

CENTRAL LOUISIANA HUMAN SERVICES DISTRICT

DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA



FINANCIAL AUDIT SERVICES
PROCEDURAL REPORT
ISSUED SEPTEMBER 30, 2015

**LOUISIANA LEGISLATIVE AUDITOR
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LOUISIANA LEGISLATIVE AUDITOR
DARYL G. PURPERA, CPA, CFE

September 30, 2015

The Honorable John A. Alario, Jr.,
President of the Senate
The Honorable Charles E. "Chuck" Kleckley,
Speaker of the House of Representatives
John Egan Jones, Executive Director
Central Louisiana Human Services District

Dear Senator Alario, Representative Kleckley, and Mr. Jones:

This report provides the result of our procedures at the Central Louisiana Human Services District (CLHSD) for the period from July 1, 2013, through June 30, 2015. Our objective was to evaluate certain controls that CLHSD uses to ensure accurate financial reporting, compliance with applicable laws and regulations, and provide overall accountability over public funds. I hope this report will benefit you in your legislative decision-making process and business operations.

We would like to express our appreciation to the management and staff of CLHSD for their assistance during our work.

Respectfully submitted,

Daryl G. Purpera, CPA, CFE
Legislative Auditor

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CLHSD 2015

Louisiana Legislative Auditor

Daryl G. Purpera, CPA, CFE

Central Louisiana Human Services District



September 2015

Audit Control # 80150085

Introduction

The primary purpose of our procedures at Central Louisiana Human Services District (CLHSD) was to evaluate certain controls that CLHSD uses to ensure accurate financial reporting, compliance with applicable laws and regulations, and provide overall accountability over public funds.

The mission of CLHSD is that all citizens with mental health issues, addictions, and developmental challenges residing in central Louisiana are empowered, and self-determination is valued such that individuals live a satisfying, hopeful, and contributing life. For more information on CLHSD's services, see Appendix C.

On March 2, 2012, prior to the creation of CLHSD, the Department of Health and Hospitals (DHH) launched the Louisiana Behavioral Health Partnership (LBHP) using a private contractor, Magellan Health Services (Magellan), as the state managing organization for all behavioral health programs. CLHSD was established July 1, 2013, operating under the oversight of DHH. When CLHSD began full operations on July 1, 2014, continuing transition issues attributable to the LBHP impacted the delivery of services and how those services were funded. Prior to creation of the CLHSD, the services were provided as a regional office of DHH.

We evaluated CLHSD's operations and system of internal controls through inquiry, observation, and review of its policies and procedures, including a review of the laws and regulations applicable to CLHSD. Based on the documentation of CLHSD's controls and our understanding of related laws and regulations, we performed procedures on selected controls and transactions focusing on CLHSD's participation in LBHP.

Our procedures included consideration of continuing transition issues including billing for services provided, reconciliation of Medicaid revenues to accounting and health records, and meeting the self-generated revenue budget. We also performed procedures on selected controls and transactions relating to cash receipts for fees, payroll and non-payroll expenditures, movable property, service contracts, LaCarte expenditures, and information technology. We will address the transition issues and other procedures separately. We will provide recommendations to CLHSD management as appropriate.

Management's response is included in Appendix A. Our Scope and Methodology is in Appendix B.

Results of Our Procedures

Billing for Services Provided

CLHSD experienced difficulties with Magellan's Clinical Advisor billing system and was unable to bill Medicare, third-party providers, and private-pay patients. DHH required that the district use Clinical Advisor, and CLHSD's first attempt to use another electronic health records system, ICANotes, failed due to CLHSD's computer bandwidth issues. As of June 30, 2015, CLHSD had \$1,770,611 of service charges unbilled, consisting of \$626,488 of Medicare; \$897,993 of private pay; and \$246,130 of third-party insurance claims. Of the total, \$926,736 is greater than 12 months old and may be uncollectible.

Recommendation: CLHSD should make all efforts to implement a system to allow for the timely billing and collection of charges before claims expire and amounts become uncollectible.

Reconciliation of Medicaid Revenues to Accounting and Health Records

In the district's first year of full operation, CLHSD experienced difficulties with the Magellan system of payment. CLHSD is working on developing processes for reconciliation, but reconciliation of claims collections to accounting records and client files has not been completed. CLHSD has noted various reasons, including (1) lack of instruction, guidance, or training from DHH; (2) Magellan check registers are not provided timely and lack detailed patient information related to claims paid and other claims information; and (3) unexplained recoupments of funds by Magellan. In addition, Magellan makes recoupment of claim payments from CLHSD's deposits for various reasons without identification by patient, claim reference, or explanation for the recoupments.

Recommendation: CLHSD should work diligently with DHH and Magellan to gain the understanding of Magellan remittance information to reconcile Magellan payments to accounting records and client records. Reliable reconciliation processes are part of effective internal control that CLHSD needs to ensure accurate and timely financial reporting.

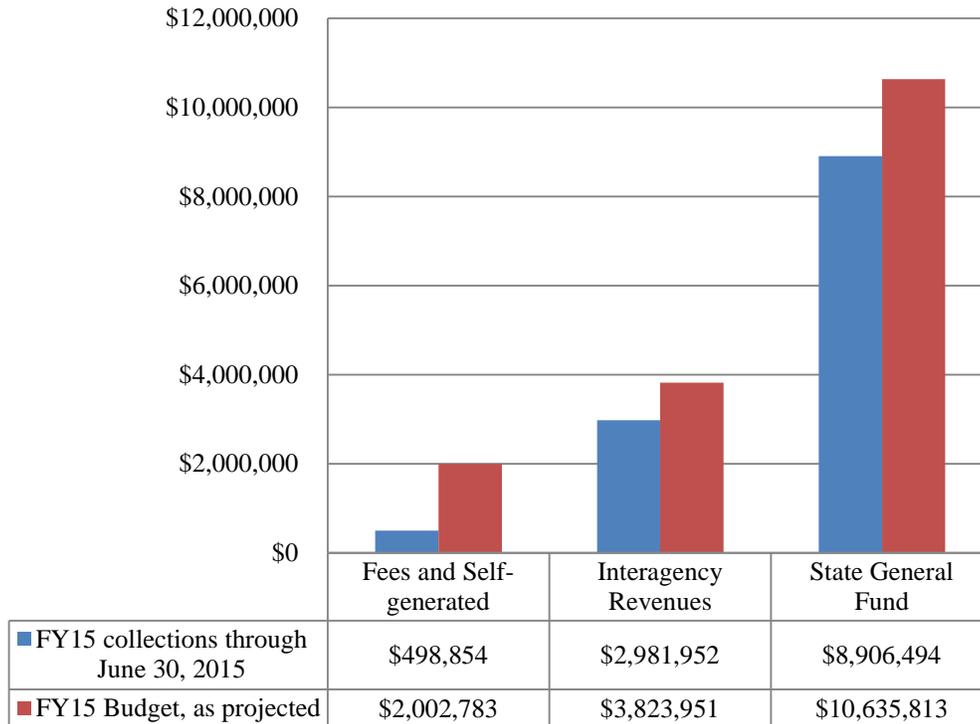
Meeting Self-generated Revenue Budgets

Since CLHSD is in its first year of operation, management expressed concern about the district being able to meet the self-generated revenue budget set forth for the fiscal year ended June 30, 2015. In analyzing the revenues received through June 30, 2015, CLHSD had only collected approximately 25% of its annual fiscal year 2015 budget. CLHSD does not set its own budget for self-generated revenue; the budget was determined by DHH. In the breakdown, fees and

self-generated revenue includes Medicare, third-party insurance payments, and private-pay patient revenues.

The inability to meet the self-generated budget essentially becomes budget cuts for CLHSD that could negatively impact the delivery of needed services.

Revenues – Budget to Actual for Fiscal Year 2015



Note: FY15 collections also include \$6,494 in federal funds, and the FY15 budget also includes \$48,358 in federal funds.

Source: 2015 Budget and ISIS Transaction Detail

Recommendation: CLHSD management should work closely with DHH to ensure self-generated revenue budgets are reasonable and obtainable.

Cash Receipts for Fees

Because of increased risk due to fiscal year 2015 being CLHSD’s first year of operation, we performed procedures to ensure controls were in place and operating over cash receipts. For clients who are not insured and do not qualify for free care under programs administered by CLHSD, the district collects fees for the services delivered. These fees are collected at each of the clinics operated by CLHSD and deposited into a bank account maintained by CLHSD. The majority of the district’s other receipts are electronically deposited directly into the DHH Medicaid/Medicare bank accounts. The district is currently working with DHH to determine what support is needed to classify self-generated receipts to ensure funds are transferred to DHH

monthly, as per the district's policy. As of April 2015, \$9,174 of self-generated funds received between November 2014 and March 2015 had not been classified or transferred.

Also, CLHSD's clinics are not consistently placing a restrictive endorsement on checks immediately upon receipt, and the person making the bank deposits also prepares the mail log used in the monthly bank reconciliations, resulting in incompatible functions.

Recommendation: CLHSD should continue working with DHH to resolve receipt classification issues to ensure funds are transferred to DHH timely, as required by district policy. In addition, CLHSD should place a restrictive endorsement on all checks immediately upon receipt and require the person receiving funds to prepare the mail log used in the monthly bank reconciliations.

Payroll Expenditures

Because payroll expenditures are the district's largest expenditures, we performed procedures to ensure controls were in place and operating. Our procedures determined that CLHSD had policies and procedures and adequate controls to maintain human resources and timekeeping records, as well as documentation to support financial reporting of payroll expenditures. However, CLHSD is not following DHH policy requiring background checks to be performed on employees, contractors, and volunteers who have supervisory or disciplinary authority over children, and/or have access to Medicaid recipients' and applicants' Electronic Protected Health Information.

Recommendation: CLHSD should adhere to DHH policy requiring background checks on certain employees.

Non-payroll Expenditures

In January 2015, CLHSD began handling its own procurement function, which DHH had previously handled. We performed procedures on non-payroll expenditures to ensure controls were in place and operating. We tested selected transactions relating to travel, small purchases, and bid purchases. Our procedures determined that CLHSD has policies and procedures and adequate controls to process non-payroll expenditures, maintain documentation to support financial reporting and to follow state regulations applicable to CLHSD. However, CLHSD's personnel were not trained to run financial reports to compare these expenditures to the annual budget.

Recommendation: CLHSD should work with DHH's fiscal budget person assigned to the district to train on how to run Integrated Statewide Information System financial reports to allow CLHSD to better monitor its expenditures.

Movable Property

CLHSD took ownership of all movable property that had previously been accounted for by the regional offices of DHH on July 1, 2014. Located throughout CLHSD's clinics and administrative offices, CLHSD owns more than 163 items of movable property with original costs of approximately \$470,619. Our procedures determined that CLHSD has policies and procedures and adequate controls over property to safeguard assets, certify annual inventory, timely tag and report new acquisitions, and properly dispose of items as directed by the Louisiana Property Assistance Agency.

Service Contracts

We performed procedures to determine whether expenditures for service contracts complied with established policies and state rules and regulations. We examined support for four residential services contracts and one psychiatric service contract, as well as selected invoices. Our procedures determined that CLHSD had adequate controls in place to ensure that these expenditures were supported within established limits; processed in accordance with applicable policies and state rules and regulations; and monitored.

LaCarte Expenditures

CLHSD participates in the state of Louisiana's LaCarte Purchasing Card Program and uses LaCarte cards to make small-dollar purchases. We examined documentation for selected transactions and did not identify any exceptions. The transactions are also monitored at the DHH level. Our procedures determined that CLHSD had adequate controls in place to ensure that purchases were properly approved and made for proper business purposes; sufficient documentation was maintained to support purchases; and purchases were properly reconciled to invoices, receipts, logs, and credit card statements.

Information Technology

We performed procedures to determine whether information technology (IT) access was restricted to business-need only and access was adequately segregated. Our procedures identified employees with excessive access, including one employee with access to human resource records and six employees with access to accounts payable processes. CLHSD immediately removed the excessive access to human resource records when it was brought to management's attention. However, according to CLHSD management, the accounts payable access existed when the district separated from DHH.

Recommendation: CLHSD should work with DHH personnel to gain a better understanding of IT access over accounts payable and restrict employee access to business-need only.

Distribution

Under Louisiana Revised Statute 24:513, this report is a public document, and it has been distributed to appropriate public officials.

APPENDIX A: MANAGEMENT'S RESPONSE



State of Louisiana

Central LA Human Services District

September 15, 2015

Daryl G. Purpera, CPA, CFE
Legislative Auditor
1600 North Third St
P.O. BOX 94397
Baton Rouge, La 70804-9397

CLHSD Response to Legislative Auditor Procedural Report

Billing for Services Provided

Recommendation: CLHSD should make all efforts to implement a system to allow for the timely billing and collection of charges before claims expire and amounts become uncollectible.

CLHSD RESPONSE:

CLHSD was able to correct IT bandwidth problems in time to start using its own Electronic Health Record beginning July 1, 2015 thereby allowing timely billing and collection of charges before claims expire and amounts become uncollectible.

CLHSD contends that the uncollected billings reflected in the Magellan reports provided by CLHSD upon request by the Legislative Auditors (on the next page) are not reliable. An example would be the private pay claims. A client may receive \$5,000 in services in one year, but due to the Limited Liability Fee schedule, they are only responsible for \$500. This is not reflected in the Magellan reports provided by CLHSD to the Legislative Auditors.

CLHSD cannot and should not accept the Magellan reports as correct and must work to identify correct billing. Therefore, all efforts are being made to do this before Clinical Advisor is decommissioned.

CLHSD is implementing a system to correctly identify and allow for the timely billing and collection of charges before claims expire and amounts become uncollectible through its new electronic health record and additional employment of qualified staff.



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Year-Month	Medicaid Denials	Medicare	Private Pay	Third Party	Total Outstanding	Total Unbilled
201203 - March	9,541	5,017	6,373	1,068	22,000	
201204 - April	15,675	6,919	10,899	1,495	34,987	
201205 - May	17,721	6,788	8,893	1,589	34,990	
201206 - June	8,347	5,715	8,720	2,027	24,809	
Subtotal FY12 Expired	51,283	24,438	34,885	6,179	116,786	65,502
201207 - July	4,616	5,638	9,901	2,778	22,934	
201208 - August	2,585	7,701	9,553	2,287	22,126	
201209 - September	1,972	7,741	11,264	2,574	23,551	
201210 - October	3,497	8,564	12,024	3,158	27,242	
201211 - November	2,876	6,220	8,750	1,443	19,289	
201212 - December	4,390	6,672	10,726	1,820	23,608	
201301 - January	9,683	11,706	12,314	2,953	36,656	
201302 - February	5,077	10,372	11,670	2,910	30,030	
201303 - March	5,043	14,018	9,504	3,486	32,051	
201304 - April	3,680	14,221	10,835	2,353	31,088	
201305 - May	5,343	16,208	9,589	4,116	35,256	
201306 - June	4,417	14,611	8,730	2,963	30,721	
Subtotal FY13 Expired	53,179	123,673	124,859	32,841	334,552	281,372
201307 - July	4,020	15,245	11,548	3,813	34,626	
201308 - August	4,378	13,856	15,082	5,318	38,634	
201309 - September	5,299	17,307	16,118	4,568	43,293	
201310 - October	8,066	18,933	30,845	7,797	65,640	
201311 - November	34,667	20,612	22,227	5,730	83,236	
201312 - December	43,448	18,606	20,314	7,347	89,715	
201401 - January	(1,321)	19,833	18,470	10,812	47,794	
201402 - February	2,345	20,868	21,589	9,354	54,155	
201403 - March	2,583	17,294	22,189	9,777	51,844	
201404 - April	4,065	24,873	27,487	12,704	69,130	
201405 - May	2,985	19,659	24,669	9,207	56,521	
201406 - June	2,339	19,518	31,520	4,773	58,150	
Subtotal FY14 Expired	112,875	226,604	262,058	91,200	692,737	579,862
201407 - July	4,782	20,916	61,665	7,927	95,291	
201408 - August	3,984	19,332	51,571	6,531	81,418	
201409 - September	4,792	20,836	53,494	6,044	85,165	
201410 - October	4,747	24,014	48,416	7,968	85,145	
201411 - November	6,765	15,535	32,765	4,315	59,380	
201412 - December	6,697	17,764	45,907	8,338	78,706	
201501 - January	11,735	21,896	30,814	11,457	75,902	
201502 - February	13,370	20,198	27,126	11,514	72,208	
201503 - March	13,448	26,770	28,093	14,162	82,473	
201504 - April	13,720	26,595	26,611	11,198	78,125	
201505 - May	15,120	18,259	25,992	14,082	73,452	
201506 - June	28,350	19,660	43,738	12,375	104,122	
Subtotal FY15	127,510	251,774	476,191	115,911	971,385	843,875
Total FY14 and FY15	240,385	478,377	738,249	207,111	1,664,122	



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Reconciliation of Medicaid Revenues to Accounting and Health Records

Recommendation: CLHSD should work diligently with DHH and Magellan to gain the understanding of Magellan remittance information to reconcile Magellan payments to accounting records and client records. Reliable reconciliation processes are part of effective internal control that CLHSD needs to ensure accurate and timely financial reporting.

CLHSD RESPONSE:

CLHSD is working with DHH and Magellan to reconcile Magellan payments to accounting records and client records. CLHSD recognizes that reliable reconciliation processes are part of effective internal controls and is committed to maintaining these controls.

Meeting Self-generated Revenue Budgets

Recommendation: CLHSD management should work closely with DHH to ensure self-generated revenue budgets are reasonable and obtainable.

CLHSD RESPONSE:

CLHSD and other LGEs have been attempting to negotiate the revision of self-generated budgets that are reasonable and obtainable since they were first placed upon us based on faulty projections. All efforts have been to no avail, but we will continue in our attempts to negotiate the revision of self-generated budgets.

Cash Receipts for Fees

Recommendation: CLHSD should continue working with DHH to resolve receipt classification issues to ensure funds are transferred to DHH timely, as required by district policy. In addition, CLHSD should place a restrictive endorsement on all checks immediately upon receipt and require the person receiving funds to prepare the mail log used in the monthly bank reconciliation .

CLHSD RESPONSE:

All receipts for fiscal year 2015 were classified and remitted to DHH prior to the close of the fiscal year. CLHSD reconciles its local bank account monthly, classifies funds received and remits to DHH.

In May 2015, the procedure for mail receipts was revised; the restrictive endorsement is applied at time of receipt and the employee responsible for opening the mail completes the check log. The employee responsible for opening the mail is not the same employee as the one making the deposit. On 7/13/15,



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additional revisions were made to the handling of mail receipts; the restrictive endorsement continues to be applied at time of receipt. Additionally, changes were made to the actual employee responsible for preparing and making the deposit; this employee has no other duties related to the receipt of cash or the bank account.

Payroll Expenditures

Recommendation: CLHSD should adhere to DHH policy requiring background checks on certain employees.

CLHSD RESPONSE:

As of August 2015, CLHSD has resolved conflicts and developed the procedures to adhere to DHH policy requiring background checks on employees, contractors, and volunteers who have supervisory or disciplinary authority over children, and/or have access to Medicaid recipients' and applicants' Electronic Protected Health Information.

Non-payroll Expenditures

Recommendation: CLHSD should work with DHH's fiscal budget person assigned to the district to train how to run Integrated Statewide Information System financial reports to allow CLHSD to better monitor its expenditures.

CLHSD RESPONSE:

CLHSD will increase our efforts to receive the necessary training and access from DHH to run Integrated Statewide Information System financial reports. CLHSD does run reports in "Business Objects" and closely monitors all non-payroll expenditures. Additionally, CLHSD's current DHH Budget Analyst began providing monthly copies of bundled reports from the Integrated Statewide Information System beginning with the April 2015 report in May 2015.

Information Technology

Recommendation: CLHSD should work with DHH personnel to gain a better understanding of IT access over accounts payable and restrict employee access to business-need only.

CLHSD RESPONSE:

CLHSD does have an understanding of IT access over accounts payable and does restrict employee access to business-need only. The employees that were identified as having access to human resource



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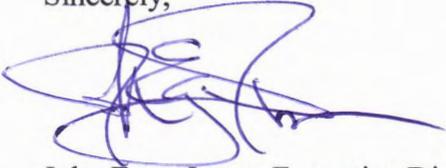
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records and accounts payable processes had access to OBH Region VI and OCDD Region VI; Agencies 330 and 340, respectively. On July 1, 2013 CLHSD was formed as Agency 376. DHH did not terminate employee access to Agencies 330 and 340; however, no data was entered into those agencies by CLHSD after July 1, 2013. DHH was notified by CLHSD on July 22, 2015 of the need to remove these employees from 330 and 340 respectively. Confirmation of this notification has not been received from DHH.

CLHSD appreciates the work done by the legislative auditors and the appropriate corrective actions brought to our attention.

Sincerely,



John Egan Jones, Executive Director
Central LA Human Services District



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APPENDIX B: SCOPE AND METHODOLOGY

We conducted certain procedures at Central Louisiana Human Services District (CLHSD) for the period July 1, 2013, through June 30, 2015. Our objective was to evaluate certain internal controls CLHSD uses to ensure accurate financial reporting, compliance with applicable laws and regulations, and provide overall accountability over public funds. The scope of our procedures was significantly less than an audit conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States. The Annual Fiscal Report for CLHSD was not audited or reviewed by us, and, accordingly, we do not express an opinion on that report. CLHSD's accounts are an integral part of the state of Louisiana's financial statements, upon which the Louisiana Legislative Auditor expresses opinions. We performed the following procedures:

- We evaluated CLHSD's operations and system of internal controls through inquiry, observation, and review of its policies and procedures, including a review of the laws and regulations applicable to CLHSD.
- Based on the documentation of CLHSD's controls and our understanding of related laws and regulations, we performed procedures on selected controls and transactions focusing on CLHSD's participation in the Louisiana Behavioral Health Partnership (LBHP). The LBHP launched on March 1, 2012, prior to the creation of CLHSD. When CLHSD began operation on July 1 2014, the partnership significantly impacted the delivery of services and how that service delivery was funded. Our procedures included consideration of continuing transition issues including billing for services provided, reconciliation of Medicaid revenues to accounting and health records, and meeting self-generated revenue budget. We also performed procedures on selected controls and transactions relating to cash receipts for fees, payroll and non-payroll expenditures, movable property, service contracts, LaCarte expenditures, and information technology.
- We compared the most current and prior-year financial activity using CLHSD's system-generated reports to identify trends and obtained explanations from CLHSD's management for any significant variances that could potentially indicate areas of risk. Management's explanations were reasonable.

The purpose of this report is solely to describe the scope of our work at CLHSD and not to provide an opinion on the effectiveness of CLHSD's internal control over financial reporting or on compliance. Accordingly, this report is not intended to be and should not be used for any other purpose.

APPENDIX C: BACKGROUND

CLHSD's primary focus is to increase public awareness of and provide access for individuals with behavioral health and developmental disabilities to integrated community-based services while promoting wellness, recovery, and independence through education, and the choice of a broad range of programmatic and community resources.

CLHSD's continuum of care includes a wide range of levels of care and services to the residents of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes. All eight parishes in the CLHSD service area are designated as Medically Underserved Areas. Medically Underserved Areas/Populations are areas or populations designated by the Health Resources and Services Administration as having: too few primary care providers, high infant mortality rates, high poverty and/or high elderly populations. Avoyelles, Catahoula, Concordia, Grant, Vernon, and Winn parishes are all also designated by the U.S. Department of Health and Human Services as a Health Professional Shortage Area. CLHSD's service area is also designated as a mental health shortage area. CLHSD's continuum of care includes a wide range of levels of care and services to the residents of the service area. CLHSD operates three outpatient behavioral health clinics, two behavioral health outreach clinics, and the Developmental Disabilities Office, which serves as the single point of entry for the eight-parish service area into the development disability services system.

CLHSD's behavioral health clinics served 2,063 adults and 223 children for the period July 1, 2014, to February 28, 2015; and its addictive disorder program contracts, other contracts, and prevention contracts served 2,914 adults and 9,076 children for the period July 1, 2014, to February 28, 2015. The clinics provide services such as screening and referral; individual, group, and family therapy; intensive outpatient treatment; psychiatric, psychological, and psychosocial evaluations; medication management; support services; patient assistance program and pharmacy services; aftercare services to patients stepping down from more intensive levels of care such as inpatient hospitalization or residential treatment; crisis intervention; drug screening; education on a variety of topics; 24-hour crisis line; and comprehensive transition and discharge planning for ongoing treatment or recovery support. They also contract for services to be provided such as outpatient gambling treatment program, residential substance abuse programs, Assertive Community Treatment Program, outpatient treatment program for persons with addictive disorders, prevention programs, employment development program, family support, flexible family funds, peer support, transitional housing, community outreach, homeless outreach, assistance with obtaining benefits, and community education and advocacy services.

The Developmental Disabilities Divisional Office of CLHSD served 661 adults and 277 children for the period July 1, 2014, to February 28, 2015. These programs provide an array of community- and home-based services such as a flexible family fund, supported independent living, Children's Choice Waiver program, New Opportunities Waiver program, support waiver program, Residential Options Waiver program and support coordination including the coordination and referral of individuals to residential programs with active treatment services and supports in a 24-hour residential setting.