 72 indicators are consistent with the objective	All but 7 of the 72 indicators are clear	

Conclusion: The objectives explain what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objectives because few of the objectives are measurable.

**Budget Unit # 09-326: Office of Public Health
Program B: Environmental Health Services (Cont.)**

Mission: Promotes control of and a reduction of infectious and chronic disease morbidity and mortality through the promulgation and implementation of the *State Sanitary Code*.

Goals: none

Objectives:

- (1) Promote a reduction in chronic disease morbidity and mortality and in communicable/infectious disease
- (2) Provide accurate, scientific analysis and data to Environmental Health Services Programs to allow effective monitoring of disease incidence and prevalence

Performance Indicators:

For objective 1:

Buildings and Premises - Number of Annual Inspection: jails inspected twice annually, day care centers and group homes; nursing homes; hospitals and clinics; schools

Number of Inspections conducted on: premises and camps; swimming pools; hotels/motels/rooming houses; mobile home parks

Number of Lead Poisoning investigations

Commercial Seafood Sanitation: number of field inspections; number of laboratory samples processed; number of seafood processors/distributors certified

Food and Drug Control: Ongoing facility inspections for law, regulation and sanitary code compliance; special investigations of consumer complaints or illegal activities; permits issued to food, drug, and cosmetic manufacturers/distributors; permits to operate withheld due to violation of law, regulations or sanitary codes; food, drug, cosmetic, and device manufacturers registered/certified for compliance with state and federal laws and regulations; registration/permits issued to tanning facility and equipment operators; pounds of adulterated, contaminated, or unwholesome products destroyed

Infectious Waste Control: number of inspections/permits issued

Milk and Dairy: dairies certified for interstate shipment; gallons of milk seized and destroyed; number of tankers sampled; number of laboratory samples collected and processed; number of permits suspended (farms and plants not meeting requirements)

Oyster Water Monitoring: estimated acreage monitored; surveys completed; laboratory samples collected and analyzed

Retail Food: inspections of retail food establishments; number of persons attending food handlers school or operators classes; laboratory samples collected and analyzed; number of Notices of Violations issued

Safe Drinking Water: public water systems samples collected and analyzed for chemical and/or bacteriological contaminants; number of public water systems inspections to assure proper operating and maintenance; public water systems operator training courses; number of operators certified; number of public water systems out of compliance

Sewerage Program - Community: sewerage facility operators trained; percent of operators trained to achieve certification

Private/Individual Sewerage Program: new installations - individual systems; inspections of existing individual systems; inspections of individual water wells; sampling of private wells

**Budget Unit # 09-326: Office of Public Health
Program B: Environmental Health Services (Concluded)**

For Objective 2:

Analyses completed and reports released on valid and authorized specimens submitted to the lab
 Work Time Units Expended on Specimen Analysis for: safe drinking water and sewerage; seafood sanitation; oyster water monitoring; retail food sanitation;
 insect vector control
 Percent accuracy based on quality assurance tests

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Mission	N/A	Neither objective is measurable	Neither objective is timebound	Both objectives specify desired end results	
2 Objectives	Types of indicators: 5 input, 43 output, 2 outcome, and 1 quality	None of the 51 indicators measure progress toward the objectives	All 51 indicators are consistent with the objectives	All 51 indicators are clear	

Conclusion: The objectives explain what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objectives because the objectives are not measurable.

**Budget Unit # 09-326: Office of Public Health
Program C: Vital Records and Statistics**

Mission: Collect and store public health related documents, such as birth and death certificates and other evidentiary documents needed by citizens

Goals: none

Objective: Respond to all requests for the issuance of Louisiana vital records and evidentiary documents archived by the agency within three days of receipt of mail requests and within 15 minutes of receipt of mail requests at service counters; to provide timely analysis and publication of health and vital record data

Performance Indicators: Customer waiting time/counter in minutes; turnaround time for mailing requests (working days); ad hoc reports produced for external data users; ad hoc reports produced for internal data users; quarterly patient data system reports published

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Objective	N/A	Measurable	Timebound		Specifies desired end result
5 Indicators	Types of indicators: 3 output and 2 outcome	All 5 indicators measure progress toward the objective	All 5 indicators are consistent with the objective	All 5 indicators are consistent with the objective	All 5 indicators are clear

Conclusion: The objective explains specifically what the program is trying to accomplish and is measurable. In addition, the performance indicators can be collectively used to determine progress made toward the objective.

Budget Unit # 09-330: Office of Mental Health

Mission: Provides treatment, rehabilitation, and follow-up care for individuals with mental and emotional disorders

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-330: Office of Mental Health
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective direction and support services to the Office of Mental Health

Objective: Oversee the provision of quality preventive, treatment, and rehabilitation public mental health services to the citizens of the State of Louisiana requiring such services

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	N/A	N/A	N/A	N/A
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving		
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-330: Office of Mental Health Program B: Community Mental Health (Cont.)

Mission: Provide prevention, evaluation, treatment, rehabilitation, and follow-up care to persons with emotional and mental illness in Louisiana

Goals:

- (1) Make available to the citizens of LA public mental health services through community mental health (CMHC's) and their outreach clinics
- (2) Assure services are accessible and acceptable to consumers
- (3) Provide each client individualized services based on an evaluation of a multidisciplinary team which identifies impediments to health and resources necessary to overcome these impediments
- (4) Provide an individualized treatment plan utilizing available and appropriate resources to develop, promote, restore, and maintain mental health
- (5) Provide rehabilitative services in non-clinic settings which focus on well-being and clients' personal strengths instead of the focus on illness and remediation of psychiatric symptoms

Objectives:

- (1) Continue to provide evaluation, screening and assessment; mental health treatment; emergency crisis care; medication management and administration; clinical casework; pharmacy services, and specialized services for children and adolescents to an active caseload of in excess of 43,000 outpatients requiring public mental health service
- (2) The Day/Psychosocial Rehabilitation component will continue to maintain a comprehensive, integrated community-based system of mental health services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, thereby reducing the need for long-term inpatient treatment
- (3) The Adam A. component will continue to maintain a comprehensive, integrated system of mental health services for children and adults in regions 1,3,9, and 10 to allow the Office of Mental Health to continue to meet Adam A. Consent Decree requirements and ultimately be dismissed from the lawsuit
- (4) The Residential component will continue to provide supported living services for adults with severe and persistent mental illness and children and youth with serious emotional disturbance
- (5) The Case Management component will continue to provide case management services for adults with serious mental illness and children with serious emotional disturbance, thereby reducing the need for long-term inpatient treatment
- (6) The Acute Psychiatric Inpatient Units will continue to maintain adult short-stay inpatient psychiatric beds (with stays of less than 30 days) licensed through Louisiana Health Care Authority facilities. These units will continue to provide inpatient psychiatric treatment in a less restrictive, more community oriented setting than in the state-operated long-term care mental hospitals

**Budget Unit # 09-330: Office of Mental Health
Program B: Community Mental Health (Cont.)**

Performance Indicators:

For objective 1: number of admissions; number of discharges; number of active caseloads; percentage of admissions referred from the criminal justice system; percentage of admissions unemployed; percentage of admits with prior outpatients; percentage of admits with prior inpatient, percentage of patients readmitted; active caseload with no contact within 90 days; percentage of discharges needing no further treatment; percentage discharges needing further treatment but refused or rejected; percentage of discharges decreased, moved, or otherwise lost contact; program cost per active participant (caseload)

For objective 2: total clients served; average annual cost per person served in state general fund dollars

For objective 3: number of presentations to CIU; number of persons presenting to CIU; number of repeat presentations to CIU, number of CIU clients who are repeaters

For objective 4: number of beds (group homes, board and care homes, supervised apartments); program recipients; percentage licensed programs Supported Residential Setting; number of children & youth in own/family homes; number of family support cash subsidies; number of C/Y families receiving in-home crisis intervention services

For objective 5: number of persons served; number of case managers; percent of clients served; ratio of case managers to clients; number of providers; number of prior authorizations processed

For objective 6: number of units; number of licensed beds; number of staffed beds; number of admissions; number of discharges; number of inpatient days; average length of stay; percentage readmission; percentage discharged to long-term care facility; average daily census; average occupancy rate; budgeted cost per patient day; budgeted cost per staffed bed

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
5 Goals	All 5 goals are consistent with the mission	All 5 goals provide a sense of direction on how to address the mission	All 5 goals provide a sense of direction on how to address the mission	3 of the 5 goals reflect the destination toward which the entity is striving	
6 Objectives	All 6 objectives are consistent with the goals	Only 1 of the 6 objectives are measurable	None of the objectives are timebound	All 6 objectives specify a desired end result	
44 Indicators	Types of indicators: 18 input, 14 output, 5 outcome, 6 efficiency, and 1 quality	Only 3 of the 44 indicators measure progress toward objectives	All but 1 of the 44 indicators are consistent with the objective	All but 5 of the 44 indicators are clear	

Conclusion: The objectives explain what the program is generally trying to accomplish. However, only one of the six objectives is measurable, and only 3 of the 44 performance indicators can be used to determine progress made toward the objectives.

(Concluded)

Budget Unit # 09-331: Central Louisiana State Hospital

Mission: Provides mental health treatment and related services to the residents of a 42-parish area including the cities of Shreveport, Monroe, Alexandria, Lake Charles, and Lafayette

Goals:

- (1) Provide mental health evaluation treatment and rehabilitation services to hospital patients in a manner which returns the patient to an optimal level of functioning in the shortest time so that the patient can be integrated into society in the least restrictive setting
- (2) Provide mental health services in accordance with state licensing standards, Federal Court mandates and Joint Commission on Accreditation of Health Care Organizations (JCAHO) accreditation standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
2 Goals	Both goals are consistent with the mission	Both goals provide a sense of direction on how to address the mission, but only one goal reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

Budget Unit # 09-331: Central Louisiana State Hospital

Program A: Administration and Support

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the Central Louisiana State Hospital through indirect resident services necessary for the efficient operation of the hospital

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Goal</p>	<p>Consistent with higher level mission</p>	<p>Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving</p>
<p>1 Objective</p>	<p>Consistent with goal</p>	<p>Not timebound Not measurable Specifies a desired end result</p>

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-331: Central Louisiana State Hospital
Program B: Patient Care**

Mission: Provides inpatient mental health treatment and related services to the residents of a 42-parish area including the cities of Monroe, Shreveport, Alexandria, Lake Charles, and Lafayette

Goal: Provide for evaluation, treatment, and rehabilitation to enable patients to return to community living

Objective: Provide mental health treatment to individuals requiring inpatient residential levels of care, including evaluation, treatment and rehabilitation to enable patients to return to community living

Performance Indicators: staffed beds; average daily census; percentage of readmission; average stay in days; average % occupancy; cost per admission; cost per staffed bed per day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound		Specifies desired end result
7 Indicators	Types of indicators: 1 input, 1 output, 1 outcome, and 4 efficiency	None of the indicators measure progress toward the objective	All indicators are consistent with the objective		All indicators are clear

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

Budget Unit # 09-332: East Louisiana State Hospital

Mission: Provides mental health treatment to individuals requiring inpatient residential levels of care

Goal: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-332: East Louisiana State Hospital
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of East Louisiana State Hospital through indirect resident services necessary for the efficient operation of the hospital

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-332: East Louisiana State Hospital

Program B: Patient Care

Mission: none

Goal: Provides for evaluation, treatment and rehabilitation to enable patients to return to community living

Objective: Provide mental health treatment to individuals requiring inpatient residential levels of care, including evaluation, treatment and rehabilitation to enable patients to return to community living

Performance Indicators: staffed beds; average daily census; percentage of readmissions; average stay in days; average % occupancy; cost per admission; cost per staffed bed

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end results
7 Indicators	Types of indicators: 1 input, 1 outcome, and 5 efficiency	All 7 indicators are consistent with the objective All 7 indicators are clear

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

Budget Unit # 09-332: East Louisiana State Hospital

Program C: Community Support Program

Mission: Provides rehabilitative and resocializing services to eligible patients in a group home setting

Goals: none

Objective: Provide rehabilitative and resocializing services through a group home setting to eligible clientele in compliance with all licensing and accreditation standards to meet the individualized patient care needs of the persons in the assigned program

Performance Indicators: licensed ICF-MR beds; average daily census; percentage readmissions; average stay in days; average occupancy rate; cost per admission; cost per staffed bed per day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Objective	N/A	Not measurable	Not timebound	Specifies desired end result	
7 Indicators	Types of indicators: 1 input, 1 outcome, and 5 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-332: East Louisiana State Hospital
Program D: Patient Recreation and Rehabilitation Home Fund Program**

Mission: Provides therapeutic activities to patients as approved by the treatment teams

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-333: Southeast Louisiana State Hospital

Mission: Provides mental health treatment to individuals requiring inpatient residential levels of care

Goals:

- (1) Provide mental health evaluation treatment and rehabilitation services to hospital patients
- (2) Provide mental health services in accordance with state licensing standards, Federal Court mandates and Joint Commission on Accreditation of Health Care Organizations (JCAHO) accreditation standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Not specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Organizationally acceptable</p>
<p>2 Goals</p>	<p>Both goals are consistent with the mission</p>	<p>Both goals provide a sense of direction on how to address the mission Neither goal reflects the destination toward which the entity is striving</p>			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-333: Southeast Louisiana State Hospital
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the Southeast Louisiana State Hospital through indirect resident services necessary for the efficient operation of the Hospital

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving	
1 Objective	Consistent with goal	Not measurable	Not timebound
			<i>Specifies desired end result</i>

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-333: Southeast Louisiana State Hospital
Program B: Patient Care**

Mission: Provides medically directed inpatient services to persons five years of age and above with psychiatric diagnosis that warrant hospitalization and who are not moderately, severely, or profoundly mentally retarded

Goals: none

Objective: Provide mental health treatment to individuals requiring inpatient residential levels of care, including evaluation, treatment, and rehabilitation to enable patients to return to community living

Performance Indicators: staffed beds; average daily census; percentage of readmission; average stay in days; average percent occupancy; cost per admission; cost per staffed bed

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Objective	N/A	Not measurable	Not timebound		Specifies desired end result
7 Indicators	Types of indicators: 1 input, 1 output, 1 outcome, and 4 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-333: Southeast Louisiana State Hospital
Program C: Patient Recreation Fund**

Mission: Provides therapeutic activities to patients as approved by the treatment teams

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-335: Greenwell Springs Hospital

Mission: Provides quality care for adolescents and adults with mental/emotional and substance abuse problems which necessitate hospitalization. The care rendered is consumer-oriented, individualized, integrated, and coordinated among hospital services, as well as other health and social service systems.

Goals: Improve the client's functioning in order to advance his or her return to the community

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-335: Greenwell Springs Hospital
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the Greenwell Springs Hospital through indirect resident services necessary for the efficient operation of the hospital

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-335: Greenwell Springs Hospital
Program B: Patient Care**

Mission: Provides medically directed inpatient services to persons five years of age and above with psychiatric diagnosis that warrant hospitalization, and who are not moderately, severely, or profoundly mentally retarded

Goals: none

Objective: Provide mental health treatment to individuals requiring inpatient residential levels of care, including evaluation, treatment and rehabilitation to enable patients to return to community living

Performance Indicators: 1) staffed beds, 2) average daily census, 3) percentage readmissions, 4) average stay in days, 5) average % occupancy, 6) cost per admission, 7) cost per staffed bed

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Objective	N/A	Not measurable	Not timebound		Specifies desired end result
7 Indicators	Types of indicators: 1 input, 1 output, 1 outcome, and 4 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

Budget Unit # 09-337: Feliciana Forensic Facility

Mission: Provides evaluation, custody, treatment, and rehabilitation for the following types of patients: persons committed on the recommendation of a sanity commission; persons found “not guilty by reason of insanity” and considered dangerous to self or others; inmates in the correctional system in need of inpatient mental health treatment; persons found “incompetent to stand trial” who are judicially committed after being charged with criminal offense; and patients from civil hospitals who are found dangerous to self and others

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Not specifically labeled as “mission” in the Executive Budget</p>	<p>Consistent with higher level mission.</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Organizationally acceptable</p>
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-337: Feliciana Forensic Facility
Program A: Administration and Support**

Mission: none

Goals: Provide efficient and effective administrative and support services to the programs and services provided at this facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the Feliciana Forensic Facility through indirect resident services necessary for the efficient operation of the hospital

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not timebound Not measurable Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-337: Feliciano Forensic Facility

Program B: Patient Care

Mission: Provides medically directed inpatient services to persons five years of age and above with psychiatric diagnosis that warrant hospitalization, and who are not moderately, severely, or profoundly mentally retarded

Goals: none

Objective: Provide for the custody, mental health evaluation treatment and rehabilitation services to persons committed on the recommendation of a sanity commission; persons found "not guilty by reason of insanity" and considered dangerous to self or others; inmates in the correctional system in need of inpatient mental health treatment; persons found "incompetent to stand trial" who are judicially committed after being charged with criminal offense; and patients from civil hospitals who are found dangerous to self and others

Performance Indicators: 1) staffed beds, 2) average daily census, 3) percentage of readmission, 4) average stay in days, 5) average % occupancy, 6) cost per admission, 7) cost per staffed bed

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Objective	N/A	Not measurable	Not timebound	Specifies desired end result	
7 Indicators	Types of indicators: 1 input, 1 output, 1 outcome, and 4 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All seven indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-337: Feliciana Forensic Facility
Program C: Community Support Program**

Mission: Provides rehabilitative and resocializing services to eligible patients in a group home setting

Goals: none

Objective: Provide rehabilitative and resocializing services through a group home setting to eligible clientele in compliance with all licensing and accreditation standards to meet the individualized patient care needs of the persons in the assigned program

Performance Indicators: 1) number of outreach evaluations conducted, 2) General Fund Program cost per evaluation, 3) number of persons on waiting list, 4) number of cases handled without admission

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Objective	N/A	Not measurable	Not timebound	Specifies desired end result	
4 Indicators	Types of indicators: 1 input, 2 output, and 1 efficiency	None of the 4 indicators measure progress toward the objective	3 of the 4 indicators are consistent with the objective	3 of the 4 indicators are clear, 1 is unclear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-337: Feliciana Forensic Facility
Program D: Patient Rehabilitation and Indigent Patient Fund**

Mission: Provides therapeutic activities to patients as approved by the treatment teams

Goals: none

Objective: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-338: New Orleans Adolescent Hospital

Mission: Assures the provision of quality public sector inpatient psychiatric treatment to persons under the age of 18 and assures active coordination of hospital health care with community-based delivery resources.

Goals: none

Objective: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Not specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Organizationally acceptable</p>
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

Budget Unit # 09-338: New Orleans Adolescent Hospital

Program A: Administration and Support

Mission: none

Goals: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the New Orleans Adolescent Hospital through indirect resident services necessary for the efficient operation of the hospital

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving	
1 Objective	Consistent with goal	Not measurable	Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-338: New Orleans Adolescent Hospital
Program B: Patient Care**

Mission: Includes five separate inpatient psychiatric units that focus on specific adolescent/child age groups, treatment needs, and diagnoses

Goals: none

Objective: Provide patient care at a level consistent with all required federal and state certification, licensing, accreditation and other regulatory standards as indicated by retention of full certification and accreditation; and coordinate resources and programs with the Adam A. Consent Decree and outpatient services

Performance Indicators: 1) staffed beds, 2) average daily census, 3) percentage readmissions, 4) average stay in days, 5) average % occupancy, 6) cost per admission, 7) cost per staffed bed

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Mission					
1 Objective	N/A	Not measurable	Not timebound	Specifies desired end result	
7 Indicators	Types of indicators: 1 input, 1 output, 1 outcome, and 4 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-338: New Orleans Adolescent Hospital
Program C: Workshop and Training**

Mission: Provides therapeutic activities to patients as approved by the treatment teams

Goals: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
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Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear what the program is generally trying to accomplish or what progress is being made.

Budget Unit # 09-340: Office for Citizens with Developmental Disabilities					
Mission: Provides or causes to be provided, treatment and rehabilitation care for citizens with mental retardation/developmental disabilities					
Goals: none					
Objectives: none					
Performance Indicators: none					
Summary of Performance Data Analysis					
1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-340: Office for Citizens with Developmental Disabilities
Program A: Administration**

Mission: none

Goal: Provide efficient and effective direction to the office

Objective: Oversee the provision of quality public mental retardation services to the citizens of LA

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving	
1 Objective	Consistent with goal	Not measurable	Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-340: Office for Citizens with Developmental Disabilities

Program B: Community-Based Program (Cont.)

Mission: Provides a broad array of community based services to mentally retarded and developmentally disabled adults and children

Goals:

- (1) Ensure access to preventive and habilitation services to individuals with mental retardation/developmental disabilities
- (2) Enhance the client's capacity to live, work, and participate in the community, while maintaining accountability and continuity of services and promoting independence from costly services

Objectives:

- (1) The Vocational and Habilitation Services section will:
 - (a) Serve 1,862 individuals in state-funded vocational and habilitation services programs during FY 96-97
 - (b) Improve the quality of services provided under each of approximately 50 state-funded contractors and
 - (c) Measure contract compliance for each provider on a periodic basis (at least one time per year) by June 30, 1997
- (2) The Case Management section provided by regional offices will:
 - (a) Provide case management services to a minimum of 780 individuals
 - (b) Provide case management services at the same or a reduced level of cost with the same number of employees and
 - (c) Meet or exceed licensure standards for the delivery of case management services in each of 9 regional offices
- (3) The Infant Habilitation/Early Intervention Services section will:
 - (a) Serve 1,519 infants/toddlers and their families in state-funded infant habilitation programs and
 - (b) Evaluate program effectiveness based on established standards and consumer satisfaction in each of the 14 contracted programs in 6 local school districts where services are contracted
- (4) The Substitute Family Care Section (SFC) section will:
 - (a) Provide 24-hour care and supervision with social and emotional support to a minimum of 147 SFC clients
 - (b) Maintain certified SFC homes through training and professional consultation and
 - (c) Meet or exceed licensure requirements for the delivery of SFC services at each of 9 regional offices
- (5) The Supported Living Section will provide cost-effective services to 146 people living in agency-provided supported living options
- (6) The Respite Care Services Section will provide respite care for a minimum of 1,130 individuals with developmental disabilities, and provide 250,000 hours of respite care to eligible families
- (7) The Diagnosis and Evaluation Section will provide diagnosis and evaluation services to 5,000 individuals who are suspected of having a developmental disability at a rate of \$122.00 per evaluation
- (8) The Guardianship Section will maintain the legal and social independence of 105 individuals with the developmental disabilities who are in jeopardy of losing their rights and provide these services at a rate of \$1,657 per individual
- (9) The Louisiana Special Olympics Component will continue to meet the athletic and leisure needs of 12,142 individuals participating in the Special Olympics program

Budget Unit # 09-340: Office for Citizens with Developmental Disabilities

Program B: Community-Based Program (Cont.)

- (10) The Contracted Case Management Services for Non-Medicaid eligible Individuals will:
- (a) Provide access to the supports needed by individuals living in or returning to the community who would otherwise require more expensive services at an ICF-MR or greater degree of supervision and
 - (b) Provide Family Service Coordination services to 60 children aged 3 through 17
- (11) The Case Management Information System (CAMIS) component will:
- (a) Track 9,200 and maintain and expand the PC-based Case Management Information System
 - (b) Expand the capacity to document delivery of appropriate case management individuals including infants and toddlers receiving Optional Targeted Case Management services or Title XIX Home and Community-Based Waiver services
 - (c) Assign prior authorizations numbers to 9,700 recipients of Optional Targeted Case Management Services, identifying each person and the volume of services authorized
 - (d) Maintain and expand a PC-based system and establish a regional database system to assign and track unique Medicaid prior authorization numbers and develop an electronic information exchange between regional prior authorization number databases and the Medicaid management information system
- (12) Maintain and expand a PC-based system for tracking individuals in need of services at the regional level
- (13) The Specialized Residential services component will provide specialized residential services to 72 individuals with developmental disabilities who live in non-Title XIX homes at a cost-effective rate
- (14) The Family Subsidy/Support component will provide reimbursement assistance to 751 families to address family identified barriers thus preventing or delaying institutional replacements
- (15) The Cash Subsidy component will provide, in addition to Family/Support assistance, financial assistance to 432 families to address the cost of maintaining a child with developmental disabilities at home
- (16) The Individualized Supported Living component will provide the support needed for 128 adults to move into the living arrangements of their choice
- (17) The Services for Children component will provide a broad range of supports for 78 children through the age of 17 for individualized, family centered services to maintain these children in their home
- (18) The General Services component will provide financial support to individuals with significant and challenging needs in the least restrictive settings possible at the present level of funding
- (19) The Obstetrics and Gynecological Services section will provide specialized obstetric and gynecological services (exams, hygiene education, etc.) to women with moderate to profound mental retardation through two clinics operating in New Orleans

Performance Indicators:

For objective 1: number of persons served; number of compliance reviews; total cost; total cost per person served

For objective 2: number of persons served with state funds; total program cost; annual cost per client served

For objective 3: total cost; number served-infant habilitation; annual cost per person served

For objective 4: total cost; number served under age 18; number served over 18; number of certified SFC homes; annual cost per person served

**Budget Unit # 09-340: Office for Citizens with Developmental Disabilities
Program B: Community-Based Program (Cont.)**

- For objective 5:** average annual cost per person served; total state dollars; number served
- For objective 6:** total cost; number served; number of hours of respite care; average annual cost per person served
- For objective 7:** total cost; number of clients served; cost per client served
- For objective 8:** total cost; number of clients served; annual cost per client served
- For objective 9:** total cost; number of clients served; annual cost per client served
- For objective 10:** total cost-SFG; total cost Act 378; number of adult clients served; unit cost per adult client served; number of children served; unit cost per child served
- For objective 11:** individuals over age three tracked; infants and toddlers with special needs; persons tracked awaiting services; individuals who have been assigned prior authorization numbers
- For objective 12:** total cost; number of persons served; average annual cost per person
- For objective 13:** total cost; number served; annual cost per person served
- For objective 14:** total cost; number served; annual cost per person served
- For objective 15:** total cost; number of persons served; annual cost per person served
- For objective 16:** total cost; number of persons served; annual cost per person served
- For objective 17:** contract dollars; number of persons served; annual cost per person served
- For objective 18:** total cost; number of persons served; annual cost per person served

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Mission	Both goals are consistent with the mission	Both goals provide a sense of direction on how to address the mission but only one goal reflects the destination toward which the entity is striving	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
2 Goals	Both goals are consistent with the mission	Both goals provide a sense of direction on how to address the mission but only one goal reflects the destination toward which the entity is striving	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
18 Objectives	All 18 objectives are consistent with the goals	Only 10 of the 18 objectives are measurable	None of the 18 objectives are timebound	All 18 objectives specify a desired end result	All 18 objectives specify a desired end result
62 Indicators	Types of indicators: 20 input, 3 output, 23 outcome, and 16 efficiency	Only 24 of the 62 indicators measure progress toward the objectives	All 62 indicators are consistent with the objectives	All 62 indicators are clear	All 62 indicators are clear

Conclusion: The objectives explain what the program is generally trying to accomplish. However, only 10 of the 18 objectives provide specific targets for accomplishment, and none are timebound. In addition, only 24 of the 62 performance indicators can be used to determine progress made toward the objectives.

(Concluded)

Budget Unit # 09-341: Peltier-Lawless Developmental Center

Mission: Provides services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-341: Peltier-Lawless Developmental Center
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-341: Peltier-Lawless Developmental Center

Program B: Patient Care

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Peltier-Lawless Developmental Center in the least restrictive environment possible. (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective:

Operate facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards;
- (2) meeting the habilitation and health care needs of persons served through active treatment services;
- (3) providing community integration to the greatest extent possible for clients who reside at the center; and
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible.

Performance Indicators: 1) total client days, 2) staff client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Mission	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Goal	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-341: Peltier-Lawless Developmental Center
Program C: Community Support (Cont.)**

Mission/Goal: Provides temporary residential care to adolescents who are dully diagnosed, which includes day-to-day physical care, discipline and training in a normal and non-restrictive home environment. Habilitation services are also provided, as well as activities that promote social, emotional, physical, and mental development. (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective:

Provide quality services to meet the identified residential needs of clients residing in the community homes operated by the Peltier-Lawless Developmental Center by: (1) maintaining services that meet licensing, Title XIX and Accreditation Council Standards; (2) meeting the habilitation and health care needs of persons served through active treatment services; and (3) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census, 6) number of admissions, 7) number of discharges, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-341: Peltier-Lawless Developmental Center
Program D: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-342: Metropolitan Developmental Center

Mission: Provide services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission				
Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving					

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-342: Metropolitan Developmental Center
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-342: Metropolitan Developmental Center
Program B: Patient Care (Cont.)**

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Metropolitan Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census, 6) number of admissions, 7) number of discharges, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address mission and reflects the destination toward which the entity is striving	Provides a sense of direction on how to address mission and reflects the destination toward which the entity is striving		
1 Objective	Consistent with goal	Not measurable	Not timebound		Specifies desired end result
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the department is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-342: Metropolitan Developmental Center
Program C: Patient Recreation**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-343: Columbia Developmental Center

Mission: Provide services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

<p>Budget Unit # 09-343: Columbia Developmental Center</p> <p>Program A: Administration and Support</p>		
<p>Mission: none</p> <p>Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility</p> <p>Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center</p> <p>Performance Indicators: none</p>		
<p>Summary of Performance Data Analysis</p>		
<p>1 Goal</p>	<p>Consistent with higher level mission</p>	<p>Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving</p>
<p>1 Objective</p>	<p>Consistent with goal</p>	<p>Not timebound</p> <p>Specifies desired end result</p>

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-343: Columbia Developmental Center
Program B: Patient Care (Cont.)**

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Columbia Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Indicators: 1) total client days, 2) staff client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-343: Columbia Developmental Center
Program C: Community Support (Cont.)**

Mission/Goal: Provides temporary residential care to adolescents who are dully diagnosed, which includes day-to-day physical care, discipline and training in a normal and non-restrictive home environment. Habilitation services are also provided, as well as activities that promote social, emotional, physical, and mental development. (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Provide quality services to meet the identified residential needs of clients residing in the community homes operated by the Columbia Developmental Center by:
 (1) maintaining services that meet licensing, Title XIX and Accreditation Council Standards
 (2) meeting the habilitation and health care needs of persons served through active treatment services
 (3) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Indicators: 1) total client days, 2) staff client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census, 6) number of admissions, 7) number of discharges, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-343: Columbia Developmental Center
Program D: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-344: Hammond Developmental Center

Mission: Provide services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-344: Hammond Developmental Center
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-344: Hammond Developmental Center

Program B: Patient Care

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Hammond Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective:

Operate facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff /client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving	Not timebound		
1 Objective	Consistent with goal	Not measurable	Specifies desired end result		
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-344: Hammond Developmental Center
Program C: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers
1 Mission	Not specifically labeled as "mission" in the Executive Budget	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving	Could not determine
1 Goal	Consistent with higher level mission		

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-346: Northwest Developmental Center

Mission: Provides services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-346: Northwest Developmental Center
Program A: Administration and Support**

Mission: Provides administrative services to patients of the Northwest Developmental Center

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Continue to oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-346: Northwest Developmental Center Program B: Patient Care

Mission/Goal: Provide day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Northwest Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving	Not timebound		
1 Objective	Consistent with goal	Not measurable	Specifies desired end result		
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-346: Northwest Developmental Center
Program C: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission					
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-347: Pinecrest Developmental Center

Mission: Provides services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-347: Pinecrest Developmental Center
Program A: Administration and Support**

Mission: Provides administrative services to patients of the Pinecrest Developmental Center

Goal: Provide efficient and effective administrative and support services for the programs and services provided at the facility

Objective: Oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with mission	Consistent with mission	Consistent with mission
1 Goal	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving	Not measurable	Not timebound	Specifies desired end result
1 Objective	Consistent with goal			

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-347: Pinecrest Developmental Center

Program B: Patient Care

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Pinecrest Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate the facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX, and accreditation council standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Consistent with higher level mission	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound		Specifies desired end result
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

Budget Unit # 09-347: Pinecrest Developmental Center

Program C: Community Support (Cont.)

Mission/Goal: Provides temporary residential care to adolescents who are dully diagnosed, which includes day-to-day physical care, discipline and training in a normal and non-restrictive home environment, and activities that promote social, emotional, physical, and mental development (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Provide quality services to meet the identified residential needs of clients residing in the community homes operated by the Pinecrest Development Center by :

- (1) maintaining residential services that meet licensing, Title XIX, and accreditation council standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day, 9) average daily census-adult day program

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goals	Not measurable	Not timebound	Specifies desired end result	
9 Indicators	Types of indicators: 2 input, 2 output, and 5 efficiency	None of the 9 indicators measure progress toward the objective	All 9 indicators are consistent with the objective	All 9 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-347: Pinecrest Developmental Center
Program D: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address mission but does not reflect the destination toward which the program is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-348: Ruston Developmental Center

Mission: Provides services to multiply handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes the maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA) certification requirements and all required federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-348: Ruston Developmental Center
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable
		Not timebound
		Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-348: Ruston Developmental Center

Program B: Patient Care

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons living at Ruston Developmental Center in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate the facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX, and Accreditation Council Standards
- (2) meeting habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) number of admissions-facility, 6) number of discharges-facility, 7) cost per client day

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound		Specifies desired end result
7 Indicators	Types of indicators: 2 input, 2 output, and 3 efficiency	None of the 7 indicators measure progress toward the objective	All 7 indicators are consistent with the objective	All 7 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

**Budget Unit # 09-348: Ruston Developmental Center
Program C: Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-349: Southwest Developmental Center

Mission: Provides services to multiple handicapped and/or medically fragile severely or profoundly mentally retarded and developmentally disabled individuals for whom community living arrangements are inappropriate

Goal: Provide continuous mental retardation/developmental disabilities active treatment services in a manner that promotes maximum individual achievement and provide all health and physical care services in accordance with state licensing standards, Health Care Financing Administration (HCFA), certification requirements and all federal and state regulatory standards

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			

Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-349: Southwest Developmental Center
Program A: Administration and Support**

Mission: none

Goal: Provide efficient and effective administrative and support services to the programs and services provided at the facility

Objective: Oversee the provision of quality mental health treatment and related services to the residents of the center through indirect resident services necessary for the efficient operation of the center

Performance Indicators: none

Summary of Performance Data Analysis

1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving
1 Objective	Consistent with goal	Not measurable Not timebound Specifies desired end result

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

**Budget Unit # 09-349: Southwest Developmental Center
Program B: Patient Care (Cont.)**

Mission/Goal: Provides day to day care, discipline and training which meets the basic physical, emotional, developmental, social and cognitive needs of persons in the least restrictive environment possible (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Operate the facilities in an efficient, cost-effective manner by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) providing community integration to the greatest extent possible for clients who reside at the center
- (4) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Mission	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Goal	Consistent with goal	Not measurable	Not timebound		Specifies desired end result
8 Indicators	Types of indicators: 2 input, 2 output, and 4 efficiency	None of the 8 indicators measure progress toward the objective	All 8 indicators are consistent with the objective	All 8 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

Budget Unit # 09-349: Southwest Developmental Center

Program C: Community Support (Cont.)

Mission/Goal: Provides temporary residential care to adolescents who are dully diagnosed, which includes day-to-day physical care, discipline and training in a normal and non-restrictive home environment, and activities that promote social, emotional, physical, and mental development (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Provide quality services to meet the identified residential needs of clients residing in the community homes operated by the Southwest Developmental Center by:

- (1) maintaining residential services that meet licensing, Title XIX and Accreditation Council Standards
- (2) meeting the habilitation and health care needs of persons served through active treatment services
- (3) assuring maximum service delivery to consumers by maintaining the highest occupancy rate possible

Performance Indicators: 1) total client days, 2) staff/client ratio, 3) percent occupancy, 4) facility level of care, 5) average daily census-facility, 6) number of admissions-facility, 7) number of discharges-facility, 8) cost per client day, 9) average daily census-adult day program

Summary of Performance Data Analysis

1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission and reflects the destination toward which the entity is striving			
1 Objective	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	
9 Indicators	Types of indicators: 2 input, 2 output, and 5 efficiency	None of the 9 indicators measure progress toward the objective	All 9 indicators are consistent with the objective	All 9 indicators are clear	

Conclusion: The objective explains what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objective because the objective is not measurable.

(Concluded)

**Budget Unit # 09-349: Southwest Developmental Center
Program D: Business Enterprise Fund**

Mission/Goal: Provide therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Not specifically labeled as "mission" in the Executive Budget	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving		

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Budget Unit # 09-351: Office of Substance Abuse

Mission: Operates a statewide system of residential and outpatient treatment, detoxification services, and prevention and education services for citizens affected by alcohol and drug abuse

Goal: none

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

<p>1 Mission</p>	<p>Not specifically labeled as "mission" in the Executive Budget</p>	<p>Consistent with higher level mission</p>	<p>Identifies overall purpose</p>	<p>Identifies clients/customers</p>	<p>Could not determine</p>
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Conclusion: See the following pages for conclusions on the collective usefulness of objectives and performance indicators for each program within this budget unit.

**Budget Unit # 09-351: Office of Substance Abuse
Program A: Administration and Support**

Mission/Goal: Provides efficient and effective direction to the programs and services provided by the Office of Substance Abuse (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objective: Oversee the provision of quality preventive, treatment and rehabilitation public substance abuse services to the citizens of the state of Louisiana requiring such services

Performance Indicators: none

Summary of Performance Data Analysis

	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Mission	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the entity is striving			
1 Goal	Consistent with goal	Not measurable	Not timebound	Specifies desired end result	

Conclusion: The objective explains what the program is generally trying to accomplish. However, it does not provide a specific target for accomplishment. In addition, progress made toward the objective cannot be determined because there are no performance indicators.

Budget Unit # 09-351: Office of Substance Abuse
Program B: Substance Abuse Prevention and Treatment Services (Cont.)

Mission: Provide prevention and treatment for alcoholism and drug abuse to the citizens of LA

Goal: none

Objectives:

- (1) The Outpatient Clinic Services component will continue to provide outpatient treatment services to the chemically dependent population and to those at high risk of abusing alcohol and other drugs. The treatment services provided include individual, couple, family and group counseling and treatment, continuing care, limited medical services, and community oriented prevention and education services.
- (2) The Targeted Case Management component will provide on-going, comprehensive, accessible and coordinated prevention, intervention, treatment and rehabilitative services to persons with alcohol and other drug related disorders and those identifiable as high risk of developing such problems, to aid in restoration and/or maintenance of productive life
- (3) The Residential Treatment component will continue to provide intensive inpatient residential treatment services to chemically dependent individuals requiring publicly supported services in a more structured treatment environment, as opposed to services provided in an outpatient treatment setting. Residential services include short-term primary care of 28 days or less; long-term primary care of 6 to 8 months; half-way and three-quarter way home for periods of 1 to 12 months; and group recovery homes
- (4) The Acute Care-Detoxification Services component will continue to provide short-term inpatient treatment and support services to persons suffering from prolonged periods of alcohol and/or drug abuse, in order to halt the forward momentum of addiction and begin the recovery process
- (5) The Prevention component will continue to provide a community-based prevention and education system that will serve as a focal point in the development and implementation of an array of prevention and education activities to encourage abstinence from illicit drugs and use of legal drugs (alcohol and tobacco) only at the age of maturity

Performance Indicators:

- For Objective 1:** total program cost, average active caseload, number of admissions, number of discharges, percent recidivism, percent discharge-successful program completion, percent discharge-prior to program completion, percent discharge-changed unemployed to employed, percent discharge- additional involvement with criminal justice system, percent discharge-involved in self help programs, cost per admission.
- For Objective 2:** total program cost, number of persons served, number of services rendered, number of clients who received employment counseling, number referred for entitlements, average annual cost per person served, average cost per service
- For Objective 3:** Short Term Inpatient Treatment: total program cost, average daily census, total inpatient days, admissions, discharges, average length of stay-days, percent readmission, percent successfully completing program, percent occupancy, cost per discharge, number of licensed beds
- Long Term Inpatient treatment:** same indicators as short term

**Budget Unit # 09-351: Office of Substance Abuse
Program B: Substance Abuse Prevention and Treatment Services (Concluded)**

For Objective 4: total program cost, number of licensed beds, average daily census, average occupancy rate, admissions, discharges, average length of stay-days, percent readmission, percent successfully completing program, annual cost per staffed bed

For Objective 5: total program cost, number of participants in state operated programs, number of participants in contract programs, cost per participant per year/state operated program, cost per participant per year/ contract programs

Summary of Performance Data Analysis

1 Mission	Specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Organizationally acceptable
5 Objectives	N/A	None of the 5 objectives is measurable	Only 1 of the 5 objectives is timebound	All 5 objectives specify a desired end result	
55 Indicators	Types of indicators: 10 input, 15 output, 12 outcome, and 18 efficiency	None of the 55 indicators measure progress toward the objectives	All indicators are consistent with the objectives	All indicators are clear	

Conclusion: The objectives explain what the program is generally trying to accomplish. However, the performance indicators cannot be used to determine progress made toward the objectives because the objectives are not measurable.

**Budget Unit # 09-351: Office of Substance Abuse
Program C: Auxiliary Patient Recreation Fund**

Mission/Goal: Provides therapeutic activities to patients as approved by the treatment teams (Note: This is one of the 29 statements that the executive budget does not specifically label as a mission or a goal. The OPB planning analyst who identified missions and goals for us did not differentiate between the two. Therefore, we assessed this statement as both a mission and a goal.)

Objectives: none

Performance Indicators: none

Summary of Performance Data Analysis

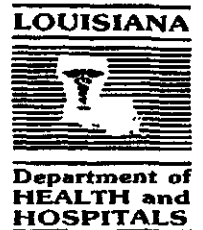
1 Mission	Not specifically labeled as "mission" in the Executive Budget	Consistent with higher level mission	Identifies overall purpose	Identifies clients/customers	Could not determine
1 Goal	Consistent with higher level mission	Provides a sense of direction on how to address the mission but does not reflect the destination toward which the program is striving			

Conclusion: Because the executive budget does not report objectives and performance indicators for this program, it is not clear specifically what the program is trying to accomplish or what progress is being made.

Appendix E
Department of Health and Hospitals'
Response



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



M.J. "Mike" Foster, Jr.
GOVERNOR

Bobby P. Jindal
SECRETARY

November 7, 1997

Daniel G. Kyle, Ph.D., CPA, CFE
Legislative Auditor
1600 N. Third St.
P.O. Box 94397
Baton Rouge, LA 70804-9397

Re: Response to Performance Audit of November, 1997

Dear Dr. Kyle:

This letter is the response of the Department of Health and Hospitals to the performance audit of November, 1997 entitled, "*Analysis of Program Authority and Performance Data For the Louisiana Department of Health and Hospitals.*"

We wish to thank you for the very extensive audit that was performed by your office. Your recommendations will be of valuable assistance to us in implementing Act 1465. Our Department has an excellent working relationship with the Division of Administration, Office of Planning and Budget, and it is our intention to work very closely with them and the staff of the House Appropriations Committee to resolve the problem areas cited in your report. It is our hope that the 1998-99 DHH Operational Plan currently being developed by my staff will address your concerns.

We assure you that DHH takes the effective implementation of Act 1465 very seriously. I have appointed an ongoing DHH Performance Based Budgeting Committee that is charged with the responsibility of implementing the process set forth in the Act. If you have further questions, feel free to call Mr. William M. Dawkins, Jr., Director of the Division of Budget, Contracts and Leases or Mrs. Carolyn O. Maggio, Director of the Division of Research and Development, who co-chair our Performance Based Budgeting Committee.

Sincerely,

Bobby P. Jindal
Secretary

BPJ/MAF

CC: John LaCour
David W. Hood
DHH Performance Based Budgeting Committee
Bill Gunter
Ted McMullan

Appendix F

Division of Administration - Office of Planning and Budget's Response



State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF PLANNING AND BUDGET

M. J. "MIKE" FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

November 7, 1997

Daniel G. Kyle, Ph.D., CPA, CFE
Legislative Auditor
P. O. Box 94397
Baton Rouge, Louisiana 70804-9397

Re: Analysis of Program Authority and Performance Data for Department of Health and Hospitals

Dear Dr. Kyle:

Thank you for the inclusion of members of our staff in the exit conference for your office's performance audit of the Department of Health and Hospitals and this opportunity to respond to the audit report, Department of Health and Hospitals Analysis of Program Authority and Performance Data.

Our office agrees with audit recommendations regarding ways to improve the department's planning and performance accountability. The Office of Planning and Budget maintains a standing offer to all state agencies of training and technical assistance in planning, budgeting, and performance accountability. Many of the department's personnel have recently attended such training and we will continue to work with the department in the future to update their strategic plan, make appropriate changes to the department's operational plan, and develop better performance indicators.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen R. Winham".

Stephen R. Winham
State Director of Planning and Budget

SRW/TNM

c: Bobby P. Jindal, Secretary
Department of Health and Hospitals