

MENTAL HEALTH AREA A
OFFICE OF MENTAL HEALTH
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA



PROCEDURAL REPORT
ISSUED JULY 11, 2007

**LEGISLATIVE AUDITOR
1600 NORTH THIRD STREET
POST OFFICE BOX 94397
BATON ROUGE, LOUISIANA 70804-9397**

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STEVE J. THERIOT, CPA
LEGISLATIVE AUDITOR

OFFICE OF
LEGISLATIVE AUDITOR
STATE OF LOUISIANA
BATON ROUGE, LOUISIANA 70804-9397

1600 NORTH THIRD STREET
POST OFFICE BOX 94397
TELEPHONE: (225) 339-3800
FACSIMILE: (225) 339-3870

June 1, 2007

**MENTAL HEALTH AREA A
OFFICE OF MENTAL HEALTH
DEPARTMENT OF HEALTH AND HOSPITALS
STATE OF LOUISIANA
Mandeville, Louisiana**

As required by Louisiana Revised Statute 24:513, we conducted certain procedures at Mental Health Area A, which is comprised of Southeast Louisiana State Hospital, New Orleans Adolescent Hospital, and the mental health clinics and pharmacies in Regions I, III, and IX, for the period from July 1, 2004, through June 1, 2007. Our procedures included (1) a review of the Mental Health Area A's internal control; (2) tests of financial transactions; (3) tests of adherence to applicable laws, regulations, policies, and procedures governing financial activities; and (4) a review of compliance with prior year report recommendations. Our procedures were more limited than would be necessary to give an opinion on internal control and on compliance with laws, regulations, policies, and procedures governing financial activities.

Specifically, we interviewed management personnel and other selected personnel and evaluated selected documents, files, reports, systems, procedures, and policies, as we considered necessary. After analyzing the data, we developed recommendations for improvement. We then discussed our findings and recommendations with appropriate management personnel before submitting this written report.

The Annual Fiscal Reports of Mental Health Area A were not audited or reviewed by us, and, accordingly, we do not express an opinion on those reports. The Mental Health Area A's accounts are an integral part of the State of Louisiana's financial statements, upon which the Louisiana Legislative Auditor expresses opinions.

In our prior report on Mental Health Area A, dated May 6, 2004, we reported a finding relating to weaknesses in controls over payroll at Southeast Louisiana Hospital. Management has not resolved that finding; therefore, it is repeated in this report.

Based on the application of the procedures referred to previously, all significant findings are included in this report for management's consideration.

Weaknesses in Controls Over Payroll

For the second consecutive period, Southeast Louisiana Hospital's supervisors are not certifying employees' time sheets to ensure hours worked correspond with the conditions of their appointment and related overtime approvals. In addition, the hospital made estimated overpayments totaling \$45,101, as of April 17, 2007, to employees, both active and terminated. We were unable to determine the dollar amount of overpayments that have been recouped by the hospital.

Department of State Civil Service Rule 15.2 requires the employee and the supervisor to certify the actual number of hours of attendance and absence from duty on the time and attendance record. In addition, Department of Health and Hospitals Policy 8131-98 states that no employee shall work overtime without prior approval unless a critical non-emergency or an emergency situation exists. The hospital's policy requires supervisors to contact the Human Resources Department when an employee terminates employment. Article VII, Section 14 of the Louisiana Constitution of 1974 prohibits the funds of the state or any political subdivision to be loaned, pledged, or donated to or for any person, association, or corporation, public or private. Louisiana Revised Statute 42:460 provides the hospital the ability to develop rules to recoup overpayments made to state employees.

In our review of payroll, we noted the following:

- Thirty of 51 (59%) time sheets tested were not certified by the employees' supervisor.
- Eleven of 12 (92%) employees reviewed earned overtime without prior approval from their supervisor.
- Twelve of 12 employees' payroll data tested that was entered into the Integrated Statewide Information Systems-Human Resources (ISIS-HR) system did not match amounts recorded on employee time sheets and related overtime reports.
- Thirty seven employees tested were overpaid approximately \$45,101, including \$23,652 of overpayments to one employee. Overpayments totaling \$9,297 to nine active employees and overpayments totaling \$35,804 to 28 terminated employees were calculated by the auditors from ISIS because of the lack of documentation maintained by the hospital. Management of the hospital did not maintain records of overpayments to employees, could not provide supporting documentation of recovery efforts made on individual overpayments, and could not provide assurance of the accuracy of the overpayment balances.

Management did not place sufficient emphasis on compliance with existing payroll policies and procedures. Failure to follow prescribed internal control policies and procedures increases the risk that errors and/or fraud could occur related to hours worked, leave earned and taken, pay status, and overpayments, which may not be detected in a

timely manner. The hospital continued to pay certain employees after they had terminated employment with the hospital. Also, because the overpayments to employees (active and terminated) are interest free with no collateral, it appears to violate Article VII, Section 14 of the Louisiana Constitution.

The hospital should follow and enforce its established policies and procedures regarding payroll time certification and submission of approved time sheets to the payroll department by hospital employees to ensure accuracy and that payroll data entered into the ISIS-HR system agrees to the employee timesheets. The hospital should also emphasize and enforce its policy that supervisors notify Human Resources immediately upon an employee's termination and should be diligent in recovering overpayments to employees. Management concurred with the finding and recommendation and outlined a plan of corrective action (see Appendix A, pages 1-2).

Inadequate Controls Over Patient Billing

Southeast Louisiana Hospital did not bill the responsible party for patient charges on a monthly basis and patients were not billed the correct amount based on the sliding scale provided by the Department of Health and Hospitals (DHH) for self-pay patient or social security recipients. According to DHH - Office of Mental Health's billing policies and procedures for mental health hospitals, self-pay patients and patients who receive social security benefits should be billed on a monthly basis for the services rendered during the prior month. Medicare should be billed electronically using the Patient Information Fiscal (PIF) System on a monthly basis or upon discharge. Also, state policies and procedures state that self-pay patients' liabilities should be determined by applying income and family size to the sliding fee scale provided by DHH. Patients receiving social security benefits should be billed the amount of social security benefits received less \$75.

In our review of the hospital's patient billings, we noted the following:

- For nine of 14 (64%) patients' files reviewed, the patient or the responsible party was not billed monthly.
- Medicare has not been billed by the hospital for patient charges since March 2006.
- The correct amount was not charged for three of 13 (23%) patient files reviewed based on the sliding scale provided by DHH for self-pay patients or social security recipients.

Failure to follow established internal control procedures and inadequate review of the charges renders the controls ineffective, making the hospital vulnerable to the risk that patients and/or the responsible parties will not be billed, patients will not be billed timely, payments will not be made, and billing inaccuracies could occur and remain undetected.

Management should ensure that existing policies and procedures are followed and that all patients and/or responsible parties are billed timely on a monthly basis. In addition, the hospital should ensure that charges are accurately calculated for self-pay patients and patients receiving social security benefits. Management concurred with the finding and recommendation and outlined a plan of corrective action (see Appendix A, page 3).

Inadequate Internal Controls Over Consumable Inventory

Southeast Louisiana Hospital has failed to maintain adequate controls over its consumable inventories that are valued at \$774,870 at June 30, 2006. A proper system of internal control over consumable inventory should include procedures to ensure that inventories are accurately safeguarded, valued, recorded, and maintained in the inventory system.

The hospital warehouse inventory is maintained on a perpetual inventory system. A perpetual inventory system is generally regarded as an acceptable method of controlling inventory and safeguarding assets. Use of a perpetual inventory system allows an entity to record receipt of goods at the time of purchase and the issuance of goods as they are withdrawn for use. A count of goods on hand should agree to the balance in the inventory system. Discrepancies should be investigated to determine if losses are due to theft or fraud. The hospital warehouse uses Quickbooks to track inventory. The hospital has a high volume of transactions, yet it does not perform periodic counts throughout the fiscal year to ensure that the perpetual system is working properly. Of the 10 items test counted, eight (80%) did not agree with the balance in the inventory system.

Failure to provide adequate controls over consumable inventory increases the risk of inaccurate accounting and reporting of the hospital's consumable inventory as well as the risk that losses of inventory will occur and remain undetected.

The hospital should perform periodic physical counts of consumable inventory to ensure that the perpetual system is functioning properly. The hospital should ensure that the inventory is accurately safeguarded, valued, recorded, and maintained in its consumable inventory system. Management concurred with the finding and recommendation and outlined a plan of corrective action (see Appendix A, pages 4-5).

Information Systems User Access Not Effectively Monitored

Southeast Louisiana Hospital did not effectively monitor access capabilities of hospital users of the Advantage Financial System (AFS), Advanced Government Purchasing System (AGPS), and the ISIS-HR System. Effective internal control provides that (1) users are assigned business-need-only access to information systems; (2) duties are segregated so that no one user is in a position to both initiate and approve transactions and therefore potentially conceal errors or fraud; (3) access to information systems is disabled in a timely manner when users terminate employment; and (4) system reports are reviewed to ensure that access granted is appropriate.

During our review of the AFS and AGPS user controls, we noted the following:

- Twenty-six employees with access to AFS are not current employees of Mental Health Area A. Eighteen employees were terminated and eight employees were transferred to other areas within the Department of Health and Hospitals.
- Thirty-four employees with access to AGPS are not current employees of Mental Health Area A. Twenty-one employees were terminated and 13 employees were transferred to other areas within the Department of Health and Hospitals.

In addition, the hospital failed to perform a reconciliation of system reports from the ISIS-HR System to the ISIS-AFS to ensure accuracy of data.

Management has not placed sufficient emphasis on compliance with existing policies to ensure immediate removal of access to information systems for terminated employees and did not implement procedures for the reconciliation of system reports. Failure to implement control procedures in an on-line data entry environment could result in errors and/or fraud that could remain undetected.

Management should implement written procedures to ensure that user IDs and access capabilities are assigned on a business-need-only basis, terminations are reported to the security administrator in a timely manner, payroll/HR systems are reconciled, and system reports are reviewed to ensure that access granted is appropriate and data are accurate. Management concurred with the finding and recommendation and outlined a plan of corrective action (see Appendix A, page 6).

Inadequate Contract Monitoring

Region 3 did not adequately monitor social services contract expenditures to ensure that the expenditure amount invoiced and paid was made in accordance with the approved contract terms. Social services include technical training, technical assistance, and supportive services in overcoming barriers in the areas of housing, benefits, medical care, transportation, and activities of daily living. Social services contract expenditure monitoring is necessary to ensure effective control and accountability of funds and to ensure compliance with contract terms.

For the social services contract expenditures reviewed during our walk-through, the contract monitors at Region 3 were responsible for monitoring the amounts invoiced and for ensuring that the amounts paid were in accordance with contract terms. Region 3 was unable to provide sufficient evidence to support that the amounts invoiced were supported by appropriate documentation.

Our test of six social services contract expenditures disclosed the following:

- Two of the six (33%) expenditures paid were not the correct amount based on the approved contract terms.
- Two of the six (33%) expenditures paid by Region 3 did not have supporting documentation for the amounts paid.

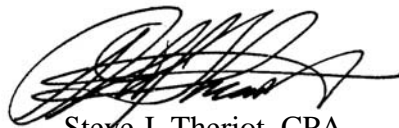
Failure to adequately monitor contract expenditures increases the risk that funds may not be expended in accordance with approved contract terms and that Region 3 is being overcharged for social services.

Region 3 management should ensure that contract expenditures are reviewed and approved to ensure compliance with the terms of approved contracts and supported by adequate supporting documentation. Management concurred with the finding and recommendation and outlined a plan of corrective action (see Appendix A, page 7).

The recommendations in this report represent, in our judgment, those most likely to bring about beneficial improvements to the operations of Mental Health Area A. The varying nature of the recommendations, their implementation costs, and their potential impact on the operations of Mental Health Area A should be considered in reaching decisions on courses of action. Findings relating to the Mental Health Area A's compliance with applicable laws and regulations should be addressed immediately by management.

This report is intended solely for the information and use of Mental Health Area A and its management and is not intended to be, and should not be, used by anyone other than these specified parties. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Respectfully submitted,



Steve J. Theriot, CPA
Legislative Auditor

EE:JR:PEP:dl

MHAA06

Management's Corrective Action
Plans and Responses to the
Findings and Recommendations



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Department of
**HEALTH and
HOSPITALS**
Frederick P. Cerise, M.D., M.P.H.
SECRETARY

May 15, 2007

Mr. Steve J. Theriot, CPA
Legislative Auditor
2400 Veterans Boulevard
Suite 260
Kenner, Louisiana 70062

Dear Mr. Theriot:

Southeast Louisiana Hospital management does not contest that certain controls over payroll were, historically, lax and that tighter controls were needed. As the hospital's recently appointed Chief Executive Officer, I have placed a very strong emphasis on improving payroll controls and accountability. New employees are also in place in several other key positions including those that would have directly been responsible for several of the findings. Several controls have already been implemented prior to the findings revealed in the audit to correct areas of weakness which were discovered in this audit. (It should be noted that since much of this audit focused on prior fiscal years many of the controls put in place were in place before the audit but perhaps after the period reviewed in the finding.)

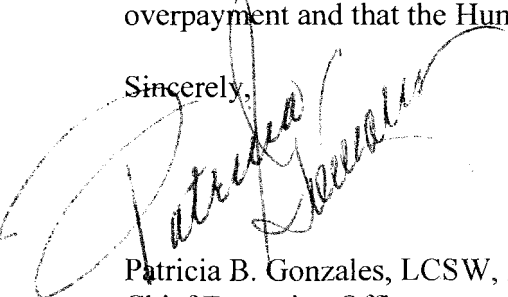
- The majority of time sheets audited and found to be lacking proper approval were from the nursing department. This department has a new director, managers and timekeepers in place since the time during which the findings refer. Requirements to have proper authorization on official time sheets have been reinforced with the department and timekeepers and compliance will be monitored by audits from Human Resources and Nursing Management. Deficiencies will be reported to the Director of Human Resources and the timekeeper's supervisor for appropriate action.
- The hospital overtime form has been redesigned and reissued along with explicit instructions requiring advance supervisory approval. Compliance with this directive is monitored by timekeepers as well as the CEO, who has final approval over all overtime requests. Deficiencies will be reported to the Director of Human Resources and the timekeeper's supervisor for appropriate action.
- Accuracy of time entry in ISIS-HR has improved with the introduction of new timekeepers. Human Resources will audit timekeeper records from randomly selected departments to ensure accuracy. The findings of these audits will be reported to the Director of Human Resources and the timekeeper's supervisor for appropriate action.

Mr. Steve Theriot, CPA
Legislative Auditor
May 15, 2007
Page 2

- Employee overpayments were identified as a problem by the current administration and the following measures have been taken to decrease the likelihood of future accidental overpayments. As the overpayments were primarily caused when negative time entry employees stopped coming to work but did not officially resign or otherwise notify Human Resources, departments were instructed to notify Human Resources when employees stop coming to work in order that appropriate action can be taken and the time entry status can be changed to positive time entry. Each pay period Human Resources runs time entry reports to identify any negative time entry employees who had no time entered during the pay period and verifies the validity of such. Attempts to collect overpayments are continuing and documentation of such is available.

It is also noted in this formal response to the finding that during the audit process and following the review of payroll records and timesheets, the auditor did not meet with the HR Director to review these findings. There was a brief cursory advisement to the CEO, at which time the auditor was advised that corrective actions had been taken on the recent incidents of overpayment and that the Human Resources Director could make this information available.

Sincerely,



Patricia B. Gonzales, LCSW, ACSW
Chief Executive Officer

PBG/rz

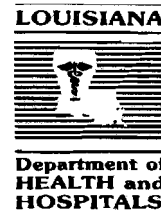
cc: Denise Businelle
Chief Fiscal Officer

Richard Kramer
Chief Operating Officer



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.
SECRETARY

May 10, 2007

Mr. Steve J. Theriot, CPA
Legislative Auditor
2400 Veterans Boulevard
Suite 260
Kenner, Louisiana 70062

Dear Mr. Theriot:

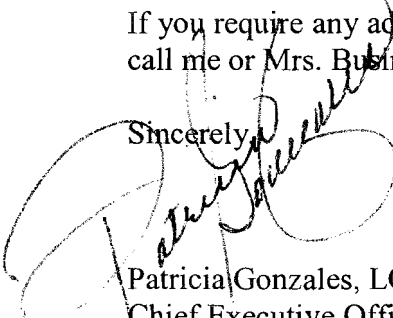
In regards to your letter dated April 23, 2007 regarding the reportable finding on ***Inadequate Controls Over Patient Billing***, please accept this letter as Mental Health Area A's official response to that finding.

Mental Health Area A, for Southeast Louisiana Hospital, concurs with this finding. The Billing Office lost the accounting position associated with Medicare billing in December 2006. This position was an early retirement and therefore, cannot be filled. Since then, the Medicare billing has become back logged, but a job appointment was recently filled to assist the office in 'catching up' in this area.

To tighten internal controls in the Billing Office for calculating patient bills and assuring that patients are billed on a monthly basis, procedures will be written and implemented within the next 90 days for dual calculation and review of all client bills as a "double check" for accuracy.

If you require any additional information in regards to this audit finding, please do not hesitate to call me or Mrs. Businelle at 985-626-6551.

Sincerely,



Patricia Gonzales, LCSW, ACSW
Chief Executive Officer
Southeast Louisiana Hospital

PG:db

Copies: Denise Businelle
Roy Bostick



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.
SECRETARY

April 25, 2007

Mr. Steve J. Theriot, CPA
Legislative Auditor
2400 Veterans Boulevard
Suite 260
Kenner, Louisiana 70062

Dear Mr. Theriot:

In regards to your letter dated April 17, 2007 regarding the reportable finding on *Inadequate Internal Controls Over Consumable Inventory*, please accept this letter as Mental Health Area A's official response to that finding.

Mental Health Area A concurs with the finding, in that there currently exists no adequate controls over warehouse inventory located at Southeast Louisiana Hospital. Although two prior years were reviewed with the current audit, the hospital had already begun a corrective action plan for the warehouse. As of March 12, 2007, the warehouse was moved under the Fiscal Department, under the direction of Mrs. Denise Businelle, CFO, while direct supervision of the warehouse and its staff was moved under Miss Connie Taylor, who's current title is Contracts Reviewer 2. (A job reallocation was requested from Civil Service for this position on March 23, 2007.)

The corrective action plan further consists of reviewing detailed reports from Quickbooks from the current year beginning July 1, 2006 and comparing these reports to the physical inventory of goods and also to the Store Issues reports. Several errors have already been found from the review of only one month of Store Issues reports where the wrong item was issued out or the wrong number of cases were issued out, for example. It is possible that after a thorough review of inventory and reports from the current year, the Warehouse Supervisor will have to be placed on a Supervisory Plan and based on the results of that plan, could face disciplinary action including termination.

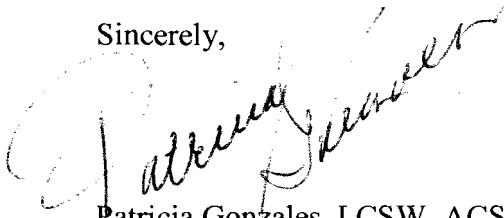
A physical inventory will initially be completed on a monthly basis and once the physical inventory balances with the Quickbooks software, physical inventories will be done on a quarterly basis. Reports will be written to document the findings, if any. Consequently, if the inventory cannot be balanced after a review of the current year, Mrs. Businelle previously discussed with Mrs. Hope Perrett, the possibility of having personnel that are not affiliated with Mental Health Area A assist with a physical count of inventory and start the new year with a correct count of goods. Mrs. Perrett discussed this issue with Mr. Jullin Renthrope and it was uncertain as to whether or not this could be done, since the hospital operates on a perpetual inventory system.

Mr. Steve Theriot, CPA
Legislative Auditor
Page 2

This matter will need to be further discussed with Mr. Renthrope. Whichever action plan is chosen, we hope to have the inventory situation completely corrected by the end of the next fiscal year at June 30, 2008.

If you require any additional information in regards to this audit finding, please do not hesitate to call me or Mrs. Businelle at 985-626-6551.

Sincerely,



Patricia Gonzales, LCSW, ACSW
Chief Executive Officer
Southeast Louisiana Hospital



Eddie Jenkins, LCSW
Deputy Assistant Secretary, OMH System of Care
Acting Area A Director

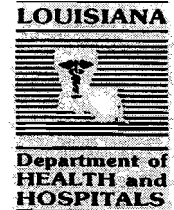
PG:EJ/db

cc: Denise Businelle, Chief Financial Officer
Connie Taylor, Warehouse Supervisor



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.
SECRETARY

May 24, 2007

Mr. Steve J. Theriot, CPA
Legislative Auditor
2400 Veterans Boulevard
Suite 260
Kenner, Louisiana 70062

Dear Mr. Theriot:

In response to your letter dated May 1, 2007 regarding the reportable finding on *Information Systems User Access Not Effectively Monitored*, please accept this letter as Mental Health Area A's official response to that finding.

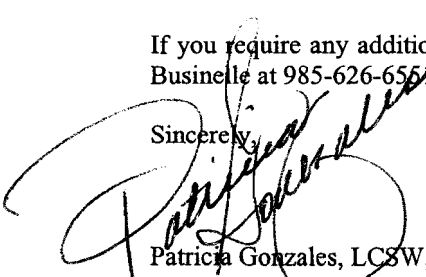
Mental Health Area A, for Southeast Louisiana Hospital, concurs with this finding. The CFO is the ISIS Security Administrator for Area A and was not educated on the ISIS Security System upon hire and did not have access to generate the monthly reports that show terminated employees. The ISIS Security Helpdesk was contacted upon receipt of the finding letter and the Security Administrator is currently being trained on security issues. As a further control measure, the Human Resources Department will provide the Security Administrator with a monthly report listing terminated employees so that their ISIS userids can be removed from the system.

In regards to a segregation of duties within the ISIS system, it is physically impossible to both input and approve an invoice in AFS. It is possible, however, to have both input and approval capabilities within AGPS. The Area A ISIS Administrator will work with both ISIS Security and the DHH ISIS Administrator to assure that all ISIS users do not maintain both input and approval authority within the ISIS system.

To ensure tighter controls on these practices, procedures will be written, maintained and adhered to by July 1, 2007 for the issuance, maintenance and deletion of ISIS userids for Area A.

If you require any additional information in regards to this audit finding, please do not hesitate to call me or Mrs. Businelle at 985-626-6561.

Sincerely,


Patricia Gonzales, LCSW, ACSW
Chief Executive Officer
Southeast Louisiana Hospital

PG:db

Copies: Denise Businelle, Chief Financial Officer
Regina Howard, ISIS Liaison
Richard Kramer, Associate Administrator



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H
SECRETARY

April 27, 2007

Mr. Steve J. Theriot, CPA
Legislative Auditor
2400 Veterans Boulevard
Suite 260
Kenner, Louisiana 70062

Dear Mr. Theriot:

In regards to your letter dated April 24, 2007 regarding the reportable finding on *Inadequate Contract Monitoring*, please accept this letter as Mental Health Area A's (Region 3) official response to that finding.

Mental Health Area A concurs with the finding, in that Region 3 did not adequately monitor social services contract expenditures to ensure that the expenditure amount invoiced and paid was made in accordance with the approved contract terms.

The corrective action plan has already been developed and implementation has begun. Kent St. Germain, Regional Director of Region 3, has developed and implemented the following action plan: All contract monitors in Region 3 were initially advised of the findings of the legislative auditor soon after the auditor made contact with Region 3 staff. The contract monitors were then provided with training on April 13, 2007, this training focused on the appropriate method of monitoring social services contracts in order to assure that the expenditure amount invoiced and paid was made in accordance with the approved contract terms. We were particularly focused on looking at supporting documentation that accompanies invoices and timely contract amendments for changes in budgeting items. The training was provided by the regional director who was provided guidance by the legislative auditor. In addition, we will revisit this training on a quarterly schedule.

If you require any additional information in regards to this audit finding, please do not hesitate to call me, Kent St. Germain, at (985) 857-3673.

Sincerely,

Kent St. Germain, MA, LPC, LMFT
Regional Director
Area A, Region 3

Eddie Jenkins, LCSW
Deputy Assistant Secretary
Office of Mental Health