Louisiana

UNIFORM APPLICATION
FY 2024/2025 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

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

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/27/2024 5.08.51 PM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

and

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

State Information

State Information

Plan Year

Start Year	2025
End Year	2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID	LASUPTRS2425

I. State Agency to be the SUPTRS BG 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 SUPTRS BG Grantee of the Block Grant

First Name	Quinetta
Last Name	Womack
Agency Name	Louisiana Department of Health
Mailing Address	P. O. Box 4049
City	Baton Rouge
Zip Code	70821
Telephone	(225) 342-8952
Fax	(225) 342-3931
Email Address	Quinetta.Womack@la.gov

State CMHS Unique Entity Identification

Unique Entity ID	LACMHS202425

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
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
Telephone	225-342-1562
Fax	225-342-3875
Email Address	karen.stubbs@la.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

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	8/27/2024 5:07:03 PM
Revision Date	8/27/2024 5:08:12 PM

VI. Contact Person Responsible for Application Submission

First Name	Catherine
Last Name	Peay
Telephone	225-342-7945
Fax	
Email Address	catherine.peay@la.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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

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Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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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 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 [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 Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of Louisiana
OFFICE OF THE GOVERNOR
P.O. BOX 94004
BATON ROUGE
70804-9004

Jeff Landry
Governor

April 29, 2024

Ms. Virginia Simmons
Division of Grants Management
SAMHSA
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

Re: Designation of Authority to Sign SUPTRS BG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, for the duration of my tenure, I delegate 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's (SAMHSA) Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), Mental Health Block Grant (MHBG), and the Projects for Assistance in Transition from Homelessness (PATH Grant).

Thank you for your assistance in this matter.

For Louisiana,

Jeff Landry
Governor

State Information

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

Fiscal Year 2025

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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.
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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).
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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.).
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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 [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: Louisiana

Name of Chief Executive Officer (CEO) or Designee: Karen Stubbs Church, J.D.

Signature of CEO or Designee[1]: 

Title: OBH Assistant Secretary

Date Signed: 7-29-2024

mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of Louisiana
OFFICE OF THE GOVERNOR
P.O. BOX 94004
BATON ROUGE
70804-9004

Jeff Landry
Governor

April 29, 2024

Ms. Virginia Simmons
Division of Grants Management
SAMHSA
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

Re: Designation of Authority to Sign SUPTRS BG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, for the duration of my tenure, I delegate 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's (SAMHSA) Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), Mental Health Block Grant (MHBG), and the Projects for Assistance in Transition from Homelessness (PATH Grant).

Thank you for your assistance in this matter.

For Louisiana,

Jeff Landry
Governor

State Information

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

Fiscal Year 2025

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**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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).
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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;
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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 Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of Louisiana
OFFICE OF THE GOVERNOR
P.O. BOX 94004
BATON ROUGE
70804-9004

Jeff Landry
Governor

April 29, 2024

Ms. Virginia Simmons
Division of Grants Management
SAMHSA
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

Re: Designation of Authority to Sign SUPTRS BG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, for the duration of my tenure, I delegate 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's (SAMHSA) Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), Mental Health Block Grant (MHBG), and the Projects for Assistance in Transition from Homelessness (PATH Grant).

Thank you for your assistance in this matter.

For Louisiana,

Jeff Landry
Governor

State Information

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

Fiscal Year 2025

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**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
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 Costal 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 [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,"

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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.)
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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 Church, J.D.

Signature of CEO or Designee[1]:

Title: OBH Assistant Secretary

Date Signed: 7-29-2024

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of Louisiana
OFFICE OF THE GOVERNOR
P.O. BOX 94004
BATON ROUGE
70804-9004

Jeff Landry
Governor

April 29, 2024

Ms. Virginia Simmons
Division of Grants Management
SAMHSA
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20857

Re: Designation of Authority to Sign SUPTRS BG, MHBG, and PATH Grant Application

Dear Ms. Simmons:

As the Governor of the State of Louisiana, for the duration of my tenure, I delegate 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's (SAMHSA) Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), Mental Health Block Grant (MHBG), and the Projects for Assistance in Transition from Homelessness (PATH Grant).

Thank you for your assistance in this matter.

For Louisiana,

Jeff Landry
Governor

Louisiana's Bipartisan Safer Communities Act (BSCA) Supplemental Funding Proposal – Allotment 3

September 30th, 2024 to September 29th, 2026

Enriching the Louisiana Crisis Response System (LA-CRS)

As mentioned in previous proposals for funding, OBH completed an RFP process to select a contractor to execute a Crisis Hub, a twenty-four (24) hour, seven (7) days a week crisis call line. Once contract negotiation and execution is complete, the contractor will develop processes for triage, referral, and dispatch to connect eligible Medicaid members, who are experiencing a behavioral health crisis to available services such as Mobile Crisis Response (MCR) in the community appropriate to meet their crisis needs. At this time it is anticipated that implementation planning will take place in the fall of 2024 with the Crisis Hub going live in early 2025.

Originally, BSCA FY2022 (first allotment) funds were anticipated to support paid media advertising for the Crisis Hub prior to their October 2024 expiration of funds. Subsequently, BSCA FY2023 funds (second allotment) were earmarked to further support the role of the Crisis Hub as a convening partner in the Louisiana crisis landscape.

The three roles highlighted in this role as convening partner (described in greater detail in the FY2023 request) included:

- **Crisis Hub as Collaborator.** While a single entity will operate the statewide Crisis Hub, the crisis services will be rendered by regionally based crisis providers, within 10 distinct service areas. Since the implementation of the LA-CRS, crisis providers in coordination with OBH, MCOs and the LSU Center for Evidence to Practice have been convening local meetings bringing together mental health and substance use treatment providers, law enforcement, coroners, Local Governing Entities (LGEs), 988 helpline providers, nonprofit organizations and community leaders to discuss the LA-CRS. The Crisis Hub, in its expanded role will work to further this collaboration.
- **Crisis Hub as Data Center.** The Crisis Hub will collect, track, and report individual level and aggregate data pertaining to utilization, quality, and network adequacy/access metrics across the crisis service system in near real-time/real-time.
- **Continuous Quality Improvement and Sustainability.** The LA-CRS is maturing in Louisiana. As such, the ongoing Crisis Hub quality improvement program will monitor, evaluate, and initiate activities to improve the quality and effectiveness of crisis services, guiding future refinement and expansion.

As mentioned in the FY2023 funding plan, it would be presumptive to anticipate the actual program improvements that may result from these efforts.

OBH would like to request that the third allotment of BSCA funds continue to support the efforts funded in the second allotment. The budget summary below reflects generalized areas for the dedication of funding. OBH would like to request use of BSCA funds to support quality improvement and sustainability initiatives that could include:

- Developing additional messaging and advertising to support populations that are not shown to be accessing LA-CRS services;

- Strengthening collaborations with partner organizations and identifying new partners to provide input on refining a sustainable model for crisis services in Louisiana;
- Developing and providing crisis response and awareness trainings tailored to diverse, underserved populations.

Enriching the LA-CRS Budget	Estimated Cost
Supporting system-wide collaboration of all partners through the Crisis Hub	$213,807
Establishing the Crisis Hub as a Data Center	$288,533
Continuous Quality Improvement and Sustainability	$250,792
TOTAL	**$753,132**

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 also proposes utilizing the BSCA grant funds to continue partnering with Volunteers of America of North Louisiana (VOANLA) - EpiCenter clinic to expand community outreach efforts targeting persons with Serious Mental Illness (SMI) and providing supportive intervention to youth, children, and young adults and their families with SMI.

With these funds, VOANLA-EpiCenter will continue its mission to treat youth and young adults experiencing psychosis by using a coordinated specialty care (CSC) team approach to provide trauma informed and evidence-based interventions. This proactive approach decreases the negative impact of experiencing psychosis for the first time, while potentially reducing inpatient psychiatric stays, and improving behavioral and symptomatic experiences that are distressing or interfering with daily life (family, school, work, social relationships, etc.). This proposal would allow VOANLA-EpiCenter to continue providing mental health services that focus on identification, monitoring behaviors, and managing symptoms, which improves long-term outcomes for youth and young adults experiencing FEP.

VOANLA - EpiCenter will also continue expanding outreach services and strategies to improve access to mental health services for youth and young adults who are living with SMI. VOANLA will provide training and education to behavioral health provider agencies, medical professionals, school systems, service recipients and other community stakeholders on FEP and the importance of early intervention; thereby, reducing stigma of mental health, improving trauma informed care insight, and encouraging proactive monitoring and utilization of behavioral health community resources.

The projected outcomes and benefits of this proposal include:

- Increased access to clinical services and improved outcomes for individuals experiencing FEP;
- Strengthening community awareness and partnerships to combine local community resources to identify and support those experiencing FEP; and
- Support ongoing and expanded access to FEP services in the northwestern region of the state where these clinical services are limited.

ESMI/FEP Set-aside Budget	Estimated Cost
Salaries & Wages	$150,000
Professional Services – Psychiatric Services	$40,000
Supplies	$1,000
Operational/ Admin Costs	$59,000
TOTAL	**$250,000**

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:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	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-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention[dd]											
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$1,245,427.00						$74,090.00		$1,685,643.00	$177,315.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital			$123,023,767.00	$892,852.00	$124,540,950.00		$1,242,465.00				
8. Other 24-Hour Care			$322,064,609.00		$22,020,172.00						
9. Ambulatory/Community Non-24 Hour Care		$9,963,416.00	$305,272,971.00	$7,356,996.00	$501,032.00		$5,046,075.00	$592,723.00		$1,057,640.00	
10. Crisis Services (5 percent set-aside)[fg]		$622,713.00	$3,847,107.00					$37,045.00		$12,306,228.00	$1,595,843.00
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately[gf]		$622,713.00	$3,631,610.00		$14,716,997.00			$37,045.00		$142,306.00	
12. Total	**$0.00**	**$12,454,269.00**	**$757,840,064.00**	**$8,249,848.00**	**$161,779,151.00**	**$0.00**	**$6,288,540.00**	**$740,903.00**	**$0.00**	**$15,191,817.00**	**$1,773,158.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Louisiana received $11,975,406 total for MHBG COVID Supplement, and plans to utilize $740,903 for SFY25.

Louisiana received $20,684,792 for MHBG ARPA Supplement and plans to expend $15,191,817 for SFY25.

Between BSCA #1 and BSCA #2, Louisiana plans to expend $1,773,159 as discussed in the first and second BSCA Proposals.

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024			FFY 2025		
Expenditure Category	**FFY 2024 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2025 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$16,925,756.00	$6,775,176.00	$3,308,504.00	$16,926,757.00	$3,781,832.00	$8,704,511.00
2 . Substance Use Primary Prevention	$5,865,601.00	$3,068,080.00	$1,625,942.00	$5,866,835.00	$336,000.00	$2,023,232.00
3 . Tuberculosis Services						
4 . Early Intervention Services for HIV[6]	$1,281,328.50		$269,127.00	$1,281,637.00		$632,762.00
5 . Recovery Support Services[7]	$272,561.00	$553,319.00	$2,094,875.00	$275,878.00		$1,929,671.00
6 . Administration (SSA Level Only)	$1,281,328.50	$56,411.00	$75,731.00	$1,281,637.00	$192,113.00	$706,460.00
7. Total	**$25,626,575.00**	**$10,452,986.00**	**$7,374,179.00**	**$25,632,744.00**	**$4,309,945.00**	**$13,996,636.00**

[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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]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 FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Prevention other than Primary Prevention

[6]For 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 use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data 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 SUPTRS BG 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 SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG 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 SUPTRS BG 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 will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

[7]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

A	B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]	SUPTRS BG Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$333,215	$75,000	$334,967	$333,145	$168,000	$840,783
	Selected		$35,000	$229,600			$100,800
	Indicated						
	Unspecified						
	Total	**$333,215**	**$110,000**	**$564,567**	**$333,145**	**$168,000**	**$941,583**
2. Education	Universal	$3,569,766		$115,000	$3,363,125		$32,000
	Selected	$112,610	$130,000		$107,935		
	Indicated						
	Unspecified						
	Total	**$3,682,376**	**$130,000**	**$115,000**	**$3,471,060**	**$0**	**$32,000**
3. Alternatives	Universal	$51,264		$51,157	$51,253		$38,033
	Selected			$229,600			$100,800
	Indicated						
	Unspecified						
	Total	**$51,264**	**$0**	**$280,757**	**$51,253**	**$0**	**$138,833**
4. Problem Identification and Referral	Universal	$51,264			$51,253		$32,000
	Selected						
	Indicated						
	Unspecified						
	Total	**$51,264**	**$0**	**$0**	**$51,253**	**$0**	**$32,000**
	Universal	$630,000	$183,257	$243,893	$720,000	$168,000	$800,783

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	Total	**$630,000**	**$183,257**	**$243,893**	**$720,000**	**$168,000**	**$800,783**
6. Environmental	Universal	$102,528		$251,074	$102,506		$78,033
	Selected						
	Indicated						
	Unspecified						
	Total	**$102,528**	**$0**	**$251,074**	**$102,506**	**$0**	**$78,033**
7. Section 1926 (Synar)-Tobacco	Universal	$274,668		$20,000	$397,331		
	Selected						
	Indicated						
	Unspecified						
	Total	**$274,668**	**$0**	**$20,000**	**$397,331**	**$0**	**$0**
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$5,125,315**	**$423,257**	**$1,475,291**	**$5,126,548**	**$336,000**	**$2,023,232**
Total SUPTRS BG Award[3]		**$25,626,575**	**$10,452,986**	**$7,374,179**	**$25,632,744**	**$4,309,945**	**$13,996,636**
Planned Primary Prevention Percentage		**20.00%**	**4.05%**	**20.01%**	**20.00%**	**7.80%**	**14.46%**

[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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

[3]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

The Primary Prevention planned expenditures amount on Table 5a does not match the Table 4 amount because the state uses a portion of the primary prevention set-aside to fund Non-Direct Services/System Development activities. Therefore, planned expenditures for Non-Direct Services/Systems Development activities ($740,286) are not included on Table 5a figures.

Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award[1]	FFY 2024 ARP Award[2]	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award[3]	FFY 2025 ARP Award[4]
Universal Direct	$3,569,766		$115,000	$3,363,125		$64,000
Universal Indirect	$1,442,939	$258,257	$901,091	$1,655,488	$336,000	$1,757,632
Selected	$112,610	$165,000	$459,200	$107,935		$201,600
Indicated						
Column Total	**$5,125,315**	**$423,257**	**$1,475,291**	**$5,126,548**	**$336,000**	**$2,023,232**
Total SUPTRS BG Award[5]	**$25,626,575**	**$10,452,986**	**$7,374,179**	**$25,632,744**	**$4,309,945**	**$13,996,636**
Planned Primary Prevention Percentage	**20.00%**	**4.05%**	**20.01%**	**20.00%**	**7.80%**	**14.46%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

[2]The 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 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG 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.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Footnotes:

The Primary Prevention planned expenditures amount on Table 5b does not match the Table 4 amount because the state uses a portion of the primary prevention set-aside to fund Non-Direct Services/System Development activities. Therefore, planned expenditures for Non-Direct Services/Systems Development activities ($740,286) are not included on Table 5b figures..

Planning Tables

Table 5c SUPTRS BG 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 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]
Prioritized Substances			
Alcohol	☑	☑	☑
Tobacco	☑	☑	☑
Marijuana	☑	☑	☑
Prescription Drugs	☑	☑	☑
Cocaine	☐	☑	☑
Heroin	☐	☑	☑
Inhalants	☑	☑	☑
Methamphetamine	☑	☑	☑
Fentanyl	☑	☑	☑
Prioritized Populations			
Students in College	☑	☑	☑
Military Families	☑	☑	☑
LGBTQI+	☐	☐	☐
American Indians/Alaska Natives	☑	☑	☑
African American	☑	☑	☑
Hispanic	☑	☑	☑
Persons Experiencing Homelessness	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☑	☑	☑
Asian	☑	☑	☑
Rural	☑	☑	☑

Underserved Racial and Ethnic Minorities	☑	☑	☑

[1]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP 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 most are implemented universally. Demographic data is collected on all individuals served.

Planning Tables

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

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024					FFY 2025				
Expenditure Category	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [2]**	**E. ARP [3]**	**A. SUPTRS BG Treatment**	**B. SUPTRS BG Prevention**	**C. SUPTRS BG Integrated[1]**	**D. COVID-19 [4]**	**E. ARP [5]**
1. Information Systems	$129,764.00		$129,764.00	$556,500.00		$450,311.00		$75,283.00	$280,000.00	
2. Infrastructure Support				$468,000.00		$28,533.00			$10,000.00	
3. Partnerships, community outreach, and needs assessment		$435,450.00		$2,110,319.00		$10,000.00	$435,450.00	$5,000.00	$30,000.00	
4. Planning Council Activities (MHBG required, SUPTRS BG optional)								$5,000.00		
5. Quality Assurance and Improvement	$357,125.00		$357,125.00	$87,939.00		$285,120.00		$50,000.00	$45,000.00	
6. Research and Evaluation		$99,000.00					$99,000.00			
7. Training and Education	$307,514.00	$205,836.00	$307,514.00	$564,923.00	$161,192.00	$99,000.00	$205,836.00	$20,000.00	$5,000.00	$189,565.00
8. Total	**$794,403.00**	**$740,286.00**	**$794,403.00**	**$3,787,681.00**	**$161,192.00**	**$872,964.00**	**$740,286.00**	**$155,283.00**	**$370,000.00**	**$189,565.00**

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

[2]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" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[3]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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]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" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

$740,286 of the total standard SUPTRS BG Primary Prevention funds are planned to be used for Non-direct SUPTRS BG Prevention and are not

included in the amounts listed in Tables 5a and 5b.

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: MHBG Planning Period End Date:

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems	$218,592.00	$202,525.00			$273,738.00	$85,000.00		
2. Infrastructure Support	$1,848.00				$30,067.00			
3. Partnerships, community outreach, and needs assessment	$537,957.00	$75,000.00			$422,000.00			
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$165,000.00				$165,000.00			
5. Quality Assurance and Improvement	$333,200.00				$373,250.00			
6. Research and Evaluation	$27,000.00							
7. Training and Education	$2,150,991.00	$471,898.00			$1,270,105.00	$66,961.00		
8. Total	$3,434,588.00	$749,423.00	$0.00	$0.00	$2,534,160.00	$151,961.00	$0.00	$0.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis receiving and stabilization centers.

Historically, Louisiana had in many ways an underdeveloped crisis system. While there had been requirements for behavioral health treatment providers to render core services including crisis mitigation, such as crisis planning and response, and there were a couple of limited areas of the state that had developed mobile crisis response and/or walk-in centers, there was not a cohesive crisis response system operating throughout the state. However, a number of activities have been undertaken within Louisiana to develop a statewide comprehensive crisis system of care. This is called the Louisiana Crisis Response System (LA-CRS).
In addition to the 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

LDH has developed 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, sought feedback from individuals, advocates, service providers, and MCOs via a Request for Information (RFI) to develop key components of this modern, innovative and coordinated crisis system for adults which operates in congruence with the following:

• 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.

In order to support the implementation of the LA-CRS, LDH/OBH is 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.

Access to Crisis Call Centers

Louisiana has contracted with two certified Lifeline crisis centers, VIA LINK and The Louisiana Association on Compulsive Gambling (LACG) to respond to 988 contacts in Louisiana. Both Lifeline crisis centers provide 24-hour a day, seven days a week (24/7) live crisis line coverage. This provides 100% statewide geographical coverage for calls. Both centers provide in-state chat and text coverage 7 days a week from 7pm to 1 am. Louisiana continues to expand its 988 public awareness campaign to increase access, awareness and education of 988.

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' 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 implemented 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.*

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity
    a. Number of locally based crisis call Centers in state
        i. In the 988 Suicide and Crisis 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 BH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)
    a. Independent of first responder structures (police, paramedic, fire)

b. Integrated with first responder structures (police, paramedic, fire)
c. Number that employs peers

3. Safe place to go or to be:
a. Number of Emergency Departments
b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☐	☐	☑	☐	☐
Safe place to go or to be	☐	☐	☐	☑	☐	☐

b. Briefly explain your stages of implementation selections here.

1. Someone to talk to: Call Center Capacity
a. Number of locally based crisis call Centers in state
i. In the 988 Suicide and Crisis Lifeline network – We have 2 certified Lifeline crisis call centers in Louisiana. With these two centers we have statewide primary and back-up coverage to ensure a high in-state answer rate and to provide referrals to local resources. Trained crisis counselors at these centers respond to calls twenty-four (24) hours per day, seven (7) days per week (24/7) providing telephonic access for crisis intervention, suicide prevention, and information and referral services for Louisiana residents. They also respond to texts and chats from 7pm until 1am 7 days a week. These crisis call centers are available to everyone in Louisiana regardless of insurance status. Primary coverage areas for each center are listed below:
1. VIA LINK has offices in Orleans and St. Tammany Parishes. VIA LINK provides primary coverage for the following area codes/parishes:

• 225 area code: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge, West Feliciana
• 504 area code: Jefferson, Orleans, Plaquemines, St. Bernard
• 985 area code: Assumption, Lafourche, St. Charles, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington

Additionally, it provides backup coverage to LACG.

2. Louisiana Association on Compulsive Gambling (LACG) has an office in Bossier Parish. LACG provides primary coverage for the following area codes/parishes:
• 318 area code: Avoyelles, Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, Tensas, Union, Webster, West Carroll, and Winn
• 337 area code: Acadia, Allen, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion, Vernon

Additionally, it provides backup coverage to VIA LINK.

ii. Not in the suicide lifeline network- 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.
b. Number of Crisis Call Centers with follow up Protocols in place - 2 (VIA LINK and LACG)
c. Total number of calls statewide and by local crisis call center-
During FY24 there were 35,614calls routed to centers in Louisiana. 31,144 or 87.45% were answered in-state. The table below shows the number of calls routed and answered by month.
Metrics
Month Number of Calls Routed Number of Calls Answered In-State In-State Answer Rate
July 2023 2,548 2,155 85%
August 2023 2,587 2,204 85%
September 2023 2,839 2,367 83%
October 2023 2,838 2,460 87%
November 2023 2,833 2,461 87%
December 2023 2,674 2,319 87%

January 2024 2,661 2,362 89%
February 2024 3,005 2,674 89%
March 2024 2,982 2,625 88%
April 2024 3,470 3,118 90%
May 2024 3,573 3,179 89%
June 2024 3,604 3,220 89%

d. Percent of 911 calls that are identified as MH related –
Each 911 system maintains their own data and there is no centralized data repository. Therefore, the ability to analyze data for the state is limited. There is a database code for suicide related calls utilized statewide. However, there are no codes for other behavioral health emergencies at this time. The Caddo Parish 911 system recently developed a behavioral health code for call takers and dispatchers to use when making their notes. The Ouachita Parish representative expressed interest in utilizing the coding as well. The code will be useful for future data analysis. The following preliminary suicide related data was shared:
• The Calcasieu Parish PSAP took 1,240 suicide related (includes suicide in progress and callers considering suicide) calls in 2020 which was about 0.6% of the overall call volume. Extrapolating that percentage to the statewide call volume indicates that 911 PSAPs across the state receive about 24,000 suicide related calls annually.
• 131 of 105,000 (0.1%) 911 calls were suicide related in Ouachita Parish.
• In 2023, 557 calls were referred/transferred/breached to 988.

2. Someone to respond: mobile behavioral health crisis capacity
a. Number of crisis mobile responder teams that are independent of first responder structures (police, paramedic, fire) – Through the LA-CRS, Louisiana has implemented mobile crisis response teams operating in six (6) of the ten (10) geographically distinct multi-parish catchment areas.
b. Number of crisis mobile responder teams that are integrated with first responder structures (police, paramedic, fire) -The mobile crisis response teams cited above have the ability to operate in collaboration when needed with first responder structures. However, ongoing collaboration in this space is beneficial in order to ensure programs are operating in congruence with best practices related to co-response models.
c. Number of mobile responders that employ peers – Peer support is a critical component of the Mobile Crisis Response model developed in Louisiana. As such, the mobile crisis response teams cited above have peers working within their programs.
d. Number of police responses to mental health crises – Unknown; this information is not tracked by LDH and is unavailable for reporting here.
3. Place to Go: Available resources in the state
a. Number of Emergency Departments- 107 emergency departments across the state
b. Number of Emergency Departments that operate a specialized behavior health component. – A number of independent hospitals may have behavioral health teams that can assess individuals who present with behavioral health conditions. The frequency and location with which this occurs is not currently tracked by LDH and is unavailable for reporting here.
c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hr units that can diagnose and stabilize individuals in crisis) – Through the LA-CRS, at last writing Louisiana had implemented Behavioral Health Crisis Care (BHCC) Centers in six (6) out of the ten (10) geographically distinct multi-parish catchment areas. Given the early implementation of services, there has been some turnover in providers. As of this writing, BHCC centers are operable in four (4) of the ten (10) areas of the state with services in the process of being implemented in another. Efforts are actively being undertaken to identify ready providers and implement services in areas of the state where no providers are operating.
d. Number of hours of overtime by law enforcement related to accompaniment of persons with MH conditions in ED or other settings. This information is not tracked by LDH and is unavailable for reporting here.
e. Number of persons boarded in ED (In ED longer than 24 hours and waiting for psychiatric admission.) This information is not tracked by LDH and is currently unavailable for reporting here.

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.
Since work on the system initially began in 2018 through implementation of services in 2022 and beyond, the LDH has focused on building and refining 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 are consistent with the principles outlined above. In order to achieve these goals LDH has developed the following services and supports for Medicaid-eligible adults. 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. In 2024, aspects of this system are being implemented for youth and their families; this is denoted below.
• Mobile Crisis Response (MCR) 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.
o In 2024, OBH is focused on implementing MCR services for youth and their families.
• 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 for up to 23 hours, offering a community based voluntary home-like alternative to more restrictive settings

• 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.
o In 2024, OBH is focused on implementing CBCS services for youth and their families.
• 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.
o This service is currently available for children and we are expanding it for the adult population.

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

LDH/OBH is 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 to conduct activities critical to the ongoing implementation of a crisis system of care. This includes the following activities:
• Collaborate with communities throughout Louisiana, implementing 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 ongoing implementation of this new crisis service system.
• Develop, implement, and update as needed 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 will run multiple fiscal years and will ultimately affect the larger crisis system in Louisiana including those that serve the uninsured populations. Additionally, the project has been expanded to include the provision of services (MCR and CBCS) to children and their families. The amounts allocated per year are outlined below:
• $853,689 (SFY 2024)
• $859,987 (SFY 2025)
• $871,575 (SFY 2026)
The block grant also supports Louisiana's two 988 Suicide and Crisis Lifeline crisis call centers. With these two centers we have statewide primary and back-up coverage to ensure a high in-state answer rate and to provide referrals to local resources. Trained crisis counselors at these centers respond to calls twenty-four (24) hours per day, seven (7) days per week (24/7) providing telephonic access for crisis intervention, suicide prevention, and information and referral services for Louisiana residents. They also respond to texts and chats from 7pm until 1am 7 days a week. These crisis call centers are available to everyone in Louisiana regardless of insurance status. Primary coverage areas for each center are listed below:
VIA LINK has offices in Orleans and St. Tammany Parishes. VIA LINK provides primary coverage for the following area codes/parishes:
• 225 area code: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge, West Feliciana
• 504 area code: Jefferson, Orleans, Plaquemines, St. Bernard
• 985 area code: Assumption, Lafourche, St. Charles, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington
Provides backup coverage to LACG

Louisiana Association on Compulsive Gambling (LACG) has an office in Bossier Parish. LACG provides primary coverage for the following area codes/parishes:
• 318 area code: Avoyelles, Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, Tensas, Union, Webster, West Carroll, and Winn
• 337 area code: Acadia, Allen, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion, Vernon
Provides backup coverage to VIA LINK

Staff coverage of a crisis call center varies throughout a 24-hour day, by day of the week, time of the day, weekend, holiday, and other factors based on call volume. The scheduled supervisor monitors incoming calls and is able to add specialists as needed to manage call volume. Louisiana began responding to chats and texts in December 2022 between 7pm and 1am daily. Both crisis centers offer 24/7, free and confidential support for people in distress, delivering prevention and crisis resources for individuals throughout Louisiana. 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.
Following Hurricane Katrina in 2005, the Office of Behavioral Health (OBH) has periodically contracted with local crisis line provider ViaLink to monitor and respond to the significant increase in calls received through the Louisiana Spirit Crisis Counseling Program helpline (1-866-310-7977). Following multiple federally declared disasters ViaLink has provided crisis support, connected Louisiana citizens to resources and services to address their emotional and psychological needs. The last federally declared disaster to affect the State was Hurricane Ida in August, 2022. Since then, there continued to be a marked decrease in the volume of calls with fewer than 100 per month to the helpline. As a result, in January 2023 OBH transitioned to a non-disaster or "blue skies" contract with ViaLink at a reduced monthly rate. As the trend continued to reflect reduced calls, the contract to manage the helpline was discontinued effective June 30, 2024. All crisis calls are now directed to the 988 Suicide and Crisis Helpline, also managed by ViaLink.

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

N/A

Footnotes:

Please refer to the Crisis Services attachment for a more reader-friendly response.

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Substance Use and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *…….to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expending 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence-based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed Crisis Services: Meeting Needs, Saving Lives, which includes “National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit” as well as an Advisory: Peer Support Services in Crisis Care and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed “National Guidelines for Child and Youth Behavioral Health Crisis Care” which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth, and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

When individuals experience a crisis related to mental health, substance use, and/or homelessness (due to mental illness or a co-occurring disorder), a no-wrong door comprehensive crisis system should be put in place. Based on the National Guidelines, there are three major components to a comprehensive crisis system, and each must be in place in order for the system to be optimally effective. These three-core structural or programmatic elements are: Regional Crisis Call Center, Mobile Crisis Response Team, and Crisis Receiving and Stabilization Facilities.

Regional Crisis Call Center. In times of mental health or substance use crisis, 911 is typically called, which results in police or emergency medical services (EMS) dispatch. A regional crisis call center provides an alternative. Regional crisis call centers should be made available statewide, provide real-time access to a live mental health professional on a 24/7 basis, meet National Suicide Prevention Lifeline operational guidelines, and serve as "Air Traffic Control" to assess and determine the appropriate response to a crisis. In doing so, these centers should integrate and collaborate with existing 911 and 211 centers, as well as other applicable call centers, to ensure access to the appropriate level of crisis response. 211 centers serve as an entry point to crisis services in many states and provide information and referral to callers on where to obtain assistance from local and national social services, government agencies, and non-profit organizations.

The public has become accustomed to calling 911 for any emergency because it is an easy number to remember, and they receive a quick response. Many of the crisis systems in the United States continue to use 911 because either they are still building their crisis systems or because they have no mechanism to fund a call center separate from 911. However, they recognize that the sure way to minimize the involvement of law enforcement in a behavioral health crisis response is to divert calls from 911. There are basically three diversion models in operation at this time: (1) the 911-based system with dispatchers who forward calls to either the police department's co-responder team (police officer with a behavioral health professional) or to their Crisis Intervention Team (CIT) with police officers who have received Mental Health First Aid and Crisis Intervention Training, including de-escalation methods and behavioral health symptoms; (2) the 911-based system with well-trained 911 dispatchers who triage calls to state or local crisis call centers for individuals who are not a threat to themselves or others; the call centers then refer to local mobile response teams (MRTs), also called mobile crisis teams (MCTs); and (3) State or local Crisis Call Centers with well-trained counselors who receive calls directly (without utilizing 911 at all) on their own toll-free numbers.

Mobile Crisis Response Team. Once a behavioral health crisis has been identified and a crisis line has been called, a mobile response may be required if the crisis cannot be de-escalated by phone. In the current system, police are often dispatched to the location of the individual in crisis. But in an effective crisis system, two-person teams, including a clinician, should be dispatched to the location of the individual in crisis, accompanied by Emergency Medical Services (EMS) or police only as warranted. Ideally, peer support professionals would be integrated into this response. Assessment should take place on site, and the individual should be transported to the appropriate level of care, if needed, as deemed by the clinician and response team.

Crisis Receiving and Stabilization Facilities. In typical response system, EMS or police would transport the individual in crisis either to an ED or to a jail. Crisis Receiving and Stabilization Facilities provide a cost-effective alternative. These facilities should be available to accept individuals by walk-in or drop-off 24/7 and should have a no-reject policy. Particularly when police or EMS are dropping off an individual, the

hand-off should be “warm” (welcoming) and efficient, and these facilities provide assessment and address mental health and substance use crisis issues. A warm hand-off establishes an initial face-to-face contact between the client and the crisis facility worker. The multi-disciplinary team, including peers, at the facility can work with the individual to coordinate next steps in care, to help prevent future mental health crises and repeat contacts with the system.

Currently, the 988 Suicide and Crisis Lifeline (Lifeline) connects with local call centers throughout the United States. Call center staff is comprised of professionals and volunteers who are trained to utilize best practices in handling distress calls. Local call centers automatically perform a safety check for every call; if an imminent risk exists and cannot be deescalated, they forward the call to either 911 or to a local mobile crisis team for a response. If there is no imminent risk, the call center will work with the individual (or the person calling on their behalf) for as long as needed or, if necessary, dispatch a local MRT.

988 – 3-Digit behavioral health crisis number. The National Suicide Hotline Designation Act (P.L. 116-172) provides an opportunity to support the infrastructure, service and long-term funding for community and state 988 response, a national 3-digit behavioral health crisis number that was approved by the Federal Communications Commission in July 2020. In July 2022, the National Suicide Prevention Lifeline transitioned to 988 but the, 1-800-273-TALK is still operational. The 988 transition has supported and expanded to the Lifeline network and will continue utilizing the live-saving behavioral health crisis services that the Lifeline and Veterans Crisis Line centers currently provide.

Building Crisis Services Systems. Most communities across the United States have limited crisis services, but a few have an organized system of services that coordinate and collaborate to divert from jails, minimize the use of EDs, reduce hospital visits, and reduce the involvement of law enforcement. Those that have such systems did not create them overnight, but it involved dedicated individuals, collaboration, considerable planning, and creative methods of blending sources of funding.

Please check those that are used in your state:

1. Briefly narrate your state’s crisis system. For all regions/areas of your state, include a description of access to crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Historically, Louisiana had in many ways an underdeveloped crisis system. While there had been requirements for behavioral health treatment providers to render core services including crisis mitigation, such as crisis planning and response, and there were a couple of limited areas of the state that had developed mobile crisis response and/or walk-in centers, there was not a cohesive crisis response system operating throughout the state. However, a number of activities have been undertaken within Louisiana to develop a statewide comprehensive crisis system of care. This is called the Louisiana Crisis Response System (LA-CRS).

In addition to the 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

LDH has developed 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, sought feedback from individuals, advocates, service providers, and MCOs via a Request for Information (RFI) to develop key components of this modern, innovative and coordinated crisis system for adults which operates in congruence with the following:

- 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.

In order to support the implementation of the LA-CRS, LDH/OBH is 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.

Access to Crisis Call Centers

Louisiana has contracted with two certified Lifeline crisis centers, VIA LINK and The Louisiana Association on Compulsive Gambling (LACG) to respond to 988 contacts in Louisiana. Both Lifeline crisis centers provide 24-hour a day, seven days a week (24/7) live crisis line coverage. This provides 100% statewide geographical coverage for calls. Both centers provide in-state chat and text coverage 7 days a week from 7pm to 1 am. Louisiana continues to expand its 988 public awareness campaign to increase access, awareness and education of 988.

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' 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 implemented 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.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis call Capacity
    a. Number of locally based crisis call Centers in state
        i. In the 988 Suicide and Crisis 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 out as BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

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

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

c. Number that employs peers

3. Safe place to go or to be:

a. Number of Emergency Departments

b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of people in state**	**Middle Implementation About 50% of people in state**	**Majority Implementation At least 75% of people in state**	**Program Sustainment**
Someone to talk to	X	X	X	X	X	X
Someone to respond				X		
Place to go				X		

b. Briefly explain your stages of implementation selections here.

1. Someone to talk to: Call Center Capacity

a. Number of locally based crisis call Centers in state

i. In the 988 Suicide and Crisis Lifeline network – We have 2 certified Lifeline crisis call centers in Louisiana. With these two centers we have statewide primary and back-up coverage to ensure a high in-state answer rate and to provide referrals to local resources. Trained crisis counselors at these centers respond to calls twenty-four (24) hours per day, seven (7) days per week (24/7) providing telephonic access for crisis intervention, suicide prevention, and information and referral services for Louisiana residents. They also respond to texts and chats from 7pm until 1am 7 days a week. These crisis call centers are available to everyone in Louisiana regardless of insurance status. Primary coverage areas for each center are listed below:

1. VIA LINK has offices in Orleans and St. Tammany Parishes. VIA LINK provides primary coverage for the following area codes/parishes:

- 225 area code: Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. James, West Baton Rouge, West Feliciana
- 504 area code: Jefferson, Orleans, Plaquemines, St. Bernard
- 985 area code: Assumption, Lafourche, St. Charles, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington

Additionally, it provides backup coverage to LACG.

2. Louisiana Association on Compulsive Gambling (LACG) has an office in Bossier Parish. LACG provides primary coverage for the following area codes/parishes:
   - 318 area code: Avoyelles, Bienville, Bossier, Caddo, Caldwell, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, Franklin, Grant, Jackson, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, Tensas, Union, Webster, West Carroll, and Winn
   - 337 area code: Acadia, Allen, Beauregard, Calcasieu, Cameron, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion, Vernon

   Additionally, it provides backup coverage to VIA LINK.

ii. Not in the suicide lifeline network- 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.

b. Number of Crisis Call Centers with follow up Protocols in place - 2 (VIA LINK and LACG)

c. Total number of calls statewide and by local crisis call center-

During FY24 there were 35,614calls routed to centers in Louisiana. 31,144 or 87.45% were answered in-state. The table below shows the number of calls routed and answered by month.

	Metrics		
Month	**Number of Calls Routed**	**Number of Calls Answered In-State**	**In-State Answer Rate**
July 2023	2,548	2,155	85%
August 2023	2,587	2,204	85%
September 2023	2,839	2,367	83%
October 2023	2,838	2,460	87%
November 2023	2,833	2,461	87%
December 2023	2,674	2,319	87%

January 2024	2,661	2,362	89%
February 2024	3,005	2,674	89%
March 2024	2,982	2,625	88%
April 2024	3,470	3,118	90%
May 2024	3,573	3,179	89%
June 2024	3,604	3,220	89%

d. Percent of 911 calls that are identified as MH related –

Each 911 system maintains their own data and there is no centralized data repository. Therefore, the ability to analyze data for the state is limited. There is a database code for suicide related calls utilized statewide. However, there are no codes for other behavioral health emergencies at this time. The Caddo Parish 911 system recently developed a behavioral health code for call takers and dispatchers to use when making their notes. The Ouachita Parish representative expressed interest in utilizing the coding as well. The code will be useful for future data analysis. The following preliminary suicide related data was shared:

- The Calcasieu Parish PSAP took 1,240 suicide related (includes suicide in progress and callers considering suicide) calls in 2020 which was about 0.6% of the overall call volume. Extrapolating that percentage to the statewide call volume indicates that 911 PSAPs across the state receive about 24,000 suicide related calls annually.
- 131 of 105,000 (0.1%) 911 calls were suicide related in Ouachita Parish.
- In 2023, 557 calls were referred/transferred/breached to 988.

2. Someone to respond: mobile behavioral health crisis capacity

a. Number of crisis mobile responder teams that are independent of first responder structures (police, paramedic, fire) – Through the LA-CRS, Louisiana has implemented mobile crisis response teams operating in six (6) of the ten (10) geographically distinct multi-parish catchment areas.

b. Number of crisis mobile responder teams that are integrated with first responder structures (police, paramedic, fire) -The mobile crisis response teams cited above have the ability to operate in collaboration when needed with first responder structures. However, ongoing collaboration in this space is beneficial in order to ensure programs are operating in congruence with best practices related to co-response models.

c. Number of mobile responders that employ peers – Peer support is a critical component of the Mobile Crisis Response model developed in Louisiana. As such, the mobile crisis response teams cited above have peers working within their programs.

d. Number of police responses to mental health crises – Unknown; this information is not tracked by LDH and is unavailable for reporting here.

3. Place to Go: Available resources in the state

a. Number of Emergency Departments- 107 emergency departments across the state

b. Number of Emergency Departments that operate a specialized behavior health component. – A number of independent hospitals may have behavioral health teams that can assess individuals who present with behavioral health conditions. The frequency and location with which this occurs is not currently tracked by LDH and is unavailable for reporting here.

c. Number of Crisis Receiving and Stabilization Centers (short term, 23 hr units that can diagnose and stabilize individuals in crisis) – Through the LA-CRS, at last writing Louisiana had implemented Behavioral Health Crisis Care (BHCC) Centers in six (6) out of the ten (10) geographically distinct multi-parish catchment areas. Given the early implementation of services, there has been some turnover in providers. As of this writing, BHCC centers are operable in four (4) of the ten (10) areas of the state with services in the process of being implemented in another. Efforts are actively being undertaken to identify ready providers and implement services in areas of the state where no providers are operating.

d. Number of hours of overtime by law enforcement related to accompaniment of persons with MH conditions in ED or other settings. This information is not tracked by LDH and is unavailable for reporting here.

e. Number of persons boarded in ED (In ED longer than 24 hours and waiting for psychiatric admission.) This information is not tracked by LDH and is currently unavailable for reporting here.

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.

Since work on the system initially began in 2018 through implementation of services in 2022 and beyond, the LDH has focused on building and refining 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 are consistent with the principles outlined above. In order to achieve these goals LDH has developed the following services and supports for Medicaid-eligible adults. 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. In 2024, aspects of this system are being implemented for youth and their families; this is denoted below.

- Mobile Crisis Response (MCR) 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.
    - In 2024, OBH is focused on implementing MCR services for youth and their families.
- 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 for up to 23 hours, offering a community based voluntary home-like alternative to more restrictive settings
- 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.
    - In 2024, OBH is focused on implementing CBCS services for youth and their families.
- 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 available for children and we are expanding it for the adult population.

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

LDH/OBH is 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 to conduct activities critical to the ongoing implementation of a crisis system of care. This includes the following activities:

- Collaborate with communities throughout Louisiana, implementing 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 ongoing implementation of this new crisis service system.
- Develop, implement, and update as needed 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 will run multiple fiscal years and will ultimately affect the larger crisis system in Louisiana including those that serve the uninsured populations. Additionally, the project has been expanded to include the provision of services (MCR and CBCS) to children and their families. The amounts allocated per year are outlined below:

- $853,689 (SFY 2024)
- $859,987 (SFY 2025)
- $871,575 (SFY 2026)

The block grant also supports Louisiana's two 988 Suicide and Crisis Lifeline crisis call centers. With these two centers we have statewide primary and back-up coverage to ensure a high in-state answer rate and to provide referrals to local resources. Trained crisis counselors at these centers respond to calls twenty-four (24) hours per day, seven (7) days per week (24/7) providing telephonic access for crisis intervention, suicide prevention, and information and referral services for Louisiana residents. They also respond to texts and chats from 7pm until 1am 7 days a week. These crisis call centers are available to everyone in Louisiana regardless of insurance status. Primary coverage areas for each center are listed below:

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- 504 area code: Jefferson, Orleans, Plaquemines, St. Bernard
- 985 area code: Assumption, Lafourche, St. Charles, St. John the Baptist, St. Tammany, Tangipahoa, Terrebonne, Washington
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throughout Louisiana. 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.

Following Hurricane Katrina in 2005, the Office of Behavioral Health (OBH) has periodically contracted with a local crisis line provider to monitor and respond to the significant increase in calls received through the Louisiana Spirit Crisis Counseling Program helpline (1-866-310-7977). Following multiple federally declared disasters this line has provided crisis support, connected Louisiana citizens to resources and services to address their emotional and psychological needs. The last federally declared disaster to affect the State was Hurricane Ida in August, 2022. Since then and with the emergence of 988 as the streamlined crisis call line, there continued to be a marked decrease in the volume of calls with fewer than 100 per month to the helpline. As the trend continued to reflect reduced calls, the contract to manage the helpline was discontinued effective June 30, 2024. All crisis calls are now directed to the 988 Suicide and Crisis Helpline.

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

N/A

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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.**[1]

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.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

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, advocates, 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.
The Block Grant application is posted on the LBHAC webpage on the Office of Behavioral Health website prior to its submission. Council members are provided with a direct link to review the application and encouraged to email with questions and/or comments. Additionally, a review of the application is provided via a webinar.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

All quarterly meetings include presentations from the Office of Behavioral Health prevention and substance use treatment specialists. These presentations include new initiatives, programs, and data sharing. Council members have opportunities to ask questions and provide comments at all meetings.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

4. 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

5. 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.

The LBHAC has also been tasked with overseeing the charters of all 10 Regional Advisory Councils (RACs) and ensuring that they are conducting business as specified in their bylaws. This year, the LBHAC made changes to their standing rules to require RACs to take a more active role as behavioral health advocates. Funds are set aside for the operation of each RAC and each LGE appoints a staff person to assist with the clerical aspects of the RAC.

Additionally, the LBHAC passed two resolutions to prioritize and improve access to behavioral health services. The first resolution stated that the Louisiana Behavioral Health Advisory Council does hereby urge and request the Governor, the Louisiana Department of Health, and the Louisiana Legislature to prioritize specialized behavioral health services, and ensure Medicaid rates for these services are regularly reviewed and funded at benchmark levels. The second resolution was made after a special legislative session on crime was called. It stated that the Louisiana Behavioral Health Advisory Council does hereby urge and request that the governor and Louisiana Legislature enact policy measures that orient our state health and criminal justice systems toward treatment for mental illness and substance use disorder as a means of reducing crime and contributing factors to crime. Both resolutions were distributed to the governor and select members of the Louisiana Legislature.

Currently, the LBHAC includes seats for 40 members consisting of consumers of both mental health and substance use and related addictive disorders services, family members of adults with serious mental illness and substance use disorders, family members of children with emotional/behavioral disorders and substance use 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.

All LBHAC meetings allow for public comment and members as well as guests are encouraged to participate in committee meetings. During the past year, the Committee on Children and Youth and the Committee on Advocacy have been extremely active. The committee meetings have included guest speakers to provide education for committee members as well as discussions to find ways to improve the behavioral health delivery system.

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Please refer to the "LBHAC Information" for State Planning/Advisory Council and Input Attachment for a more reader-friendly response.

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

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:

   Five members, one from each of the following:

   (1) National Alliance on Mental Illness (NAMI) – Louisiana
   (2) Louisiana Mental Health Association (LMHA)
   (3) The Extra Mile
   (4) Louisiana Peer Action Advocacy Coalition (LaPAAC)
   (5) Children’s Advocacy

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

Revised August 1, 2022

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

COMMITTEE ON CHILDREN AND YOUTH

Ongoing Duties

1. Provide a child and youth voice to the Louisiana Behavioral Health Advisory Council (LBHAC) regarding children's behavioral health.
2. Assess and report to LBHAC specific strengths and challenges of the Behavioral Health service delivery system.
3. Continue to educate the LBHAC as well as RACs on the need for behavioral health services for children and youth, as well as well as information on training, trends, and evidence-based practices.

Specific Duties by Quarter

First Quarter:

1. Review child and youth 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 for children and youth, 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 regarding behavioral health services for children and youth 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 for children and youth, inform LBHAC and RAC's.

Third Quarter:

1. Review data related to block grant performance measures and outcomes. Monitor the number of programs as well as the accessibility for children, youth, and parents.
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. Identify service gap areas for children and youth
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.

Regional Advisory Councils (RACs)

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.

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.

Annual funds allocation.

Each RAC is annually allotted a minimum of $5,000 to facilitate the RAC meetings and RAC activities. Appropriate use of the funds may include, but is not limited to

- promoting the RAC and LGE, conducting workshops, hosting educational programs, providing educational materials for local clinics, providing promotional items to aid in reducing the stigma of mental illness/addiction, and providing informative brochures for public distribution to include consumers, parents, and family members;
- assisting with getting members to RAC meetings including travel costs, providing refreshments for RAC meetings, all subject to state travel policy requirements;
- providing RAC organization development support materials and training packets including, for example, copies of the RAC's rules of order (*Robert's Rules of Order Newly Revised),* etc.;
- providing materials such as brochures and flyers that identify behavioral health services in the community and that promote RAC or LGE activities;
- providing educational materials for clinics, libraries, health fairs, etc.

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

RAC policy adopted February 2, 2015; Revised May 6, 2024

MINUTES

August 7, 2023

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:33 a.m. August 7, 2023 at the East Baton Rouge Parish Main Library in Baton Rouge. George Mills, council vice chairman, and Melanie Roberts, secretary, were present.

Mr. Mills welcomed members and guests and announced that Ericka Poole is resigning from the LBHAC and he will be assuming the office of Council Chairman as provided in the bylaws. Elections for the now vacant seat of vice chairman will take place at the November 2023 quarterly meeting.

Melanie Roberts, secretary recommended that the following individuals be elected to the council:

Amber Kimbal -LGBTQ Representative

Casey Fos – Louisiana Peer Action Advocacy Coalition

Cody Rabalais – Children's Advocate

Paulette Carter – Office of Public Health

Levillia Moore – Department of Education

Janice Ihaza – State Police

All were elected by general consent.

MINUTES APPROVAL

The minutes of the May 1, 2023 regular council meeting were approved as distributed.

PROGRAM

Quinetta Womack, OBH Deputy Assistant Secretary provided an update on the activities of OBH, highlighting the distribution of harm reduction supplies.

Janice Ihaza, Statewide School Safe Policy Planner, Louisiana State Police discussed Behavioral Threat Assessment and Management (BTAM). She explained that she is interested in having the LBHAC provide input into the development of a risk assessment tool that is being developed by her workgroup.

BLOCK GRANT UPDATE

Catherine Peay, Office of Behavioral Health (OBH) State Planner, reported that the deadline for the block grant application is September 1, 2023. Once the application is completed it will be placed on the LDH website and a link will be sent to all LBHAC members. Additionally, a zoom meeting will be done during the end of August to allow members of the LBHAC as well as the public to provide comments and ask questions about the application.

RAC, ORGANIZATION, & STATE AGENCY REPORTS

Regional Advisory Council (RAC) reports

The council received written reports from the RACs in the following areas: AAHSD, CAHSD, CLHSD, ImCalBHA, JPHSA, MHSD, and SCLHSA. Representatives in attendance provided a brief overview of their reports.

Organization reports

The council received written reports from The Extra Mile, Louisiana Mental Health Association (LMHA) and National Alliance on Mental Illness–(NAMI) Louisiana. Representatives in attendance briefly highlighted their organization's recent activities. A verbal report was also given for the Louisiana Peer Action Advocacy Coalition (LaPAAC).

State agency reports

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

ADJOURNMENT

The meeting adjourned at 11:32 a.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

MINUTES

Regular meeting November 6, 2023

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:33 a.m. November 6, 2023 at the East Baton Rouge Parish Main Library in Baton Rouge. George Mills, council chairman, and Melanie Roberts, secretary, were present.

Mr. Mills welcomed members and stated that nominations would be taken from the floor for the office of vice chairman. He explained that role of the vice chairman and then asked for nominations. Catherine Peay nominated LaShonda Williams for the office. In the absence of additional nominees for the office, the council chairman declared the LaShonda Williams elected to the office of vice chairman for the remainder of the 2022-2024 term.

MINUTES APPROVAL

The minutes of the August 7, 2023 regular council meeting were approved as distributed.

COMMITTEE REPORTS

Executive Committee

George Mills reported that the executive committee met on 8/10/23 to review attendance and make recommendations on the removal or retention of members who have been absent from two consecutive council meetings. The following members have missed two consecutive meetings, but have expressed their interest in continuing to serve on the council and are recommended to be retained on the council;
Yvonne Lewis, Aimee Blackham, and Winona Connor.
The following individuals have missed two consecutive meetings, but did not respond to inquiries regarding their interest in the council and are recommended for removal;
Tekoah Boatner, Ellen Dunn, and Erica Joseph.
Melanie Roberts, secretary clarified that if a member misses a meeting, or knows that they are going to miss a meeting, please contact her so that we know you are still an active member of the council.
The removal of Tekoah Boatner, Ellen Dunn, and Erica Joseph from the council was approved.

Committee on Membership

Hilda Wiltz, committee chairman reported that the committee met on 11/3/23 and recommend the following individuals be elected to the council.
Nick Richard – FPHSA RAC Representative
Melissa Silva – Louisiana Mental Health Association (LMHA)
Bobbie O'Bryan – Tribal Representative
Vaishnavi Kumbala – Transitional Youth
Alesia Bishop – Veteran Representative
Christopher Wallace – Homeless Representative
Lonnie Granier – MHSD Rac Representative
All applicants were elected and welcomed to the council.

PROGRAM

OBH Updates and Initiatives

Jackson Carney, JD, Program Manager provided information about the Louisiana Promoting Integration of Primary and Behavioral Health Care (LaPIPBHC) grant.

Jamie Tindle, RPSS, State Coordinator Peer Recovery Support Program gave an overview of the Peer Support program in Louisiana.

Brent Ambacher, Admin Program Specialist discussed how Peer Support Specialists are being utilized as a part of the Louisiana State Opioid Response (LaSOR) Grant.

Katherine Anders, Specialist explained how Peers are assisting with the My Choice Louisiana program.

RAC, ORGANIZATION, & STATE AGENCY REPORTS

Regional Advisory Council (RAC) reports

RAC Representatives in attendance provided a brief update on their RAC and Local Governing Entitie's (LGE's) activities. Written reports were received from AAHSD, CAHSD, CLHSD, ImCalBHA, JPHSA, MHSD, and SCLHSA.

Organization reports

The council received written reports from The Extra Mile, Louisiana Mental Health Association (LMHA) and National Alliance on Mental Illness–(NAMI) Louisiana. Representatives in attendance briefly highlighted their organization's recent activities. A verbal report was also given for the Louisiana Peer Action Advocacy Coalition (LaPAAC).

State agency reports

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services, Department of Education, Office of Behavioral Health (Mental Health, Substance Abuse, Prevention), Office for Citizens with Developmental Disabilities, Medicaid, Office of Public Health, and Louisiana Rehabilitation Services. Reporting members reviewed their written reports for the council. Winona Connor provided a verbal report for Louisiana Housing Corporation.

BLOCK GRANT UPDATE

Catherine Peay, Office of Behavioral Health (OBH) State Planner, reported that the deadline for the block grant report is December 1, 2023. Once the report is completed it will be placed on the LDH website for review and public comment to allow members of the LBHAC as well as the public to provide comments and ask questions about the report. A link will be sent to all LBHAC members, as well as guests who are on the LBHAC listserv.

Recess for committee work

The council recessed at 12:15 p.m. for committee work and lunch. The committees were asked to review the specific duties of their committees for the upcoming quarter and schedule their meetings. The council reconvened at 1:10 p.m.

NEW BUSINESS

Lonnie Granier, chairman of the Committee on, moved on behalf of the committee, the adoption of the following resolution to urge and request the governor, Louisiana Department of Health, and Louisiana Legislature to prioritize specialized behavioral health services, and ensure Medicaid rates for these services are regularly reviewed and funded at benchmark levels:

Resolution

Whereas, Louisiana is experiencing multiple crises of mental health and addiction which impact individuals, children, and families across the state; and

Whereas, Specialized behavioral health services such as mental health and substance use disorder treatment save lives, alleviate burden from hospitals and jails, assist individuals and families in crisis, and yield significant savings to our health care and criminal justice systems; and

Whereas, According to the U.S. Surgeon General, every one dollar invested in substance use disorder treatment services saves four dollars in health care costs and seven dollars in criminal justice costs; and

Whereas, The state Medicaid rate for specialized behavioral health services plays a critical role in determining access to services, quality of services, provider capacity, and the need in the community for services; and

Whereas, The current rate for most specialized behavioral health services is the same today as was set in 2012, when mental health and substance use disorder treatment became covered under the Medicaid service array; and

Whereas, Continued stagnation in the Medicaid rate, despite increasing inflation and cost of care and the occurrence of a global pandemic, has resulted in numerous provider closures and less incentive for providers to risk offering critical but costly services; and

Whereas, In 2023 the Louisiana Department of Health conducted numerous Medicaid rate adequacy reviews for both mental health and substance use disorder treatment services, which reflected that Louisiana's rates are far below comparable states, inadequate to cover the rising cost of care and insufficient to meet the growing community need; and

Whereas, Adequate funding for Medicaid specialized behavioral health service rates is immediately needed to stabilize Louisiana's mental health and substance use disorder treatment service delivery systems; now, therefore, be it

Resolved, That the Louisiana Behavioral Health Advisory Council does hereby urge and request the Governor, the Louisiana Department of Health, and the Louisiana Legislature to prioritize specialized behavioral health services, and ensure Medicaid rates for these services are regularly reviewed and funded at benchmark levels.

The motion passed.

ADJOURNMENT

The meeting adjourned at 1:19 p.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

MINUTES

February 5, 2024

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:30 a.m. February 5, 2024 at the East Baton Rouge Parish Main Library in Baton Rouge. George Mills, council chairman, and Melanie Roberts, secretary, were present.

Mr. Mills welcomed members and reminded them to limit their oral reports to 3 to 5 minutes.

MINUTES APPROVAL

The minutes of the November 6, 2023 regular council meeting were approved as distributed.

COMMITTEE REPORTS

Executive Committee

George Mills reported that the executive committee met on 8/10/23 to review attendance and make recommendations on the removal or retention of members who have been absent from two consecutive council meetings. All members are in good standing at this time and the committee had no recommendations.

Committee on Membership

Melanie Roberts reported for the committee in the absence of Hilda Wiltz, committee chairman. The committee met and recommended that Andrew Roach and Damian Williams be elected to the seats of NLHSD RAC and AD Advocate, respectively. Both applicants were elected and welcomed to the council.

Additionally, the committee recommended that Janice Ihaza be elected to the seat of Children's Advocate, as she does not fit the requirements for the federally mandated seat for which she was initially elected.

Committee on Advocacy

Lonnie Granier reported that the Advocacy Committee met on Dec 4, 2023 and Jan 22, 2024, and discussed numerous issues including 2024 priorities for LBHAC advocacy, the Fiscal Year 25 state budget, and federal budget negotiations relative to behavioral health. The Advocacy Committee also submitted a written report (which was included in the Feb packet).

PROGRAM

OBH Updates and Initiatives

Karen Stubbs, Assistant Secretary, OBH discussed the turnover in leadership within the Department of Health, stating that there is a "new energy" within the department. She reported that the state legislature will open a special session on crime later in the month. Ms. Stubbs also discussed in detail the behavioral health crisis response services for children and youth which will roll out in April/May 2024.

RAC, ORGANIZATION, & STATE AGENCY REPORTS

Regional Advisory Council (RAC) reports

RAC Representatives in attendance provided a brief update on their RAC and Local Governing Entitie's (LGE's) activities. Written reports were received from AAHSD, CAHSD, CLHSD, ImCalBHA, JPHSA, MHSD, and SCLHSA.

Organization reports

The council received written reports from The Extra Mile, Louisiana Mental Health Association (LMHA) and National Alliance on Mental Illness–(NAMI) Louisiana. Representatives in attendance briefly highlighted their organization's recent and upcoming activities.

State agency reports

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

BLOCK GRANT UPDATE

Melanie Roberts reported on the block grant updates in the absence of Catherine Peay, Office of Behavioral Health (OBH) State Planner. She reported that the final amount of the block grants has not yet been awarded. Catherine anticipates that they will be available by the next quarterly meeting. Despite not having the amounts, planning for State Fiscal Year 2025 is about to begin, so RACs and LGEs can start looking for IUPs in the next month or so. The Covid-19 Supplemental Funding for the block grant is expiring on March 14, 2024, so any services tied to this funding must be completed by that date. OBH has sent notifications to the LGEs so that everyone can ensure that allocated funding is expended in a timely manner. Additionally, OBH did receive approval on the BSCA (Bipartisan Safe Communities Act) allotment #2 proposal. This consists mainly of crisis services and ESMI/FEP initiatives in the amount of $993,111.

Recess for committee work

The council recessed at 11:15 a.m. for committee work and lunch. The council reconvened at 12:00 p.m.

NEW BUSINESS

Lonnie Granier, chairman of the Committee on Advocacy, moved on behalf of the committee, the adoption of the following resolution to urge and request the governor and Louisiana Legislature to enact policy measures that orient our state health and criminal justice systems toward treatment for mental illness and substance use disorder as a means of reducing crime and contributing factors to crime:

RESOLUTION

Whereas, The association between mental illness and substance use concerning crime and at-risk behaviors, and the underlying causes of mental illness and substance use disorder, should be addressed as it relates to both individual and community safety, and priority should be given to reforms which support the health and wellbeing of individuals and families across the state of Louisiana, and which are proven to reduce crime as well as motivating factors associated with crime; and

Whereas, According to Prison Policy Initiative, 27% of individuals with a moderate or serious mental illness report having been jailed three or more times in 2023, and according to Treatment Advocacy Center, intermediate levels of care such as long-term treatment are needed for individuals after stabilization from an acute psychiatric episode, however capacity for such intermediate levels of care in large part does not currently exist in the state of Louisiana, and thus the governor and legislature should prioritize implementing policies which support access to treatment over criminal justice involvement for individuals with serious mental illness, and provide for adequate service capacity for both acute and intermediate levels of care throughout the state; and

Whereas, According to the National Institute on Drug Abuse, approximately 107,000 Americans died of a drug overdose in 2021, and according to the Louisiana Opioid Data and Surveillance System, drug-related deaths more than doubled in Louisiana between 2018 and 2021, with 1,344 drug-related deaths in 2018, and 2,722 drug-related deaths in 2021; and

Whereas, In alignment with the White House National Drug Control Strategy, a comprehensive plan to reduce substance use should consist of both efforts to reduce the supply of illicit drugs as well as the demand for drugs, thus the governor and legislature should enact policy measures which address demand by expanding substance use disorder prevention, treatment, and recovery services; and

Whereas, The criminal justice system can serve as a key intervention point for individuals with substance use disorders who are at risk for incarceration, and thus drug court programs should be utilized and maximized, throughout the state and within each judicial district, and restrictive barriers such as transportation and payment for program participation should be mitigated; and

Whereas, Individuals exiting incarceration are at increased risk for relapse and fatal overdose, and should be supported with treatment while in incarceration paired with community-based treatment upon release, but Medicaid payment is currently a barrier, however, in 2023, the U.S. Centers for Medicare and Medicaid Services announced an 1115 waiver opportunity for states to be reimbursed by Medicaid to bill for an array of services to individuals prior to release from incarceration, and Senate Resolution 98 by Senator Duplessis of the 2023 Regular Session provided for a study on the feasibility and associated cost of requesting such an 1115 waiver; and

Whereas, It is in the interest of the state of Louisiana to apply for this 1115 waiver so that individuals exiting incarceration who are at increased risk of relapse and fatal overdose may be supported with treatment while in incarceration and following release, and for such Medicaid-reimbursable services to be offered by community-based providers that can more easily and effectively transition individuals into treatment upon release; and

Whereas, Youth and adolescents with substance use disorders regularly encounter the criminal justice system, yet there are currently only eight residential beds in northwest Louisiana, for boys exclusively, thus increasing capacity for residential substance use disorder treatment for youth and adolescents would not only provide a needed alternative to incarceration for such at-risk individuals, but would help to alleviate burden on Louisiana's child welfare and criminal justice systems overall; now, therefore, be it

Resolved, That the Louisiana Behavioral Health Advisory Council does hereby urge and request that the governor and Louisiana Legislature enact policy measures that orient our state health and criminal justice systems toward treatment for mental illness and substance use disorder as a means of reducing crime and contributing factors to crime; and

Resolved, That a copy of this resolution shall be transmitted to

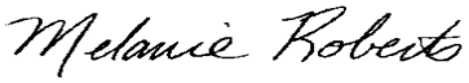
1. The Honorable Jeff Landry, Governor, State of Louisiana; and
2. The Honorable Cameron Henry, President of the Louisiana Senate; and
3. The Honorable Phillip DeVillier, Speaker of the Louisiana House of Representatives; and
4. Secretary Ralph Abraham, MD, Louisiana Department of Health; and
5. Secretary James LeBlanc, Louisiana Department of Corrections; and

6. Secretary David Matlock, Louisiana Department of Children & Family Services.

The motion passed.

ADJOURNMENT

The meeting adjourned at 12:20 p.m.



/s/ Melanie Roberts, Secretary

MINUTES

Regular meeting May 6, 2024

The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order on May 6, 2024 at 9:30 a.m. at the East Baton Rouge Parish Main Library in Baton Rouge. George Mills, council chairman, and Melanie Roberts, secretary, were present.

Mr. Mills welcomed members and guests and asked that they introduce themselves.

MINUTES APPROVAL

The minutes of the February 5, 2024 regular council meeting were approved as corrected.

COMMITTEE REPORTS

Executive Committee

George Mills reviewed the committee's written report covering member attendance including recommendations on the removal or retention of members who have been absent from two consecutive council meetings. Amber Kimble, the LGBTQ+ population representative has missed the last two meetings and has not responded to attempts to contact her. On behalf of the committee, Mr. Mills moved that Amber Kimble, be removed from the council membership.

The motion passed.

Mr. Mills then reviewed the report's coverage of the usage of the block grant funds that are awarded to each Regional Advisory Council for RAC operations and activities. On behalf of the committee, Mr. Mills moved that the following be added to the LBHAC Standing Rules to further clarify annual funds allocations and use the use of Block Grant funds provided to the RACs:

Each RAC is annually allotted a minimum of $5,000 to facilitate the RAC meetings and RAC activities. Appropriate use of the funds may include, but is not limited to

- promoting the RAC and LGE, conducting workshops, hosting educational programs, providing educational materials for local clinics, providing promotional items to aid in reducing the stigma of mental illness/addiction, and providing informative brochures for public distribution to include consumers, parents, and family members;
- assisting with getting members to RAC meetings including travel costs, providing refreshments for RAC meetings, all subject to state travel policy requirements;
- providing RAC organization development support materials and training packets including, for example, copies of the RAC's rules of order (Robert's Rules of Order Newly Revised), etc.;
- providing materials such as brochures and flyers that identify behavioral health services in the community and that promote RAC or LGE activities;
- providing educational materials for clinics, libraries, health fairs, etc.

The motion passed.

Committee on Membership

Hilda Wiltz reported that the Committee on Membership recommends that Lakeasha Kooley, Artemus McFarland, and Dusty Lyons be elected to the seats of Office of Juvenile Justice Representative, Addictive Disorder Advocate, and Elderly Representative, respectively. All three applicants were elected and welcomed to the council.

Committee on Children and Youth

Reverend Anderson reported for the Committee on Children and Youth. On behalf of the committee, Rev. Anderson suggested that the committee host a special Zoom meeting for the full Council regarding all the changes for children and youth that impact mental health in the state of Louisiana, including a bill tracker that the RACs can utilize. She also requested that the new Child Ombudsman be invited to address the full Council at one of our quarterly meeting on the role and responsibilities of this new office; and finally
She asked that the Council review additional methods for improving usage of the 988 suicide prevention phone line by engaging youth advocates, our MCOs, and medical offices.

PROGRAM

Mental Health Crisis Response System for Children

Stephen W. Phillippi, Jr. Ph.D., LCSW, CCFC, is the Director/Founder of the Center for Evidence to Practice, which is a collaboration between Louisiana State University Health Sciences Center (LSUHSC) School of Public Health and the Louisiana Department of Health – Office of Behavioral Health. Their mission is to support the state and its agencies, organizations, communities, and providers in the selection and implementation of evidence-based practices and programs (EBPs) to promote youth and family well-being, improve behavioral health outcomes, and to address challenges related to sustaining quality practice
Dr. Phillippi discussed the status of the mobile mental health crisis response system for children. He explained how the system works and how callers are the ones who define what constitutes a crisis. He went into detail explaining that the system is initiated anytime a child is placed into foster care. He further explained that each community is different, particularly regarding availability of providers. He asked that LBHAC members go back to their communities and help to work out the kinks at the local level.

OBH Updates and Initiatives

Charlene Gradney, OBH discussed how the Louisiana Department of Health (LDH) is taking a key step to increase the availability of mental health providers in the state with a plan to expand Medicaid reimbursement eligibility to provisionally licensed mental health professionals (PLMHPs) while they are seeking full licensure. The Notice of Intent of the proposed rule has been posted. If approved by the U.S. Centers for Medicare and Medicaid Services, implementation is expected to begin in August.

Ms. Gradney also explained that the state legislature has allocated funds to restart the program for Early Childhood Support Services (ECSS). This will allow for treatment interventions for children from birth to 5 years of age and their families.

RAC, ORGANIZATION, & STATE AGENCY REPORTS

Regional Advisory Council (RAC) reports

RAC Representatives in attendance provided a brief update on their RAC and Local Governing Entitie's (LGE's) activities. Written reports were received from AAHSD, CAHSD, CLHSD, ImCalBHA, JPHSA, MHSD, and SCLHSA.

Organization reports

The council received written reports from The Extra Mile, Louisiana Mental Health Association (LMHA) and National Alliance on Mental Illness–(NAMI) Louisiana. Representatives in attendance briefly highlighted their organization's recent and upcoming activities.

State agency reports

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

BLOCK GRANT UPDATE

Catherine Peay, Office of Behavioral Health (OBH) State Planner reported that we are currently preparing for the mini block grant application. Intended Use Plans have been sent to the LGEs and are due back to OBH by May 24th. She reminded RAC members that each RAC should be reviewing their LGE's IUP and submitting a RAC IUP Review Form. She explained that the state has not yet received the final allocations for the coming year, so they are going to be using last year's numbers. She also announced that the state has received additional COVID funds until March 2025.

ADJOURNMENT

The meeting adjourned at 12:25 p.m.

Melanie Roberts

/s/ Melanie Roberts, Secretary

21. State Planning/Advisory Council and Input on the Mental Health/Substance Use Prevention, Treatment and Recovery Services Block Grant Application- Required for MHBG

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD 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.

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.

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? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.)

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, advocates, 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.

The Block Grant application is posted on the LBHAC webpage on the Office of Behavioral Health website prior to its submission. Council members are provided with a direct link to review the application and encouraged to email with questions and/or comments. Additionally, a review of the application is provided via a webinar.

2. What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment, and recovery services?

All quarterly meetings include presentations from the Office of Behavioral Health prevention and substance use treatment specialists. These presentations include new initiatives, programs, and data sharing. Council members have opportunities to ask questions and provide comments at all meetings.

3. Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?

   ☒ Yes ☐ No

4. 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

5. 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.

The LBHAC has also been tasked with overseeing the charters of all 10 Regional Advisory Councils (RACs) and ensuring that they are conducting business as specified in their bylaws. This year, the LBHAC made changes to their standing rules to require RACs to take a more active role as behavioral health advocates. Funds are set aside for the operation of each RAC and each LGE appoints a staff person to assist with the clerical aspects of the RAC.

Additionally, the LBHAC passed two resolutions to prioritize and improve access to behavioral health services. The first resolution stated that the Louisiana Behavioral Health Advisory Council does hereby urge and request the Governor, the Louisiana Department of Health, and the Louisiana Legislature to prioritize specialized behavioral health services, and ensure Medicaid rates for these services are regularly reviewed and funded at benchmark levels. The second resolution was made after a special legislative

session on crime was called. It stated that the Louisiana Behavioral Health Advisory Council does hereby urge and request that the governor and Louisiana Legislature enact policy measures that orient our state health and criminal justice systems toward treatment for mental illness and substance use disorder as a means of reducing crime and contributing factors to crime. Both resolutions were distributed to the governor and select members of the Louisiana Legislature.

Currently, the LBHAC includes seats for 40 members consisting of consumers of both mental health and substance use and related addictive disorders services, family members of adults with serious mental illness and substance use disorders, family members of children with emotional/behavioral disorders and substance use 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.

All LBHAC meetings allow for public comment and members as well as guests are encouraged to participate in committee meetings. During the past year, the Committee on Children and Youth and the Committee on Advocacy have been extremely active. The committee meetings have included guest speakers to provide education for committee members as well as discussions to find ways to improve the behavioral health delivery system.

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.

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

N/a

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

Behavioral Health Advisory Council Composition by Member Type

Type of Membership	Number	Percentage of Total Membership
Total Membership	**40**	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery * (to include family members of adults with SMI)	3	
Parents of children with SED/SUD *	3	
Vacancies (individual & family members)	3	
Others (Advocates who are not State employees or providers)	5	
Total Individuals in Recovery, Family Members, and Others	**20**	**57.14%**
State Employees	13	
Providers	2	
Vacancies	0	
TOTAL State Employees & Providers	**15**	**42.86%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	4	
Individuals/Family Members from LGBTQI+ Populations	0	
Youth/adolescent representative (or member from an organization serving young people)	1	
Persons in recovery from or providing treatment for or advocating for SUD services	3	
Federally Recognized Tribe Representatives	1	

*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.

22. Public Comment on the State Plan- Required

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.

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: http://ldh.louisiana.gov/index.cfm/page/100

   c) Other (e.g. public service announcements, print media)

      ☒ Yes ☐ No

All members of the LBHAC as well as the listserv of roughly 100 stakeholders receive a direct link to the block grant application and instructions for making comments and/or asking questions.

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: 2025 End Year: 2026

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	Preachisliteracy@hotmail.com
Marisa Beard	State Employees	LDH, Office of Behavioral Health		Marisa.Beard@LA.Gov
Alesia Bishop	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		1140 Len Street Bossier City LA, 71111	Alesia.Bishop1@VA.Gov
Aimee Blackham	Parents of children with SED		3506 Evelyn Circle Ruston LA, 71270	wavelengthpsych@gmail.com
Tab Bounds	State Employees	LDH, Office of Citizens with Dev. Disabilities		Tab.Bounds@LA.Gov
Kristi Bourgeois	Persons in recovery from or providing treatment for or advocating for SUD services	CAHSD- Raegional Advisory Council		KBourgeois@upliftd.org
Leslie Brougham Freeman	State Employees	LDH, Office of Behavioral Health		Leslie.BroughamFreeman@LA.Gov
Paulette Carter	State Employees	LDH, Office of Public Health	LA,	Paulette.G.Carter@la.gov
Winona Connor	State Employees	Louisiana Housing Finance Agency		WConnor@LHC.La.Gov
LaKeasha Cooley	State Employees	Louisiana Department of Public Safey and Corrections - Office of Juvenile Justice		Lakeash.Cooley@LA.Gov
Cheryl Dubois	Others (Advocates who are not State employees or providers)	Central Louisiana Human Services District		Cheryl.Dubois@La.gov
Clarice Gallegos	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1609 Johnston Lafayette LA, 70503	info@focusclubhouse.org
Charlene Gradney	State Employees	LDH, Office of Behavioral Health		Charlene.Gradney@LA.Gov

Lonnie Granier	Persons in recovery from or providing treatment for or advocating for SUD services	Metropolitan Human Services District RAC		LGranier@CLASPP.org
Leah Hood	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	South Central Louisiana Human Services Authority		Leah.Hood@La.Gov
Janice Ihaza	State Employees	Louisiana State Police		Janice.Ihaza2@La.Gov
Patricia Koch	Persons in recovery from or providing treatment for or advocating for SUD services		PO Box 7357 Alexandria LA, 71306	PKoch@9thjdc.com
Vaishnavi Kumbala	Youth/adolescent representative (or member from an organization serving young people)		453 Hesper Ave Metairie LA, 70008	vsaikumbala@gmail.com
Mark Leiker	State Employees	Medicaid		Mark.Leiker@LA.Gov
Yvonne Lewis	Others (Advocates who are not State employees or providers)	ImCAL RAC		YLewis@LCMH.Com
Dusty Lyons	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			DLyons@capitalaaa.org
Artemus McFarland	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		9558 West Keri Lane Waggaman LA, 70094	A.McFarland@OnTheRightPathNOLA.Com
George Mills	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	The Extra Mile		George.mills@theextramileregioniv.com
Levillia Moore	State Employees	Louisiana Department of Education		Levillia.Moore@la.gov
Bobbie O'Bryan	Representatives from Federally Recognized Tribes		PO Box 211 Bourg LA, 70343	bobryan@tpcg.org
Catherine Peay	State Employees	LDH, Office of Behavioral Health		catherine.peay@la.gov
Nick Richard	Family Members of Individuals in Recovery (to include family members of adults with SMI)	Florida Parishes Human Services Authority RAC		NRichard@namisttammany.org
Andrew Roach	Providers	NLHSD		aroach@Laeasterseals.com
John Ryals	Providers	Jefferson Parish Human Services Authority - RAC Representative		jryals@jeffparish.net
Maydel Shexnayder Chatelain	State Employees	Louisiana Rehabilitation Services		MSchexnayder@LWC.LA.Gov
Meissa Silva	Others (Advocates who are not State employees or providers)	Louisiana Mental Health Association		MSilva@MHAGBR.com
Chandra Simpson	State Employees	Louisiana Department of Children and Family Services - Office of Community Services		Chandra.Simpson.DCFS@La.Gov

Sandra Trammell	Parents of children with SED		4336 Norwood Rd Gonzales LA, 70737	SVTrammell0315@gmail.com
Christopher Wallace	Parents of children with SED		17061 Octavia St Hammond LA, 70403	Christopher.wallace@anthem.com
Damien Williams	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		123 Legend Creek Drive Youngsville LA, 70592	damianwilliamssr@gmail.com
LaShonda Williams	Others (Advocates who are not State employees or providers)	NAMI Louisiana		LDerouen@namilouisiana.org
Hilda Wiltz	Others (Advocates who are not State employees or providers)	AAHSD		HWiltz@live.com

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

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Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	6	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	3	
Vacancies (individual & family members)	3	
Others (Advocates who are not State employees or providers)	5	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**20**	**57.14%**
State Employees	13	
Providers	2	
Vacancies	0	
Total State Employees & Providers	**15**	**42.86%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	4	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	3	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	1	
Total Membership (Should count all members of the council)	**44**	

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Footnotes:

The "Individuals/Family Members from Diverse Racial and Ethnic Populations" is being added to the total membership, causing the "Total Membership" to incorrectly read "44" rather than 40, which is the number of members on the council (37 plus 3 vacancies).

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:

http://ldh.louisiana.gov/index.cfm/page/100

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

http://ldh.louisiana.gov/index.cfm/page/100

c) Other (e.g. public service announcements, print media) (●) Yes ( ) No

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

n/a

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Footnotes:

All members of the LBHAC as well as the listserv of roughly 100 stakeholders receive a direct link to the block grant application and instructions for making comments and/or asking questions.

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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, 2018[3].

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 SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 centers[4]. 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 SSPs[5]: 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.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,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.

End Notes

[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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG 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 Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes: