

Louisiana

UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health
Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
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Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2023

End Year 2024

State SAPT DUNS Number

Number 9681059370000

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Louisiana Department of Health

Organizational Unit Office of Behavioral Health

Mailing Address P.O. Box 4049

City Baton Rouge

Zip Code 70821

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Karen

Last Name Stubbs

Agency Name Louisiana Department of Health, Office of Behavioral Health

Mailing Address P. O. Box 4049

City Baton Rouge

Zip Code 70821

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State CMHS DUNS Number

Number 9681059370000

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Louisiana Department of Health

Organizational Unit Office of Behavioral Health

Mailing Address P.O. Box 4049

City Baton Rouge

Zip Code 70821

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Karen

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Mailing Address P.O. Box 4049
City Baton Rouge
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III. Third Party Administrator of Mental Health Services

First Name
Last Name
Agency Name
Mailing Address
City
Zip Code
Telephone
Fax
Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From
To

V. Date Submitted

Submission Date 8/29/2022 5:39:03 PM
Revision Date 12/22/2022 8:25:07 AM

VI. Contact Person Responsible for Application Submission

First Name Catherine
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OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Louisiana's Bipartisan Safer Communities Act (BSCA) Supplemental Funding Proposal

YEAR 1

The Louisiana Crisis Awareness Campaign

The Louisiana Department of Health/Office of Behavioral Health (LDH/OBH) proposes utilizing \$390,242 of BSCA funding to plan and execute the Louisiana Crisis Awareness Campaign (LCAC). Building on the input of stakeholders, OBH will work with a communications firm to develop and disseminate culturally appropriate messaging on the crisis services available for Medicaid members 21 years and older.

Background

OBH is committed to ensuring that individuals in crisis and their families experience treatment and support that is compassionate, effective, resolution-focused, and delivered by a crisis system that is coordinated, responsive and efficient. Addressing the behavioral health crisis needs of Louisiana's most vulnerable citizens impacted by the pandemic, natural disasters and other traumatic events through the use of voluntary treatment was envisioned as the Louisiana Crisis Response System (LA-CRS).

The LA-CRS allows individuals to remain in their communities and reduce the need for restrictive levels of care including nursing homes, residential care centers, out of home placements, jails, intermediate care facilities for individuals with intellectual/developmental disabilities, and hospitals. The statewide model for crisis response maintains regional and geographic relevance and builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities. The finalized service design for LA-CRS included four services implemented for the Medicaid population age 21 and over.

Mobile Crisis Response (MCR) is an initial community-based, mobile crisis response intended to provide relief, resolution and intervention to individuals where they are located through crisis supports and services during the first phase of a crisis in the community.

Behavioral Health Crisis Centers (BHCC) are facility based services that operates twenty-four (24) hours a day, seven (7) days a week, as a walk-in center providing short-term behavioral health crisis intervention.

Community Brief Crisis Support (CBCS) is an ongoing crisis intervention response rendered for up to fifteen (15) days and designed to provide relief, resolution and intervention through maintaining the member at home / in the community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers.

Crisis Stabilization (CS) are short-term bed-based crisis treatment and support services for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization.

The first three crisis services: MCR, BHCC and CBCS were implemented for Medicaid members in spring 2022. These services offer initial response and support in the community for those in crisis. Services are currently available in 6 LDH Regions with further expansion ongoing.

In April 2022, OBH developed and submitted a plan to CMS to provide CS for Medicaid members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization. The plan

was approved by CMS in August 2022. CS is currently available in the Capital Area. Currently, potential providers are being identified and trained to provide CS in additional human service districts.

Prior to the rollout of the LA-CRS, Managed Care Organizations (MCO) created behavioral health hotlines to provide an access point to crisis services for their members. Since 2021, crisis service providers and MCOs have been working closely with OBH on the implementation and promotion of these services. The collaboration has continued post-implementation with the focus shifting a greater awareness of these services to drive increased utilization. To this end, OBH regularly participates in opportunities to educate local crisis coalitions, peer recovery organizations, and physical and mental health providers to both provide information on the value of these services, as well as, gather information on the treatment landscapes and needs unique to each community.

Leading up to and following the implementation of Lifeline 988, OBH staff has coordinated communication through a general information exchange between 988 providers and crisis providers so that they could have a better understanding of service offerings and availability. Following a review of call center procedures by the workgroup, a process work flow was created to guide operators to refer individuals to LA-CRS services. A pilot for direct referral from 988 to MCR services in Region 7 was initiated in October 2022.

As the LA-CRS and 988 efforts mature, OBH proposes to utilize BSCA funds to execute a media campaign tailored to speak to individuals in crisis. Messages developed will seek to influence individuals to voluntarily reach out for help during crisis rather than delaying mental health treatment until their problems are more severe. Building on relationships with partners mentioned previously, OBH will work with a communications firm to build these messages.

Phase 1

Phase 1 of the LCAC will concentrate on increasing awareness of 988 and LA-CRS services. It would commence with meetings with key partners and the communications firm to shape a message that is culturally appropriate to media markets in Louisiana. The message will encapsulate the tenets of LA-CRS: access to voluntary, community-based treatment options with the intent of avoiding law enforcement involvement, emergency department admissions and/or inpatient treatment. The creative development process will include creative conceiving, art direction, copywriting, broadcast supervision, print production supervision and re-design of the OBH crisis website.

Louisiana Crisis Awareness Campaign Timeline



The result will be a 4 month campaign including social media, radio, transit and billboard advertising. OBH will work closely with the communications firm to strategically purchase advertising to reach Medicaid member audiences in regions with active LA-CRS services. Simultaneously, the communications firm will

execute proactive media pitching, media outreach and reactive messaging as part of a robust public relations campaign with the intention of spreading awareness of the 988 and LA-CRS.

ESMI/FEP Set-aside

The Office of Behavioral Health (OBH) acknowledges the importance of meeting the needs of *vulnerable people, including those with more complex presentations*. Therefore, OBH proposes to partner with Capital Area Human Services District (CAHSD) to provide more FEP services and Early Psychosis Intervention Clinic-New Orleans (EPIC-NOLA) to increase pro-social and community-based activities to promote long-term recovery in local populations with early severe mental illness and clinical high risks groups.

EPIC-NOLA

This goal will be supported through establishing a safe and dependable infrastructure for increasing community-based activities, participating in training for specific evidence-based group practices, and building community partnerships. Having familiar members of the treatment team participate directly in the community reintegration part of recovery could improve likelihood of engagement.

Addressing community violence and trauma as a barrier to FEP recovery and as a risk factor for help-seeking in the clinical high-risk population:

1. The current EPIC-NOLA clinic population includes:
 1. high levels pre-psychosis/childhood trauma;
 2. chronic exposure to community violence both pre-illness and during recovery and layered risks for not engaging and further increasing duration of untreated psychosis (DUP) and lack of full recovery;
 3. additional trauma related to psychosis onset;
 4. psychosis symptoms which may perpetuate fear of the outside world like paranoia;
 5. continued barriers to recovery including living in areas with high levels of community violence, such as the Greater New Orleans area
 1. For example, there is a group of patients at EPIC-NOLA who will not leave the house or ride the bus due to living in dangerous neighborhoods where people are exposed to shootings daily. This results in:
 1. Barriers to clinical engagement, perpetuates isolation, perpetuates dependency and lack of participation in activities promoting independent living like work and school and socialization;
 2. A reduction of prolonged recovery because they are not 'making up' for time lost (while in more acute psychosis) to gain the skills they did not learn at an earlier age (behaviors that typical 16-25 year olds learn).
 6. facing stigma by engaging in mental health treatment and the resulting barriers to re-entering their community.
2. Clinical High Risk population includes:
 1. facing all of the above barriers to seek care in the first place for subthreshold psychosis;
 2. facing stigma by seeking mental health treatment;
 3. lack of awareness about psychosis and, therefore, lack of reflection about what is transpiring within their own mind.

Strategy

Funds will be used to purchase a handicap accessible van in order to transport EPIC-NOLA patients. Living in a community experiencing violence is associated with increased risk of developing chronic diseases.

Concerns about violence may prevent patients from engaging in healthy behaviors, such as walking, bicycling, using parks and recreational spaces, and accessing healthy food outlets.¹ This is particularly relevant to people with psychotic disorders and a reality for most of the EPIC-NOLA patients in New Orleans. Mobility is a social determinant of health that broadly affects people of color's health; we can mitigate systemic inequities for EPIC-NOLA patients by providing them with the van and a safe way to travel to places where they can engage in healthy behaviors and social interactions.² The total cost of the purchase of a van is \$51,458.

CAHSD

OBH proposes to utilize \$24,200 for a part-time position as an active member of the FEP team at Capital Area Human Services District (CAHSD) to participate in team meetings and coordinate with outpatient staff as needed. Case management services will be provided to the entire FEP caseload. This includes, but is not limited to, patient care coordination, community referrals, patient needs, communication to staff and community resources, work with patients and families to ensure high quality of care, patient advocacy, maintenance of a comprehensive clinical record, community referrals, and discharge planning. Salary, travel, supplies, and training for two years are included in the proposed amount.

Year 1 Budget

Louisiana Crisis Awareness Campaign – Phase 1	Estimated Cost
Creative Development/Production/Project Management	115,500
Public Relations and Media Outreach	9,000
Social Media Ads (4 months)	4,742
Radio Media Ads (4 months)	34,000
Transit Media Ads (4 months)	92,000
Billboards (4 months)	135,000
Phase 1 Total	390,242
EPIC NOLA/CALM	
10-passenger vehicle (with handicap accessibility) <i>All other associated costs to be covered by Tulane Department of Psychiatry</i>	46,780
Tulane 10% Admin Fee	4,678
EPIC-NOLA Cost	51,458
CAHSD	
0.5 FTE Case Manager – salary @ \$20/hour	20,800
Travel, supplies, training	3,400
CAHSD COST	24,200
Year 1 Total	465,900

¹ CDC: Community Violence Prevention (2022). Retrieved from:

<https://www.cdc.gov/violenceprevention/communityviolence/index.html>

² Romano EFT, Baquero B, Hicks O, Gardner VA, Shannon KL, Hoerster KD. "No One Should Feel Like They're Unsafe": Mobility Justice Photovoice as a Youth Advocacy Tool for Equitable Community Mobility. *Fam Community Health*. 2022 Oct-Dec 01;45(4):272-282. doi: 10.1097/FCH.0000000000000344. Epub 2022 Aug 4. PMID: 35943214; PMCID: PMC9387762.

YEAR 2

The Louisiana Crisis Awareness Campaign

Phase 2

OBH is finalizing a Request for Proposals (RFP) to obtain competitive proposals to operate a statewide Crisis Hub. The Crisis Hub will operate a statewide toll-free Crisis Call Center that is available to individuals throughout the state twenty-four (24) hours a day, seven (7) days a week, 365 days per year. The Crisis Hub will be equipped to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral, and dispatch to available services in the community appropriate to meet their crisis needs. The Crisis Hub hotline will serve as an access point to a LA-CRS services and will play a critical role in tracking demand for and facilitating access to crisis services throughout the state.

Awareness of the Crisis Hub will be the concentration of Phase 2 of the LCAC. Following the model of Phase 1 which concentrated on the LA-CRS services and 988, the second phase will begin with creative/message development which will once again consider the input of crisis providers, MCOs, and stakeholders. The Phase 2 advertising campaign will cover a 6 month period. See the proposed budget below.

ESMI/FEP Set-aside

CAHSD

Capital Area Human Services District (CAHSD) will continue to fund a part-time position as an active member of the FEP team to participate in team meetings and coordinate with outpatient staff as needed.

Year 2 Budget

Phase 2 Crisis Hub	Estimated Cost
Creative Development/Production/Project Management	90,800
Public Relations and Media Outreach	13,500
Social Media Ads (6 months)	7,200
Radio Media Ads (6 months)	51,000
Transit Media Ads (6 months)	138,000
Billboards (6 months)	202,511
Phase 2 Total	503,011
CAHSD	
0.5 FTE Case Manager – salary @ \$20/hour	20,800
Travel, supplies, training	3,400
CAHSD COST	24,200
Year 2 Total	527,211

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Office of the Governor
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



P.O. Box 94004
BATON ROUGE, LOUISIANA 70804-9004
(225) 342-7015
GOV.LA.GOV

August 23, 2016

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

RE: Designation of Authority to Sign SABG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, I delegate signatory authority to the current Assistant Secretary of the Office of Behavioral Health, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), Mental Health Block Grant (MHBG), and the PATH grant.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "John Bel Edwards", is written over a horizontal line.

John Bel Edwards
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52

Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Louisiana

Name of Chief Executive Officer (CEO) or Designee: Karen Stubbs

Signature of CEO or Designee¹: 

Title: Assistant Secretary, OBH

Date Signed: 08/08/2022

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): ☐ Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 ☒ Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Louisiana Department of Health/Office of Behavioral Health		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months

D. Name and Title of Grantee Finance Official Approving This NCE Request	Amanda Joyner, Deputy Assistant Secretary		
E. Name and Title of Grantee Program Official Approving This NCE Request	Karen Stubbs, Assistant Secretary		
F. Name and Title of Other Grantee Official Approving This NCE Request			
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$23,457,477	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$2,535,203
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$10,469,288	J. COVID-19 Award Total \$ Amount Requested for NCE	\$10,452,986
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
Opioid treatment programs (OTPs) expansion to 24/7 capacity		\$57,790	
Expansion of Recovery Housing (Oxford House)		\$183,121	
MAT services for justice-involved individuals		\$110,588	
Program Monitor to oversee treatment projects (0.5 FTE)		\$12,506	
Statewide Center for Prevention Resources (LaCPR) Trainings		\$22,577	
Program Monitor to oversee prevention projects (0.5 FTE)		\$32,929	
Local Governing Entities (LGEs):			
Capital Area Human Svcs. District		\$212,016	
Central LA Human Svcs. District		\$616,972	
Florida Parishes Human Svcs. Auth.		\$169,954	
Imperial Calcasieu Human Svcs. Auth.		\$153,190	
Jefferson Parish Human Svcs. Auth.		\$120,026	
Metropolitan Human Svcs. District		\$428,173	
Northeast Delta Human Svcs. Auth.		\$303,852	
South Central LA Human Svcs. Auth.		\$111,509	
Totals		\$2,535,203	
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			
COVID Grant Compliance Review		\$40,000	
Opioid treatment programs (OTPs) expansion to 24/7 capacity		\$1,500,000	
Project Extension for Community Healthcare Outcomes (ECHO)		\$250,000	
Expansion of Recovery Housing (Oxford House)		\$533,180	
MAT services for justice-involved individuals		\$1,000,000	
Program Monitor to oversee treatment projects (0.5 FTE)		\$34,427	
Statewide Media Campaign		\$1,250,000	
Statewide Center for Prevention Resources (LaCPR) Trainings		\$250,000	

Caring Communities Youth Survey (CCYS) Enhancements	\$500,000
Expansion and Support of Collegiate Recovery In Louisiana	\$825,000
Prevention Management Information System (PMIS)	\$50,000
Program Monitor to oversee prevention projects (0.5 FTE)	\$43,965
Local Governing Entities (LGEs):	
Acadiana Area Human Svcs. District	\$350,000
Capital Area Human Svcs. District	\$501,656
Central LA Human Svcs. District	\$603,040
Florida Parishes Human Svcs. Auth.	\$403,264
Imperial Calcasieu Human Svcs. Auth.	\$184,310
Jefferson Parish Human Svcs. Auth.	\$50,000
Metropolitan Human Svcs. District	\$1,469,824
Northeast Delta Human Svcs. Auth.	\$158,674
Northwest LA Human Svcs. District	\$72,750
South Central LA Human Svcs. Auth.	\$399,198
Totals	\$10,469,288

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

a. The challenges experienced in expending funds

1. Louisiana, neighboring states, and other state government organizations have a lengthy process for contracts and procurements, which often makes it difficult to meet rigid timelines and grant expectations for grant implementation. The LDH/OBH, has a rigorous multi-faceted contracting process, which creates a longer time frame to create, produce and execute contracts. It is also noted that federal grants with very limited timeframes, i.e., two years, are not essentially compatible with the current state administrative processes needed to establish funding lines and contracts with sub-recipients to execute large/multiple projects.

2. Programs experienced delays in implementation due to a crippled workforce that was exacerbated by the COVID-19 Pandemic. There is a nationwide workforce shortage, which hinders the ability to hire competent staff at historically acceptable wages. Therefore, lack of proper workforce compromised project implementation.

b. The steps we will take to fully expend by March of 2024

1a. OBH's Contracts Unit has created a new position and continues to interview and conduct outreach to hire qualified candidates in the midst of a national workforce shortage. This position was created to review contracts, improve contract accuracy and reduce "return to sender" due to the need for multiple revisions and edits. In addition, a new position was created in the OBH Grants Management Unit that will be responsible for reviewing contracts at the program staff level to make modifications prior to submission to the Contract Unit. Therefore, higher quality contracts will reduce the length of the process and create an expedited approval. In addition, LDH Office of the Secretary has created a newly developed Contracts Division in an effort to establish efficiencies and systematic internal controls that will produce quality contractual processes and procedures.

1b. OBH commits to accessing its current partners and established collaborators to reduce the administrative process timeframes; however, implementation processes will always be limited with federal grant funding time constraints. Additionally, these time constraints pose a barrier as potential sub-recipients and outside organizations are hesitant of committing to such time-limited funding.

2. Providers are encouraged to work with agencies, universities, colleges and boards to secure required staff. In addition, agencies are encouraged to offer contingencies, where indicated to secure staff.

3. Provide more frequent technical assistance to providers and address potential stop-gaps to ensure initiatives are progressing at a reasonable rate.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

The proposed expenses are within the original scope of the approved funding plan.

Opioid treatment programs (OTPs) expansion to 24/7 capacity	\$1,942,210
Project Extension for Community Healthcare Outcomes (ECHO)	\$250,000
Expansion of Recovery Housing (Oxford House)	\$503,319
MAT services for justice-involved individuals	\$976,678
Program Monitor to oversee treatment projects (0.5 FTE)	\$34,427
Statewide Media Campaign	\$1,250,000
Statewide Center for Prevention Resources (LaCPR) Trainings	\$227,423
Caring Communities Youth Survey (CCYS) Enhancements	\$500,000
Expansion and Support of Collegiate Recovery In Louisiana	\$825,000
Prevention Management Information System (PMIS)	\$50,000
Program Monitor to oversee prevention projects (0.5 FTE)	\$43,965
Local Governing Entities (LGEs):	
Acadiana Area Human Svcs. District	\$587,500
Capital Area Human Svcs. District	\$772,000
Central LA Human Svcs. District	\$537,988
Florida Parishes Human Svcs. Auth.	\$558,310
Metropolitan Human Svcs. District	\$865,079
South Central LA Human Svcs. Auth.	\$529,087
Totals	\$10,452,986

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

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End of NCE Request. Thank you.

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee¹: _____

Title: _____

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Office of the Governor
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR



P.O. Box 94004
BATON ROUGE, LOUISIANA 70804-9004
(225) 342-7015
GOV.LA.GOV

August 23, 2016

Ms. Virginia Simmons
Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

RE: Designation of Authority to Sign SABG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, I delegate signatory authority to the current Assistant Secretary of the Office of Behavioral Health, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SABG), Mental Health Block Grant (MHBG), and the PATH grant.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature of John Bel Edwards in black ink, written over a horizontal line.

John Bel Edwards
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
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Section 1917	Application for Grant	42 USC § 300x-6
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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93, Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Karen Stubbs

Signature of CEO or Designee¹: X KSA

Title: Assistant Secretary, OBH

Date Signed: 08/08/2022
mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): ☒ Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 ☐ Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Louisiana Department of Health/Office of Behavioral Health		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months

D. Name and Title of Grantee Finance Official Approving This NCE Request	Amanda Joyner, Deputy Assistant Secretary		
E. Name and Title of Grantee Program Official Approving This NCE Request	Karen Stubbs, Assistant Secretary		
F. Name and Title of Other Grantee Official Approving This NCE Request			
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$11,975,406	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$2,173,921
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$4,924,845	J. COVID-19 Award Total \$ Amount Requested for NCE	\$4,876,640
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
Individual Placement and Support (IPS) trainings	\$7,337		
Technical assistance and workforce for implementing the 988 Suicide Lifeline	\$13,194		
Suicide Case Management services	\$128,929		
Stress Management Program	\$45,181		
Local Governing Entities (LGEs):			
Capital Area Human Svcs. District	\$129,647		
Central LA Human Svcs. District	\$282,083		
Florida Parishes Human Svcs. Auth.	\$181,689		
Imperial Calcasieu Human Svcs. Auth.	\$366,570		
Jefferson Parish Human Svcs. Auth.	\$60,132		
Northeast Delta Human Svcs. Auth.	\$344,993		
Northwest LA Human Svcs. District	\$270,936		
South Central LA Human Svcs. Auth.	\$343,230		
Totals	\$2,173,921		
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			
COVID Grant Compliance Review	\$41,740		
Training Institute for Best Practices in Youth Residential Care	\$350,000		
Individual Placement and Support (IPS) trainings	\$64,259		
Crisis System/Hub	\$1,552,747		
Technical assistance and workforce for implementing the 988 Suicide Lifeline	\$28,998		
SMI/SED Training for training series for Service Members, Veterans, and their Families (SMVF)	\$140,000		

Suicide Case Management services	\$179,317
Stress Management Program	\$196,313
Local Governing Entities (LGEs):	
Acadiana Area Human Svcs. District	\$477,500
Capital Area Human Svcs. District	\$15,819
Central LA Human Svcs. District	\$271,732
Florida Parishes Human Svcs. Auth.	\$378,556
Imperial Calcasieu Human Svcs. Auth.	\$50,000
Metropolitan Human Svcs. District	\$124,425
Northeast Delta Human Svcs. Auth.	\$36,330
Northwest LA Human Svcs. District	\$146,865
South Central LA Human Svcs. Auth.	\$870,244
Totals	\$4,924,845

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

a. The challenges experienced in expending funds

1. Louisiana, neighboring states, and other state government organizations have a lengthy process for contracts and procurements, which often makes it difficult to meet rigid timelines and grant expectations for grant implementation. The LDH/OBH, has a rigorous multi-faceted contracting process, which creates a longer time frame to create, produce and execute contracts. It is also noted that federal grants with very limited timeframes, i.e., two years, are not essentially compatible with the current state administrative processes needed to establish funding lines and contracts with sub-recipients to execute large/multiple projects.

2. Programs experienced delays in implementation due to a crippled workforce that was exacerbated by the COVID-19 Pandemic. There is a nationwide workforce shortage, which hinders the ability to hire competent staff at historically acceptable wages. Therefore, lack of proper workforce compromised project implementation.

3. Critical activities related to LDH's development of a comprehensive crisis system of care, including the Crisis Hub, has taken more time than expected. LDH enlisted the assistance of national consultants and released a Request for Information (RFI) through which individuals, advocates, service providers, and Managed Care Entities (MCEs) were able to provide ideas on critical components of a crisis system. Additionally, the development of a Request for Proposals (RFP) to obtain competitive proposals from qualified proposers to operate a new statewide Crisis Hub has been a lengthy process.

b. The steps we will take to fully expend by March of 2024

1a. OBH's Contracts Unit has created a new position and continues to interview and conduct outreach to hire qualified candidates in the midst of a national workforce shortage. This position was created to review contracts, improve contract accuracy and reduce "return to sender" due to the need for multiple revisions and edits. In addition, a new position was created in the OBH Grants Management Unit that will be responsible for reviewing contracts at the program staff level to make modifications prior to submission to the Contract Unit. Therefore, higher quality contracts will reduce the length of the process and create an expedited approval. In addition, LDH Office of the Secretary has created a newly developed Contracts Division in an effort to establish efficiencies and systematic internal controls that will produce quality contractual processes and procedures.

1b. OBH commits to accessing its current partners and established collaborators to reduce the administrative process timeframes; however, implementation processes will always be limited with federal grant funding time constraints. Additionally, these time constraints pose a barrier as potential sub-recipients and outside organizations are hesitant of committing to such time-limited funding.

2. Providers are encouraged to work with agencies, universities, colleges and boards to secure required staff. In addition, agencies are encouraged to offer contingencies, where indicated to secure staff.

3. The RFP will be released in Spring 2023 to begin the process to identify and contract with a vendor to operate the statewide Crisis Hub.

4. Provide more frequent technical assistance to providers and address potential stop-gaps to ensure initiatives are progressing at a reasonable rate.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

The proposed expenses are within the original scope of the approved funding plan.

Individual Placement and Support (IPS) trainings	\$28,404
Crisis System/Hub	\$2,644,321
SMI/SED Training for training series for Service Members, Veterans, and their Families (SMVF)	\$140,000
Local Governing Entities (LGEs):	
Capital Area Human Svcs. District	\$576,854
Central LA Human Svcs. District	\$371,585
Florida Parishes Human Svcs. Auth.	\$421,867
Imperial Calcasieu Human Svcs. Auth.	\$20,930
Metropolitan Human Svcs. District	\$139,600
Northwest LA Human Svcs. District	\$170,770
South Central LA Human Svcs. Auth.	\$362,309
Totals	\$4,876,640

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

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End of NCE Request. Thank you.

SAMHSA
Office of Financial Resources, Division of Grants Management
Center for Substance Abuse Treatment, Division of States and Community Systems
Center for Substance Abuse Prevention, Division of Primary Prevention
Center for Mental Health Services, Division of State and Community Systems Development

Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

COVID-19 Award Issue Date: 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

Instructions: Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee's intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

Check One Only (✓): ☒ Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding
 ☐ Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Louisiana Department of Health/Office of Behavioral Health		
B. Date of Submission of NCE Request	September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months

D. Name and Title of Grantee Finance Official Approving This NCE Request	Amanda Joyner, Deputy Assistant Secretary		
E. Name and Title of Grantee Program Official Approving This NCE Request	Karen Stubbs, Assistant Secretary		
F. Name and Title of Other Grantee Official Approving This NCE Request			
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$11,975,406	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$2,173,921
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$4,924,845	J. COVID-19 Award Total \$ Amount Requested for NCE	\$4,876,640
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
Individual Placement and Support (IPS) trainings	\$7,337		
Technical assistance and workforce for implementing the 988 Suicide Lifeline	\$13,194		
Suicide Case Management services	\$128,929		
Stress Management Program	\$45,181		
Local Governing Entities (LGEs):			
Capital Area Human Svcs. District	\$129,647		
Central LA Human Svcs. District	\$282,083		
Florida Parishes Human Svcs. Auth.	\$181,689		
Imperial Calcasieu Human Svcs. Auth.	\$366,570		
Jefferson Parish Human Svcs. Auth.	\$60,132		
Northeast Delta Human Svcs. Auth.	\$344,993		
Northwest LA Human Svcs. District	\$270,936		
South Central LA Human Svcs. Auth.	\$343,230		
Totals	\$2,173,921		
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			
COVID Grant Compliance Review	\$41,740		
Training Institute for Best Practices in Youth Residential Care	\$350,000		
Individual Placement and Support (IPS) trainings	\$64,259		
Crisis System/Hub	\$1,552,747		
Technical assistance and workforce for implementing the 988 Suicide Lifeline	\$28,998		
SMI/SED Training for training series for Service Members, Veterans, and their Families (SMVF)	\$140,000		

Suicide Case Management services	\$179,317
Stress Management Program	\$196,313
Local Governing Entities (LGEs):	
Acadiana Area Human Svcs. District	\$477,500
Capital Area Human Svcs. District	\$15,819
Central LA Human Svcs. District	\$271,732
Florida Parishes Human Svcs. Auth.	\$378,556
Imperial Calcasieu Human Svcs. Auth.	\$50,000
Metropolitan Human Svcs. District	\$124,425
Northeast Delta Human Svcs. Auth.	\$36,330
Northwest LA Human Svcs. District	\$146,865
South Central LA Human Svcs. Auth.	\$870,244
Totals	\$4,924,845

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

a. The challenges experienced in expending funds

1. Louisiana, neighboring states, and other state government organizations have a lengthy process for contracts and procurements, which often makes it difficult to meet rigid timelines and grant expectations for grant implementation. The LDH/OBH, has a rigorous multi-faceted contracting process, which creates a longer time frame to create, produce and execute contracts. It is also noted that federal grants with very limited timeframes, i.e., two years, are not essentially compatible with the current state administrative processes needed to establish funding lines and contracts with sub-recipients to execute large/multiple projects.

2. Programs experienced delays in implementation due to a crippled workforce that was exacerbated by the COVID-19 Pandemic. There is a nationwide workforce shortage, which hinders the ability to hire competent staff at historically acceptable wages. Therefore, lack of proper workforce compromised project implementation.

3. Critical activities related to LDH's development of a comprehensive crisis system of care, including the Crisis Hub, has taken more time than expected. LDH enlisted the assistance of national consultants and released a Request for Information (RFI) through which individuals, advocates, service providers, and Managed Care Entities (MCEs) were able to provide ideas on critical components of a crisis system. Additionally, the development of a Request for Proposals (RFP) to obtain competitive proposals from qualified proposers to operate a new statewide Crisis Hub has been a lengthy process.

b. The steps we will take to fully expend by March of 2024

1a. OBH's Contracts Unit has created a new position and continues to interview and conduct outreach to hire qualified candidates in the midst of a national workforce shortage. This position was created to review contracts, improve contract accuracy and reduce "return to sender" due to the need for multiple revisions and edits. In addition, a new position was created in the OBH Grants Management Unit that will be responsible for reviewing contracts at the program staff level to make modifications prior to submission to the Contract Unit. Therefore, higher quality contracts will reduce the length of the process and create an expedited approval. In addition, LDH Office of the Secretary has created a newly developed Contracts Division in an effort to establish efficiencies and systematic internal controls that will produce quality contractual processes and procedures.

1b. OBH commits to accessing its current partners and established collaborators to reduce the administrative process timeframes; however, implementation processes will always be limited with federal grant funding time constraints. Additionally, these time constraints pose a barrier as potential sub-recipients and outside organizations are hesitant of committing to such time-limited funding.

2. Providers are encouraged to work with agencies, universities, colleges and boards to secure required staff. In addition, agencies are encouraged to offer contingencies, where indicated to secure staff.

3. The RFP will be released in Spring 2023 to begin the process to identify and contract with a vendor to operate the statewide Crisis Hub.

4. Provide more frequent technical assistance to providers and address potential stop-gaps to ensure initiatives are progressing at a reasonable rate.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

The proposed expenses are within the original scope of the approved funding plan.

Individual Placement and Support (IPS) trainings	\$28,404
Crisis System/Hub	\$2,644,321
SMI/SED Training for training series for Service Members, Veterans, and their Families (SMVF)	\$140,000
Local Governing Entities (LGEs):	
Capital Area Human Svcs. District	\$576,854
Central LA Human Svcs. District	\$371,585
Florida Parishes Human Svcs. Auth.	\$421,867
Imperial Calcasieu Human Svcs. Auth.	\$20,930
Metropolitan Human Svcs. District	\$139,600
Northwest LA Human Svcs. District	\$170,770
South Central LA Human Svcs. Auth.	\$362,309
Totals	\$4,876,640

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

--

End of NCE Request. Thank you.

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name

Title

Organization

Signature:

Date:

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

MHBG: Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) ^a	I. COVID Relief Funds (SABG)	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention ^d											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^e		\$1,255,878.00						\$1,086,173.00		\$551,042.00	\$99,858.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$105,518,832.00	\$1,429,617.00	\$100,040,244.00		\$480,564.00				
7. Other 24-Hour Care			\$292,025,708.00				\$19,381.00				
8. Ambulatory/Community Non-24 Hour Care		\$10,302,962.00	\$335,252,780.00	\$37,953,559.00				\$4,688,036.00		\$749,000.00	
9. Administration (excluding program/provider level) ^f MHBG and SABG must be reported separately		\$372,000.00		\$4,621,246.00				\$40,207.00		\$30,000.00	
10. Crisis Services (5 percent set-aside) ^g		\$627,939.00						\$4,355,568.00		\$4,866,462.00	\$893,253.00
11. Total	\$0.00	\$12,558,779.00	\$732,797,320.00	\$44,004,422.00	\$100,040,244.00	\$0.00	\$499,945.00	\$10,169,984.00	\$0.00	\$6,196,504.00	\$993,111.00

^aThe 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 – June 30, 2023, for most states.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states

^cThe expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

^dWhile a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

^fPer statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award

^gRow 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	FFY 2023 SA Block Grant Award	COVID-19 Award ¹	ARP Award ²
1 . Substance Use Disorder Prevention and Treatment ⁵	\$17,666,569.00	\$17,917,477.00	\$14,026,547.00	\$17,952,013.00	\$16,234,423.00	\$4,234,530.00
2 . Primary Substance Use Disorder Prevention	\$5,788,035.00	\$5,290,000.00	\$4,313,720.00	\$5,866,663.00	\$4,850,000.00	\$1,577,128.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV ⁶	\$1,261,897.00		\$1,012,937.00	\$1,281,594.00		\$264,024.00
5 . Administration (SSA Level Only)	\$521,456.00	\$250,000.00	\$905,526.00	\$531,614.00	\$204,566.00	\$270,644.00
6. Total	\$25,237,957.00	\$23,457,477.00	\$20,258,730.00	\$25,631,884.00	\$21,288,989.00	\$6,346,326.00

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Prevention other than Primary Prevention

⁶For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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Footnotes:

*Amount of primary prevention funds planned for primary prevention programs (this amount matches the total reported in Table 5a and Table 5b) is \$5,047,591.

Amount of primary prevention funds in Table 4, line 2 that are planned for prevention SA resource development and non-direct services is \$740,286.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

A		B			B		
Strategy	IOM Target	FFY 2022			FFY 2023		
		SA Block Grant Award	COVID-19 Award ¹	ARP Award ²	SA Block Grant Award	COVID-19 Award ⁴	ARP Award ⁵
1. Information Dissemination	Universal	\$741,816	\$2,942,500	\$1,115,930	\$521,709	\$2,574,500	\$301,963
	Selected						
	Indicated						
	Unspecified						
	Total	\$741,816	\$2,942,500	\$1,115,930	\$521,709	\$2,574,500	\$301,963
2. Education	Universal	\$3,757,717	\$203,500	\$850,000	\$3,306,282	\$203,500	\$450,000
	Selected				\$196,612		
	Indicated	\$23,520	\$50,000		\$23,520	\$50,000	
	Unspecified						
	Total	\$3,781,237	\$253,500	\$850,000	\$3,526,414	\$253,500	\$450,000
3. Alternatives	Universal	\$12,955	\$500,000	\$165,930		\$500,000	\$43,705
	Selected				\$12,529		
	Indicated						
	Unspecified						
	Total	\$12,955	\$500,000	\$165,930	\$12,529	\$500,000	\$43,705
4. Problem Identification and Referral	Universal	\$78,693		\$600,000	\$82,441		\$200,000
	Selected						
	Indicated		\$800,000			\$800,000	
	Unspecified						
	Total	\$78,693	\$800,000	\$600,000	\$82,441	\$800,000	\$200,000
	Universal				\$524,653	\$422,000	\$235,255

5. Community-Based Processes							
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$524,653	\$422,000	\$235,255
6. Environmental	Universal	\$93,559	\$300,000	\$365,930	\$119,300		\$91,205
	Selected						
	Indicated					\$300,000	\$250,000
	Unspecified						
	Total	\$93,559	\$300,000	\$365,930	\$119,300	\$300,000	\$341,205
7. Section 1926 Tobacco	Universal	\$319,331		\$50,000	\$319,331		\$5,000
	Selected				\$20,000		
	Indicated	\$20,000					
	Unspecified						
	Total	\$339,331	\$0	\$50,000	\$339,331	\$0	\$5,000
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	\$0	\$0	\$0	\$0	\$0	\$0
Total Prevention Expenditures		\$5,047,591	\$4,796,000	\$3,147,790	\$5,126,377	\$4,850,000	\$1,577,128
Total SABG Award³		\$25,237,957	\$23,457,477	\$20,258,730	\$25,631,884	\$21,288,989	\$6,346,326
Planned Primary Prevention Percentage		20.00 %	20.45 %	15.54 %	20.00 %	22.78 %	24.85 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³Total SABG Award is populated from Table 4 - SABG Planned Expenditures

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award ¹	FFY 2022 ARP Award ²	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award ³	FFY 2023 ARP Award ⁴
Universal Direct	\$4,243,480		\$850,000	\$4,261,152	\$203,500	\$450,000
Universal Indirect	\$780,591	\$3,640,000	\$3,213,720	\$625,093	\$3,496,500	\$877,128
Selected				\$216,612		
Indicated	\$23,520	\$1,650,000		\$23,520	\$1,150,000	\$250,000
Column Total	\$5,047,591	\$5,290,000	\$4,063,720	\$5,126,377	\$4,850,000	\$1,577,128
Total SABG Award⁵	\$25,237,957	\$23,457,477	\$20,258,730	\$25,631,884	\$21,288,989	\$6,346,326
Planned Primary Prevention Percentage	20.00 %	22.55 %	20.06 %	20.00 %	22.78 %	24.85 %

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁴The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award ¹	ARP Award ²
Targeted Substances			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Targeted Populations			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

¹The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Louisiana serves all populations in Table 5C through its primary prevention programs and services. While all populations identified in Table 5C are reached, these populations are not intentionally targeted as primary prevention services are implemented universally. Demographic data is collected on all individuals served.

Planning Tables

Table 6 Non-Direct-Services/System Development [SA]

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ²	E. ARP ³	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated ¹	D. COVID-19 ⁴	E. ARP ⁵
1. Information Systems	\$170,702.00		\$246,904.00	\$100,000.00	\$60,000.00	\$82,825.00	\$0.00	\$326,904.00	\$81,170.00	\$15,000.00
2. Infrastructure Support	\$140,000.00			\$859,927.00		\$140,000.00	\$0.00		\$698,000.00	
3. Partnerships, community outreach, and needs assessment		\$435,450.00		\$1,113,000.00		\$0.00	\$435,450.00	\$5,000.00	\$903,419.00	
4. Planning Council Activities (MHBG required, SABG optional)	\$1,000.00					\$1,000.00				
5. Quality Assurance and Improvement	\$17,200.00			\$300,000.00	\$1,000,000.00	\$114,250.00		\$45,000.00	\$243,509.00	\$250,000.00
6. Research and Evaluation		\$99,000.00				\$142,838.00	\$99,000.00			
7. Training and Education	\$10,000.00	\$205,994.00	\$15,000.00	\$619,000.00	\$148,000.00	\$196,000.00	\$205,836.00	\$15,000.00	\$502,441.00	\$61,482.00
8. Total	\$338,902.00	\$740,444.00	\$261,904.00	\$2,991,927.00	\$1,208,000.00	\$676,913.00	\$740,286.00	\$391,904.00	\$2,428,539.00	\$326,482.00

¹Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

²The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

³The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

⁴The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

⁵The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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Footnotes:

Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2022

MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 ¹ COVID Funds	FFY 2022 ² ARP Funds	FFY 2023 Block Grant	FFY 2023 ¹ COVID Funds	FFY 2023 ² ARP Funds	FFY 2023 ³ BSCA Funds
1. Information Systems	\$184,888.00			\$192,643.00			
2. Infrastructure Support	\$1,848.00	\$143,400.00		\$1,848.00	\$101,630.00		
3. Partnerships, community outreach, and needs assessment	\$478,920.00	\$157,500.00		\$483,920.00	\$111,622.00		
4. Planning Council Activities (MHBG required, SABG optional)	\$164,000.00			\$164,000.00			
5. Quality Assurance and Improvement	\$1,220,000.00	\$652,352.00		\$368,811.00	\$462,332.00		
6. Research and Evaluation				\$0.00			
7. Training and Education	\$1,524,531.00	\$871,951.00		\$1,479,121.00	\$617,965.00		
8. Total	\$3,574,187.00	\$1,825,203.00	\$0.00	\$2,690,343.00	\$1,293,549.00	\$0.00	\$0.00

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

² The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

³ The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

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Footnotes:

Louisiana has no updated expenditures for Table 6.

Environmental Factors and Plan

15. Crisis Services - Required MHBG, Requested SABG

Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes “[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)” as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

MHBG: Though historically Louisiana has had in many ways an underdeveloped crisis system, efforts have been undertaken to expand the array of crisis services available to individuals throughout the state. These efforts have built upon requirements in the system for behavioral health treatment providers to render core services related to crisis mitigation, such as crisis planning and response, through the design and implementation of a new Crisis System of Care called the Louisiana Crisis Response System (LA-CRS). All behavioral health service (BHS) providers licensed under LAC 48:1.Chapter 56, including Local Governing Entities (LGEs), must provide core services including crisis mitigation. This critical service offers assistance to individuals during a crisis including 24-hour on call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and to provide support during related crises. Referral to 911 or a hospital's emergency department alone does not constitute crisis mitigation services. All BHS providers develop a crisis mitigation plan with each individual receiving mental health and/or substance use services. Also, providers contracted with at least one managed care organization (MCO) to deliver Medicaid funded mental health and substance use services including Mental Health Rehabilitation (MHR), Assertive Community Treatment (ACT), Multi-Systemic Therapy (MST) and other evidenced based and non-evidenced based interventions must conduct crisis planning and respond to individuals who report a crisis. For providers licensed under LAC 48:1, Chapter 56 the crisis plan and crisis mitigation plan may be the same document. Expanding Access to Crisis Services through the Louisiana Crisis Response System (LA-CRS): LDH is implementing a statewide model for crisis response that maintains regional and geographic relevance and builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities. To achieve this vision, LDH, in consultation with service users and key system partners, is implementing a modern, innovative and coordinated crisis system for adults that:

- Values and incorporates “lived experience” in designing a crisis system and in crisis service delivery;
- Encompasses a continuum of services that includes crisis prevention, acute intervention and post-crisis recovery services and supports;
- Is built on principles of recovery and resiliency, delivering services that are individualized and person-centered;
- Provides interventions to divert individuals from institutional levels of care including inpatient placements, emergency departments utilization, nursing facilities and other out of home settings;
- Provides timely access to a range of acute crisis responses, including locally available home and community-based services and mobile crisis response;
- Provides stabilizing interventions and supports that allow individuals to recover as quickly as possible;
- Delivers resolution-focused interventions and assists individuals in problem-solving and in developing strategies to prevent future crises and enhance their ability to recognize and deal with situations that may otherwise result in crises;
- Supports individuals to increase or improve their network

of community and natural supports, as well as their use of these supports for crisis prevention; • Continuously improves its processes to assure seamless and efficient care; • Collaborates and innovates with partner systems including healthcare systems, judicial systems, law enforcement, child protective services, educational systems, homeless coalitions, as well as any other system that touches individuals who may experience a behavioral health crisis; and • Collaborates with the individual's existing behavioral health service providers, or links individuals to new behavioral health service providers for longer-term treatment when appropriate and desired by the recipient. Louisiana obtained funding to implement an array of four (4) new crisis services. This included funding to implement Mobile Crisis Intervention (MCI) and Community Brief Crisis Support (CBCS) in early 2022, Behavioral Health Crisis Care (BHCC) Centers in April 2022, and Crisis Stabilization (CS) in July 2022. At present time, Louisiana is in the early stage of implementation, with programs launching services in various areas of the state while providers with readiness to render services are sought in the state's most underserved regions. This includes strategizing with statewide and local partners, ensuring the implementation of a statewide system that maintains regional relevance. Louisiana anticipates the need for ongoing quality improvement strategies subsequent to the launch of these services in early 2022. The following activities will further enable the program to continue to evolve and improve as the crisis system takes root. • LDH has enlisted the assistance of national consultants in its development of a comprehensive crisis system of care. Additionally, it has sought feedback from the system through the issuance of a Request for Information (RFI) through which individuals, advocates, service providers, and MCOs were able to provide their ideas on critical components of a crisis system. These activities have been critical to LDH's development of a crisis model. • In order to further support the development of a crisis system, LDH/OBH is also utilizing Mental Health Block Grant funds to support a contract with Louisiana State University Health Science Center (LSUHSC) School of Public Health, Center for Evidence to Practice with the main goal being to recruit and develop a network of providers that provide crisis services ultimately in a stable, sustainable, all-encompassing system. It will conduct activities critical to implementation of a crisis system including the following activities, which will have a positive impact on all crisis providers, which render services to both the insured and uninsured populations: • Collaborate with communities throughout Louisiana, developing a readiness process and measures for communities that demonstrate awareness, resources, key partners and benchmarks for progress, with technical assistance (TA) being provided to aid in the transition to and implementation of this new crisis service system. • Develop a training curriculum inclusive of a process for ongoing coaching for the crisis response workforce; this process includes developing a model of implementation to include an online learning platform and a cadre of trainers, which will be critical to the sustainability of this project. • Identify workforce and implement training curriculum and ongoing coaching to ensure appropriate execution of services. • Conduct ongoing data collection required to inform LDH/OBH of the quality of the process, sustainability and outcomes associated with these efforts. Louisiana is also developing a Request for Proposals (RFP) to obtain competitive proposals from qualified proposers to operate a statewide Crisis Hub. The Crisis Hub shall be equipped to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral, and dispatch to available services in the community appropriate to meet their crisis needs. The Crisis Hub will serve as an access point to community-based crisis treatment and support services and will play a critical role in tracking demand for and facilitating access to crisis services throughout the state. Louisiana plans to utilize MHBG ARPA funds for the Crisis Hub initiative. SABG: In coordination and collaboration with the Office of Behavioral Health, the Local Governing Entities (LGEs) utilize SABG funding to address local needs regarding substance use disorder prevention, treatment and recovery services. Most recently, through supplemental funding, the LGEs have planned to implement additional Crisis Services. Acadiana Area Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. Licensed Mental Health Professionals (LMHPs) will also be available to screen, provide brief intervention and referral to treatment. Capital Area Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Additionally, CAHSD is planning to provide training for non-clinical staff regarding trauma informed care, which supports strategies to avoid triggers and potential crisis episodes. Central Louisiana Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Two additional mental health professionals will be added to the team. Florida Parishes Human Services Authority is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Imperial Calcasieu Human Services Authority is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Additionally, they are preparing to hire a mobile crisis team to include a nurse, crisis counselor, and administrative support staff person. Metropolitan Human Services District is planning to provide training for staff that supports enhanced mental health crisis response and services. In addition, provide Mental Health Awareness training for first responders.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. *Someone to talk to: Crisis Call Capacity*

a. *Number of locally based crisis call Centers in state*

i. *In the Suicide lifeline network*

ii. *Not in the suicide lifeline network*

- b. Number of Crisis Call Centers with follow up protocols in place
 - c. Percent of 911 calls that are coded as MH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity
 - a. Independent of first responder structures (police, paramedic, fire)
 - b. Integrated with first responder structures (police, paramedic, fire)
 - c. Number that employ peers
 3. Place to go
 - a. Number of Emergency Departments
 - b. Number of Emergency Departments that operate a specialized behavior health component
 - c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone to talk to: Louisiana has two certified crisis call centers with follow up protocols in place. Via Link is located in New Orleans and provides coverage for South Louisiana. The Louisiana Association on Compulsive Gambling (LACG) Line was providing coverage for north Louisiana until April 2020. Since July 8, 2022, LACG has re-entered routing with the Lifeline. Both certified crisis call centers are in routing for the Lifeline with VIA LINK providing primary coverage for area codes 225, 504, and 985. LACG provides primary coverage for area codes 318 and 337 for Northern Louisiana. Both crisis centers serve as back-up to each other. This routing structure ensures statewide coverage for Lifeline contacts. The crisis centers are available to everyone in Louisiana regardless of insurance status. Several local areas around the state have crisis call numbers initiated through non profit organizations of regional human service districts providing behavioral health services. These lines are available to everyone regardless of insurance type, including the indigent populations. In addition, the Medicaid managed care organizations also have crisis call numbers available to their members. The Crisis Contact Centers do not collect the percent of 911 calls that are coded as MH related, but they do collect the number of calls that are transferred to 911 when an emergency intervention/rescue was needed. Someone to respond: Through the LA-CRS implementation of Mobile Crisis Response (MCR) services, teams are currently operable in 6 of 10 areas of the state a minimum of 40 hours a week. Identified providers are currently working on service implementation in 2 areas of the state, while providers are actively being sought in the remaining 2 areas of the state. Place to go: Through the LA-CRS implementation of Behavioral Health Crisis Care (BHCC) services, programs have been implemented in 6 of the 10 areas of the state a minimum of 40 hours a week. An identified provider is currently working on implementation in 1 area of the state, while providers are actively being sought in the remaining 3 areas of the state.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

The Louisiana Department of Health (LDH) is committed to ensuring that individuals in crisis and their families experience treatment and support that is compassionate, effective and resolution-focused, and delivered by a crisis system that is coordinated, responsive and efficient. By addressing the needs of all populations, including Louisiana's most vulnerable citizens (e.g. children and youth in crisis and their families, and individuals with co-occurring conditions), LDH believes improvements to its crisis system of care will maximize the use of voluntary treatment and reduce the need for law enforcement involvement. In addition, it will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, residential care centers, out of home placements, jails, intermediate care facilities for individuals with intellectual / developmental disabilities, and hospitals. The LDH has focused the last 36 months on building a comprehensive crisis system of care for adults. In particular improved services to include a mobile crisis response capacity and crisis intervention services for the Medicaid population, and crisis telephone lines, which will benefit everyone in Louisiana regardless of insurance type/status. Implementation of these services will be consistent with the principles outlined above. In order to achieve these goals LDH is actively developing the following services and supports for Medicaid-eligible adults, to complement/augment those already in place, the implementation of which is predicated on the availability of funds and approval through CMS. Though initially focused on the Medicaid population, it is the goal that these services will eventually be a resource for everyone in Louisiana, including the insured and uninsured. These services are outlined below:

- Mobile Crisis Intervention (MCI) Services – a mobile crisis response service that is available as an initial intervention for individuals in a self-identified crisis. The service is available twenty-four (24) hours a day, seven (7) days a week and includes maximum one (1) hour urban and two (2) hour rural face-to-face/onsite response times.
- Behavioral Health Crisis Care (BHCC) Clinics – a facility based service that operates twenty-four (24) hours a day, seven (7) days a week as a walk-in center providing short-term behavioral health crisis intervention, offering a community based voluntary home-like alternative to more restrictive settings. This service has undergone a name change, as it was previously Behavioral Health Urgent Care (BHUC) Centers.
- Community Brief Crisis Support (CBCS) – a face-to-face intervention available to individuals subsequent to receipt of MCI, BHUC, or CS. This ongoing crisis intervention response is intended to be rendered for up to fifteen (15) days and are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and

coordinating with local providers. • Crisis Stabilization (CS) - a short-term bed-based crisis treatment and support services for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement. This service is currently covered for children and has been approved for expanding it to the adult population. Additionally, LDH has undertaken efforts to develop the framework for a crisis hub to work in tandem to the LA-CRS. This hub will be crucial in the identification, triage and linkage of individuals in crisis to supports appropriate to meet their needs.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

LDH/OBH utilizes Mental Health Block Grant funds to support a contract with Louisiana State University Health Science Center (LSUHSC) School of Public Health, Center for Evidence to Practice to conduct activities critical to implementation of a crisis system of care. This includes the following activities: • Collaborate with communities throughout Louisiana, developing a readiness process and measures for communities that demonstrate awareness, resources, key partners and benchmarks for progress, with technical assistance (TA) being provided to aid in the transition to and implementation of this new crisis service system. • Develop a training curriculum inclusive of a process for ongoing coaching for the crisis response workforce; this process includes developing a model of implementation to include an online learning platform and a cadre of trainers, which will be critical to the sustainability of this project. • Identify crisis workforce and implement training curriculum and ongoing coaching to ensure appropriate execution of services within this crisis system. • Conduct ongoing data collection required to inform LDH/OBH of the quality of the process, sustainability and outcomes associated with these efforts related to the crisis system of care. This project runs multiple fiscal years and will ultimately affect the larger crisis system in Louisiana including those that serve the uninsured populations. The amounts allocated per year are outlined below: • \$282,319 (SFY 2021; through 6/30/21) • \$586,862 (SFY 2022) • \$597,638 (SFY 2023) LDH is currently in the last year of the contract cycle with LSU and is undertaking efforts to develop planning activities for future years. This includes expanding regional capacity for crisis services through the development of regional crisis coalitions. The below table indicates Lifeline call data from 6/1/2021 through 6/30/2022

Louisiana Lifeline Calls	In-State Metrics	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022	Routed
2,219	2,252	1,967	2,303	2,296	2,225	2,111	2,537	2,401	2,462	2,244	2,531	2,365	Answered	In-State	
1,238	1,264	997	83	762	979	1,366	1,597	1,494	1,655	1,481	1,638	1,498	Answered	Out-of-State	
387	468	488	1,551	977	619	323	279	312	313	285	386	354	In-State	Rate	
56%	56%	51%	4%	33%	44%	65%	63%	62%	67%	66%	65%	65%	Source:	Vibrant Emotional Health	

Additionally, through funding from the MHBG and 988 SAMHSA grant, the Office of Behavioral Health (OBH) has developed Cooperative Endeavor Agreements (CEAs) with VIA LINK and LACG to answer calls for the Lifeline. OBH intends to improve in-state answer rates by providing MHBG funds and 988 SAMHSA funds to the crisis contact centers to build infrastructure and capacity to respond to Lifeline calls statewide. Funds allow Louisiana to have statewide geographic primary and back-up coverage which will increase the number of calls answered in-state. Funding allows the crisis contact centers to recruit, hire and train new and existing staff. Both VIA LINK and LACG will provide 24-hour a day, seven (7) days a week (24/7) live crisis line coverage for mental health, suicide prevention, crisis intervention, along with information and referral services for individuals being routed to the contact center via the Lifeline. The contact center will provide crisis call, chat and text services designed to actively engage individuals with an array of mental health, substance use, and suicidality issues or concerns, in order to establish rapport to assess risk, deescalate acute distress, and effectively connect to the appropriate level of service. Incoming call, chat and text volume estimates vary but are expected to continue to increase. Acuity of the individuals will range from very low (ex. Information and referral) to very high (ex. Imminent threat to self or others). Through this process, trained crisis workers offer telephonic access via telephone, or short message service (SMS) text, or chat utilizing Voice Over Internet Protocol (VOIP) technology. This type of access is the first level of supportive intervention for individuals in crisis, helping to stabilize the individual so that services that are more intensive are only utilized when necessary. The amounts allocated for each crisis contact center are outlined in the below tables. Mental Health Block Grant Funding for the Lifeline Organization Monthly Amount 12 Month 5 years SFY22 Total VIA LINK \$85,000.00 \$1,020,000.00 \$5,100,000.00 \$340,000.00 \$5,440,000 LACG \$75,000.00 \$900,000.00 \$4,500,000.00 \$300,000.00 \$4,800,000 988 SAMHSA Funding for the Crisis Contact Centers Organization Monthly Amount 12 Month 2 years SFY22 Total VIA LINK \$25,000 \$300,000 \$600,000 \$50,000 \$600,000 LACG \$25,000 \$300,000 \$600,000 \$50,000 \$600,000 *Please see attachment for clear display of tables.

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Footnotes:

15. Crisis Services - Required MHBG, Requested SABG

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed **Crisis Services: Meeting Needs, Saving Lives**, which includes “**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**” as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

- 1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization center**

MHBG:

Though historically Louisiana has had in many ways an underdeveloped crisis system, efforts have been undertaken to expand the array of crisis services available to individuals throughout the state. These efforts have built upon requirements in the system for behavioral health treatment providers to render core services related to crisis mitigation, such as crisis planning and response, through the design and implementation of a new Crisis System of Care called the Louisiana Crisis Response System (LA-CRS).

All behavioral health service (BHS) providers licensed under LAC 48:1.Chapter 56, including Local Governing Entities (LGEs), must provide core services including crisis mitigation. This critical service offers assistance to individuals during a crisis including 24-hour on call telephone assistance to prevent relapse or harm to self or others, to provide referral to other services, and to provide support during related crises. Referral to 911 or a hospital's emergency department alone does not constitute crisis mitigation services. All BHS providers develop a crisis mitigation plan with each individual receiving mental health and/or substance use services. Also, providers contracted with at least one managed

care organization (MCO) to deliver Medicaid funded mental health and substance use services including Mental Health Rehabilitation (MHR), Assertive Community Treatment (ACT), Multi-Systemic Therapy (MST) and other evidenced based and non-evidenced based interventions must conduct crisis planning and respond to individuals who report a crisis. For providers licensed under LAC 48:1, Chapter 56 the crisis plan and crisis mitigation plan may be the same document.

Expanding Access to Crisis Services through the Louisiana Crisis Response System (LA-CRS):

LDH is implementing a statewide model for crisis response that maintains regional and geographic relevance and builds upon the unique and varied strengths, resources, and needs of Louisiana's individual communities. To achieve this vision, LDH, in consultation with service users and key system partners, is implementing a modern, innovative and coordinated crisis system for adults that:

- Values and incorporates "lived experience" in designing a crisis system and in crisis service delivery;
- Encompasses a continuum of services that includes crisis prevention, acute intervention and post-crisis recovery services and supports;
- Is built on principles of recovery and resiliency, delivering services that are individualized and person-centered;
- Provides interventions to divert individuals from institutional levels of care including inpatient placements, emergency departments utilization, nursing facilities and other out of home settings;
- Provides timely access to a range of acute crisis responses, including locally available home and community-based services and mobile crisis response;
- Provides stabilizing interventions and supports that allow individuals to recover as quickly as possible;
- Delivers resolution-focused interventions and assists individuals in problem-solving and in developing strategies to prevent future crises and enhance their ability to recognize and deal with situations that may otherwise result in crises;
- Supports individuals to increase or improve their network of community and natural supports, as well as their use of these supports for crisis prevention;
- Continuously improves its processes to assure seamless and efficient care;
- Collaborates and innovates with partner systems including healthcare systems, judicial systems, law enforcement, child protective services, educational systems, homeless coalitions, as well as any other system that touches individuals who may experience a behavioral health crisis; and
- Collaborates with the individual's existing behavioral health service providers, or links individuals to new behavioral health service providers for longer-term treatment when appropriate and desired by the recipient.

Louisiana obtained funding to implement an array of four (4) new crisis services. This included funding to implement Mobile Crisis Intervention (MCI) and Community Brief Crisis Support (CBCS) in early 2022, Behavioral Health Crisis Care (BHCC) Centers in April 2022, and Crisis Stabilization (CS) in July 2022. At present time, Louisiana is in the early stage of implementation, with programs launching services in various areas of the state while providers with readiness to render services are sought in the state's most underserved regions. This includes strategizing with statewide and local partners, ensuring the implementation of a statewide system that maintains regional relevance. Louisiana anticipates the need for ongoing quality improvement strategies subsequent to the launch of these

services in early 2022. The following activities will further enable the program to continue to evolve and improve as the crisis system takes root.

- LDH has enlisted the assistance of national consultants in its development of a comprehensive crisis system of care. Additionally, it has sought feedback from the system through the issuance of a Request for Information (RFI) through which individuals, advocates, service providers, and MCOs were able to provide their ideas on critical components of a crisis system. These activities have been critical to LDH's development of a crisis model.
- In order to further support the development of a crisis system, LDH/OBH is also utilizing Mental Health Block Grant funds to support a contract with Louisiana State University Health Science Center (LSUHSC) School of Public Health, Center for Evidence to Practice with the main goal being to recruit and develop a network of providers that provide crisis services ultimately in a stable, sustainable, all-encompassing system. It will conduct activities critical to implementation of a crisis system including the following activities, which will have a positive impact on all crisis providers, which render services to both the insured and uninsured populations:
 - Collaborate with communities throughout Louisiana, developing a readiness process and measures for communities that demonstrate awareness, resources, key partners and benchmarks for progress, with technical assistance (TA) being provided to aid in the transition to and implementation of this new crisis service system.
 - Develop a training curriculum inclusive of a process for ongoing coaching for the crisis response workforce; this process includes developing a model of implementation to include an online learning platform and a cadre of trainers, which will be critical to the sustainability of this project.
 - Identify workforce and implement training curriculum and ongoing coaching to ensure appropriate execution of services.
 - Conduct ongoing data collection required to inform LDH/OBH of the quality of the process, sustainability and outcomes associated with these efforts.

Louisiana is also developing a Request for Proposals (RFP) to obtain competitive proposals from qualified proposers to operate a statewide Crisis Hub. The Crisis Hub shall be equipped to efficiently connect eligible individuals who are experiencing a behavioral health crisis to needed care through triage, referral, and dispatch to available services in the community appropriate to meet their crisis needs. The Crisis Hub will serve as an access point to community-based crisis treatment and support services and will play a critical role in tracking demand for and facilitating access to crisis services throughout the state. Louisiana plans to utilize MHBG ARPA funds for the Crisis Hub initiative.

SABG:

In coordination and collaboration with the Office of Behavioral Health, the Local Governing Entities (LGEs) utilize SABG funding to address local needs regarding substance use disorder prevention, treatment and recovery services. Most recently, through supplemental funding, the LGEs have planned to implement additional Crisis Services.

Acadiana Area Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and

provide crisis services, when indicated. Licensed Mental Health Professionals (LMHPs) will also be available to screen, provide brief intervention and referral to treatment.

Capital Area Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Additionally, CAHSD is planning to provide training for non-clinical staff regarding trauma informed care, which supports strategies to avoid triggers and potential crisis episodes.

Central Louisiana Human Services District is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Two additional mental health professionals will be added to the team.

Florida Parishes Human Services Authority is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment.

Imperial Calcasieu Human Services Authority is in the planning stages of creating a Behavioral Health Mobile Unit. This unit will enhance access to behavioral health services within the community and provide crisis services, when indicated. LMHPs will also be available to screen, provide brief intervention and referral to treatment. Additionally, they are preparing to hire a mobile crisis team to include a nurse, crisis counselor, and administrative support staff person.

Metropolitan Human Services District is planning to provide training for staff that supports enhanced mental health crisis response and services. In addition, provide Mental Health Awareness training for first responders.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) The Exploration stage: is the stage when states identify their community's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
- b) The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
- c) Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
- d) Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
- e) Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

1. Someone to talk to: Crisis Call Capacity

- a. Number of locally based crisis call Centers in state*

- i. In the Suicide lifeline network-
- ii. Not in the suicide lifeline network

b. Number of Crisis Call Centers with follow up protocols in place

c. Percent of 911 calls that are coded as MH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis capacity

a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)

c. Number that employ peers-

3. Place to go

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavior health component

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation available to less than 25% of people in the state	Middle Implementation available to about 50% of people in the state	Majority Implementation available to at least 75% of people in the state	Program Sustainment
Someone to talk to						X
Someone to respond				X		
Place to go				X		

b. Briefly explain your stages of implementation selections here.

Someone to talk to: Louisiana has two certified crisis call centers with follow up protocols in place. Via Link is located in New Orleans and provides coverage for South Louisiana. The Louisiana Association on Compulsive Gambling (LACG) Line was providing coverage for north Louisiana until April 2020. Since July 8, 2022, LACG has re-entered routing with the Lifeline. Both certified crisis call centers are in routing for the Lifeline with VIA LINK providing primary coverage for area codes 225, 504, and 985. LACG provides primary coverage for area codes 318 and 337 for Northern Louisiana. Both crisis centers serve as back-up to each other. This routing structure ensures statewide coverage for Lifeline contacts. The crisis centers are available to everyone in Louisiana regardless of insurance status.

Several local areas around the state have crisis call numbers initiated through non-profit organizations or regional human service districts providing behavioral health services. These lines are available to everyone regardless of insurance type, including the indigent populations. In addition, the Medicaid managed care organizations also have crisis call numbers available to their members.

The Crisis Contact Centers do not collect the *percent of 911 calls that are coded as MH related*, but they do collect the number of calls that are transferred to 911 when an emergency intervention/rescue was needed.

Someone to respond: Through the LA-CRS implementation of Mobile Crisis Response (MCR) services, teams are currently operable in 6 of 10 areas of the state a minimum of 40 hours a week. Identified providers are currently working on service implementation in 2 areas of the state, while providers are actively being sought in the remaining 2 areas of the state.

Place to go: Through the LA-CRS implementation of Behavioral Health Crisis Care (BHCC) services, programs have been implemented in 6 of the 10 areas of the state a minimum of 40 hours a week. An identified provider is currently working on implementation in 1 area of the state, while providers are actively being sought in the remaining 3 areas of the state.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

The Louisiana Department of Health (LDH) is committed to ensuring that individuals in crisis and their families experience treatment and support that is compassionate, effective and resolution-focused, and delivered by a crisis system that is coordinated, responsive and efficient. By addressing the needs of all populations, including Louisiana's most vulnerable citizens (e.g. children and youth in crisis and their families, and individuals with co-occurring conditions), LDH believes improvements to its crisis system of care will maximize the use of voluntary treatment and reduce the need for law enforcement involvement. In addition, it will allow people to remain in their communities and reduce the need for restrictive levels of care including nursing homes, residential care centers, out of home placements, jails, intermediate care facilities for individuals with intellectual / developmental disabilities, and hospitals.

The LDH has focused the last 36 months on building a comprehensive crisis system of care for adults. In particular improved services to include a mobile crisis response capacity and crisis intervention services for the Medicaid population, and crisis telephone lines, which will benefit everyone in Louisiana regardless of insurance type/status. Implementation of these services will be consistent with the principles outlined above. In order to achieve these goals LDH is actively developing the following services and supports for Medicaid-eligible adults, to complement/augment those already in place, the implementation of which is predicated on the availability of funds and approval through CMS. Though initially focused on the Medicaid population, it is the goal that these services will eventually be a resource for everyone in Louisiana, including the insured and uninsured. These services are outlined below:

- Mobile Crisis Intervention (MCI) Services – a mobile crisis response service that is available as an initial intervention for individuals in a self-identified crisis. The service is available twenty-four

(24) hours a day, seven (7) days a week and includes maximum one (1) hour urban and two (2) hour rural face-to-face/onsite response times.

- Behavioral Health Crisis Care (BHCC) Clinics – a facility based service that operates twenty-four (24) hours a day, seven (7) days a week as a walk-in center providing short-term behavioral health crisis intervention, offering a community based voluntary home-like alternative to more restrictive settings. This service has undergone a name change, as it was previously Behavioral Health Urgent Care (BHUC) Centers.
- Community Brief Crisis Support (CBCS) – a face-to-face intervention available to individuals subsequent to receipt of MCI, BHUC, or CS. This ongoing crisis intervention response is intended to be rendered for up to fifteen (15) days and are designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health needs, referring for treatment needs, and coordinating with local providers.
- Crisis Stabilization (CS) - a short-term bed-based crisis treatment and support services for members who have received a lower level of crisis services and are at risk of hospitalization or institutionalization, including nursing home placement.

This service is currently covered for children and has been approved for expanding it to the adult population.

Additionally, LDH has undertaken efforts to develop the framework for a crisis hub to work in tandem to the LA-CRS. This hub will be crucial in the identification, triage and linkage of individuals in crisis to supports appropriate to meet their needs.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

LDH/OBH utilizes Mental Health Block Grant funds to support a contract with Louisiana State University Health Science Center (LSUHSC) School of Public Health, Center for Evidence to Practice to conduct activities critical to implementation of a crisis system of care. This includes the following activities:

- Collaborate with communities throughout Louisiana, developing a readiness process and measures for communities that demonstrate awareness, resources, key partners and benchmarks for progress, with technical assistance (TA) being provided to aid in the transition to and implementation of this new crisis service system.
- Develop a training curriculum inclusive of a process for ongoing coaching for the crisis response workforce; this process includes developing a model of implementation to include an online learning platform and a cadre of trainers, which will be critical to the sustainability of this project.
- Identify crisis workforce and implement training curriculum and ongoing coaching to ensure appropriate execution of services within this crisis system.
- Conduct ongoing data collection required to inform LDH/OBH of the quality of the process, sustainability and outcomes associated with these efforts related to the crisis system of care.

This project runs multiple fiscal years and will ultimately affect the larger crisis system in Louisiana including those that serve the uninsured populations. The amounts allocated per year are outlined below:

- \$282,319 (SFY 2021; through 6/30/21)
- \$586,862 (SFY 2022)
- \$597,638 (SFY 2023)

LDH is currently in the last year of the contract cycle with LSU and is undertaking efforts to develop planning activities for future years. This includes expanding regional capacity for crisis services through the development of regional crisis coalitions.

The below table indicates Lifeline call data from 6/1/2021 through 6/30/2022

Louisiana Lifeline Calls In-State Metrics													
	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022	June 2022
Routed	2,219	2,252	1,967	2,303	2,296	2,225	2,111	2,537	2,401	2,462	2,244	2,531	2,365
Answered In-State	1,238	1,264	997	83	762	979	1,366	1,597	1,494	1,655	1,481	1,638	1,498
Answered Out-of-State	387	468	488	1,551	977	619	323	279	312	313	285	386	354
In-State Rate	56%	56%	51%	4%	33%	44%	65%	63%	62%	67%	66%	65%	65%

Source: Vibrant Emotional Health

Additionally, through funding from the MHBG and 988 SAMHSA grant, the Office of Behavioral Health (OBH) has developed Cooperative Endeavor Agreements (CEAs) with VIA LINK and LACG to answer calls for the Lifeline. OBH intends to improve in-state answer rates by providing MHBG funds and 988 SAMHSA funds to the crisis contact centers to build infrastructure and capacity to respond to Lifeline calls statewide. Funds allow Louisiana to have statewide geographic primary and back-up coverage which will increase the number of calls answered in-state. Funding allows the crisis contact centers to recruit, hire and train new and existing staff.

Both VIA LINK and LACG will provide 24-hour a day, seven (7) days a week (24/7) live crisis line coverage for mental health, suicide prevention, crisis intervention, along with information and referral services for individuals being routed to the contact center via the Lifeline. The contact center will provide crisis call, chat and text services designed to actively engage individuals with an array of mental health, substance use, and suicidality issues or concerns, in order to establish rapport to assess risk, deescalate acute distress, and effectively connect to the appropriate level of service. Incoming call, chat and text volume estimates vary but are expected to continue to increase. Acuity of the individuals will range from very low (ex. Information and referral) to very high (ex. Imminent threat to self or others). Through this process, trained crisis workers offer telephonic access via telephone, or short message service (SMS) text, or chat utilizing Voice Over Internet Protocol (VOIP) technology. This type of access is the first level of supportive

intervention for individuals in crisis, helping to stabilize the individual so that services that are more intensive are only utilized when necessary.

The amounts allocated for each crisis contact center are outlined in the below tables.

Mental Health Block Grant Funding for the Lifeline

Organization	Monthly Amount	12 Month	5 years	SFY22	Total
VIA LINK	\$85,000.00	\$1,020,000.00	\$5,100,000.00	\$340,000.00	\$5,440,000
LACG	\$75,000.00	\$900,000.00	\$4,500,000.00	\$300,000.00	\$4,800,000

988 SAMHSA Funding for the Crisis Contact Centers

Organization	Monthly Amount	12 Month	2 years	SFY22	Total
VIA LINK	\$25,000	\$300,000	\$600,000	\$50,000	\$600,000
LACG	\$25,000	\$300,000	\$600,000	\$50,000	\$600,000

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf).⁶⁹

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

⁶⁹<https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

- a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Louisiana Behavioral Health Advisory Council is instrumental in assisting in the development of priorities and direction for the Block Grant. Input is solicited from consumers, family members, providers, and state employees who are all members of the Council. Each year, an Intended Use Plan (IUP) that allocates Block Grant funds for the following state fiscal year is prepared by OBH Central Office and each Local Governing Entity (LGE), in partnership with their local Regional Advisory Council (RAC). This is an opportunity for each LGE and the corresponding RAC to decide upon how Block Grant funds should be allocated in their community. The IUPs are discussed during a RAC meeting attended by RAC members and the LGE Executive Director, or appointed personnel. Once input has been received from the RAC, the IUPs are then submitted to OBH Central Office for review by OBH executive management. The Central Office and LGE IUPs are then submitted to the Louisiana Behavioral Health Advisory Council's Committee on Programs and Services for review. The committee then reports findings from the review process to all members of the Advisory Council.

Discussions about the Block Grant are a part of all quarterly Council meetings, with an overview and updates about the current status, issues, etc. occurring during each meeting. The Assistant Secretary of the Office of Behavioral Health as well as representatives from the executive management team attend all quarterly meetings of the LBHAC. At the local level, local executive directors and/or administrators attend all RAC meetings. Their presence at these meetings provides ample opportunity for open dialogue between the administration and the LBHAC members. It is during this time that information is shared, questions are asked and answered, and recommendations and suggestions are made.

- b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

In addition to providing guidance for the Block Grant Application/State Behavioral Health Plan, the LBHAC also monitors, reviews, and evaluates the allocation and adequacy of behavioral health services within the state. The LBHAC serves as an advocate for adults with serious mental illness, children with serious emotional disturbance, other individuals with mental illness or emotional problems, and persons with substance use and addictive disorders. This includes continued efforts toward public education, education of its members, and endeavors to reduce the stigma of mental illness and addictive disorders throughout the state.

Council members are given opportunity to review the block grant application and implementation reports online and make

comments prior to their submission.

Currently, the LBHAC includes seats for 40 members consisting of consumers of both mental health and addiction services, family members of adults with serious mental illness and substance abuse disorders, family members of children with emotional/behavioral disorders and substance abuse disorders, behavioral health advocates, representatives from regional advisory councils (RACs), and state agency employees. Additionally, the council has representatives of special populations, namely the following: representatives of the behavioral health needs of the elderly, members of a federally recognized tribe, the homeless, transitional youth, veterans, and the LGBTQI population.

The Council has been designed to have geographical representation of the ten local governing entities in the state, and includes members from diverse backgrounds and ethnicities. A representative from each RAC serves on the LBHAC. Improved communication has been a continuing initiative, and each RAC representative reports on regional activities at quarterly LBHAC meetings.

May 2022 was the first time the LBHAC met in person since the February 2020 quarterly meeting. The meeting was held utilizing a hybrid model with those wishing to remain virtual were allowed to do so by utilizing an online platform. Unfortunately the in person meeting did not have a quorum, so approval of minutes and new members was not done. It is also noteworthy that during the past year, the LBHAC has had 24 vacancies. The vacancies are due to a number of factors including retirement, change of employment, completing term of service, and resignation. The Liaison for the LBHAC along with the council officers are diligently working to fill all seats on the council.

Strategic planning was conducted in 2017-18 and the following Mission, Vision, and Value statements were adopted and continue to represent the focus of the LBHAC:

Mission Statement:

The mission of the Louisiana Behavioral Health Advisory Council is to review and monitor the Behavioral Health system, advise and make recommendations, and serve as advocates for persons with Behavioral Health issues in the state of Louisiana.

Vision Statement:

Through advocacy we see Louisiana filled with informed, healthy individuals who have the opportunity to live, work, and play in the community of their choice.

Value Statement:

In pursuit of our mission, we believe the following value statements are essential and timeless:

- We trust our colleagues as valuable members of the team and pledge to treat one another with loyalty, respect, and dignity.
- We recognize the value of lived experience and the development of partnerships.
- We believe in prevention and early intervention.
- We promote an atmosphere that is respectful of recovery and wellness and strive for a behavioral healthcare system that is responsive and accountable to the individual's strengths and needs.
- We believe in data driven decisions based on quality measures.

Please indicate areas of technical assistance needed related to this section.

n/a

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.⁷⁰

⁷⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was unable to meet in person due to COVID19 precautions. A virtual meeting via GoToMeeting began at 9:00 a.m. November 1, 2021. Ericka Poole, council chairman, and Melanie Roberts, secretary, were present.

Ms. Poole welcomed members and thanked John McDaniel and Mona Maxwell for 8 years of service and explained that they will be leaving the LBHAC as they have fulfilled two terms of service.

REPORTS

Advocacy Organizations

The council received written reports from The Extra Mile and National Alliance on Mental Illness–(NAMI) Louisiana, and the Louisiana affiliate for Mental Health America. Additionally, Melissa Silva provided a verbal update on the activities of the Louisiana affiliate for Mental Health America.

State Agencies

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Substance Abuse Treatment, Office of Behavioral Health Prevention Services; Office of Behavioral Health Mental Health Services; Office for Citizens with Developmental Disabilities; Office of Public Health, Medicaid; and Louisiana Rehabilitation Services. Reporting members briefly reviewed their written reports for the council.

Block Grant Update

Catherine Peay, Office of Behavioral Health State Planner reported that the Block Grant Application was submitted sooner than anticipated. As a result, the application was not formally reviewed with the LBHAC. However, it was put online with links sent to all LBHAC as well as other stakeholders and advocates. The Annual Report is due on December 1st and the OBH will schedule a time to review the report with the LBHAC prior to its submission.

Update on 1115 Waiver

Missy Graves, Program Manager, Office of Behavioral Health provided information regarding the 1115 waiver.

Office of Behavioral Health (OBH) Updates

Ann Darling, Consumer Recovery Program Manager, Office of Behavioral Health discussed OBH initiatives.

Regional Advisory Council (RAC) reports

The council received written reports from the RACs in the following areas: Capital Area, Central Louisiana, Imperial Calcasieu, and Northeast Delta. Reporting members reviewed briefly their written

reports for the council. Oral reports only were also offered from Florida Parishes, Jefferson Parish, and Metropolitan.

ADJOURNMENT

The meeting adjourned at 11:07 a.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was unable to meet in person due to COVID19 precautions. A virtual meeting via GoToMeeting began at 9:00 a.m. February 7, 2022. Ericka Poole, acting council chairman, and Melanie Roberts, secretary, were present.

Ms. Poole introduced herself and welcomed members and guests.

PROGRAM

Office of Behavioral Health (OBH) Updates:

Karen Stubbs Church, Assistant Secretary of the Office of Behavioral Health provided a brief update on the general initiatives of the office.

Ford Baker, OBH Program manager, discussed the SAMHSA and NSDUH surveys.

REPORTS

Committee on Advocacy

Paula Johnson, committee on Advocacy chair reported that her committee met during the past quarter and discussed their support of the new 988 number. She also announced her resignation to the council and her committee.

Committee on Children and Youth

Reverend Alexis Anderson, Committee on Children and Youth reported that during the last quarter, she was able to have three experts who work with children in crisis speak to her committee.

Advocacy Organizations

Reports were given from The Extra Mile, National Alliance on Mental Illness–(NAMI) Louisiana, and Louisiana Mental Health Association.

State Agencies

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Substance Abuse Treatment, Prevention Services, and Mental Health Services; Office for Citizens with Developmental Disabilities; Office of Public Health, Medicaid; and Louisiana Rehabilitation Services. Reporting members briefly reviewed their written reports for the council.

Regional Advisory Councils (RACs)

Reports were given by representatives from the following RACs; Central Louisiana Human Services District, Imperial Calcasieu Human Services Authority, Metropolitan Human Services District, and South Central Louisiana Human Services Authority.

Block Grant Update

Catherine Peay, Office of Behavioral Health State Planner reported that the annual report was submitted to SAMHSA on December 1, 2021. OBH should have the amounts for the intended use plans by April 2022, so RACs should be prepared to discuss in the upcoming meetings.

ADJOURNMENT

The meeting adjourned at 10:36 a.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

DRAFT

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) met on May 2, 2022, in person for the first time since the COVID-19 Pandemic began. The meeting was also live streamed and a link was provided to members and guests. Although a quorum was not met, those in person were able to network and present their reports. Ericka Poole, acting council chairman, and Melanie Roberts, secretary, were present. The meeting began 9:33 am.

Ms. Poole introduced herself and welcomed members and guests.

PROGRAM

Public Notice for Healthy Louisiana SUD 1115 Waiver Renewal Application

Missy Graves, Office of Behavioral Health council support.

REPORTS

Regional Advisory Councils (RACs)

Reports were given by representatives from the following RACs; Acadiana Human Services District, Central Louisiana Human Services District, Imperial Calcasieu Human Services Authority, and Metropolitan Human Services District.

Advocacy Organizations

Reports were given from The Extra Mile and the National Alliance on Mental Illness--(NAMI) Louisiana. A written report was received from Louisiana Mental Health Association.

State Agencies

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Substance Abuse Treatment, Prevention Services, and Mental Health Services; Office for Citizens with Developmental Disabilities; Office of Public Health, Medicaid; and Louisiana Rehabilitation Services. Reporting members briefly reviewed their written reports for the council.

Block Grant Update

Catherine Peay, Office of Behavioral Health State Planner reported that Intended Use Plans are being collected from the LGEs in preparation for the mini-Block Grant application that is due on September 1, 2022. The funds for the set asides were not fully utilized, so re-allocations have had to be made. Roll over funds from the Mental Health (MH) and Substance Abuse, Prevention and Treatment (SAPT) grants are not allowed extensions. However, the supplemental block grant funds can be used over the next fiscal year. Additionally, supplemental funds (excluding those for COVID-19) were received in a lump sum for use over a 5-year period. Once the block grant application is complete, in late August zoom meeting will be scheduled to review the application with the council.

Public Comment

Focus Clubhouse opened in 2020 and is in need of exposure as well as referrals.

Ericka Poole notified the council that a Facebook group has been made for the LBHAC.

Vic Dennis explained that Active Crisis Intervention training is available for dispatchers as well as teachers and school staff.

Pastor Darlene Moore introduced herself.
The 988 number will be live nationwide on July 1, 2022.

Alan Jennings reminded members that we must have a quorum with members in person in order to conduct business.

ADJOURNMENT

The meeting adjourned at 11:31 a.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

DRAFT

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) met on August 1, 2022, at 9:40 am. The meeting was live streamed and a link was provided to members and guests who were unable to attend in person. Ericka Poole, acting council chairman, and Melanie Roberts, secretary, were present.

Ms. Poole introduced herself and welcomed members and guests.

Chairman's report

Ms. Poole also discussed an email she received from the Louisiana State Police, who are interested in mental health crisis training. She indicated that council members may want more information about this, so she will share the contact information

Election of Members

To avoid losing a quorum and thus losing any opportunity to conduct the important business of the council, the election of new members to the council was done first. Melanie Roberts, council secretary submitted 14 applications to fill the 23 vacancies. The chairman and secretary recommended that the following applicants be elected to the council:

Aimee Blackham – Parent of a child
Angela Lorio – Louisiana Peer Action Advocacy Coalition, previously Louisiana Peer Support Specialists
Dawnita Hodge – Office of Juvenile Justice
Ellen Dunn – Elderly
Erica Joseph – Veterans
George Mills – The Extra Mile
Jamie Arnold – Florida Parishes Human Services District RAC
LaShonda Williams – NAMI Louisiana
Lonnie Grannier – Addictive disorders advocate
Patricia Koch – Addictive disorders advocate
Tatiana Gonzalez – Louisiana Mental Health Association, previously Louisiana Mental Health Association for Greater Baton Rouge, Louisiana Affiliate for Mental Health of America
Tekoah Boatner – Transitional Youth
Vic Dennis – Central Louisiana Human Services District RAC Representative
Winona Connor – Louisiana Housing Corporation

All members were elected and welcomed to the council.

Approval of Meeting Minutes

A motion was made to authorize the Committee on Planning to act as a minutes-approval committee for the purpose of approving minutes for meetings from February 2020 to August 2022. You will be furnished copies as soon as they are approved, and you will be given the opportunity to offer corrections at our November meeting. The motion passed.

Executive Committee

The committee recommends that the following 4 members be removed from the council due to missing the past two meetings and failure to respond to communication attempts:

Billy Varner – Addictive disorders advocate
Mandy Brian – Homeless population representative

Hailey Krausse – Transitional Youth

Roy Sanches – Louisiana Association of Peer Support Specialists

The motion passed and the members were removed from membership.

Committee on Advocacy

Lonnie Granier, committee chair briefly highlighted his report. During the past quarter, his committee met to discuss the effect of access to reproductive health on mental health. He also discussed how he would like for his committee to focus on legislative issues facing behavioral health not only with advocacy, but awareness as well. The next committee meeting will be September 7 at 1:00 pm.

Committee on Children and Youth

Reverend Anderson, committee chair discussed the activities of her committee during the past quarter. The last meeting hosted two guest speakers who spoke about Assessing the Mental Health Impact of the Uvalde Tragedy on Returning Students

Committee on Planning

Ms. Poole summarized the committee report and offered the following recommendation:

Resolved,

Resolved, That the council request each RAC to meet with their LGE representative to determine whether flyers or handouts are available to individuals and family members who may be seeking mental health treatment, and if so, whether the information is available to the community, how it is distributed to the community, and how the RAC can assist in its distribution. Further, if such information is not available and being distributed, that it be developed for that purpose and made readily available to the community.

The motion was approved

Election of the Nominating Committee

Nominations were taken for individuals interested in serving on the Nominating Committee. The committee is composed of three members whose job it is to bring a slate of nominees for the chairman, vice chairman, and secretary for the consideration of the council at the November meeting.

Patricia Koch, LaShonda Williams, and Jeanne Davis are elected to be the nominating committee.

REPORTS

Advocacy Organizations

Reports were given from The Extra Mile, Louisiana Mental Health Association, and the National Alliance on Mental Illness–(NAMI) Louisiana.

Regional Advisory Councils (RACs)

Reports were given by representatives from the following RACs; Capital Area Human Services District, Central Louisiana Human Services District, and Jefferson Parish Human Services Authority.

State Agencies

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Substance Abuse Treatment, Prevention Services, and Mental Health Services; Office for Citizens with Developmental Disabilities; Office of Public Health, Medicaid; and Louisiana Rehabilitation Services. Reporting members briefly reviewed their written reports for the council.

Office of Behavioral Health Update

Amanda Joyner, OBH, Deputy Assistant Secretary – Administration, discussed current initiatives for the office.

Block Grant Update

Catherine Peay reported that the mini block grant application is due on September 1, 2022. Intended Use Plans have been received from all local governing entities. She also asked council members to complete surveys that were sent out to provide demographic information that is necessary for the application process.

Public Comment

Jennifer Randal-Thorpe addressed the council to request that her advocacy organization, Meaningful Minds be allotted a seat on the Louisiana Behavioral Health Advisory Council.

ADJOURNMENT

The meeting adjourned at 11:35 a.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

BYLAWS

AMENDED MAY 6, 2019

ARTICLE I: NAME

The name of this organization shall be:
Louisiana Behavioral Health Advisory
Council (herein: “council”)

ARTICLE II: OBJECT

The object of the council shall be to serve the state of Louisiana as the mental health planning council provided for under 42 U.S.C. 300x-3 (State mental health planning council), to advise and consult regarding issues and services for persons with or at-risk of substance use and addictive disorders, and to exercise the following duties in connection therewith:

1. To review plans provided to the council pursuant to 42 U.S.C. 300x-4(a) by the state of Louisiana and to submit to the state any recommendations of the council for modifications to the plans;
2. To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state,
4. To monitor, review, and evaluate the adequacy of services for individuals with substance use and addictive disorders within the state; and
5. To serve as an advocate for persons with substance use and addictive disorders in this state.

ARTICLE III: MEMBERSHIP

SECTION 1. STATUTORY REQUIREMENTS.

A. The council shall be composed of residents of the state of Louisiana, including representatives of:

1. The principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and the state agency responsible for the development of the plan submitted pursuant to title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);
2. Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
3. Adults with serious mental illnesses who are receiving (or have received) mental health services; and
4. The families of such adults or families of children with emotional disturbance.
5. With respect to the membership of the council, the ratio of parents of children with a serious emotional disturbance to other members of the council is sufficient to provide adequate representation of such children in the deliberations of the council.

B. At least 50 percent of the members of the council shall be individuals who are not state employees or providers of mental health services.

SECTION 2. OTHER REQUIREMENTS

The council shall include residents of the state of Louisiana who are in recovery

from substance use and addictive disorders
and members of families of individuals with
substance use and addictive disorders.

SECTION 3. CLASSES OF MEMBERSHIP.

Membership on the council shall be of two
classes: Individual and Organizational.

1. Individual members shall be those
persons who are not representatives of a
state agency or a public or private
entity.

2. Organizational members shall be those
persons appointed from state agencies
or a public or private entity.

SECTION 4. COMPOSITION.

A. The council shall be composed of not
more than 40 members.

B. Members shall be those persons whose
applications for membership are
approved by the council.

SECTION 5. TERM OF SERVICE.

Membership on the council shall be for
a term of four years. An Individual
member who has served two
consecutive terms shall not be eligible
to serve again until the lapse of one
year. Organizational members shall not
be limited in the number of
consecutive terms they may serve.

SECTION 6. REMOVAL

A member may be removed from the
council by a majority vote with notice, a
two-thirds vote without notice, or a
majority of the entire membership.

SECTION 7. DUTIES OF MEMBERS.

All council members shall serve as an active
participant on at least one standing
committee of the council. The council may
waive this requirement for a member when
good cause exists.

ARTICLE IV: OFFICERS

SECTION 1. OFFICERS.

Officers shall be a chairman, a vice
chairman, and a secretary. The chairman
and vice chairman shall be members of the
council.

SECTION 2. DUTIES.

Officers shall perform the duties
prescribed by these bylaws and by the
parliamentary authority adopted by the
council.

A. Chairman. The chairman shall preside
at meetings of the council. The
council, however, may suspend this
provision and elect a chairman pro
tempore at any meeting. The chairman
shall appoint all standing and special
committees except that nothing shall
prohibit the council from appointing
special committees on its own motion.
The chairman may appoint persons
who are not members of the council to
serve on any committee the chairman
is authorized to appoint. The chairman
shall be ex officio a member of all
committees except the nominating
committee, and shall have such other
powers and duties as the council may
prescribe.

B. Vice chairman. The vice chairman
shall serve as a member of the
committee on membership, shall be
responsible for executing the council's
membership recruitment and
orientation programs and shall perform
such other duties as the council may
prescribe. In the absence of the
chairman from a meeting, the vice
chairman shall preside unless the
council elects a chairman pro tempore.

C. Secretary. The secretary shall be the
custodian of the records of the council
and shall keep or cause to be kept a

record of the minutes of the meetings of the council. The secretary shall maintain an indexed book containing all standing rules adopted by the council. The secretary shall also be the custodian of the council seal, and shall attest to and affix said seal to such documents as may be required in the course of its business. The secretary may appoint an assistant secretary who shall be authorized to fulfill the duties under the direction and authority of the secretary.

SECTION 3. NOMINATION AND ELECTION.

- A. The council shall elect officers at the regular meeting in the last quarter of each even numbered year.
- B. At the regular meeting immediately preceding the election meeting, the council shall elect a nominating committee of three members. It shall be the duty of this committee to nominate candidates for the offices to be filled. The nominating committee shall report its nominees at the election meeting. Before the election, additional nominations from the floor shall be permitted.
- C. In the event of a tie, the winner may be decided by drawing lots.

SECTION 4. TERM OF OFFICE.

Officers shall serve for two years or until their successors are elected and assume office. Officers shall assume office at the end of the meeting at which they are elected.

SECTION 5. REMOVAL FROM OFFICE.

The council may remove from office any officer at any time.

SECTION 6. VACANCY.

- A. In the event of a vacancy in the office of chairman, the vice chairman shall succeed to the office of chairman.

- B. In the event of a vacancy in the office of vice chairman or secretary, the chairman may appoint a temporary officer to serve until the council elects a replacement.

ARTICLE V: MEETINGS

SECTION 1. REGULAR MEETINGS.

- A. Regular meetings of the council shall be held on the first Monday of the second month of each calendar quarter. The council may reschedule its next regular meeting at any regular or special meeting.
- B. The executive committee may reschedule a regular council meeting provided notice is given in accordance with the notice provisions required for regular meetings.

SECTION 2. SPECIAL MEETINGS.

Special meetings may be called by the chairman and shall be called upon the written request of a majority of the members. The purpose of the meeting shall be stated in the call.

SECTION 3. NOTICE OF MEETINGS.

- A. Notice of the hour and location of regular meetings, and notice of any change in the date, time, or place of any regular meeting shall be sent in writing to the members at least ten days before the meeting.
- B. Notice of special meetings of the council shall be sent at least ten days before the date of the meeting. The notice shall state the purpose of the meeting. In the event the secretary fails to issue, within a reasonable time, a special meeting call on the request of members of the council, the members who petitioned for the call may schedule the special meeting and issue

the call and notice at the expense of the council.

SECTION 4. QUORUM.

A quorum shall consist of twelve members.

ARTICLE VI: COMMITTEES

SECTION 1. STANDING COMMITTEES

A. Standing committees of the council shall be

1. Executive Committee.

a. Composition. The chairman of the council shall be the chairman of the executive committee. The vice chairman, the secretary, and a state block grant planner shall be members of the executive committee.

b. Duties and Powers. The executive committee shall, to the extent provided by resolution of the council or these bylaws, have the power to act in the name of the council. The executive committee shall fix the hour and place of council meetings, make recommendations to the council and perform such other duties as are specified in these bylaws or by resolution of the council. But, notwithstanding the foregoing or any other provision in these bylaws, the executive committee shall not have the authority to act in conflict with or in a manner inconsistent with or to rescind any action taken by the council; to act to remove or elect any officer; to establish or appoint committees or to name persons to committees; to amend the bylaws; to authorize dissolution; or, unless specifically authorized by a resolution of the council, to authorize the sale, lease, exchange or other disposition of any asset of the council, and in no event shall it make such

disposition of all or substantially all of the assets of the council.

c. Meetings. The executive committee shall meet on the call of the chairman or the three other members. Notice of at least 24 hours shall be given for any meeting of the executive committee. Executive committee members may at any time waive notice in writing and consent that a meeting be held. The executive committee is authorized to meet via teleconference or videoconference provided that all members in attendance can hear each other. A quorum of the executive committee shall be a majority of its membership.

2. Committee on Planning. The committee on planning shall report and recommend on such matters as they may deem appropriate for council consideration. The committee on planning shall be composed of the council officers and the chairmen of the other standing committees of the council. The chairman of the council shall be the chairman of the committee on planning.

3. Committee on Advocacy. The committee on advocacy shall report and recommend on matters involving the mental health advocacy program of the council.

4. Committee on Children and Youth. The committee on children and youth shall report and recommend on matters related to the behavioral health services provided for children and youth in the state.

5. Committee on Membership. The committee on membership shall report and recommend on matters

involving the membership recruiting and composition of the council. The council chairman shall appoint the chairman of the committee on membership, and the members of the committee shall include the vice chairman of the council and others appointed as appropriate by the council chair.

6. Committee on Programs and Services. The committee on programs and services shall report and recommend on matters related to planning, development, monitoring, and evaluation of behavioral health programs and services in the state.

- B. A state block grant planner shall be ex officio a member of each standing committee.

SECTION 2. DUTIES AND POWERS OF STANDING COMMITTEES.

The council shall establish such specific duties and authority for each standing committee as necessary to carry on the work of the council.

SECTION 3. OTHER COMMITTEES.

Such other committees, standing or special, may be appointed by the chairman or by the council as may be necessary to carry on the work of the council.

SECTION 4. MEETINGS BY TELECONFERENCE.

Council committees are authorized to meet via teleconference provided that all members in attendance can hear each other.

ARTICLE VII: PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall

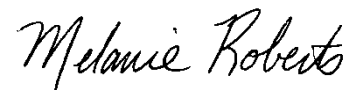
govern the council in all cases to which they are applicable and in which they are not inconsistent with these bylaws, any special rules of order the council may adopt, and any statutes applicable to the council that do not authorize the provisions of these bylaws to take precedence.

ARTICLE VIII: AMENDMENT

These bylaws may be amended at any council meeting by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting or written notice of the proposed amendment is sent to the members at least 21 days but no more than 30 days before the meeting at which the proposed amendment is to be considered. Additionally, in the case of a special meeting, notice of the proposed amendment shall be included in the call.

CERTIFICATE

I, Melanie Roberts, Secretary of the Louisiana Behavioral Health Advisory Council, certify that the foregoing bylaws of the council are those as amended on November 3, 2014 at a regular meeting of the council.



Melanie Roberts
Secretary

Louisiana Behavioral Health Advisory Council

STANDING RULES

MEMBERSHIP COMPOSITION

SECTION 1. NUMBER OF MEMBERS

The number of council members shall be 40.

SECTION 2. COMPOSITION OF THE COUNCIL

The membership composition of the council shall be as follows:

A. Organizational members

1. Appointed from state agencies

- a. One member from OBH responsible for the preparation of the block grant plan.
- b. Six members from state agencies as mandated by federal law, one from each of the following:
 - (1) Louisiana Department of Health and Hospitals, Office of Behavioral Health (OBH)
 - (2) Louisiana Department of Education (LDE)
 - (3) Louisiana Workforce Commission Louisiana Rehabilitation Services (LRS)
 - (4) Louisiana Housing Corporation (LHC)
 - (5) Louisiana Department of Children and Family Services (DCFS)
 - (6) Louisiana Department of Public Safety and Corrections, Office of Juvenile Justice (OJJ)
- c. Five other members from the Louisiana Department of Health and Hospitals (DHH) as follows:
 - (1) DHH Bureau of Health Services Financing (Medicaid)
 - (2) DHH Office of Behavioral Health Prevention Specialist (OBH)
 - (3) DHH Office of Behavioral Health Substance Use Disorder Treatment Specialist (OBH)
 - (4) DHH Office for Citizens with Developmental Disabilities (OCDD)
 - (5) DHH Office of Public Health (OPH)

2. Appointed from behavioral health advocacy organizations:

Four members, one from each of the following:

- (1) Louisiana Federation of Families for Children's Mental Health
- (2) National Alliance on Mental Illness – Louisiana
- (3) Mental Health America of Louisiana
- (4) The Extra Mile

3. Appointed from OBH regional advisory councils (RAC):

Ten members, one from each RAC.

B. Individual Members

Fourteen members, representing specific special populations from the state at-large.

1. Two members who are parents or caregivers of children or youth with behavioral health conditions.
2. Two members who are in recovery from a behavioral health conditions or who are family members of individuals in recovery from behavioral health conditions.
3. Individual representative from the Louisiana Association of Peer Support.

4. Individual who is concerned for the behavioral health needs of individuals with substance use disorders.
5. Individual who is concerned for the behavioral health needs of the elderly.
6. Representative of federally recognized Indian tribes.
7. Individual or family member of an individual who is concerned for the behavioral health needs of the homeless population.
8. Individual who is concerned for the behavioral health needs of transitional youth.
9. Individual who is concerned with the behavioral health needs of the Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Populations.
10. Individual who is an advocate for Addictive Disorders
11. Individual who is an advocate for Addictive Disorders
12. Individual who is an advocate for Addictive Disorders

Revised August 3, 2015

SECTION 3. QUALIFICATIONS

Council members shall fall into one or more of the following categories in order to be considered qualified for service on the council:

1. Adults with serious mental illness who are receiving or who have received mental health services.
2. Family members of adults with serious mental illness.
3. Adults with substance use disorders.
4. Family members of adults with substance use disorders.
5. Transitional youth, generally between the ages of 14 and 25-inclusive, who are in recovery from serious emotional/behavioral, or substance use disorders who are receiving or have received behavioral health services and related support services.
6. Parents and family members of children/youth with a serious emotional, behavioral, or substance use disorders.
7. Advocates for Individuals with behavioral health care needs.
8. Individuals, including behavioral health care service providers, who are concerned with the need, planning, operation, funding, and use of mental health services and related support services.

SECTION 4. GEOGRAPHIC DIVERSITY

At least 50 percent of the members of the Council shall be drawn from the population at large, outside of the Capital Area.

NON-DISCRIMINATION POLICY

The council shall not discriminate in any regard with respect to race, creed, color, sex, sexual orientation, marital status, religion, national origin, ancestry, pregnancy and parenthood, custody of a minor child, or physical, mental, or sensory disability.

AUTHORIZED REPRESENTATIONS

1. The council may officially represent itself, but not the office of behavioral health, the state of Louisiana, any state agency, or any individual member in any matter concerning or related to the council.
2. No council member shall make representations on behalf of the council without the authorization of the council.

COUNCIL AGENDA

1. The secretary shall prepare an agenda for each council meeting. Council members may submit motions in advance for placement on the agenda for consideration under the appropriate order of business. Officers and committees reporting recommendations for action by the council shall submit the recommendations to the secretary at least 10 days before the meeting for entry on the agenda. The tentative agenda for all regular meetings will be available to all council members at least five (5) days prior to each council meeting. The secretary shall distribute the tentative agenda in advance to any member who requests it by the method requested by the member.
2. Nothing contained in this rule shall prohibit the council from considering any matter otherwise in order and within its object at any regular meeting.

Revised November 3, 2014

Policies adopted 11/7/2011:

GENERAL DEFINITIONS

COUNCIL CALENDAR AND TIMELINES:

First Quarter: February – March –April

Second Quarter: May–June–July

Third Quarter: August–September–October

Fourth Quarter: November–December–January

Weeks of the quarter:

Commencing with the first week of the regularly scheduled council meeting of the quarter, weeks are designated as Weeks 1—12 (or 13) leading up to the next quarterly council meeting.

MEETINGS

References to “meeting” in policies include any properly called meeting for which proper notice has been given and at which a quorum is present, whether in person, or properly authorized to be conducted by telephone or teleconference.

ALL COMMITTEES

Committee meeting dates

- (1) Committees will, at the beginning of each council year, in consultation with the council secretary, establish regular quarterly meeting dates which in the absence of other necessity will occur during weeks 3 to 7 of the council quarter.
- (2) The secretary will publish upcoming meeting dates for the quarter in the council meeting notice and on the council meeting agenda.

Committee meeting preparation

Committee chairmen will prepare written meeting agendas [using the annual goals, quarterly expectations and pending issues] for committee meetings

Committee meeting notices

- (1) Committee meeting notices will be sent no later than two weeks prior to the scheduled meeting date.
- (2) Notices will include the date, time, location (or call-in information), preliminary agenda, and supporting documents and any information relevant to the meeting agenda.

Committee reports

- (1) Committees reporting to the council will furnish written reports approved by the committee in advance of the regular quarterly council meeting.
- (2) Committee reports may be on a form adopted by the council or by the committee and will include reports of committee actions and recommendations for council action.

COMMITTEE MEETING SUPPORT

Council secretary duties:

- (1) Drafts preliminary committee meeting agenda for committee chairman's review at least three weeks before the scheduled meeting;
- (2) Distributes the chairman's draft preliminary agenda to committee members no later than three weeks before scheduled meeting date;
- (3) Gather and distribute to committee members all materials relevant to the meeting.
- (4) Attends regularly scheduled committee meetings
- (5) Assists committee chairmen in drafting committee meeting agendas and committee reports
- (6) Performs other reminder and support duties as provided by council policy, or as requested.
- (7) Sets up conference calls in conjunction with information from the committee chair.

Committee planning responsibilities:

- (1) During the fourth quarter of each council year, each committee shall plan its year and set timelines, goals and priorities for its activities.
- (2) During the third quarter of each council year, each committee shall assess whether it has met its goals.

COMMITTEE ON ADVOCACY

Ongoing duties

- (1) Establish structures for regular communication with state office and other key partners regarding council advocacy priorities.
- (2) Monitor pending federal action, both congressional and regulatory (Substance Abuse Mental Health Service Administration [SAMHSA])
- (3) Monitor state level initiatives throughout the year, especially those that impact clients

- (4) Develop partnerships with state advocacy organizations (with the active involvement of the advocacy organization representatives) decision makers and stakeholders

Specific duties by quarter

First quarter:

- (1) Set annual priorities for advocacy – ensuring the block grant application priorities and state and local priorities are considered.
- (2) Monitor DHH budget and programmatic initiatives that may lead to state legislative action.
- (3) Secure information from statewide organizations on advocacy priorities and initiatives.

Second quarter:

- (1) Review pending state legislation affecting behavioral health; inform the council and regional advisory councils (RACs)
- (2) Communicate with the regional advisory councils and the public about advocacy priorities – to ensure input is received and state level information is shared

Third quarter:

Ensure information on key Acts of the legislature and budget outcomes is shared with the Louisiana Behavioral Health Advisory Council (LBHAC) and the regional advisory councils (RACs)

Fourth quarter:

- (1) In partnership with the committee on programs and services, communicate with regional advisory councils (RACs) to determine regional advocacy issues and needs.
- (2) Communicate with state advocacy organizations to secure information on expected advocacy priorities for the coming year.

COMMITTEE ON MEMBERSHIP

Duties

- (1) Develop and conduct initial and continuing orientation programs for council members, committee members, and regional advisory council (RAC) members to inform them of their duties and responsibilities as council members and as members of its committees.
- (2) Develop and administer membership recruitment and retention policies and programs subject to the approval of the council.
- (3) Develop and maintain a council membership application form sufficient to properly qualify prospective council members.
- (4) Monitor and encourage council member involvement and consult with members who are not regularly involved.
- (5) Develop and administer a program by which newly elected council members will have a member of long-standing available to answer questions for, and further orient the new member on history and purpose of the council and to encourage the new member's involvement in council activities.
- (6) Present a regular briefing or training opportunity at each regular council meeting, and to give an overview of the block grant at least once a year.
- (7) Plan and coordinate any additional technical assistance training for the Louisiana Behavioral Health Advisory Council (LBHAC)

- (8) Support the regular communication with, and orientation of, regional advisory councils (RACs)

COMMITTEE ON PROGRAMS AND SERVICES

Ongoing duties

- (1) Assess and report to the council on specific strengths and challenges of the Behavioral Health service delivery system.
- (2) Provide a consumer and family voice for communication with state and federal entities
- (3) Give input to the state on the development and submittal of the Behavioral Health Block Grant application.
- (4) *Review C'est Bon surveys* conducted by the state office.

Specific duties by quarter

First Quarter:

- (1) Biennially (Every 2 years) review the proposed adult and children's sections of the block grant application and report recommendations to the council Louisiana Mental Health
- (2) Through regional outreach and state level partnerships, identify stakeholders and constituents to serve on planning/study groups.

Second Quarter:

- (1) Review the regional Intended Use Plans. Assess how the plans support priorities within the block grant.
- (2) Review region/district behavioral health services data selected by this committee for analysis and comparisons and report to the council.

Third Quarter:

- (1) Review selected data related to block grant performance measures and outcomes and report on this to the council.
- (2) Review for the council the effectiveness of behavioral health integration on state and regional levels.

Fourth Quarter:

- (1) Review the block grant targets, goals, and indicators, and report recommendations to the council.

GOVERNANCE

Informational reports to the council:

Each organizational member will submit a written report to the secretary at least three weeks before the council meeting, or shall notify the secretary by that date that the organization will not have a report.

Policies adopted 5/07/2012

JOINT BLOCK GRANT BUDGET REVIEW SUBCOMMITTEE

The subcommittee of the Committee on Finance, to be known as the Joint Block Grant Budget Review Subcommittee, was created to advise and recommend to the Office of Behavioral Health on joint block-grant

budget allocations, said subcommittee to be composed of the Council chairman, the chairman of the Committee on Finance, the state planner, and one additional member of the Committee on Finance appointed by its chairman.

The subcommittee shall have the following duties:

1. To review and monitor expenditures of Block Grant funds, and make recommendations for reallocations and management of funds directly to the Assistant Secretary. The subcommittee will report a summary of its recommendations directly to Finance committee to be included in its report.
2. To identify any contracts that failed to meet measurables and notify council and obtain resolution regarding the contract.
3. To meet as needed.

COMMITTEE ON FINANCE

Ongoing duties

- (1) Review the mental health block grant expenditures spreadsheet from state office (regional and state office contracts) and report highlights to council annually.
- (2) Maintain regular communication with state office and other key partners regarding budgets for mental health and substance abuse services at both the state and local levels.
- (3) Support regional advisory councils (RACs) in their efforts to review and offer input regarding mental health and substance abuse prevention and treatment expenditures.
- (4)
- (5) Monitor pending federal and state budgetary action, with direct communication with Advocacy committee and Louisiana Behavioral Health Advisory Council (LBHAC) as needed.
- (6) Monitor substance use prevention and treatment financing structures and expenditures for transitional youth. Communicate directly with the Committee on Youth Substance Use, Co-Occurring, and Addictive Disorders and the LBHAC as needed.

Specific duties by quarter

First quarter:

- (1) Review fiscally related sections of combined block grant.
- (2) Review data from state central office to determine progress made on mental health contract expenditures. Assure measureables are related to outcomes. (Sept & March) Look back to see expenditures and whether measurable were met for preceding year. In March, look at how current fiscal year is going.

Second Quarter:

- (1)
- (2) Review addictive disorders expenditures (June)

Third Quarter:

- (1) Review expenditures on Office of Behavioral Health Central office mental health contracts for previous fiscal year. Assure measurables and performance objectives reflect outcomes.
- (2) Review data from state central office to determine progress made on mental health contract expenditures. Assure measureables are related to outcomes. (Sept & March) Look back to see expenditures and whether measurable were met for the preceding year.

Fourth Quarter:

- (1) Established activities for Louisiana Behavioral Health Advisory Council, Finance Committee as they relate to Substance Abuse Prevention and Treatment Block Grant.

COMMITTEE ON YOUTH SUBSTANCE USE, CO-OCCURRING, AND ADDICTIVE DISORDERS

Ongoing Duties

1. Provide a youth and family voice to the Louisiana Behavioral Health Advisory Council (LBHAC) regarding substance use, co-occurring, and addictive disorders.
2. Survey Behavioral Health Needs Assessment data obtained by LBHAC and provide recommendations to represent this population.
3. Assess and report to LBHAC specific strengths and challenges of the Behavioral Health service delivery system.

Specific Duties by Quarter

First Quarter:

1. Review youth substance use, co-occurring, addictive disorder and prevention representation on the regional advisory councils (RAC).
2. Identify stakeholders and constituents of to serve on regional advisory councils, LBHAC, Committees of LBHAC, and other identified advisory groups.
3. Review pending state legislation affecting behavioral health; inform LBHAC and RAC's.

Second Quarter:

1. Biennially (every 2 years) review relevant sections of the proposed block grant application and report recommendations, comments, and concerns to the Louisiana Behavioral Health Advisory Council (LBHAC)
2. Review the regional Intended Use Plans. Assess how the plans support priorities of this Committee.
3. Review pending state legislation affecting behavioral health; inform LBHAC and RAC's.

Third Quarter:

1. Review data related to block grant performance measures and outcomes. Assess how this data supports priorities identified by this Committee and report to the LBHAC.
2. Review region/district behavioral health services data selected by this committee for analysis and comparisons and report to the LBHAC.
3. Review prevalence, trends, and utilization of services for this population and report to the LBHAC.

Fourth Quarter:

1. Review the block grant targets, goals, and indicators, and report recommendations to the LBHAC.
2. Provide recommendations, comments, and concerns to the LBHAC regarding data, and gaps in data, available for review.

3. Review Committee duties and goals of previous year and outcome of any recommendations provided to the LBHAC.
4. Establish Committee priorities for the upcoming year.

Revised November 3, 2015

Whereas, The Department of Health and Hospitals' Office of Behavioral Health (OBH) did not bring forward the policy originally adopted by the Office of Mental Health on January 20, 2006 establishing the ten regional advisory councils (RACs); and

Whereas, The RACs serve the purpose of advising Local Governing Entities (LGEs) on behavioral health needs in the community, advocating for improvement in the service delivery system, and educating the community about those services and about behavioral health in general; and

Whereas, The OBH and the LBHAC intend that each LGE shall support and engage in ongoing communication, collaboration, and active participation with a regional advisory council on behavioral health in accordance with the requirements of the *Louisiana Community Mental Health Services Block Grant* and the *Substance Abuse Prevention and Treatment Block Grant*; and

Whereas, A need exists for the continuation of regional advisory councils that will function effectively and in a manner that ensures certain uniformity in operations so as to work in conformity with the needs of the state council, and that to meet that need, certain minimum standards for the operation of regional advisory councils are essential; and

Whereas, The Louisiana Behavioral Health Advisory Council (LBHAC) desires to ensure the continuity and meaningful evolution of the role of existing regional advisory councils in serving the LGEs and the communities in the geographical regions they serve; and

Whereas, The LBHAC comprises a membership uniquely suited to undertake the necessary tasks of

- preparing each LGE and RAC to establish, maintain, and support the operation of a local behavioral health planning and advisory council,
- enabling the exchange of information, and the development, evaluation, and communication of ideas about planning and implementing behavioral health services,
- monitoring, reviewing, and evaluating the allocation and adequacy of behavioral health services within each LGE, and
- utilizing the *Louisiana Community Mental Health Services Block Grant* and the *Substance Abuse Prevention and Treatment Block Grant* planning process to influence and direct regional systems change; now, therefore, be it

Resolved, That the Louisiana Behavioral Health Advisory Council does now assume a direct and active role in facilitating the functioning of the regional advisory councils by establishing procedures for chartering the existing RACS under guidelines and policies consistent with the evolution of the behavioral health service delivery system under the OBH and the LGEs, and by developing programs which enable the RACs to provide education and advocacy without undue influence from local clinics within an LGE or from the OBH; and further

Resolved, That the following policies are adopted with respect to the RACs:

RAC Charter.

The LBHAC shall consider and take action on RAC charter applications upon the LBHAC Executive Committee's recommendation. Charter applications shall be made on a council approved form. Charter approval shall require that the proposed RAC submit bylaws that have been developed using a form provided by the LBHAC Committee on Planning. RAC bylaws must be approved by the Committee on Planning. The charter shall provide that regional advisory councils' roles shall parallel that of the LBHAC, particularly in membership and function, but with a local scope, and with recognition that each of the regional advisory councils serves in an advisory capacity only, with no direct administrative authority. In the event that the LBHAC Executive Committee determines that a chartered RAC fails to operate in a manner consistent with its charter, bylaws, or is otherwise unable to function in accordance with their charter or bylaws, the LBHAC Executive Committee shall report to the council its recommendation on the rescission of the charter. During the pendency of any such recommendation or council action, the LBHAC Executive Committee is authorized to convene a meeting of interested parties, in consultation with the LGE, in the geographic area to seek a charter to establish a new RAC.

RAC services.

RACs shall serve their LGE and community by

1. advising the LGE on courses of action to effectively utilize community resources;
2. assisting the LBHAC in the assessment of community needs and assist in the setting of priorities;
3. advising the LGE in planning behavioral health services, and in advising, on the development and revision of budgets; monitoring and evaluating the local *Behavioral Health Plan* as part of the *Comprehensive State Behavioral Health Plan*;
5. increasing public awareness of behavioral health problems and needs in the community;
6. increasing public awareness of behavioral health programs and services available in the geographic region;
7. assisting in identifying community leaders who can help solve problems and meet needs in delivering services and programs;

RAC operational duties.

To ensure that RACs meet the needs for which they are chartered, each RAC must agree to

1. furnish a RAC-adopted report to the LBHAC at each meeting;
2. maintain careful records, including current bylaws, standing rules and special rules of order, minutes, and membership rosters, and file copies of all records with the LBHAC liaison;
3. maintain an executive committee, composed of the RAC chairman, vice chairman, and its secretary (who need not be a council member, and may be an employee of the LGE), and
4. evaluate its own effectiveness and file annually with the LBHAC an evaluation report on a form provided by the LBHAC.

RAC membership composition.

Each RAC shall adopt membership composition requirements that will draw its membership from representatives of

1. state agencies such as those concerned with mental health, education, vocational rehabilitation, criminal justice, housing, social services, Medicaid, substance use disorders, developmental disabilities, or public health, not to exceed 50% of the RAC membership;

2. public and private entities concerned with the need, planning, operation, funding, and use of behavioral health services and related support services;
 3. adults with serious mental illnesses who are receiving (or have received) behavioral health services;
 4. adults in recovery from substance use disorders;
 5. individuals with co-occurring disorders;
 6. the families of such adults or families of children with emotional disturbance or addictions.
- Individuals who receive block grant funds, or who work for entities that receive block grant funds are not ineligible to serve on the RAC solely for these reasons and if elected to serve on the RAC may not have limitations placed on their membership rights.

Council support

The LBHAC will provide support to each RAC as follows

Organizational support.

The LBHAC Liaison will provide direct and ongoing support to the operation of the RACs and is authorized to establish standards for the RACs' recordkeeping and reporting, in respect to filing and reporting deadlines necessary to ensure that the LBHAC and the RACs are sufficiently and timely informed as may be necessary for each to fulfill its obligations to each other and the communities they serve.

Operational funds.

Any funds allocated to the RACs for operational expenses such as transportation to RAC meetings, meeting refreshments, postage, marketing of local council-sponsored activities, community education projects, advocacy campaigns and activities, and any other activities within the object of the RAC that it deems appropriate, shall be subject to any applicable federal, state, or block grant restrictions.

Training and orientation.

The LBHAC shall provide annually a training and orientation session for the officers and members of RACs.

February 2, 2015



Louisiana Behavioral Health Advisory Council

August 29, 2022

The Louisiana Behavioral Health Advisory Council (LBHAC) has been given the opportunity to review and comment on the Center for Mental Health Services Block Grant Application for the fiscal year 2023-24. The draft of the plan was emailed directly to councilmembers as well as stakeholders, with instructions for submitting feedback on the plan. LBHAC membership was also informed that a draft of the plan will be available on the DHH website for public comment.

The Office of Behavioral Health (OBH) has made efforts to include LBHAC in all phases of the development and implementation of the plan. The members who serve on the Council and the committees of the Council have joined with OBH to forge a more relevant and meaningful partnership in which the voices of consumers and families are heard.

We as a Council believe that the plan is increasingly responsive to the needs of the state and serves as a guidepost in efforts to transform the behavioral health system in the state.

Ericka Poole

LBHAC Chair

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
 State Vocational Rehabilitation Agency
 State Criminal Justice Agency
 State Housing Agency
 State Social Services Agency
 State Health (MH) Agency.
 State Medicaid Agency

Start Year: 2023 End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Alexis Anderson	Family Members of Individuals in Recovery (to include family members of adults with SMI)		48 Steele Blvd Baton Rouge LA, 70806 PH: 225-244-9828	Preachisliteracy@hotmail.com
Jamie Arnold	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	FPHSA		
Aimee Blackham	Parents of children with SED/SUD		3506 Evelyn Circle Ruston LA, 71270 PH: 318-243-0465	
Tekoah Boatner	Parents of children with SED/SUD		3445 Seracedar St. Baton Rouge LA, 70816 PH: 225-366-7355	TBoatner@Youthoasis.org
Tab Bounds	State Employees	Louisiana Department of Health and Hospitals - Office for Citizens with Developmental Disabilities	PH: 225-342-0095 FX: 225-342-8823	Tab.Bounds@LA.Gov
Kristi Bourgeois	Others (Advocates who are not State employees or providers)	CAHSD- Raegional Advisory Council	PH: 225-336-0000	KBourgeois@upliftd.org
Leslie Brougham Freeman	State Employees	LA DHH - OFFICE OF BEHAVIORAL HEALTH		Leslie.BroughamFreeman@LA.Gov
Winona Connor	State Employees	LA Housing Corporation (LHC)	PH: 225-763-8773	WConnor@LHC.La.Gov
Jeanne-Alyce Davis	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		P.O. Box 14405 Alexandria LA, 71315 PH: 703-303-8370	Jalyced22@gmail.com
Ellen Dunn	Others (Advocates who are not State employees or providers)		3772 North Blvd Baton Rouge LA, 70806 PH: 225-439-6771	Programs@alzbr.org
Tatiana Gonzalez	Others (Advocates who are not State employees or providers)	Louisiana Mental Health Association	PH: 225-929-7674	TGonzalez@LouisianaMHA.org

Charlene Gradney	State Employees	LA DHH - OFFICE OF BEHAVIORAL HEALTH	FX: 225-342-1984	Charlene.Gradney@LA.Gov
Lonnie Granier	Others (Advocates who are not State employees or providers)		PO Box 19661 New Orleans LA, 70179 PH: 504-418-0172	LGranier@CLASPP.org
Dawnita Hodge	State Employees	Louisiana Department of Public Safety and Corrections - Office of Juvenile Justice	PH: 225-922-1300 FX: 225-291-9349	Dawnita.Hodge@LA.Gov
Lea Hood	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	South Central Louisiana Human Services Authority	PH: 985-857-3615	Leah.Hood@La.Gov
Erica Joseph	Others (Advocates who are not State employees or providers)			Erica.joseph@va.gov
Patricia Koch	Others (Advocates who are not State employees or providers)		PO Box 7357 Alexandria LA, 71306 PH: 318-447-2672	PKoch@9thjdc.com
Mark Leiker	State Employees	Louisiana Department of Health and Hospitals - Bureau of Health Services Financing	PH: 228-236-8519	Mark.Leiker@LA.Gov
Yvonne Lewis	Others (Advocates who are not State employees or providers)	ImCAL RAC	PH: 256-480-8329	Yvonne@SLAC.ORG/YLewis@LCMH.Com
Angela Lorio	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	Louisiana Peer Action Advocacy Coalition	PH: 504-723-7193	AjgLorio@gmail.com
Mike Martyn	Others (Advocates who are not State employees or providers)	Jefferson Parish Human Services Authority - RAC Representative		MMartyn@RHouseLa.org
George Mills	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	The Extra Mile	PH: 225-290-7598	George.Mills@theextramilecenla.org
Catherine Peay	State Employees	LA DHH - OFFICE OF BEHAVIORAL HEALTH	PH: 225-342-7945	Catherine.Peay@La.gov
Ericka Poole	Parents of children with SED/SUD		2263 Hillspings Ave Baton Rouge LA, 70810 PH: 504-383-2701	Ericka@Redstickmom.com
Maydel Schexnayder-Chatelain	State Employees	Louisiana Rehabilitation Services	PH: 225-295-8952 FX: 225-295-8966	MSchexnayder@LWC.LA.Gov
Chandra Simpson	State Employees	Louisiana Department of Children and Family Services - Office of Community Services	627 N. 4th Street Baton Rouge LA, 70802 PH: 225-335-4070	Chandra.Simpson.DCFS@La.Gov
Sandra Trammel	Parents of children with SED/SUD		43364 Norwood Rd Gonzales LA, 70737 PH: 225-205-5211	SVTrammel0315@gmail.com
Dennis Vic	Others (Advocates who are not State employees or providers)	Central Louisiana Human Services District	PH: 318-623-4547	vdennisj@bellsouth.net
Clarence Williams	Others (Advocates who are not State employees or providers)	NDHSA RAC	PH: 318-562-1601	clccts@outlook.com

LaShonda Williams	Others (Advocates who are not State employees or providers)	National Alliance on Mental Illness- Louisiana	PH: 225-291-6262	LDerouen@namilouisiana.org
Hilda Wiltz	Family Members of Individuals in Recovery (to include family members of adults with SMI)	AAHSD	PH: 337-224-5741 FX: 337-234-3274	HWiltz@live.com
Quinetta Womack	State Employees	LA DHH - OFFICE OF BEHAVIORAL HEALTH		Quinetta.Womack@LA.Gov

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
Total Membership	40	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	5	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	2	
Parents of children with SED/SUD*	4	
Vacancies (Individuals and Family Members)	6	
Others (Advocates who are not State employees or providers)	11	
Total Individuals in Recovery, Family Members & Others	28	70.00%
State Employees	10	
Providers	0	
Vacancies	2	
Total State Employees & Providers	12	30.00%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	8	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	8	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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Footnotes:

* 3 members are persons advocating for SUD services

* 3 members are youth/adolescent representatives

* Leah Hood will have a seat on the council as a RAC representative for South Central Louisiana Human Services Authority and will be approved at the November 2022 quarterly meeting.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a) Public meetings or hearings? ☒ Yes ☐ No
- b) Posting of the plan on the web for public comment? ☒ Yes ☐ No
- If yes, provide URL:
<https://ldh.la.gov/index.cfm/directory/detail/327>
- If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:
<https://ldh.la.gov/index.cfm/directory/detail/327>
- c) Other (e.g. public service announcements, print media) ☐ Yes ☒ No

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction^{1,2} on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018³.

Section 520. Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers⁴. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs⁵: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf> ,
2. **Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs** <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf> ,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
 - Include proposed protocols, timeline for implementation, and overall budget
 - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

¹ Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

² Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

³ Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

⁴ Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

⁵ ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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Footnotes: