

# American Samoa

## UNIFORM APPLICATION

FY 2024/2025 Only Application Behavioral Health Assessment  
and Plan

## COMMUNITY MENTAL HEALTH SERVICES

## BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026  
(generated on 09/10/2024 9.08.06 PM)

Center for Mental Health Services

Division of State and Community Systems Development

# State Information

## State Information

### Plan Year

Start Year 2025  
End Year 2026

### State Unique Entity Identification

Unique Entity ID JWV8MLNBAGC9

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

Agency Name DEPARTMENT OF HEALTH  
Organizational Unit BEHAVIORAL HEALTH SERVICES DIVISION  
Mailing Address PO BOX 5666  
City PAGO PAGO  
Zip Code 96799

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

First Name MOTUSA TUILEAMA  
Last Name NUA  
Agency Name DEPARTMENT OF HEALTH  
Mailing Address PO BOX 5666  
City PAGO PAGO  
Zip Code 96799  
Telephone 684-633-4606  
Fax  
Email Address tuinua@doh.as

### 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 9/3/2024 11:54:53 PM  
Revision Date 9/10/2024 9:08:01 PM

### VI. Contact Person Responsible for Application Submission

First Name Talalupelele  
Last Name Fiso

Telephone 684-699-0315

Fax

Email Address talalupelele.fiso@doh.as

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

**Footnotes:**

# State Information

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

### Fiscal Year 2025

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

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
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Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>

Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
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## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

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

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

### 2. Certification Regarding Drug-Free Workplace Requirements

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

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

### 3. Certifications Regarding Lobbying

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



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

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

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

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

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

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

#### **5. Certification Regarding Environmental Tobacco Smoke**

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

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

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

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

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

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

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: MOTUSA TUILEAMA NUA

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: DIRECTOR

Date Signed: \_\_\_\_\_

mm/dd/yyyy

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

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

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

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

**Footnotes:**



**OFFICE OF THE GOVERNOR  
AMERICAN SAMOA GOVERNMENT**

Serial No.: 701 – 22

December 22, 2022

Miriam Delphin-Rittman  
Assistant Secretary  
Mental Health and Substance Use  
Substance Abuse and Mental Health Administration 5600 Fishers Lane  
Rockville, MD. 20857

Subject: Designation of Single State Authority for substance abuse and mental health

Dear Assistant Secretary Delphin-Rittman:

Effective January 1, 2023, I have designated the Department of Health (DOH) as the Single State Authority (SSA) for substance abuse and mental health prevention and treatment services for the Territory of American Samoa. The DOH assumes this role from the Department of Human and Social Services (DHSS) at the start of the second quarter of the fiscal year.

Moreover, effective January 1, 2023, I have designated DOH Director Motusa Tuileama Nua to serve as the Governor's Designee and Authorized Signature on federally mandated Certificates, Assurances, and Funding Agreements for SAMHSA Federal block and discretionary grant applications for American Samoa, as well as for all existing Federal programs related to DOH. I have entrusted members of my Cabinet with the responsibility for program and policy development, performance management, fiscal accountability, and compliance with Federal rules and regulations governing federal funds received to support the delivery of programs and services.

Notwithstanding, all new Federal programs must bear my signature to ensure proper alignment of program intent to the policies of my administration. Further, this delegation of authority is specific to the terms and conditions for the existing grants; however, if any of said terms and conditions are altered, these grant amendments will require my signature.

Sincerely,

LEMANU P. S. MAUGA  
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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Name

MOTUSA TUILEAMA NUA

Title

DIRECTOR

Organization

DEPARTMENT OF HEALTH

---

Signature:



Date:



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

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**Footnotes:**



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

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



- State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
  13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
  14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
  15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
  16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
  17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
  18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
  19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

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

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

### 2. Certification Regarding Drug-Free Workplace Requirements

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

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

### 3. Certifications Regarding Lobbying

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



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

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

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

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

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

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

#### **5. Certification Regarding Environmental Tobacco Smoke**

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

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

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

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



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

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

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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


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

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

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

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

Name of Chief Executive Officer (CEO) or Designee: MOTUSA TUILEAMA NUA

Signature of CEO or Designee: 

Title: DIRECTOR 

Date Signed: 15 Aug 24  
mm/dd/yyyy

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

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

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

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

**Footnotes:**

# State 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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Name

MOTUSA TUILEAMA NUA

Title

DIRECTOR

Organization

DEPARTMENT OF HEALTH

---

Signature:

Date:

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

**Footnotes:**

**Planning Tables**

**Table 2 State Agency Planned Expenditures**

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

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2026

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) <sup>a</sup>	I. COVID-19 Relief Funds (SUPTRS) <sup>a</sup>	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention <sup>dd</sup>		\$50,000.00								\$10,000.00	
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>ee</sup>		\$35,678.00								\$28,505.00	\$2,290.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital											
8. Other 24-Hour Care		\$30,000.00								\$13,950.00	
9. Ambulatory/Community Non-24 Hour Care		\$205,424.00								\$200,000.00	\$19,464.00
10. Crisis Services (5 percent set-aside) <sup>ff</sup>		\$17,839.00								\$14,025.00	
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately <sup>ff</sup>		\$17,839.00								\$14,025.00	\$1,145.00
<b>12. Total</b>	<b>\$0.00</b>	<b>\$356,780.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$280,505.00</b>	<b>\$22,899.00</b>

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

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

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

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

<sup>e</sup>Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

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

<sup>g</sup>Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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

**Footnotes:**

The American Samoa BSCA planned expenditures reflects the total amounts for the 1st and 2nd allotments = \$22,899

1st allotment = \$11,346

2nd allotment = \$11,553

# Planning Tables

**Table 6 Non-Direct Services/System Development**

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

MHBG Planning Period Start Date: 09/01/2024

MHBG Planning Period End Date: 08/30/2025

Activity	FY 2024 Block Grant	FY 2024 <sup>1</sup> COVID Funds	FY 2024 <sup>2</sup> ARP Funds	FY 2024 <sup>3</sup> BSCA Funds	FY 2025 Block Grant	FY 2025 <sup>1</sup> COVID Funds	FY 2025 <sup>2</sup> ARP Funds	FY 2025 <sup>3</sup> BSCA Funds
1. Information Systems								
2. Infrastructure Support			\$10,000.00				\$10,000.00	
3. Partnerships, community outreach, and needs assessment	\$5,000.00		\$10,000.00	\$2,500.00	\$5,000.00		\$10,000.00	\$2,500.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$2,500.00				\$2,500.00			
5. Quality Assurance and Improvement								
6. Research and Evaluation								
7. Training and Education	\$8,000.00		\$20,000.00	\$2,500.00				
8. Total	\$15,500.00	\$0.00	\$40,000.00	\$5,000.00	\$7,500.00	\$0.00	\$20,000.00	\$2,500.00

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

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

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

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

**Footnotes:**



## Environmental Factors and Plan

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

#### Narrative Question

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

*....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*

*CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

*STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

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

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

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

The American Samoa 988 crisis center is operated under the leadership and oversight of the American Samoa Department of Health (ASDOH) with advisory guidance provided by the American Samoa 988 Coalition. The American Samoa 988 crisis center is the only onboarding Lifeline crisis center in American Samoa and is accredited by the International Council of Helplines (ICH). The crisis center is in its final stage of review by Lifeline Vibrant to approve the transition from onboarding to an official Lifeline crisis center. At this time and until the 988 calls are returned to American Samoa, the ASDOH 988 Crisis Response Program continues to offer and provide 24/7 mental health and suicide crisis response and support through a local three-digit number (220) which is answered by trained crisis counselors and is also free and accessible from anywhere on the island and is available for all individuals. There are established policies and procedures for this crisis line for any caller experiencing a crisis or at imminent risk for suicide, to be referred accordingly to emergency first responders for rescue or life-saving measures. Referrals are also made to mental health treatment services and any other support service accordingly.

The territorial crisis response system also includes emergency crisis first responding agencies such as the Department of Public Safety (police), 911 Dispatch and the Emergency Medical Services (EMS). The Department of Human and Social Services operates a 24/7 crisis line dedicated to calls

regarding child abuse/neglect and domestic violence.

Presently, American Samoa does not have a formal mobile crisis response service; however, mobile crisis response is available through the SSA or ASDOH's community mental health services or mental health clinical staff who provide mobile crisis response when requested by police or EMS. The procedure for crisis stabilization at this time is for the individual to be transported to the hospital's Emergency Room. The hospital's psychiatry services personnel (Psychiatrist) conduct a suicide assessment for these cases and makes the determination for admission or referral to outpatient mental health treatment.

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

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

Other program implementation data that characterizes crisis services system development.

- 1. Someone to talk to: Crisis Call Capacity
  - a. Number of locally based crisis call Centers in state
    - i. In the 988 Suicide and Crisis lifeline network
    - ii. Not in the suicide lifeline network
  - b. Number of Crisis Call Centers with follow up protocols in place
  - c. Percent of 911 calls that are coded as BH related
- 2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
  - a. Independent of first responder structures (police, paramedic, fire)
  - b. Integrated with first responder structures (police, paramedic, fire)
  - c. Number that employs peers
- 3. Safe place to go or to be:
  - a. Number of Emergency Departments
  - b. Number of Emergency Departments that operate a specialized behavioral health component
  - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

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

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Someone To Talk To (Program Sustainment) - The SSA oversees and manages the American Samoa 988 Crisis Response Program which includes a 24/7 crisis call center staffed by trained crisis counselors (trained in Lifeline training modules and criteria) and is funded by SAMHSA's 988 Crisis Response grant program.

Someone To Respond (Partial Implementation) - While there is no formal mobile crisis service in place at this time for the territory, there is partial implementation in regards to a designated agency or individual to respond to a person in crisis. The procedure for any call received by the American Samoa 988 Crisis Call Center that warrants mobile crisis response or someone to respond to the caller in person, the call is immediately referred to emergency first response such as the police or EMS to conduct their assessment and evaluation. Should the emergency first response need additional crisis response support from behavioral health services, the SSA's community mental health services staff and the ASDOH Psychiatrist and behavioral health clinical leadership is on stand-by to respond in person.

Safe Place to go or to be (Majority Implementation) - The American Samoa Medical Center Authority or local hospital does have an Emergency Room which currently serves as a "safe place to go" for an individual at imminent risk for suicide. There are hospital procedures in place to ensure that a Psychiatrist or mental health professional conducts a suicide risk assessment of the individual and will determine admission to the

hospital's acute inpatient psychiatric unit or behavioral health facility to further secure the safety of the individual. Having additional safe places for the individual to go or increasing the capacity of the hospital for these admissions would meet program sustainment.

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

To develop the territorial crisis system, the SSA plans to collaborate with key crisis response service providers to develop a uniformed territorial strategic plan for crisis response that is followed by all service providers. Unfortunately, each crisis response service provider is currently operating on individual crisis response procedures which can lead to duplication of services, confusion of services, and gaps in ensuring proper referral to crisis response services and mental health treatment services. The territorial strategic plan will incorporate SAMHSA's National Guidelines for Behavioral Health Crisis Care as well as the Lifeline protocols for crisis center's response to ensure that the territory's crisis system meets the expected standards for crisis care and crisis response.

As such, the SSA will work collaboratively with crisis response service agencies to enhance the territory's capacity to ensure referral connection post-988 contact. Planning meetings and discussions have begun between the AS 988 crisis center and crisis emergency first responders such as DPS and EMS regarding referrals for individuals or callers into crisis stabilization services or follow-up care. However, there is no formal agreement and understanding of the procedures. Finalizing the referral process must be done in coordination with other crisis response service providers in the territory, especially crisis services available in the community or through NGOs. Referral connections made post-988 contact must be effectively coordinated utilizing best practices and skills that engages the individual experiencing crisis to ensure mental health support is available and can be accessed.

- A Sustainability Plan will be submitted by the end of March 2026 or six months prior to the end of the project period. In this sustainability plan, the American Samoa 988 Crisis Response project will provide the plan for sustaining the crisis center's workforce capacity beyond the grant funding. Some of the financial resources to be explored to assist with sustaining the 988 workforce include Medicaid, local or state/territory funding, and leveraging of federal grant opportunities. The sustainability plan will also provide the plan for maintaining the Lifeline Key Performance Indicators (KPI) metrics for full implementation of calls, chats, and texts after the end of the project period. The American Samoa 988 Crisis Response project's sustainability will depend extensively on active coordination and collaboration across the territory's crisis response system.

- A Comprehensive Quality Assurance Plan will be submitted one year after the project award or by September 30, 2024. The quality assurance plan will explain how the American Samoa 988 Crisis Response project will implement required activities, goals, and objectives utilizing evidence-based best practices and in compliance with what is allowable and expected by the grant project. In addition to assuring quality implementation, the comprehensive quality assurance plan will include the territory's protocols for identifying and reviewing critical incidents where the last contact was provided by the American Samoa 988 crisis center, if identified within 7 days after contact or as defined by the territory. To date, the American Samoa 988 crisis center has collaborated with local crisis emergency first responder services to develop procedures for identifying and reviewing critical incidents (i.e., deaths by suicide) where the last contact was provided by the American Samoa 988 crisis center. These discussions and collaborations will be instrumental in developing the grant project's comprehensive quality assurance plan.

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

The proposed/planned activity utilizing the 5% set aside for crisis response is to support the development of the territorial crisis system and crisis response strategic plan. The set aside will be used to contract technical assistance or consultation for the development of this system and document (strategic plan) and costs for planning meeting supplies, venue, and training materials.

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

TA on crisis system development and territorial strategic plan.

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

**Footnotes:**

# Environmental Factors and Plan

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

### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.](#)<sup>1</sup>

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

<sup>1</sup><https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The American Samoa Behavioral Health Planning and Advisory Council membership includes the names of current individuals serving in these roles who have been recommended to the AS Governor for review and approval to revitalize the council which has been inactive for the past few years due to change in administration and leadership, and most importantly the relocation of behavioral health services from the Department of Human and Social Services to the Department of Health. Many of these agencies to discuss cases of individuals with a SMI, SED or SUD, however it is not in a formal council capacity. Furthermore, many of these agencies are members of the AS Comprehensive Substance Abuse Council (CSAC) which is very active, however, at this time the CSAC oversight does not include mental health services and programs.

CMHBG Project Director and Planner are working closely with the Office of the Governor to issue a revised Executive Order to change the membership to reflect the requirements of the MHBG and to include: Persons with Lived Experience, Family Members of Individuals in Recovery, Advocacy Groups, and NGOs providing behavioral health support services in the community.

Because of this delay in re-establishing the ASBHAPC, we have struggled to have the state plan reviewed by members of the council. Members of the council established in 2016 are either no longer in these positions or the positions have changed. Humbly requesting for SAMHSA to allow AS until December 31, 2024, to have a new ASBHAPC established and fully engaged in reviewing the AS MHBG State Plan. We understand that this is a requirement and we are doing everything we can to move this forward as soon as possible. A copy of the 2016 Executive Order is attached as a reference.

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

The state uses several evidence-based practices to implement substance misuse prevention, SUD treatment and recovery services. The state works collaboratively with other service providers to ensure that there is open communication with regards to referrals and the implementation of EBPs across the service delivery system.

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

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

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

The American Samoa Behavioral Health Planning and Advisory Council membership includes the names of current individuals serving in these roles who have been recommended to the AS Governor for review and approval to revitalize the council which has been inactive for the past few years due to change in administration and leadership, and most importantly the relocation of behavioral health services from the Department of Human and Social Services to the Department of Health. Many of these agencies to discuss cases of individuals with a SMI, SED or SUD, however it is not in a formal council capacity. Furthermore, many of these agencies are members of the AS Comprehensive Substance Abuse Council (CSAC) which is very active, however, at this time the CSAC oversight does not include mental health services and programs.

The expected primary duties and responsibilities of the Council include: (1) Meeting on a quarterly basis to review progress; (2) Review of CMHSBG and provide feedback; (3) Form subcommittees to help provide more coverage of issues that pertain to the interest of consumers and family members. The proposed revised council membership is comprised of over 50% of consumers and their family members, who are also actively involved in other aspects of the work.

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

Technical assistance is needed to train the anticipated newly revised council membership about its roles, responsibilities and duties, as well as its functions in planning and advising state initiatives and efforts related to SMI/SED/SUD treatment, prevention and recovery.

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

**Footnotes:**

The American Samoa Behavioral Health Planning and Advisory Council membership includes the names of current individuals serving in these roles who have been recommended to the AS Governor for review and approval to revitalize the council which has been inactive for the past few years due to change in administration and leadership, and most importantly the relocation of behavioral health services from the Department of Human and Social Services to the Department of Health.

CMHBG Project Director and Planner are working closely with the Office of the Governor to issue a revised Executive Order to change the membership to reflect the requirements of the MHBG and to include: Persons with Lived Experience, Family Members of Individuals in Recovery, Advocacy Groups, and NGOs providing behavioral health support services in the community.

Because of this delay in re-establishing the ASBHAPC, we have struggled to have the state plan reviewed by members of the council. Members of the council established in 2016 are either no longer in these positions or the positions have changed. Humbly requesting for SAMHSA to allow AS until December 31, 2024, to have a new ASBHAPC established and fully engaged in reviewing the AS MHBG State Plan. We understand that this is a requirement and we are doing everything we can to move this forward as soon as possible. A copy of the 2016 Executive Order is attached as a reference.





LOLO M. MOLIGA  
GOVERNOR

OFFICE OF THE GOVERNOR  
AMERICAN SAMOA GOVERNMENT  
Telephone: (684) 633-4116 Fax: (684) 633-2269

LEMANU P. MAUGA  
LIEUTENANT GOVERNOR

**EXECUTIVE ORDER NO. 001 - 2016**

**ESTABLISHMENT OF THE AMERICAN SAMOA BEHAVIORAL HEALTH  
PLANNING AND ADVISORY COUNCIL, PROVIDING FOR ITS PURPOSE,  
DUTIES, RESPONSIBILITIES AND MEMBERSHIP**

**Section 1: Authority.**

This executive order is hereby issued in accordance with the powers and authority granted to the Governor by Article IV, Sections 6 and 7 of the Revised Constitution of American Samoa, and the American Samoa Code Annotated, Section 4.0111(a).

**Section 2: Preamble.**

A new state-of-the art, freestanding 10-bed inpatient/outpatient American Samoa behavioral health clinic is nearing completion. The new facility is designed to improve behavioral health services to the general public and prison inmates with behavioral health issues, and is intended to be certified by the federal government as a behavioral health provider for the US Army Reserve, Veteran's Administration and Tricare beneficiaries. It is anticipated that the facility will be ready to accept patients in 2016 and will include 10 private, secure patient rooms, outpatient counseling and treatment rooms, nurses' station, pharmacy, dining area, intake rooms and other supporting areas.

Section 13.0206(3)(c) ASCA provides that the Department of Health ("DOH") ". . . shall seek to improve and maintain the health of the people of the Territory through the planning and implementation of programs, activities, and services that promote healthy behaviors and reduce health related risks and hazards, and by programs and services that serve to prevent the incidence of disease and injury. . .".

Section 13.1501 ASCA provides that the diagnosis, treatment, and care of persons suffering from mental illness or deficiency shall be carried out in a manner and in places designated by the Director of Health, or his designee. When commitment for mental illness or deficiency is indicated, a person may be committed under Section 13.1502. In the event of commitment, it shall be the responsibility of the Director of Health to insure an on-going program of medical and psychiatric treatment is provided as required for the patient's disability.

The purposes of the American Samoa Behavioral Health Planning and Advisory Council shall include striving to bring about active cooperation and positive working relationships between all Territorial behavioral health related agencies, along with planning, advising and coordinating the use of all behavioral health grants from both governmental and NGO grantors. To this end it shall work collaboratively with DOH, the American Samoa Medical Center ("ASMC") and the Department of Health

and Social Services (DHSS) to foster best behavioral health service delivery practices for those members of the community in need of the same.

Lastly, the new facility must be managed and maintained by a governing body.


**3. Creation of the American Samoa Behavioral Health Planning and Advisory Council; purposes, duties, responsibilities and membership.**

- a. There is hereby created the American Samoa Behavioral Health Planning and Advisory Council (the "Council").
- b. The purpose of the Council shall be to provide policy direction and promote efficient and effective use of resources for matters related to the operations of the new behavioral health facility described above. To that end the Council shall:
  - i) Establish policies and procedures for the day-in and day-out care of patients and staffing of the facility.
  - ii) Develop a plan and budget for the operations of the facility for the remainder of FY 2016 and recommend same to the Governor, as well as make recommendations for long term operations of the facility in FY 2017 and beyond.
  - iii) Have ultimate authority and responsibility for the planning, implementation and management of all behavioral health-related local and grant funding, whether from governmental or NGO grantors, expended in the territory.
  - iv) Advise the Governor, Fono and High Court on the local behavioral health needs of adults and children within the territory.
  - v) Promote improvements in the delivery of behavioral health services and coordinate and exchange information regarding behavioral health services in the territory.
  - vi) Identify gaps in available services and recommend service enhancements that address identified needs.
  - vii) Annually issue a report to the Governor which shall incorporate recommendations for improving the efficient delivery of behavioral health services in the territory.
  - viii) Annually provide a report to the Governor of progress toward building a comprehensive behavioral health care support system that shall include performance and outcome data as defined by and in a format established by the Council.
  - ix) The Council may establish subcommittees as it determines necessary.
- c. Administrative and professional staff support shall be provided to the Council by DOH, ASMC and DHSS.
- d. The budget for the Council shall be submitted by DOH or LBJ, at the direction of the Council.
- e. The Council shall meet no less than four times annually.

- f. The Director of the Department of Health shall be the permanent Chairperson of the Council and a Vice Chairperson shall be selected at the first meeting of the Council. The term of office of the Vice Chairperson shall be two years and they may succeed themselves.
- g. The Council shall be composed of two representatives from each of the following ASG agencies and departments and nonprofit organizations with resources in behavioral health:
  - i) Department of Health.
  - ii) Department of Human and Social Services.
  - iii) Department of Education, Special Education Division.
  - iv) Department of Public Safety.
  - v) American Samoa Medical Center.
  - vi) Department of Human Resources.
  - vii) Department of Legal Affairs.
  - viii) Department of Youth and Women Affairs.
  - ix) Office of Protection and Advocacy for the Disabled.
  - x) Office of Vocational Rehabilitation.
  - xi) Office of the Governor.
  - xii) Non-Governmental Organizations with resources in behavioral health as may from time to time be nominated by the Council and named by the Governor.
  - xiii) Consumers, Family and Caregivers.

4. **Effective Date:** This Executive Order shall have an immediate effective date.

Dated: January 04, 2016.

  
**LOLO M. MOLIGA**  
Governor



# Environmental Factors and Plan

## Advisory Council Members

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

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

Start Year: 2025      End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Peni Biukoto	State Employees		Behavioral Health Services Clinic Pago Pago AS, 96799	peni.biukoto@doh.as
Faiilagi Faiai	State Employees		Pago Pago AS, 96799	faiilagi.faiai@medicaid.as.gov
Mariana Faiai	State Employees		AS Criminal Justice Planning Agency Pago Pago AS, 96799	marianafaiai@gmail.com
Elizabeth Mailo	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Peti Matila	State Employees		AS Department of Commerce Pago Pago AS, 96799	
Kathryn McCutchan	Providers		Pago Pago AS, 96799	kathryn@blueskynet.as
Mark Mulipola	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Motusa Nua	State Employees		AS Department of Health Pago Pago AS, 96799	tuinua@doh.as
Gwendolyn Pu'u	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Adney Reid	Providers			
Henry Roberts	Persons in recovery from or providing treatment for or advocating for SUD services			
Asaeli Samasoni	State Employees		AS Department of Education Pago Pago AS, 96799	

Andra Samoa	Family Members of Individuals in Recovery (to include family members of adults with SMI)		Pago Pago AS, 96799	andra.samoa@gmail.com
Hermann Scanlan	State Employees		Pago Pago AS, 96799	hermann.scanlan@vr.as.gov
Ricky Siatunu'u	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Norma Smith	State Employees		Pago Pago AS, 96799	nsmith@dhss.as.gov
Trude Sunia	Others (Advocates who are not State employees or providers)		Pago Pago AS, 96799	foeoletinifoundation@gmail.com
Malia Tavai	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Denise Thomsen	Others (Advocates who are not State employees or providers)			
Peter Tinitali	State Employees		Office of Protection and Advocacy for the Disabled Pago Pago AS, 96799	
Peka Tofi	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Sarona Vaimauga	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

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

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

**Footnotes:**

The American Samoa Behavioral Health Planning and Advisory Council membership includes the names of current individuals serving in these roles who have been recommended to the AS Governor for review and approval to revitalize the council which has been inactive for the past few years due to change in administration and leadership, and most importantly the relocation of behavioral health services from the Department of Human and Social Services to the Department of Health.

CMHBG Project Director and Planner are working closely with the Office of the Governor to issue a revised Executive Order to change the membership to reflect the requirements of the MHBG and to include: Persons with Lived Experience, Family Members of Individuals in Recovery, Advocacy Groups, and NGOs providing behavioral health support services in the community.

Because of this delay in re-establishing the ASBHAPC, we have struggled to have the state plan reviewed by members of the council. Members of the council established in 2016 are either no longer in these positions or the positions have changed. Humbly requesting for SAMHSA to allow AS until December 31, 2024, to have a new ASBHAPC established and fully engaged in reviewing the AS MHBG State Plan. We understand that this is a requirement and we are doing everything we can to move this forward as soon as possible. A copy of the 2016 Executive Order is attached as a reference.

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	5	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	3	
Parents of children with SED	0	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	2	
<b>Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others</b>	<b>10</b>	<b>47.62%</b>
State Employees	9	
Providers	2	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>11</b>	<b>52.38%</b>
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	1	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
<b>Total Membership (Should count all members of the council)</b>	<b>22</b>	

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

### Footnotes:

There are presently no parents of children with a SED/SUD on the council which has been very challenging primarily because there are currently no children with an official SED or SUD diagnosis in treatment. There are children and/or clients under the age of 18 in treatment for substance abuse or mental health, however they may not meet all of the criteria needed for a SED or SUD diagnosis.

The CMHS Branch Manager and counselors will continue to assess current and future referrals for mental health to identify a child with a SED or SUD and talk to the parent(s) to determine any interest in being a part of the advisory council.

# Environmental Factors and Plan

## 22. Public Comment on the State Plan - Required

Narrative Question

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

### Please respond to the following items:

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

a) Public meetings or hearings?  Yes  No

b) Posting of the plan on the web for public comment?  Yes  No

If yes, provide URL:

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

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

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

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

#### Footnotes:

The American Samoa Behavioral Health Planning and Advisory Council membership includes the names of current individuals serving in these roles who have been recommended to the AS Governor for review and approval to revitalize the council which has been inactive for the past few years due to change in administration and leadership, and most importantly the relocation of behavioral health services from the Department of Human and Social Services to the Department of Health.

CMHBG Project Director and Planner are working closely with the Office of the Governor to issue a revised Executive Order to change the membership to reflect the requirements of the MHBG and to include: Persons with Lived Experience, Family Members of Individuals in Recovery, Advocacy Groups, and NGOs providing behavioral health support services in the community.

Because of this delay in re-establishing the ASBHAPC, we have struggled to have the state plan reviewed by members of the council. Members of the council established in 2016 are either no longer in these positions or the positions have changed. Humbly requesting for SAMHSA to allow AS until December 31, 2024, to have a new ASBHAPC established and fully engaged in reviewing the AS MHBG State Plan. We understand that this is a requirement and we are doing everything we can to move this forward as soon as possible. A copy of the 2016 Executive Order is attached as a reference.