Louisiana

UNIFORM APPLICATION
FY 2020/2021 Block Grant Application

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
(generated on 08/19/2020 4.52.59 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

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

Plan Year
Start Year 2021
End Year 2022

State SAPT DUNS Number
Number 9681059370000
Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant
Agency Name Louisiana Department of Health
Organizational Unit Office of Behavioral Health
Mailing Address P.O. Box 4049
City Baton Rouge
Zip Code 70821

II. Contact Person for the SAPT Grantee of the Block Grant
First Name Janice
Last Name Williams
Agency Name Louisiana Department of Health
Mailing Address P. O. Box 4049
City Baton Rouge
Zip Code 70821
Telephone 225-342-9532
Fax 225-342-3875
Email Address Janice.L.Williams@la.gov

State CMHS DUNS Number
Number 9681059370000
Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant
Agency Name Louisiana Department of Health
Organizational Unit Office of Behavioral Health
Mailing Address P.O. Box 4049
City Baton Rouge
Zip Code 70821

II. Contact Person for the CMHS Grantee of the Block Grant
First Name Karen
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  
Revision Date  7/29/2020 9:47:54 AM  

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: 04/19/2019 Expires: 04/30/2022  

Footnotes:
### Fiscal Year 2021

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

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### Title XIX, Part B, Subpart III of the Public Health Service Act

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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen 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 with the 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.


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 with community development needs; and (g) conformance of Federal actions with local flood hazards.
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


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 of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;


g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled “Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,”
generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the
Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section
1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying
undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING
$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that
1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing
or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or
an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant,
the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal,
amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to
influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a
Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall
complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed,
Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this
application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all
tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients
shall certify and disclose accordingly.

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain
provisions for children's services and that all subrecipients shall certify accordingly.
The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

**HHS Assurances of Compliance (HHS 690)**


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: 

Title: 

Date Signed: mm/dd/yyyy

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
State Information

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

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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.

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LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

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

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


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 C.F.R §§ 75.351-75.352, Subrecipient monitoring and management.
I hereby certify that the state or territory will comply with Title XIX, Part B. Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

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

State: **LOUISIANA**

Name of Chief Executive Officer (CEO) or Designee: **KAREN STUBBS**

Signature of CEO or Designee:\* ____________________________

Title: **OBH ASSISTANT SECRETARY**

Date Signed: **07-22-2020**

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
August 23, 2016

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

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

Dear Ms. Simmons:

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

Thank you for your assistance in this matter.

Sincerely,

[Signature]

John Bel Edwards  
Governor
# State Information

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

### Fiscal Year 2021

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  
Title 42, Chapter 6A, Subchapter XVII of the United States Code

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   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
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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)**


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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. **Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.**

2. **Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.**

3. **Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.**

4. **The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.**

5. **Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.**

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

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.
I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

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

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

Signature of CEO or Designee¹: ________________________________

Title: ________________________________ Date Signed: ________________________________

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

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

Fiscal Year 2021

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
Title 42, Chapter 6A, Subchapter XVII of the United States Code

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<tr>
<th>Section</th>
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<tr>
<td>Section 1911</td>
<td>Formula Grants to States</td>
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<td>State Plan for Comprehensive Community Mental Health Services for Certain Individuals</td>
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| 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 nineteen 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 with the 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.


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).


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 of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.
LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:
   a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
      a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
      b. Collecting a certification statement similar to paragraph (a)
      c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:
   a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
   b. Establishing an ongoing drug-free awareness program to inform employees about--
      1. The dangers of drug abuse in the workplace;
      2. The grantee's policy of maintaining a drug-free workplace;
      3. Any available drug counseling, rehabilitation, and employee assistance programs; and
      4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
   d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
      1. Abide by the terms of the statement; and
      2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
   e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
   f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
      1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
      2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
   g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

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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.

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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)


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.

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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.

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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

Signature of CEO or Designee:

Title: Assistant Secretary

Date Signed: 07-22-2020

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

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
August 23, 2016

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

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

Dear Ms. Simmons:

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

Thank you for your assistance in this matter.

Sincerely,

John Bel Edwards
Governor
# State Information

## Disclosure of Lobbying Activities

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

**Standard Form LLL (click here)**

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| Signature: | Date: |

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

### Footnotes:
### Planning Tables

#### Table 2 State Agency Planned Expenditures [MH]

States must project how the SMHA will use available funds to provide authorized services for the planning period for state fiscal years 2020/2021.

Planning Period Start Date: 7/1/2020  
Planning Period End Date: 6/30/2021

<table>
<thead>
<tr>
<th>Activity</th>
<th>A. Substance Abuse Block Grant</th>
<th>B. Mental Health Block Grant</th>
<th>C. Medicaid (Federal, State, and Local)</th>
<th>D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)</th>
<th>E. State Funds</th>
<th>F. Local Funds (excluding local Medicaid)</th>
<th>G. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Pregnant Women and Women with Dependent Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. All Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Primary Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Substance Abuse Primary Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Mental Health Primary Prevention*</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)**</td>
<td>$978,041</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4. Tuberculosis Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Early Intervention Services for HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. State Hospital</td>
<td>$88,297,993</td>
<td>$892,852</td>
<td>$2,847,774</td>
<td></td>
<td>$0</td>
<td>$658,915</td>
<td></td>
</tr>
<tr>
<td>7. Other 24 Hour Care</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. Ambulatory/Community Non-24 Hour Care</td>
<td>$8,802,370</td>
<td>$1,706,454</td>
<td>$733,147</td>
<td></td>
<td>$96,802,857</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>9. Administration (Excluding Program and Provider Level)***</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Total</td>
<td>$0</td>
<td>$9,780,411</td>
<td>$90,004,447</td>
<td>$1,625,999</td>
<td>$189,650,631</td>
<td>$0</td>
<td>$658,915</td>
</tr>
</tbody>
</table>

* While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED

** Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside

*** Per statute, Administrative expenditures cannot exceed 5% of the fiscal year award.

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### Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2020  Planning Period End Date: 9/30/2022

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>FFY 2020 SA Block Grant Award</th>
<th>FFY 2021 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse Prevention and Treatment*</td>
<td>$17,519,448</td>
<td>$17,519,448</td>
</tr>
<tr>
<td>2. Primary Substance Abuse Prevention</td>
<td>$5,875,002</td>
<td>$5,777,716</td>
</tr>
<tr>
<td>3. Early Intervention Services for HIV**</td>
<td>$1,251,389</td>
<td>$1,251,389</td>
</tr>
<tr>
<td>4. Tuberculosis Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Administration (SSA Level Only)</td>
<td>$381,944</td>
<td>$479,230</td>
</tr>
<tr>
<td>6. Total</td>
<td>$25,027,783</td>
<td>$25,027,783</td>
</tr>
</tbody>
</table>

* Prevention other than Primary Prevention

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

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Footnotes:
*Amount of primary prevention funds planned for primary prevention programs (this amount matches the total reported in Table 5a and Table 5b) is $5,037,272.
Amount of primary prevention funds in Table 4, line 2 that are planned for prevention SA resource development and non-direct services (this amount does not include funds reported in Table 5a or Table 5b) is $740,444.
## Planning Tables

### Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2020     Planning Period End Date: 9/30/2022

<table>
<thead>
<tr>
<th>Strategy</th>
<th>IOM Target</th>
<th>FFY 2020</th>
<th>FFY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SA Block Grant Award</td>
<td>SA Block Grant Award</td>
</tr>
<tr>
<td></td>
<td>Universal</td>
<td>$225,110</td>
<td>$925,968</td>
</tr>
<tr>
<td>1. Information Dissemination</td>
<td>Selective</td>
<td>$8,102</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$233,212</strong></td>
<td><strong>$925,968</strong></td>
</tr>
<tr>
<td></td>
<td>Universal</td>
<td>$3,412,699</td>
<td>$2,696,743</td>
</tr>
<tr>
<td>2. Education</td>
<td>Selective</td>
<td>$127,059</td>
<td>$153,340</td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td>$16,500</td>
<td>$23,520</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$3,556,258</strong></td>
<td><strong>$2,873,603</strong></td>
</tr>
<tr>
<td></td>
<td>Universal</td>
<td>$45,043</td>
<td>$19,545</td>
</tr>
<tr>
<td>3. Alternatives</td>
<td>Selective</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$45,043</strong></td>
<td><strong>$19,545</strong></td>
</tr>
<tr>
<td></td>
<td>Universal</td>
<td>$105,125</td>
<td>$75,473</td>
</tr>
<tr>
<td>4. Problem Identification and Referral</td>
<td>Selective</td>
<td>$127,702</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$232,827</strong></td>
<td><strong>$75,473</strong></td>
</tr>
<tr>
<td></td>
<td>Universal</td>
<td>$490,713</td>
<td>$436,172</td>
</tr>
<tr>
<td>Category</td>
<td>Universal</td>
<td>Selective</td>
<td>Indicated</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>5. Community-Based Process</td>
<td></td>
<td>$9,090</td>
<td>$0</td>
</tr>
<tr>
<td>6. Environmental</td>
<td></td>
<td>$250,220</td>
<td>$7,114</td>
</tr>
<tr>
<td>7. Section 1926 Tobacco</td>
<td></td>
<td>$310,081</td>
<td>$0</td>
</tr>
<tr>
<td>8. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Prevention Expenditures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total SABG Award*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Primary Prevention Percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 are not included on Table 5a figures.
### Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2020  
Planning Period End Date: 9/30/2022

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2020 SA Block Grant Award</th>
<th>FFY 2021 SA Block Grant Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Direct</td>
<td>$3,808,702</td>
<td>$4,179,183</td>
</tr>
<tr>
<td>Universal Indirect</td>
<td>$1,030,289</td>
<td>$661,229</td>
</tr>
<tr>
<td>Selective</td>
<td>$279,067</td>
<td>$173,340</td>
</tr>
<tr>
<td>Indicated</td>
<td>$16,500</td>
<td>$23,520</td>
</tr>
<tr>
<td><strong>Column Total</strong></td>
<td><strong>$5,134,558</strong></td>
<td><strong>$5,037,272</strong></td>
</tr>
<tr>
<td><strong>Total SABG Award</strong></td>
<td><strong>$25,027,783</strong></td>
<td><strong>$25,027,783</strong></td>
</tr>
<tr>
<td>Planned Primary Prevention Percentage</td>
<td>20.52 %</td>
<td>20.13 %</td>
</tr>
</tbody>
</table>

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

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**Footnotes:**

*Does not reflect Non-Direct Services/System Development activities.*
### Table 5c SABG Planned Primary Prevention Targeted Priorities

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2020 and FFY 2021 SABG awards.

**Planning Period Start Date:** 10/1/2020  
**Planning Period End Date:** 9/30/2021

<table>
<thead>
<tr>
<th>Targeted Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Tobacco</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Heroin</td>
</tr>
<tr>
<td>Inhalants</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Synthetic Drugs (i.e. Bath salts, Spice, K2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in College</td>
</tr>
<tr>
<td>Military Families</td>
</tr>
<tr>
<td>LGBTQ</td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Homeless</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islanders</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Underserved Racial and Ethnic Minorities</td>
</tr>
</tbody>
</table>

- Present
- Absent
**Footnotes:**
Louisiana serves all populations in Table 5c through its primary prevention programs and services. While all populations identified in Table 5c are reached, these populations are not intentionally targeted as primary prevention services are implemented universally. Demographic data is collected on all individuals served.
# Planning Tables

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

Planning Period Start Date: 10/1/2020  Planning Period End Date: 9/30/2022

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2020</th>
<th>FFY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. SABG Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Information Systems</td>
<td>$178,400</td>
<td>$186,943</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$69,390</td>
<td>$170,437</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$209,226</td>
<td>$114,126</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$327,486</td>
<td>$155,000</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td>$0</td>
<td>$99,000</td>
</tr>
<tr>
<td>7. Training and Education</td>
<td>$25,750</td>
<td>$22,000</td>
</tr>
<tr>
<td><strong>8. Total</strong></td>
<td>$810,252</td>
<td>$691,071</td>
</tr>
</tbody>
</table>

| **B. SABG Prevention**                                                  |          |          |
| 1. Information Systems                                                 | $0       | $176,890 |
| 2. Infrastructure Support                                              | $0       | $170,437 |
| 3. Partnerships, community outreach, and needs assessment              | $435,450 | $435,450 |
| 4. Planning Council Activities (MHBG required, SABG optional)          | $0       | $0       |
| **8. Total**                                                            | $740,444 | $740,444 |

| **C. SABG Combined***                                                   |          |          |
| 1. Information Systems                                                 | $186,943 | $174,943 |
| 2. Infrastructure Support                                              | $0       | $0       |
| 3. Partnerships, community outreach, and needs assessment              | $114,126 | $435,450 |
| 4. Planning Council Activities (MHBG required, SABG optional)          | $0       | $0       |
| **8. Total**                                                            | $562,550 | $214,943 |

*Combined refers to non-direct service/system development expenditures that support both treatment and prevention systems.

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Footnotes:
* SABG Prevention expenditures listed in this table are not included in the amounts listed in Tables 5a and 5b.
## Planning Tables

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

**MHBG Planning Period Start Date:**  
**MHBG Planning Period End Date:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>FFY 2020 Block Grant</th>
<th>FFY 2021 Block Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Information Systems</td>
<td>$62,968</td>
<td>$67,653</td>
</tr>
<tr>
<td>2. Infrastructure Support</td>
<td>$2,600</td>
<td>$9,240</td>
</tr>
<tr>
<td>3. Partnerships, community outreach, and needs assessment</td>
<td>$508,478</td>
<td>$261,000</td>
</tr>
<tr>
<td>4. Planning Council Activities (MHBG required, SABG optional)</td>
<td>$202,396</td>
<td>$165,000</td>
</tr>
<tr>
<td>5. Quality Assurance and Improvement</td>
<td>$353,610</td>
<td>$417,149</td>
</tr>
<tr>
<td>6. Research and Evaluation</td>
<td>$105,603</td>
<td></td>
</tr>
<tr>
<td>7. Training and Education</td>
<td>$391,690</td>
<td>$1,283,376</td>
</tr>
<tr>
<td><strong>8. Total</strong></td>
<td><strong>$1,627,345</strong></td>
<td><strong>$2,203,418</strong></td>
</tr>
</tbody>
</table>

**OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022**

**Footnotes:**

---

NOT FINAL
Environmental Factors and Plan

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

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S.C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, 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.

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 council monitors, 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? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.
   a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?
      The Louisiana Behavioral Health Advisory Council is instrumental in assisting in the development of priorities and direction for the Block Grant. Input is solicited from consumers, family members, providers, and state employees who are all members of the Council. Each year, an Intended Use Plan (IUP) that allocates Block Grant funds for the following state fiscal year is prepared by OBH Central Office and each Local Governing Entity (LGE), in partnership with their local Regional Advisory Council (RAC). This is an opportunity for each LGE to obtain input from the corresponding RAC to assist with decisions as to how Block Grant funds should be allocated. 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 Committee on Programs and Services, a committee within the Louisiana Behavioral Health Advisory Council, for review. The Programs and Services Committee reports its findings from the review process to all members of the Advisory Council. Discussions about the Block Grant as well as the entire behavioral health system 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 or 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 advisory council members. It is during this time that information is shared, questions are asked and answered, and recommendations and suggestions are made.
   b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
      Yes  No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.
   In addition to providing guidance for the Block Grant Application/State Behavioral Health Plan, the LBHAC also monitors, reviews, and evaluates the allocation and adequacy of behavioral health services within the state. The LBHAC serves as an advocate for adults with serious mental illness, children with serious emotional disturbance, other individuals with mental illness or emotional problems, and persons with substance use and addictive disorders. This includes continued efforts toward public education,
education of its members, and endeavors to reduce the stigma of mental illness and addictive disorders throughout the state. Council members are given opportunity to review the block grant application and implementation reports online and make comments prior to their submission.

Currently, the LBHAC includes seats for 40 members consisting of consumers of both mental health and addiction services, family members of adults with serious mental illness and substance abuse disorders, family members of children with emotional/behavioral disorders and substance abuse disorders, behavioral health advocates, representatives from regional advisory councils (RACs), and state agency employees. Additionally, the council has seats for 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, the elderly, 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, ensuring that the council has representation from 10 geographically diverse areas. Improved communication has been a continuing initiative, and each RAC representative reports on regional activities at quarterly LBHAC meetings.

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

Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.²⁰

²⁰There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
The “minutes” for May and August are titled “Meeting Notes” within each document because the LBHAC did not have an in-person business meeting due to COVID-19. Virtual meetings were held instead, and as such, minutes could not be produced. Therefore, May and August minutes are signed notes that will not need to be adopted, but can be kept as record.
The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:30 a.m. August 5, 2019 at the East Baton Rouge Parish Main Library in Baton Rouge. Anthony Germade, council chairman, and Melanie Roberts, secretary, were present.

Mr. Germade welcomed members and guests, and those in attendance introduced themselves.

PROGRAM

Children’s Cabinet Advisory Board’s efforts for infant early childhood mental health
Sherry S. Guarisco, Chair, Children’s Cabinet Advisory Board and Sarah Hinshaw-Fuselier, Ph.D., LCSW, Tulane University School of Medicine presented information about the importance of infant and early childhood mental health services.

Coordinated System of Care (CSoC) -
Dr. Kristin Savicki, Psychologist, Office of Behavioral Health presented information about the Coordinated System of Care, which is a Medicaid funded initiative to serve Louisiana youth with significant behavior health challenges who are at the greatest risk for out of home placement.

MINUTES APPROVAL
The minutes of the May 6, 2019 regular council meeting were approved as distributed.

OFFICER REPORTS

Chairman’s report
Mr. Germade reminded the members of the LBHAC’s 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.

COMMITTEE REPORTS

Executive Committee
Mr. Germade reported that all council members are in good standing at this time.

Committee on Advocacy
Jason Rich, Committee on Advocacy chairman, shared two questions that the committee would like for LBHAC members to contemplate.

Committee on Membership
Steve Kauffman, Committee on Membership chairman, recommended that the following people be elected as members:
- Sarah Fuselier, as representative of the Office of Public Health;
• Paula Johnson, as representative of veterans;
• Michael Jones, as representative of the South-Central Louisiana Human Services District RAC;
• Julie Knight, as representative of the elderly; and
• Ericka Poole, as a representative of parents of children with serious mental illness.

Council chairman Germade informed the council that because we have not yet completed the charter approval process for the forming RAC for South Central Louisiana, we will not put the question on the election of Michael Jones to the council. We will, however, take up his nomination at our council meeting in November provided the council has granted the RAC its charter.

Mr. Germade put the question on the election of Sarah Fuselier, Paula Johnson, Julie Knight, and Ericka Poole individually, and each was elected to membership on the council.

OFFICE OF BEHAVIORAL HEALTH (OBH) UPDATE
Karen Stubbs Church, OBH Assistant Secretary, spoke to the council about OBH current initiatives. Questions and answers followed.

BLOCK GRANT UPDATE
Catherine Peay, Office of Behavioral Health (OBH) State Planner, reported that all Intended Use Plans (IUPs) have been received by central office. She thanked the Regional Advisory Councils (RACs) for their part in that process. Mrs. Peay explained that the block grant application is being completed and will be ready by the deadline of September 1, 2019. She also announced that a video conference call will be scheduled with LBHAC members to discuss the application and allow for questions and comments. A tentative date of August 19 has been set for this call.

RAC, ORGANIZATION, & STATE AGENCY REPORTS
Regional Advisory Council (RAC) reports
The council received written reports from the RACs in the following areas: Capital Area, Central Louisiana, Imperial Calcasieu, and Northeast Delta. Reporting members reviewed briefly their written reports for the council. Oral reports only were offered from Florida Parishes, Jefferson Parish, and Metropolitan.

Organization reports
The council received written reports from The Extra Mile and National Alliance on Mental Illness—(NAMI) Louisiana. Chairman Germade, who is executive director of NAMI Louisiana, briefly highlighted the organization’s recent activities.

Recess for committee work
The council recessed at 11:32 a.m. for committee work and lunch. The council reconvened at 12:35 p.m.

State agency reports
The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Mental Health Services; Office of Behavioral Health Prevention Services; Office for Citizens with Developmental Disabilities; Louisiana Housing Corporation; and Louisiana Rehabilitation Services. Reporting members reviewed briefly their written reports for the council.
Louisiana Department of Health (LDH) project updates

Ann Darling, Consumer Recovery Program Manager from OBH, provided the council with updates on the program developed under LDH’s agreement with the U.S. Department of Justice that has been named “My Choice Louisiana.” She answered questions from council members and guests. Council members can visit the following links for additional information on the agreement as well as a timeline and current activities.

Link to My Choice Louisiana website: http://www.ldh.la.gov/index.cfm/page/3264

Updates from managed care organizations

Representatives from the five Louisiana managed care organizations—Aetna Better Health Louisiana, AmeriHealth Caritas of Louisiana, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare Community Plan—reported on their current activities and initiatives:

ADJOURNMENT

The meeting adjourned at 2:01 p.m.

/s/ Melanie Roberts, Secretary
The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:30 a.m. November 4, 2019 at the East Baton Rouge Parish Main Library in Baton Rouge. Anthony Germade, council chairman, and Melanie Roberts, secretary, were present.

Mr. Germade welcomed members and guests, and those in attendance introduced themselves.

**MINUTES APPROVAL**

The minutes of the August 5, 2019 regular council meeting were approved as distributed.

**PROGRAM**

**Chairman’s report**

Mr. Germade announced that Christopher Stone has rendered his resignation as Vice Chair of the LBHAC. He expressed appreciation for Mr. Stone’s service to the Council and announced that an election for Vice Chair will be done during the February 2020 meeting. He also reported that Jason Rich has resigned as the chair of the Advocacy Committee. A new committee chair will be appointed. Linda Boudreau is resigning from The Extra Mile, and subsequently from the LBHAC. The Extra Mile will notify our secretary of their new representative for the Council.

**COMMITTEE REPORTS**

**Executive Committee**

Mr. Germade reported that Clarence Williams, Northeast Delta Human Services Authority Regional Advisory Council (NDHSA RAC) representative has missed two consecutive meetings and Tonja Myles, Addictive Disorders Advocate and Michelle Thomas, Office of Juvenile Justice (OJJ) has missed three consecutive meetings. The committee recommended that Mr. Williams be retained on the Council and Ms. Myles and Ms. Thomas be removed. The council voted and Mr. Williams was retained and Ms. Miles and Ms. Thomas were removed.

**Committee on Planning**

Mr. Germade, on behalf of the Committee on Planning recommended that the council adopt the following resolution:

*Resolved,* That the Louisiana Behavioral Health Advisory Council approves the application for a charter for a proposed South Central Regional Advisory Council subject to the RAC organizers adopting technical amendments to the charter application proposed by the Committee on Planning. the RAC charter for South Central Louisiana Human Services Authority (SCLHSA) be approved.

The resolution was adopted.

**Committee on Membership**

Steve Kauffman, Committee on Membership chairman, recommended that Michael Jones be elected as the RAC representative from SCLHSA.

**Committee on Children and Youth**

Rev. Anderson has moved on behalf of the Committee on Children and Youth the adoption of the ongoing duties and duties specific to each quarter that are listed in their committee report in your materials, and to repeal the duties previously adopted for the Committee on Youth Substance Use, Co-Occurring, and Addictive Disorders. Because the Committee on Youth Substance Use, Co-Occurring, and Addictive Disorders has been discharged, any duties assigned to that committee were automatically...
repealed with the discharge of the committee. Accordingly, the council need act only on the motion to adopt the duties recommended for the Committee on Children and Youth.

**OFFICE OF BEHAVIORAL HEALTH (OBH) UPDATE**

Candace Grace, OBH, Director of Quality Management spoke to the council about OBH current initiatives. Questions and answers followed.

**PARLIAMENTARY MOMENT**

Alan Jennings, Parliamentarian provided guidance to the council regarding how to make committee work meaningful.

**RAC, ORGANIZATION, & STATE AGENCY REPORTS**

**Regional Advisory Council (RAC) reports**

The council received written reports from the RACs in the following areas: Capital Area, Central Louisiana, Imperial Calcasieu, and Northeast Delta. Reporting members reviewed briefly their written reports for the council. Oral reports only were offered from Florida Parishes, Jefferson Parish, and Metropolitan.

**Organization reports**

The council received written reports from The Extra Mile and National Alliance on Mental Illness–(NAMI) Louisiana. Chairman Germade, who is executive director of NAMI Louisiana, briefly highlighted the organization’s recent activities.

**Louisiana Department of Health (LDH) project updates**

Ann Darling, Consumer Recovery Program Manager from OBH, provided the council with updates on the program developed under LDH’s agreement with the U.S. Department of Justice that has been named “My Choice Louisiana.” She answered questions from council members and guests. Council members can visit the following links for additional information on the agreement as well as a timeline and current activities.


Link to My Choice Louisiana website: http://www.ldh.la.gov/index.cfm/page/3264

**Recess for committee work**

The council recessed at 12:15 p.m. for committee work and lunch. The council reconvened at 1:15 p.m.

**State agency reports**

The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Mental Health Services; Office of Behavioral Health Prevention Services; Office for Citizens with Developmental Disabilities; Louisiana Housing Corporation; and Louisiana Rehabilitation Services. Reporting members reviewed briefly their written reports for the council.
Updates from managed care organizations
Representatives from the five Louisiana managed care organizations—Aetna Better Health Louisiana, AmeriHealth Caritas of Louisiana, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare Community Plan—reported on their current activities and initiatives:

ADJOURNMENT

The meeting adjourned at 1:35 p.m.

/s/ Melanie Roberts, Secretary
The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was called to order at 9:31 a.m. February 3, 2020 at the Tracy Center in Baton Rouge. Anthony Germade, council chairman, and Melanie Roberts, secretary, were present.

Mr. Germade welcomed members and guests, and those in attendance introduced themselves.

MINUTES APPROVAL

The minutes of the November 4, 2019 regular council meeting were approved as corrected.

PROGRAM

Chairman’s report

Mr. Germade expressed appreciation to all current members and reported that we have many new faces on the council. As we start the new year, he reminded members that although LBHAC membership is a volunteer role, it is still an opportunity to make systematic changes to behavioral health in our state. He announced his goal of maintaining a cohesive council and looks forward to a productive year.

Louisiana Department of Health (LDH) project updates

Ann Darling, Consumer Recovery Program Manager from Office of Behavioral Health (OBH), provided the council with updates on the program developed under LDH’s agreement with the U.S. Department of Justice that has been named “My Choice Louisiana.” She answered questions from council members and guests. Council members can visit the following links for additional information on the agreement as well as a timeline and current activities.

Link to My Choice Louisiana website: www.ldh.la.gov/mychoice

COMMITTEE REPORTS

Executive Committee

Mr. Germade reported that Carly Moore, transitional youth representative has missed two consecutive meetings. The committee recommended that Ms. Moore be removed from the council. Having no objections from the council, Ms. Moore was removed.

Committee on Membership

Steve Kauffman, Committee on Membership chairman, recommended that Kristi Bourgeois and Billy Varner be re-elected for a second term on the council. The council voted to re-elect Ms. Bourgeois and Mr. Varner to a second 4-year term.

Mr. Kauffman also reported that the membership committee recommended the following individuals be elected to the council:

Martha Powell as the representative from The Extra Mile
Melissa Silva as the representative from the local Mental Health America Affiliate
Beth Broussard as the representative from the Office of Juvenile Justice
Andrew Armeen as the RAC representative from NLHSD
Dawn Barras as the RAC representative from MHSD
Haley Kraus as the representative for transitional youth

   Michael Jones be elected as the RAC representative from SCLHSA.
   All six applicants were elected to the council.

Committee on Programs and Services
John McDaniel on behalf of the Committee on Program and Services has requested amendments to the committee’s specific duties by quarter as specified in the standing rules and are included in the committee report. The amendments were adopted.

ELECTION OF VICE CHAIR
The Executive Committee gave notice to the council in November that an election of a new vice chair would take place in February. John McDaniel was nominated as Vice chair, but he did not accept the nomination. Ericka Poole was nominated as vice chair, accepted the nomination, and was elected.

OFFICE OF BEHAVIORAL HEALTH (OBH) UPDATE
Ashley Jefferson, PsyD, Chief of Staff, Office of Behavioral Health spoke to the council about OBH current initiatives.

COMMUNITY HEALTH AND WELLNESS AMBASSADOR MODEL
Brittany Howard, Director of Advocacy for Metropolitan Human Services District (MHSD) discussed the community health and wellness ambassador model and answered many questions from council members.

RAC, ORGANIZATION, & STATE AGENCY REPORTS

Regional Advisory Council (RAC) reports
The council received written reports from the RACs in the following areas: Capital Area, Central Louisiana, Imperial Calcasieu, and Northeast Delta. Reporting members reviewed briefly their written reports for the council. Oral reports only were offered from Florida Parishes, Jefferson Parish, and Metropolitan.

Organization reports
The council received written reports from The Extra Mile and National Alliance on Mental Illness—(NAMI) Louisiana. Chairman Germade, who is executive director of NAMI Louisiana, briefly highlighted the organization’s recent activities.

Recess for committee work
The council recessed at 11:36 a.m. for committee work and lunch. The council reconvened at 12:50 p.m.

State agency reports
The council received written reports from the following state agencies: Louisiana Department of Children and Family Services; Louisiana Department of Education; Office of Behavioral Health Mental Health Services; Office of Behavioral Health Prevention Services; Office for Citizens with...
Developmental Disabilities; Louisiana Housing Corporation; and Louisiana Rehabilitation Services. Reporting members reviewed briefly their written reports for the council.

**BLOCK GRANT UPDATE**

Catherine Peay, Office of Behavioral Health (OBH) State Planner, reported that the annual reports for both Substance Abuse and Mental Health were submitted in December. She also reported that the Substance Abuse grant would be getting an increase of $4000, while the mental health grant would see a decrease of $37,000.

**Updates from managed care organizations**

Representatives from the five Louisiana managed care organizations—Aetna Better Health Louisiana, AmeriHealth Caritas of Louisiana, Healthy Blue, Louisiana Healthcare Connections, and United Healthcare Community Plan—reported on their current activities and initiatives.

**NEW BUSINESS**

Brittany Howard, Advocacy Director MHSD informed the council that MHSD would be hosting an annual Walk on 4/4/20.

**ADJOURNMENT**

The meeting adjourned at 1:40 p.m.

/s/ Melanie Roberts, Secretary
The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was unable to meet in person due to COVID19 precautions. A virtual meeting via GoToMeeting began at 10:00 a.m. May 4, 2020. Anthony Germade, council chairman, and Melanie Roberts, secretary, were present.

Mr. Germade welcomed members and guests and asked all on the call to introduced themselves.

**PROGRAM**

**Office of Behavioral Health Updates:**

Dr. Hussey, Medical Director of the Office of Behavioral Health provided an update on the activities of his office, primarily in response to COVID19. There are no budget or legislative updates currently. He urged council members and guests to stay informed by regularly visiting the Louisiana Department of Health website.

**REPORTS**

**Advocacy Organizations**

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

**State Agencies**

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

**Block Grant Update**

Catherine Peay, Office of Behavioral Health State Planner reported that all Intended Use Plans (IUPs) have been requested from the Local Governing Entities (LGEs). She explained that additional mental health funding would be available.

**Public Comment**

Members reported various warm lines that are available in their areas.

**ADJOURNMENT**

The meeting adjourned at 11:01 a.m.

/s/ Melanie Roberts, Secretary
The regular quarterly meeting of the Louisiana Behavioral Health Advisory Council (LBHAC) was unable to meet in person due to COVID19 precautions. A virtual meeting via GoToMeeting began at 9:00 a.m. August 3, 2020. Anthony Germade, council chairman, and Melanie Roberts, secretary, were present.

Mr. Germade welcomed members and guests, and those who were calling in, but did not have a video presence were asked to introduced themselves.

OFFICER REPORTS

Chairman’s report

Mr. Germade discussed the mental health challenges that are growing daily surrounding the pandemic. He expressed his appreciation to all members and guests who have been participating in the committee calls. He also urged all in attendance to not isolate or work in silos but communicate regularly. He stressed that this is a time for creativity and innovation.

PROGRAM

Office of Behavioral Health Updates:

Dr. Hussey, Medical Director of the Office of Behavioral Health provided an update on the activities of his office.

Candace Grace, Office of Behavioral Health, Director of Quality Management provided an updated dashboard for Integrated Advocates.

Ann Darling, Consumer Recovery Program Manager from OBH, provided the council with updates on the program developed under LDH’s agreement with the U.S. Department of Justice that has been named “My Choice Louisiana.” She answered questions from council members and guests. Council members can visit the following links for additional information on the agreement as well as a timeline and current activities.


Link to My Choice Louisiana website: http://www.ldh.la.gov/index.cfm/page/3264

COMMITTEE REPORTS

Reverend Alexis Anderson, chair of the Committee on Advocacy reported on the committee’s activities during the past quarter as well as goals for the future.

John McDaniel, chair of the Committee on Programs and Services offered a committee report detailing his committee’s activities and ideas for future activities.

REPORTS

Advocacy Organizations

The council received written reports from The Extra Mile, National Alliance on Mental Illness—(NAMI) Louisiana, and the Louisiana affiliate for Mental Health America. Ruby Noble presented highlights from The Extra mile and reiterated the importance of staying informed and communicating. Chairman Germade, who is executive director of NAMI Louisiana, briefly highlighted the organization’s
recent activities, including the National Day of Hope on October 10, 2020. Roy Sanches provided a verbal report on the recent activities of the Louisiana Association of Peer Support.

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

Block Grant Update
Catherine Peay, Office of Behavioral Health State Planner reported that all Intended Use Plans (IUPs) have been received from the Local Governing Entities (LGEs). She thanked all of the Regional Advisory Council (RAC) members for their participation in the process. She reported that the Block Grant mini application will be submitted on September 1, 2020. This application will be available for review and comments by council members as well the general public prior to submission.

Regional Advisory Council (RAC) reports
The council received written reports from the RACs in the following areas: Acadiana Area, Capital Area, Central Louisiana, and Jefferson Parish. Reporting members briefly reviewed their written reports for the council. Oral reports only were offered from Imperial Calcasieu, Metropolitan, Northeast Delta, and Northwest Louisiana.

ADJOURNMENT
The meeting adjourned at 11:03 a.m.

/s/ Melanie Roberts, Secretary
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Membership*</th>
<th>Agency or Organization Represented</th>
<th>Address, Phone, and Fax</th>
<th>Email (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Ameen</td>
<td>Providers</td>
<td>NLHSD</td>
<td>PH: 318-222-8511</td>
<td><a href="mailto:Andrew.Ameen@CADANWLA.org">Andrew.Ameen@CADANWLA.org</a></td>
</tr>
<tr>
<td>Rev. Alexis Anderson</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>248 Steele Blvd Baton Rouge LA, 70806 PH: 225-244-9828</td>
<td></td>
<td><a href="mailto:Preachisliteracy@hotmail.com">Preachisliteracy@hotmail.com</a></td>
</tr>
<tr>
<td>Dawn Barras</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>MHSD</td>
<td>PH: 504-393-5750</td>
<td><a href="mailto:DBarras@PCCCF.org">DBarras@PCCCF.org</a></td>
</tr>
<tr>
<td>Tab Bounds</td>
<td>State Employees</td>
<td>Louisiana Department of Health and Hospitals - Office for Citizens with Developmental Disabilities</td>
<td>PH: 225-342-0095</td>
<td><a href="mailto:Tab.Bounds@LA.Gov">Tab.Bounds@LA.Gov</a></td>
</tr>
<tr>
<td>Kristi Bourgeois</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>CAHSD- Raegional Advisory Council</td>
<td>PH: 225-336-0000</td>
<td><a href="mailto:KBourgeois@upliftd.org">KBourgeois@upliftd.org</a></td>
</tr>
<tr>
<td>Mandy Brian</td>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td>855 St. Ferdinand St Baton Rouge LA, 70802 PH: 318-527-8305</td>
<td></td>
<td><a href="mailto:MandyBrian2018@Gmail.com">MandyBrian2018@Gmail.com</a></td>
</tr>
<tr>
<td>Winona Connor</td>
<td>State Employees</td>
<td>LA Housing Corporation (LHC)</td>
<td>PH: 225-763-8773, FX: 225-763-8749</td>
<td></td>
</tr>
<tr>
<td>Jeanne-Alyce Davis</td>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td>P.O. Box 14405 Alexandria LA, 71315 PH: 703-303-8370</td>
<td></td>
<td><a href="mailto:Jalyced22@gmail.com">Jalyced22@gmail.com</a></td>
</tr>
<tr>
<td>Leslie Freeman Brougham</td>
<td>State Employees</td>
<td>OFFICE OF BEHAVIORAL HEALTH</td>
<td></td>
<td><a href="mailto:Leslie.BroughamFreeman@LA.Gov">Leslie.BroughamFreeman@LA.Gov</a></td>
</tr>
<tr>
<td>Sarah Fuselier</td>
<td>State Employees</td>
<td>LDH, Office of Public Health</td>
<td>PH: 504-568-3504</td>
<td><a href="mailto:Sarah.Fuselier@LA.Gov">Sarah.Fuselier@LA.Gov</a></td>
</tr>
<tr>
<td>Anthony Germade</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>National Alliance on Mental Illness - Louisiana</td>
<td>PH: 225-291-6262</td>
<td><a href="mailto:agermade@namilouisiana.org">agermade@namilouisiana.org</a></td>
</tr>
<tr>
<td>Charlene Gradney</td>
<td>State Employees</td>
<td>OFFICE OF BEHAVIORAL HEALTH</td>
<td></td>
<td><a href="mailto:charlene.gradney@la.gov">charlene.gradney@la.gov</a></td>
</tr>
<tr>
<td>Name</td>
<td>Role, Organization</td>
<td>Address, City, State, Zip</td>
<td>Phone Number</td>
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<tr>
<td>Paula Johnson</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
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<td>318-466-2429</td>
<td><a href="mailto:Paula.Johnson1@VA.Gov">Paula.Johnson1@VA.Gov</a></td>
</tr>
<tr>
<td>Michael Jones</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>South Central Louisiana Human Services Authority</td>
<td>PH: 985-859-0520</td>
<td><a href="mailto:jones.michael7731@gmail.com">jones.michael7731@gmail.com</a></td>
</tr>
<tr>
<td>Julie Knight</td>
<td>Family Members of Individuals in Recovery (to include family members of adults with SMI)</td>
<td>3772 North Blvd Baton Rouge LA, 70806</td>
<td>PH: 225-892-8966</td>
<td><a href="mailto:Serve2@AlzBR.Org">Serve2@AlzBR.Org</a></td>
</tr>
<tr>
<td>Haley Kraus</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>2277 Kleinert Avenue Baton Rouge LA, 70806</td>
<td>PH: 225-405-5030</td>
<td><a href="mailto:HKraus2@LSU.EDU">HKraus2@LSU.EDU</a></td>
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<tr>
<td>Mark Leiker</td>
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<td><a href="mailto:Mark.Leiker@LA.Gov">Mark.Leiker@LA.Gov</a></td>
</tr>
<tr>
<td>Yvonne Lewis</td>
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<td>PH: 256-480-8329</td>
<td><a href="mailto:YLewis@LCMH.Com">YLewis@LCMH.Com</a></td>
</tr>
<tr>
<td>Mike Martyn</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>Jefferson Parish Human Services Authority</td>
<td><a href="mailto:MMartyr@RHouseLa.org">MMartyr@RHouseLa.org</a></td>
<td></td>
</tr>
<tr>
<td>Mona Maxwell</td>
<td>Representatives from Federally Recognized Tribes</td>
<td>Central Louisiana Human Services District RAC</td>
<td>PH: 318-792-0233</td>
<td><a href="mailto:JTMCDSR@gmail.com">JTMCDSR@gmail.com</a></td>
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<tr>
<td>John McDaniel</td>
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<td>PH: 318-792-0233</td>
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<td>Linda McMahon</td>
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<td>PH: 318-487-4200</td>
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</tr>
<tr>
<td>Catherine Peay</td>
<td>State Employees</td>
<td>OFFICE OF BEHAVIORAL HEALTH</td>
<td>PH: 225-342-7945</td>
<td><a href="mailto:catherine.peay@la.gov">catherine.peay@la.gov</a></td>
</tr>
<tr>
<td>Ericka Poole</td>
<td>Parents of children with SED/SUD</td>
<td>2263 Hillsprings Ave Baton Rouge LA, 70810</td>
<td>PH: 504-383-2701</td>
<td><a href="mailto:Ericka@Redstickmom.com">Ericka@Redstickmom.com</a></td>
</tr>
<tr>
<td>Martha Powell</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>The Extra Mile</td>
<td>PH: 318-321-1798</td>
<td><a href="mailto:Martha.Powell@theextramilecenla.org">Martha.Powell@theextramilecenla.org</a></td>
</tr>
<tr>
<td>Jason Rich</td>
<td>Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)</td>
<td>Florida Parishes Human Services Authority RAC</td>
<td>PH: 985-705-0730</td>
<td><a href="mailto:JRich@LouisianaHealthConnect.com">JRich@LouisianaHealthConnect.com</a></td>
</tr>
<tr>
<td>Roy Sanches</td>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td>Louisiana Association of Peer Support</td>
<td>PH: 936-443-5375</td>
<td><a href="mailto:RSanches@yahoo.com">RSanches@yahoo.com</a></td>
</tr>
<tr>
<td>Maydel Schexnayder-Chatelain</td>
<td>State Employees</td>
<td>Louisiana Rehabilitation Services</td>
<td>PH: 225-295-8952</td>
<td><a href="mailto:MSchexnayder@LWC.LA.Gov">MSchexnayder@LWC.LA.Gov</a></td>
</tr>
<tr>
<td>Melissa Silva</td>
<td>Providers</td>
<td>Mental Health America of Greater Baton Rouge</td>
<td>PH: 225-929-7674</td>
<td><a href="mailto:MSilva@MHAGBR.com">MSilva@MHAGBR.com</a></td>
</tr>
<tr>
<td>Chandra Simpson</td>
<td>State Employees</td>
<td>Louisiana Department of Children and Family Services - Office of Community Services</td>
<td>PH: 225-335-4070</td>
<td><a href="mailto:Chandra.Simpson.DCFS@La.Gov">Chandra.Simpson.DCFS@La.Gov</a></td>
</tr>
<tr>
<td>Name</td>
<td>Type</td>
<td>Organization/Agency</td>
<td>Phone</td>
<td>Fax</td>
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<td>----------------------</td>
<td>-----------------------------------------</td>
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<tr>
<td>Sara Taylor</td>
<td>State Employees</td>
<td>Louisiana Department of Public Safety and Corrections - Office of Juvenile Justice</td>
<td>225-922-1300</td>
<td>225-291-9349</td>
</tr>
<tr>
<td>Sandra Trammell</td>
<td>Parents of children with SED/SUD</td>
<td></td>
<td>225-205-5211</td>
<td>225-291-9349</td>
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<tr>
<td>Billy Varner</td>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td></td>
<td>318-366-0377</td>
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<tr>
<td>Clarence Williams</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>NDHSA RAC</td>
<td>318-562-1601</td>
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<tr>
<td>Hilda Wiltz</td>
<td>Others (Advocates who are not State employees or providers)</td>
<td>AAHSD</td>
<td>337-224-5741</td>
<td></td>
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<tr>
<td>Quinetta Womack</td>
<td>State Employees</td>
<td>Office of Behavioral Health</td>
<td></td>
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<tr>
<td>Janice Zube</td>
<td>State Employees</td>
<td>Louisiana Department of Education</td>
<td>225-219-4205</td>
<td></td>
</tr>
</tbody>
</table>

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

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**Footnotes:**

Sara Taylor and Winona Connor are both pending until the LBHAC can approve at an in-person meeting.

Haley Kraus is LBHAC’s transitional youth representative. However, when adding her as the “Youth/adolescent representative,” the number of total membership decreases from 40 to 39. Therefore, she is listed as “Other.”
### Environmental Factors and Plan

#### Advisory Council Composition by Member Type

<table>
<thead>
<tr>
<th>Type of Membership</th>
<th>Number</th>
<th>Percentage of Total Membership</th>
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</thead>
<tbody>
<tr>
<td><strong>Total Membership</strong></td>
<td>40</td>
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<tr>
<td>Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)</td>
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<tr>
<td>Family Members of Individuals in Recovery* (to include family members of adults with SMI)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Parents of children with SED/SUD*</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Vacancies (Individuals and Family Members)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Others (Advocates who are not State employees or providers)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Persons in recovery from or providing treatment for or advocating for SUD services</td>
<td>4</td>
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</tr>
<tr>
<td>Representatives from Federally Recognized Tribes</td>
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<td></td>
</tr>
<tr>
<td><strong>Total Individuals in Recovery, Family Members &amp; Others</strong></td>
<td>26</td>
<td>65.00%</td>
</tr>
<tr>
<td>State Employees</td>
<td>12</td>
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<tr>
<td>Providers</td>
<td>2</td>
<td></td>
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<tr>
<td>Vacancies</td>
<td>0</td>
<td></td>
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<tr>
<td><strong>Total State Employees &amp; Providers</strong></td>
<td>14</td>
<td>35.00%</td>
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<tr>
<td>Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations</td>
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<td></td>
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<tr>
<td>Providers from Diverse Racial, Ethnic, and LGBTQ Populations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations</strong></td>
<td>7</td>
<td></td>
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<tr>
<td>Youth/adolescent representative (or member from an organization serving young people)</td>
<td>0</td>
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</table>

* 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.

**Footnotes:**

Sara Taylor and Winona Connor are both pending until the LBHAC can approve at an in-person meeting.

Haley Kraus is LBHAC’s transitional youth representative. However, when adding her as the “Youth/adolescent representative,” the number of total membership decreases from 40 to 39. Therefore, she is listed as “Other.”
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. The state should provide the permanent URL allowing SAMHSA and the public to view the state's Block Grant plan during plan development and after submission to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

   a) Public meetings or hearings?  
      □ Yes  □ No

   b) Posting of the plan on the web for public comment?  
      □ Yes  □ No
      If yes, provide URL: [https://ldh.la.gov/index.cfm/directory/detail/327](https://ldh.la.gov/index.cfm/directory/detail/327)

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

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Footnotes:
Environmental Factors and Plan

23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction 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.

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

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

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers. 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: These documents can be found on the Hiv.gov website: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs.


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

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

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)

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 receive SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

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

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

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.
Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

<table>
<thead>
<tr>
<th>Syringe Services Program SSP Agency Name</th>
<th>Main Address of SSP</th>
<th>Planned Dollar Amount of SABG funds used for SSP</th>
<th>SUD Treatment Provider</th>
<th># Of Locations (include mobile if any)</th>
<th>Narcan Provided</th>
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Footnotes:

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