

STATE OF LOUISIANA
SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY
(Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne Parishes)

Representative Jerome Zeringue
Region 3 Legislative Chairperson
(985) 876-8823

Bryan Zeringue
SCLHSA Chairperson
(985) 438-3365

Stephanie Benton
SCLHSA Secretary
(985) 858-2931

NOTICE OF PUBLIC MEETING

Thursday, July 10, 2025 6:00PM
SCLHSA Administration
158 Regal Row
Houma, Louisiana 70360

AGENDA

Call to Order
Opening Prayer & Pledge of Allegiance
Roll Call of Board Members

BOARD ISSUES:

Approval of Minutes from May 8, 2025
Travel Reimbursement Reminder
Board Vacancies –St. John the Baptist
Agenda Planning (Governance Process)

EXECUTIVE DIRECTOR REPORT:

Agency Update – Kristin Bonner

1. Strategic Plan
2. HB 559
3. Code of Conduct – Policy 101
4. Executive Director ENDs Statement
5. River Parishes BHC Lease Update
6. Services in Thibodaux

Fiscal Report – Janelle Folse

7. January, February & March Monthly Budget Summary (Executive Limit)
8. Escrow Report
9. FY26 Contracts

Operational Report – Misty Hebert

10. Agency Statistics
11. Satisfaction Results Qtr. 3

Developmental Disabilities Report – Kensie Lasseigne

12. ACT 421
13. IFS Report
14. Satisfaction Results Qtr. 3

OLD BUSINESS

NEW BUSINESS

Macy Comeaux – Monitoring ED Performance

VIEWS AND COMMENTS BY THE PUBLIC

CONSIDERATION OF OTHER MATTERS – Schedule Next Meeting

ADJOURNMENT



South Central Louisiana Human Services Authority

SCLHSA BOARD MEETING ATTENDANCE REQUEST FORM

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DATE OF BOARD MEETING YOU WISH TO ATTEND: _____

As per La. R.S. 42:14, only public members who meet the definition of person with a disability as defined by the Americans with Disability Act or their caregivers may attend an open meeting either by teleconference or video conference.

Do you meet the definition of “person with a disability” as per the Americans with Disability Act? ___ yes ___ no If your answer is no, you may attend the meeting in person. If yes, please complete the certification below.

Are you a caregiver of a “person with a disability” as per the Americans with Disability Act? ___ yes ___ no If yes, please complete the certification below.

Certification

I _____ hereby certify that I meet the definition of
(insert name)

“person with a disability” as provided by the Americans with Disability Act or am a caregiver of a person with a disability.

Signature

How will you attend the meeting?

_____ IN PERSON

_____ TELECONFERENCE

_____ VIDEOCONFERENCE

Please submit this Attendance Request Form by e-mail to stephanie.benton@la.gov, by fax to (985) 858-2934 or by mail to:

SCLHSA
% Stephanie Benton
158 Regal Row
Houma, LA 70360

SCLHSA staff will contact you by e-mail with instructions needed to attend the meeting.

SCLHSA board meetings are held at 6:00 pm on the 2nd Thursday of every month at the SCLHSA Administration Building located at 158 Regal Row, Houma, LA 70360.