



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DD*
Date: November 2, 2017
Subject: Grant Requests #2900 - #2901

Enclosed please find two (2) items, including one (1) limited-service position request, which the Joint Fiscal Office has received from the administration.

JFO #2900 – \$241,888 from the U.S. Dept. of Education to the VT Agency of Education. The funding is a block grant for eligible states to support academic achievement in rural school districts, particularly districts that serve a large number of low-income students. The funding available through 9/30/2018 and will be distributed to eligible supervisory unions and/or supervisory districts by the Agency based on pre-determined eligibility criteria.
[JFO received 10/31/17]

JFO #2901 – \$3,987,558 from the U.S. Dept. of Health and Human Services to the VT Dept. of Mental Health. **One (1) limited-service position**, titled Project Director, is associated with this request. The grant funds will be used to develop integration of pediatric care and mental health care in clinical practices and to improve integrated care models overall for primary care and mental health care, all to improve health and wellness outcomes for children with mental health needs. The position will serve to administer grant funding and coordinate activities between multiple demonstration sites. The funding will be utilized in State FY18 and FY19, with further grant funding (up to \$10 million total) available in future years but subject to Congressional approval.
[JFO received 9/18/17]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by **November 16, 2017** we will assume that you agree to consider as final the Governor's acceptance of these requests.

RECEIVED
 OCT 31 2017
 [phone] 802-828-2270
 [fax] 802-828-2418
JOINT FISCAL OFFICE

JFO 2901

State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

Agency of Administration

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:	Grant of \$3,987,558 to promote and develop full integration and collaboration in clinical practice between pediatric and mental health care. Also, to support improvement of integration care models for primary care and mental health care to improve overall wellness and physical health status of children with mental health needs.				
Date:	10/17/2017				
Department:	AHS Department of Mental Health				
Legal Title of Grant:	Promoting Integration of Primary and Behavioral Health Care (PIPBHC)				
Federal Catalog #:	90.601 / Economic and Infrastructure Development Grant Program				
Grant/Donor Name and Address:	Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857				
Grant Period:	From:	9/30/2017	To:	9/29/2019	
Grant/Donation	\$3,987,558				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$1,995,415	\$1,992,143	\$0	\$3,987,558	

	# Positions	Explanation/Comments
Position Information:	1	One limited service position request to serve as Project Director for the duration of the grant. This position will oversee all grants and ensure coordination between multiple demonstration sites - initially there will be 4 sites, but that will expand if the grant is continued for years 3 through 5. The management of this grant requires a full time position. Existing staff at DMH would be unable to manage the responsibilities.

Additional Comments: This grant has the potential to continue through 09/29/2022

10/17/17

Department of Finance & Management		(Initial)
Secretary of Administration		(Initial)
Sent To Joint Fiscal Office	10/26/17	Date



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Department of Mental Health			
3. Program:	Children, Adolescent and Family Unit			
4. Legal Title of Grant:	Promoting Integration of Primary and Behavioral Health Care (PIPBHC)			
5. Federal Catalog #:	93.243			
6. Grant/Donor Name and Address:	Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20957/			
7. Grant Period:	From:	9/30/2017	To:	9/29/2019
8. Purpose of Grant:	The purpose of this grant is to 1) promote and develop full integration and collaboration in clinical practice between pediatric health care and mental health care, and 2) support improvement of integrated care models for primary care and mental health care to improve the overall wellness and physical health status of children with mental health needs.			
9. Impact on existing program if grant is not Accepted:	If the grant is not accepted, Vermont would miss a unique opportunity to promote and develop the integration of health and mental health care that is a key element of the state's health care reform efforts.			
FINANCIAL INFORMATION				
	SFY 1 FY 2018	SFY 2 FY 2019	SFY 3 FY	Comments
Expenditures:				
Personal Services	\$117,016	\$121,812	\$	
Operating Expenses	\$10,808	\$2,740	\$	
Grants	\$1,867,591	\$1,867,591	\$	
Total	\$1,995,415	\$1,992,143	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$1,995,415	\$1,992,143	\$	
(Direct Costs)	\$1,960,518	\$1,957,303	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$34,897	\$34,840	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$1,995,415	\$1,992,143	\$	
Appropriation No:	3150070000	Amount:	\$3,987,558	
			\$	
			\$	
			\$	
			\$	
			\$	

OCT 21 2017

98 & 10/3/17
10/2/17

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

		\$
	Total	\$3,987,558

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Melissa Bailey Agreed by: MB (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Project Director
Total Positions	1	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

AUTHORIZATION AND VERIFICATION

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Melissa Bailey</u>	Date: <u>10/20/17</u>
	Title: Melissa Bailey <u>Commissioner</u>	
	Signature: <u>Stacy Eckel</u>	Date: <u>10/9/17</u>
	Title:	

VERMONT GOVERNOR'S SIGNATURE

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>[Signature]</u>	Date: <u>10/17/17</u>
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<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) <u>[Signature]</u>	Date: <u>10/25/17</u>
<input type="checkbox"/> Rejected		

Required GRANT Documentation

<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input type="checkbox"/> Grant Budget	

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS/Mental Health Date: September 8, 2017

Name and Phone (of the person completing this request): Nick Nichols, 241-0090

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Granting Agency: *Department of Health and Human Services-Substance Abuse and Mental Health Services Administration*

Title of Grant: *Promoting Integration of Primary and Behavioral Health Care Grant*

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Project Director	1	CAFU	9/30/17 – 9/29/2022

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position will oversee all grant activities and ensure coordination between multiple demonstration sites (initially there will be 4 sites, but this will expand in Years Three through Five. The management of this grant requires a full-time position, and existing staff at DMH would be unable to manage these responsibilities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Maureen E. Egan 10/9/17
 Signature of Agency or Department Head Date

Approved/Denied by Department of Human Resources Date
Edmund O'Brien 17 Oct 17
 Approved/Denied by Finance and Management Date

OCT 21 2017

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form


Approved Denied by Secretary of Administration

Date 10/19/17

Comments:

OCT 21 2017



Department of Mental Health
280 State Drive
Building NOB2 North
Waterbury, VT 05671-2010

MEMORANDUM

To: Susanne Young, Secretary of Administration
From: Shannon Thompson, Finance Director, DMH
Subject: AA-1 for Promoting Integration of Primary and Behavioral Health Care Grant
Date: September 28, 2017

Enclosed please find the documentation requesting approval for a new Promoting Integration of Primary and Behavioral Health Care Grant for the Department of Mental Health. The total project is for \$9,980,282 subject to availability of federal funds and project progress.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- DMH application with forms 424 and 424a
- Application approval letter with attached notice of grant award and grant terms and conditions

If you have any questions, please contact me at 241-0118 or Melissa Bailey at 241-0122.

OCT 21 2017

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp) _____
Action Taken _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____	OT Cat _____	EEO Cat _____ FLSA _____
New Mgt Level _____ B/U _____	OT Cat _____	EEO Cat _____ FLSA _____
Classification Analyst _____	Date _____	Effective Date _____
Comments _____		Date Processed _____
Willis Rating/Components _____	Knowledge & Skills _____	Mental Demands _____
	Working Conditions _____	Total _____
		Accountability _____

Incumbent Information:

Employee Name: Employee Number:
Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title, and Phone Number:
How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station:
Zip Code:
Supervisor's Name, Title and Phone Number:

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review.** Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What it is:** The nature of the activity.
- **How you do it:** The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why it is done:** What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

Developmental, administrative, coordinating and monitoring work for the Department of Mental Health to oversee a state-wide grant project to improve integrated mental health and health care across designated agencies and federally qualified healthcare centers for children and their families who are at risk of, or have been diagnosed with, severe emotional disturbance (SED), and/or for youth and young adults transitioning to adult services. Oversees and administratively coordinates the approximately \$1.9 million annually of a 5-year, \$9.9 million dollar federal grant project to: (1) promote full integration and collaboration in clinical practice between primary and behavioral healthcare; (2) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of children with or at risk for a serious emotional disturbance (SED); and (3) promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

Oversees all grant activities and ensures coordination between multiple demonstration sites. Develops and collaborates with a grant steering committee and the state interagency team to develop and implement state-level grant activities. Supports implementation and service delivery, evaluation and adaptation of integrated service model in demonstration sites. Coordinates technical assistance support for state and local work teams to enhance their capability to address grant activities. Coordinates and develops integrated services with relevant stakeholders. Identifies and coordinates use of data for program evaluation and management purposes. Negotiates and administers contracts and grant agreements as needed. Oversees allocation of grant budget. Completes timely grant reporting in consultation with the grant evaluator. Submits quarterly and annual progress reports to SAMHSA. Develops plan to sustain services with state funding after cessation of the grant. Serves as liaison to senior leadership among statewide project partners. Convenes and facilitate key discussions and planning with agency and stakeholder leadership. Provides input on design of programmatic and training elements of the project. Oversees development of work plans aligned to project timelines and staff capacity. Provides technical quality control over implementation of all

programmatic elements. Monitors project work to ensure that the project is meeting stated goals and objectives. Applies systems thinking to strategy development for local, statewide and national initiatives. Provides input in design training plans, including needs assessments, training agendas and descriptions, materials and handouts, evaluation and other elements for trainings. Supervises project sub-contractors to deliver measurable, cost-effective results.

Other duties as required.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (not an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Works closely with broad range of local, regional, state and federal stakeholders. Works with federal grant administrators to ensure grant activities meet federal guidelines. Works with other AHS departments to coordinate work of an AHS state interagency team to implement state-level grant activities. Collaborates with local service providers (including designated agencies and federally qualified healthcare centers) community members, municipal representatives, families and clients of mental health services to develop and implement local demonstration pilots. Works with national consultants and trainers to support implementation of evidence-based practices in Vermont. Regular contact with state-level representatives of multiple stakeholder groups (e.g. Vermont Federation of Families, Vermont Care Partners, Bi-State Primary Care) and Executive Directors and Program Directors of Designated Agencies to facilitate consensus-building, treatment capacity development, and systems improvement among treatment providers.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Education: Master's Degree in public health, social services, or behavioral health services or equivalent. Master's Degree may be substituted for at least 5 years of relevant experience.

Experience: Five years working mental health field, with at least 2 years in a management, supervisory or administrative level position

Experience in grants and project management, systems development, and implementation of best practices

Skills and Knowledge:

Knowledge of mental health and health care integration principles

Knowledge of federal, state, and local mental health services and programs.

Knowledge of best and evidence-based practices regarding the integration of mental

health and health care.
Knowledge of the principles and practices of public administration.
Knowledge and skills in coalition-building and planning.
Knowledge and skills in strategic planning and systems change.
Knowledge and skills in project management
Skills in leadership and multi-stakeholder consensus-building
Ability to develop and negotiate contracts.
Ability to evaluate program effectiveness
Ability to communicate effectively orally and in writing.
Ability to establish and maintain effective working relationships.
Demonstrated experience with program development and implementation;
Knowledge of public health and health education in related disciplines;
Creative, critical, strategic and detail-level thinking;
Excellent communication skills and network development;
Interpersonal professionalism;

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

The position oversees and coordinates state-level and regional work projects and promotes team collaboration.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Works with supervisor to effectively set goals and establish priorities; understand, prepare and adhere to project goals, objectives, tasks, deadlines and time lines

Effectively solicits, integrates and responds to regular input, consultation and directives from multiple sources, including state work team, state leadership, project staff, national expert consultants, federal administrators, treatment providers, consumers, families, and community representatives

Works with supervisor to monitor and adhere to expectations and requirements of federal administration funding the project

Clearly communicates grant project and departmental expectations, desired outcomes, and

effectively delegates responsibilities to project staff, providing necessary oversight and management of resources to accomplish expectations

Performs work activities with modest supervision; expected to complete many work projects independently without direct supervision

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

Expected to effectively understand, evaluate, and develop strategies to overcome multiple, complex barriers at local, state and federal level to implementing evidence-based treatment and support. Examples include:

- evaluating how federal, state and private funds are and can be used to pay for evidence-based practices and how those funds can be used to efficiently support improved outcomes
- evaluating how multiple DMH initiatives overlap and contribute to the overall improvement of the mental health system
- evaluating how existing DMH policy and operation practices need to be modified/improved to improve system capacity
- evaluating complex state and federal policy, regulation and funding structures should be modified to support integrated treatment across complex mental health and health care delivery systems.

Expected to oversee implementation of multiple multi-year, state-wide systems change initiative involving multiple service systems.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*

- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Overseeing implementation and management of multiple, multi-year, federal grant totaling over \$9.9 million.

Changing the Vermont mental health system to make integrated mental health and health care more accessible and effective for children and families.

Improving clinical and quality of life outcomes for children with or at risk of serious emotional disturbance.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

This position will oversee a multi-year federal grant project focused on the improvement of services and expansion of treatment and support capacity to address gaps in the mental health and health care system for children, adolescents and families. Given the amount of funding available through the federal grant (over \$9.9 million), the federal expectations regarding deliverables and reporting requirements, and the need to coordinate local and state-level implementation activities simultaneously, DMH requires a state position to ensure proper oversight and coordination of the grant.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Strategically develop and coordinate a systems improvement project occurring at the state and local level involving a complex mix of stakeholders, outside consultants, and state representatives

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

A keen understanding of the federal, state and local mental health treatment and support systems, including the historical, political, economic and cultural factors which must be taken into consideration when attempting to make changes to the system

Ability to provide leadership among high-level staff at DMH and in the community regarding changing the status quo of how Vermont provides treatment and support services children, adolescents and families.

Ability to strategically plan for and manage a multi-year, multi-stakeholder and multi-pronged initiative focused on achieving substantial change at the state and local level in multiple counties within Vermont

Ability to work collaboratively with complex mix of federal, state, regional and local stakeholders to initiate change

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Vermont Family-Centered Healthcare Home Project Director PG 25

Supervisor's Signature (required):

Date: 10/2/17

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Personnel Administrator's Signature (**required**): _____ Date: _____

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:



Appointing Authority or Authorized Representative Signature (**required**)

10/9/12
Date

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	SM-17-008
Opportunity Title:	Promoting Integration of Primary and Behavioral Health Care
Opportunity Package ID:	PKG00231466
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	SM-17-008
Competition Title:	Promoting Integration of Primary and Behavioral Health Care
Opening Date:	03/16/2017
Closing Date:	05/17/2017
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Tenly Pau Biggs Center for Mental Health Services Substance Abuse and Mental Health Services Administration 5600 Fishers Lane Room 14N30C Rockville, MD 20857 (240) 276-2411 PBHCI@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00046517
Application Filing Name:	Vermont PIPBHC Application
DUNS:	8093761550000
Organization:	HUMAN SERVICES, VERMONT AGENCY OF
Form Name:	Budget Information for Non-Construction Programs (SF-424A)
Form Version:	1.0
Requirement:	Mandatory
Download Date/Time:	May 09, 2017 10:01:06 AM EDT
Form State:	No Errors

FORM ACTIONS:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Promoting Integration of Primary and Behavioral Health Care	93.243	\$	\$	\$ 1,995,415.00	\$	\$ 1,995,415.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,995,415.00	\$	\$ 1,995,415.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Promoting Integration of Primary and Behavioral Health Care				
a. Personnel	\$ 56,424.00	\$	\$	\$	\$ 56,424.00
b. Fringe Benefits	25,695.00				25,695.00
c. Travel	9,208.00				9,208.00
d. Equipment					
e. Supplies	1,600.00				1,600.00
f. Contractual	1,867,591.00				1,867,591.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	1,960,518.00				\$ 1,960,518.00
j. Indirect Charges	34,897.00				\$ 34,897.00
k. TOTALS (sum of 6i and 6j)	\$ 1,995,415.00	\$	\$	\$	\$ 1,995,415.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Promoting Integration of Primary and Behavioral Health Care	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,995,415.00	\$ 498,853.00	\$ 498,854.00	\$ 498,854.00	\$ 498,854.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 1,995,415.00	\$ 498,853.00	\$ 498,854.00	\$ 498,854.00	\$ 498,854.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. Promoting Integration of Primary and Behavioral Health Care	\$ 1,992,143.00	\$ 1,996,827.00	\$ 1,998,957.00	\$ 1,996,940.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 1,992,143.00	\$ 1,996,827.00	\$ 1,998,957.00	\$ 1,996,940.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	SM-17-008
Opportunity Title:	Promoting Integration of Primary and Behavioral Health Care
Opportunity Package ID:	PKG00231466
CFDA Number:	93.243
CFDA Description:	Substance Abuse and Mental Health Services Projects of Regional and National Significance
Competition ID:	SM-17-008
Competition Title:	Promoting Integration of Primary and Behavioral Health Care
Opening Date:	03/16/2017
Closing Date:	05/17/2017
Agency:	Substance Abuse and Mental Health Services Adminis
Contact Information:	Tenly Pau Biggs Center for Mental Health Services Substance Abuse and Mental Health Services Administration 5600 Fishers Lane Room 14N30C Rockville, MD 20857 (240) 276-2411 PBHCI@samhsa.hhs.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00046517
Application Filing Name:	Vermont PIPBHC Application
DUNS:	8093761550000
Organization:	HUMAN SERVICES, VERMONT AGENCY OF
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Download Date/Time:	May 09, 2017 09:58:48 AM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

* 1. Type of Submission:
 Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:
Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: _____

7. State Application Identifier: _____

8. APPLICANT INFORMATION:

* a. Legal Name: Vermont Agency of Human Services-Department of Mental Health

* b. Employer/Taxpayer Identification Number (EIN/TIN):
03-6000264

* c. Organizational DUNS:
8093761550000

d. Address:

* Street1: 280 State Drive NOB 2 North

Street2: _____

* City: Waterbury

County/Parish: _____

* State: VT: Vermont

Province: _____

* Country: USA: UNITED STATES

* Zip / Postal Code: 05671-0090

e. Organizational Unit:

Department Name:
Department of Mental Health

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ * First Name: Melissa

Middle Name: _____

* Last Name: Bailey

Suffix: _____

Title: Commissioner

Organizational Affiliation:
Vermont Department of Mental Health

* Telephone Number: 802-241-0090 Fax Number: _____

* Email: melissa.bailey@vermont.gov; jennifer.rowell@vermont.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SM-17-008

* Title:

Promoting Integration of Primary and Behavioral Health Care

13. Competition Identification Number:

SM-17-008

Title:

Promoting Integration of Primary and Behavioral Health Care

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Vermont Family Centered Healthcare Home Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,995,415.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,995,415.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



Notice of Award

Promoting Integration of PBHC
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 09/07/2017

Center for Mental Health Services

Grant Number: 1H79SM080234-01

FAIN: SM080234

Program Director: Melissa Bailey

Project Title: Vermont Family Centered Healthcare Home Project

Grantee Address	Business Address
VERMONT STATE AGENCY OF HUMAN SERVICES Melissa Bailey Commissioner Department of Mental Health 280 State Drive NOB 2 North Waterbury, VT 056712010	Cara McSherry Financial Manager II Agency of Human Services-Dept. of Mental Health 280 State Drive NOB 2 North Waterbury, VT 056712010

Budget Period: 09/30/2017 – 09/29/2019

Project Period: 09/30/2017 – 09/29/2022

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$3,987,558 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Sec 9003 21 Century Cures Act PL114-255 & Sec 520K PHS Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM080234-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$56,424
Fringe Benefits	\$25,695
Personnel Costs (Subtotal)	\$82,119
Supplies	\$1,600
Consortium/Contractual Cost	\$1,867,591
Travel Costs	\$9,208
Other	\$1,992,143
Direct Cost	\$3,952,661
Indirect Cost	\$34,897
Approved Budget	\$3,987,558
Federal Share	\$3,987,558
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$3,987,558

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$3,987,558
2	\$1,996,827
3	\$1,998,957
4	\$1,996,940

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
 EIN: 1036000264D4
 Document Number: 17SM80234A
 Fiscal Year: 2017

IC	CAN	Amount
SM	C96J677	\$3,987,558

IC	CAN	2017	2019	2020	2021
SM	C96J677	\$3,987,558	\$1,996,827	\$1,998,957	\$1,996,940

SM Administrative Data:

PCC: PIPBHC / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM080234-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-

800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79SM080234-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income: Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SM Special Terms and Conditions – 1H79SM080234-01

REMARKS

Remarks New Awards FY17

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity SM-17-008 has been selected for funding.

1a) This award reflects approval of the budget submitted May 17, 2017 as part of the application by your organization, however with the following exception. Additional cost breakdowns and justification of the "Contract" section of the budget must be submitted to us for review. See Revised Budget - Special Condition of Award section for details.

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMSHA cannot guarantee the approval of any request for carryover of remaining unobligated funding.

3. Register Program Director/Project Director (PD) in eRA Commons:
If you have not already done so, you must register the PD listed on the HHS Checklist in eRA

Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at https://era.nih.gov/reg_accounts/register_commons.cfm.

4. It is essential that the Grant Number be included in the SUBJECT line of the email.

Key Staff

Key staff (or key staff positions, if staff has not been selected) are listed below:

To Be Determined, Project Director @ 100% level of effort

Any changes in key staff including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval. Reference the Prior Approval Standard Term for additional information and instructions.

SPECIAL TERMS

Multi-Year

This award reflects multi-year funding for a total of two 12-month incremental periods within a five year/60 month project period in the amount \$3,987,558. During the first 12-month period the recipient organization may expend \$1,995,415.

Funding for each 12-month period is restricted and the applicant organization may not expend more than the following:

01: 09/30/2017 to 09/29/2018 - \$1,995,415

02: 09/30/2018 to 09/29/2019 - \$1,992,143

Disparity Impact Statement (DIS)

By **November 30, 2017** you must:

Submit an electronic copy of a DIS to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award.

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impactstatement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement, in response to the Special Term of Award, consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

SPARS

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA) Modernization Act of 2010.

These data are gathered using SAMHSA's Performance Accountability and Reporting System (SPARS).

PIPBHC grantees will be expected to complete Annual Goals and Budget training no later than December 30, 2017, and will be expected to enter Annual Goals and Budget information no later than January 30, 2018.

SPECIAL CONDITIONS

Revised Budget

By October 31, 2017, submit to the Program Official and Grants Management Specialist:

1. A full detailed itemized cost breakdown and justification of the following must be provided to us for review:

a) Contract:

a1. University of Vermont - Vermont Child Health Improvement Program:

- Personnel: List the 12 month annual salary for each position, that complements the federal cost to the grant based on the level of effort percentage.
- Fringe: List the rate next to the respective fringe benefits.
- Travel - SAMHSA meeting \$6,000: List an itemized cost breakdown (i.e. estimated airfare rate, daily lodging rate, daily per diem rate x number of days,

etc.).

- Data collection incentives - \$30 per participant: List approximately how many have been budgeted for.

a2. Vermont Federation of Families for Children's Mental Health:

- Mileage reimbursement: List the estimated total mileage.

- Incentive payments: List the incentive rate x quantity. Please note, stipends cannot be charged to the grant. If applicable, you may charge consultant payments however we'll need you to list hourly rate x amount of budgeted hours.

a3. Behavioral Health Network dba Vermont Care Network:

- Fringe \$9,017: List an itemized breakdown of the fringe benefits along with their respective rate.

- EHR Enhancements:

- \$22,500/provider: Provide an itemized cost breakdown (i.e. hourly rate x amount of budgeted hours, etc.).

- Data Repository \$15,000: Provide an itemized cost breakdown by listing all associated costs that amounts to the federal cost.

a4. Vermont Cooperative for Practice Improvement:

- Purchase of SME \$2,500/day: Provide an itemized cost breakdown (i.e. hourly rate x amount of budgeted hours, supplies cost, travel rates, etc.).

- Meeting expenses \$10,409: Provide an itemized cost breakdown. Please note, food/meals cannot be charged to the grant.

- Indirect: Include a statement confirming whether they have a negotiated rate agreement to charge 10%.

a5. Four Provider Organizations, \$355,000 each: Provide a full itemized detailed cost breakdown and justification budget for each of the provider organizations.

- Northwest Counseling and Support Services

- Health Care and Rehabilitation Services

- The Notch

- Springfield Medical Care Service

The below link contains a sample budget that reflects the level of detail/cost breakdown and justification that must be provided for each expenditure.

- https://www.samhsa.gov/sites/default/files/sample_budget-non-match.docx

Multi-Year Annual Report

You must submit by May 1 for each 12 month interval of the project period the following:

1. SF-424 – Face Page: recipient should identify Federal and Non-Federal dollars separately by funding source and dollar amount(s) in box #18.
 - a. Include your grant number (SP#,SM#,TI#) as reflected on your last NoA
2. SF-424A - budget page (add total amount for each budgeted cost category). Recipient should identify Federal and Non-Federal dollars separately by funding source and dollar amount(s).
3. And HHS Checklist form with parts C and D completed.
4. (a) Submit a budget and explanation/justification including supporting documentation for any changes above 25% of the total budget from the current 12 month period;
or
(b) an attestation signed and dated by the Authorized Representative on your organization's letterhead, stating that the detailed budget and narrative justification has not changed above 25% of the total budget from the current 12 month period.
5. Key staff changes (NEW or ANTICIPATED) must be requested in advance as stated in the terms/conditions of award. Describe the change and submit resumes and job descriptions, level of effort and annual salary for each position.
6. The Project/Program Narrative which is limited to five (5) pages only must outline any changes, progress and accomplishments resulting from the past year of support and progress or milestones anticipated with this continuation funding request and must use the Supplementary Instructions as follows:
 - a. Description and explanation of changes, if any, made during this budget period affecting the following:
 1. Goals and objectives
 2. Projected time line for project implementation
 3. Approach and strategies proposed in the initially approved and funded application
 4. Report on progress relative to approved objectives, including progress on evaluation activities.
 5. Summary of key program accomplishments to date and list

progress

6. Description of difficulties/problems encountered in achieving planned goals and objectives including:

- a. Barriers to accomplishment and
- b. Actions to overcome difficulties.
- c. Report on milestones anticipated with the new funding request

*Specific programmatic instructions may be provided by the Government Project Officer.

FAILURE TO COMPLY WITH THE ABOVE STATED REPORTING REQUIREMENT MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.3 71, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

STANDARD TERMS AND CONDITIONS

Standard Terms for New Awards FY 2017

Reference the following SAMHSA website for Standard Terms for All Awards for FY 2017:

Standard Terms and Conditions Webpage

- (<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>). Your organization must comply with the listing of award terms are applicable to your award as identified below:

* Standard Terms and Conditions

- (<https://www.samhsa.gov/sites/default/files/grants/fy-2017-standard-terms-conditions.pdf>)

* Cooperative Agreement Standard Terms

- (<https://www.samhsa.gov/sites/default/files/grants/fy-2017-new-coop-agreements-standard-terms.pdf>)

* Multi-Year Grant

- (<https://www.samhsa.gov/sites/default/files/grants/fy-2017-multi-year-standard-terms.pdf>)

Annual Federal Financial Report (SF-425)

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual federal funds authorized and disbursed, any non-federal matching funds (if identified in the FOA), unliquidated obligations incurred, the unobligated balance of the federal funds for the award, as well as program income generated during the timeframe

covered by the report. The SF-425 is available at (<http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>). Additional guidance to complete the FFR can be found: <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual FFRs must be submitted to *CMHS Grants* (e.g., *SM-12345-01*):

CMHSFFR@samhsa.gov

Programmatic Progress Reports

Submission of an *quarterly* Programmatic Progress Report is due no later than the dates as follows:

1st Report - January 30, 2018

2nd Report - April 30, 2018

3rd Report - July 30, 2018

4th Report - October 30, 2018

In addition to submitting the above reports through the online system, please also submit your quarterly Programmatic Progress Report to, PBHCI@samhsa.hhs.gov, and copy your Program Official. (DO NOT SUBMIT HARD COPIES)

Compliance with Terms and Conditions

Failure to comply with the above stated terms and conditions may result in suspension, classification as Restriction status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Joy A Mobley, Program Official
Phone: (240) 276-2823 Email: Joy.Mobley@samhsa.hhs.gov

Salvador Ortiz, Grants Specialist
Phone: (240) 276-1421 Email: salvador.ortiz@samhsa.hhs.gov Fax: (240) 276-1430

Vermont PIPBHC Application – 2017

Budget and Justification

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	TBD	\$56,424	100%	\$56,424
			TOTAL	\$56,424

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Project Director (1.0 FTE) will provide daily oversight of the grant and will be considered key staff responsible for coordinating all project services and project activities, including training, communication and information dissemination. The position will be a state employee and the principal point of contact responsible for all the project activities.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$56,424**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
Life Insurance	.36%	\$56,424	\$203
Retirement	17.47%	\$56,424	\$9,857
FICA	7.65%	\$56,424	\$4,316
Health/Dental	20.06%	\$56,424	\$11,319
		TOTAL	\$25,695

JUSTIFICATION: Fringe reflects current rates for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) **\$25,695**

C. Travel: Explain need for all travel other than that required by this application. Applicants must use their own documented travel policies. If an organization does not have documented travel policies, the federal GSA rates must be used.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$500/flight x 6 persons	\$3,000
		Hotel	\$180/night x 6 persons x 3 nights	\$3,240
		Per Diem (meals and incidentals)	\$46/day x 6 persons x 3 days	\$828
(2) Local travel		Mileage	4,000 miles @ \$.535/mile	\$2,140
			TOTAL	\$9,028

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Six staff (Project Director, Lead Evaluator, and one lead staff from the 2 CMHC's and 2 FQHC's providing services through this grant) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on State of Vermont authorized mileage reimbursement rate for privately owned vehicle.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$9,028**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition). Organizations should follow their documented capitalization policy thresholds.

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

E. Supplies: Materials costing less than \$5,000 per unit (federal definition) and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
(1) Laptop Computer	\$1,000	\$1,000
(2) Cell Phone	\$50/month X 12 months	\$600
	TOTAL	\$1,600

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

- (1) The laptop computer is needed for project work for Project Director.
- (2) Given the expected travel of the project director, a cell phone is needed to ensure consistent communication and coordination.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$1,600**

F. Contract:

FEDERAL REQUEST

Name	Cost
(1) Contract with University of Vermont – Vermont Child Health Improvement Program	\$179,500
(2) Contract with Vermont Federation of Families for Children’s Mental Health	\$25,000
(3) Contract with Behavioral Health Network dba Vermont Care Network (VCN)	\$143,091
(4) Contract with Vermont Cooperative for Practice Improvement and Innovation	\$100,000
(5) Service Grants to 4 Provider Organizations (\$355,000/organization x 4 organizations)	\$1,420,000
	TOTAL \$1,867,591

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

(1) University of Vermont – Vermont Child Health Improvement Program (VCHIP)

Program evaluation services will be contracted out to the University of Vermont’s Child Health Improvement Project (VCHIP). VCHIP will serve as the independent, external project evaluator for project activities and will coordinate all evaluation activities in collaboration with DMH and participating providers. VCHIP faculty and staff have extensive experience in designing, implementing and evaluating multi-site, multi-year research, quality improvement and program evaluation projects. VCHIP also has extensive experience in conducting rigorous and timely program evaluations involving primary care practices, multiple sites/agencies and complex data collection systems. VCHIP will work with the participating primary care practices/community health centers and their partners to ensure that all aspects of the SAMHSA evaluation are addressed. VCHIP recognizes that participation in a national (cross site) evaluation of the PIPBHC funded sites may be required, and VCHIP will work within the proposed evaluation plan and budget to ensure that all requirements of the national evaluation are satisfied.

Category	Year 1	Year 2	Year 3	Year 4	Year 5
Total Direct costs	\$134,962	\$134,962	\$134,962	\$134,963	\$134,964
<i>Personnel</i>	\$74,447	\$81,874	\$81,074	\$81,550	\$83,794
<i>Fringe</i>	\$31,631	\$35,623	\$36,487	\$37,513	\$38,545
<i>Travel</i>	\$14,000	\$ 14,000	\$ 14,000	\$12,500	\$12,220
<i>Supplies</i>	\$582	\$465	\$401	\$400	\$403
<i>Consulting Fees</i>	\$14,275	\$3,000	\$3,000	\$3,000	\$0
Indirect costs (33%)	\$44,538	\$44,538	\$44,538	\$44,538	\$44,538
Total costs	\$179,500	\$179,500	\$179,500	\$179,500	\$179,500
Total for all years:	\$897,500				

Budget Notes

Personnel: Proposed personnel, position titles, proposed amounts, and proposed Level of Effort (LOE).

Personnel	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Thomas Delaney, PhD, 30%, 40%, 40%, 40%, 40% (Lead Evaluator)	\$25,326	\$34,781	\$35,794	\$36,807	\$37,820

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Susan Richardson, PhD, 55%, 50%, 48%, 46%, 46% (Second Evaluator)	\$34,222	\$32,044	\$31,659	\$31,198	\$32,057
Kara Bissonette, MA, 25%, 25%, 25%, 25%, 25% (Data Manager)	\$10,042	\$10,343	\$10,644	\$10,945	\$11,246
Ginny Cincotta, 5%, 5%, 5%, 5%, 5% (Financial Coordinator)	\$2,384	\$2,456	\$2,527	\$2,600	\$2,671
<i>Subtotal (Staff Salaries only)</i>	\$71,974	\$79,624	\$80,624	\$81,550	\$83,794
Staff Fringe (43.6%, 44.4%, 45.2%, 46%, 46%)	\$31,381	\$35,354	\$36,443	\$37,513	\$38,546
Temporary Interviewer	\$2,500	\$2,250	\$450		
Temp Fringe (10%, 12%, 10%)	\$250	\$270	\$45		
Total: \$582,568	\$106,105	\$117,498	\$117,562	\$119,063	\$122,340

1. The Lead Evaluator, Dr. Tom Delaney, will design and develop new approaches for evaluating activities related to the integration of primary and behavioral health care being implemented across multiple care settings in Vermont and will direct the work of this project. Dr. Delaney will also collaborate closely with the Vermont Department of Mental Health (DMH), the Designated Agencies, and other partners in this capacity.
2. The Second Evaluator, Dr. Susan Richardson, will closely assist Dr. Delaney with the design and development of new approaches for evaluating activities related to the integration of primary and behavioral health care being implemented across multiple care settings in Vermont. Dr. Richardson has a strong quantitative background and will be instrumental in creating data summaries that will inform the implementation and track progress towards the project's goals.
3. The Data Manager/Project Coordinator will manage all forms of quantitative data and the corresponding reporting to the SPARS data system and the cross-site evaluation. This individual will also organize, structure, and manage all data collected from the participating primary care offices and their partners, as well as supporting the data analyses conducted by Drs. Delaney and Richardson.
4. The Financial Coordinator will manage payments to participants for taking part in interviews and focus groups and will assist with booking and issuing payments for both in-state and out-of-state travel required to meet grant deliverables.
5. The Temporary Interviewer will assist the Lead and Second Evaluators with conducting interviews throughout the state in multiple care settings to assess the effectiveness of efforts related to the integration of primary and behavioral health care.

Fringe: Fringe benefits include items such as FICA, Worker's Compensation, Unemployment Compensation, insurance, pensions, tuition remission, and employee assistance programs. Rates are estimated at: 43.6% for Year 1, 44.4% in Year 2, 45.2% in Year 3, and 46% in Years 4 and 5 of the project and are charged based on the salary and effort of the faculty and staff identified in

the grant. Temporary employee fringe rates are estimated at 10% for Years 1, 3, 4, and 5 of the project and 12% for Year 2 of the project.

Equipment:

None.

Supplies:

Budgeted supplies include printing costs for color reports and conference presentations at a rate of \$582 for Year 1, \$465 for Year 2, \$401 for Year 3, \$400 for Year 4, and \$403 for Year 5.

Consulting Fees:

For assistance with building or adapting a Microsoft® Access database for this project, we have budgeted consulting fees (at an estimated rate of \$75 per hour) of \$14,275 for Year 1, \$3000 for Years 2, 3, and 4, and \$0 for Year 5.

Travel and Data Collection Expenses:

Purpose of Travel	Location	Item	Rate	Cost for Years 1 - 3	Cost for Year 4	Cost for Year 5
Collecting GPRA interviews and attending project meetings in-state.	In-state	Mileage	9345 miles per year x \$0.535/mile: all staff	\$15,000 (\$5,000 per year)	\$5,000	\$5,000
Attendance at in-person SAMHSA meeting in Washington DC	Washington DC area	Required	\$6000 per meeting (2 attendees)	\$18,000 (\$6,000 per year)	\$6,000	\$6,000
Data collection (interviews with key informants and service recipients, focus groups, incentives for provider/staff surveys, etc.)			\$30 total per participant	\$9,000 (\$3,000 per year)	\$1,500	\$1,220

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Purpose of Travel	Location	Item	Rate	Cost for Years 1 - 3	Cost for Year 4	Cost for Year 5
TOTAL: \$66,720				\$42,000	\$12,500	\$12,220

In-state travel is required for VCHIP staff to complete their work assignments.

Facilities & Administration: Indirect costs are set based on the University of Vermont’s federally negotiated indirect cost rate agreement and are determined to be 33% of the total modified direct costs for this program.

(2) Vermont Federal of Families for Children’s Mental Health

The Vermont Federation of Families for Children’s Mental Health, VFFCMH, exists to support families and children where a child or youth, age 0-22, is experiencing or at risk to experience emotional, behavioral, or mental health challenges. The Federation is committed to: providing families with peer support and information in order to make informed decisions, empowering families, youth and young adults to navigate service and support systems, advocating for accessible, flexible and quality family centered and driven services on a local, state and national level. VFFCMH’s vision is that Vermont families, youth and young adults are informed, supported and empowered to grow and be well. VFFCMH is the Statewide Family Network and has been managing SAMHSA grants, the work projects, data and evaluation for over 20 years. VFFCMH is a family run, family support organization with ties, statewide, to families of children, youth and young adults in transition who are experiencing or at risk to experience SED. VFFCMH commits to provide family and youth voice for this project, ensuring that family members and youth peers are engaged in the planning, implementation and evaluation of and provide needed oversight of the work.

DMH will contract with the Vermont Federation of Families to provide family/youth voice with lived experience and ensure that family members and youth peers are engaged in the planning, implementation and evaluation of and provide needed oversight of the work. The funding through this contract includes staff time, cash or non-cash incentives and mileage for parent/youth participants. Staff time also indicates the need to find, train and support family members and youth to provide these advisory and oversight roles.

Staff Time: \$30/hour X 500 hours	\$15,000
Mileage Reimbursement (\$.535/mile)	\$5,000
Incentive payments for participation	\$5,000
Total:	\$25,000

(3) Contract with Behavioral Health Network dba Vermont Care Network (VCN)

VCN will provide support to the CMHC and FQHC providers to improve access to care and the quality of care for vulnerable populations. VCN’s knowledge of the community health centers and their electronic health records will ensure the project leads to larger system reform that changes practice statewide. This will include bringing “lessons learned” to discussions with Accountable Care Organizations (ACO) in Vermont specifically regarding the Care Navigator software program for care coordination across primary care practices, and Vermont’s Medicaid ACO. VCN’s experience with the community mental health agencies data repository and Vermont’s funding reform efforts will facilitate resolution of integrated data sharing, including issues of consent, 42 C.F.R. Part 2, assessment and recommendations around shared care plans. VCN will also use a portion of funding through this contract to support Electronic Health Record (EHR) enhancements at each participating CMHC and FQHC and support enhancements for VCN data repository to improve collection and reporting of health outcomes among CMHC’s and FQHC’s.

Simone Rueschemeyer: .25 FTE X \$102,080 (annual salary)	\$25,520
Fringe	\$9,017
Indirect for staff salary/fringe (10%)	\$3,554
EHR Enhancements (\$22,500/provider X 4 providers + \$15,000 for data repository)	\$105,000
Total:	\$143,091

(4) Vermont Cooperative for Practice Improvement

As a primary partner to DMH in support of workforce development, practice improvement and the adoption of evidence-based practices, the Vermont Cooperative for Practice Improvement and Innovation (VCPI) is currently managing a number of initiatives that utilize learning collaboratives as a significant component of the overall implementation plan. The current collaboratives include practices such as integrated mental health and substance use disorder treatment, dialectical behavioral therapy, and the Six Core Strategies © to Reduce Seclusion and Restraint. To support the implementation and adoption of the evidence-based practices identified in this grant application, VCPI will coordinate training, technical assistance, and consultation. Specific activities will include, but not be limited to: 1) developing an annual training and consultation schedule for participating providers to support adoption of EBP’s, 2) coordinating all training and consultation on EBP’s, 3) organizing learning collaborative sessions to share lessons learned across pilot sites, 4) working with DMH to develop an evaluation process, and 5) organizing site visits for assessing fidelity and adherence to EBP’s being implemented. Additionally, VCPI will design and manage an annual event for the purpose of bringing participating organizations together for priority setting for the coming year, as well as reflecting on the experiences of the previous year and consider strategies to minimize barriers and maximize successes in the coming year. Costs will include staff time for

coordination/management of all workforce development and training activities, purchase of time from subject matter expertise (SME) on the evidence-based practices to be implemented, and meeting expenses.

Staff Time: \$50/hour X 360 hours	\$18,000
Purchase of SME (\$2,500/day X 25 days). Daily rate includes expenses of SME	\$62,500
Meeting expenses (room rental, copies, materials)	\$10,409
Indirect (10%)	\$9,091
Total:	\$100,00

(5) Service Grants to Four Provider Organizations

The Department of Mental Health (DMH) will contract with two qualified community programs as described in section 1913(b)(1) of the Public Health Service (PHS) Act, as amended; and two community health centers as described in section 330 of the PHS Act, as amended, to provide the following services and activities:

- Develop full integration and collaboration in clinical practices between primary and behavioral health care;
- Support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of children with a serious emotional disturbance;
- Develop integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

Funding will be provided to these four agencies (Northwest Counseling and Support Services, Health Care and Rehabilitation Services, the Notch, and Springfield Medical Care Service) to provide direct integrated care. Each agency will receive \$355,000 for the creation of health and mental health care service positions. Allowable expenses will include salary, fringe and indirect. The number and type of position will vary in each agency but may include:

Administrator: Administrative oversight of the project, including fiscal and personnel management, project implementation and evaluation.

Behavioral Health Clinician/Pediatric Social Worker: Master’s level training. Embedded in the care team. Provides clinical consultation and education to the team regarding social/emotional and behavioral aspects of child development. Provides screening, assessment and diagnostic services for referred clients in the practice and develops treatment and support plans for the child, youth and family, including outside entities. Assures development, implementation and coordination of a holistic wellness plan.

Well Child Visit Nurse: Works with primary care providers to coordinate and perform well child screenings/other services as indicated. Screens according to Bright Futures guidelines and refers as indicated. Works effectively with other child-serving entities, including schools and child welfare agencies, and is responsible for serving as a liaison for the pediatrician's office when care plan development is being led by another entity.

Specialty Care/Consultation: Families are diverse and different families will have different needs. Having the ability to bring in specialists and consultation will increase quality by giving families access to the specific specialty treatment resources they need. May be carried out in multiple settings such as FQHC, community, school, or home. Examples may include brief trauma work/consultation; Cognitive Behavioral Therapy; and Applied Behavior Analysis treatment within the home to address things such as bedwetting and sibling discord.

Parent Educator/Health Coach: Care coordination and behavioral health in-home and community-based services are available, in addition to group wellness programming. Innovative community-based services such as wraparound and therapeutic behavioral services provide additional supports to children and youth to help them be successful. This role will utilize a Strengthening Families Framework that includes the 5 protective factors and be informed by the health-related quality of life screens (SF-20 for adults, KINDL for children and youth).

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$1,867,591**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: Expenses not covered in any of the previous budget categories

FEDERAL REQUEST: None

JUSTIFICATION: N/A

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **\$0**

Indirect Cost Rate: The Vermont Department of Mental Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987 and is available at <http://humanservices.vermont.gov/departments/office-of-the-secretary/cost-allocation-plan>. The Cost Allocation Plan summarizes and allocates actual, allowable costs incurred in the operation of the program. These costs include items often shown as direct costs, such as telephone and general office supply expenses, as well as items usually included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the sub grants paid in the program relative to the total sub grants paid in the department overall. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. For the purposes of this grant application, we are estimating an average rate of 1.78% for year one of the grant based on historical data.

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FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

1.78% of Direct Charges (.0178 x \$1,960,518) \$34,897

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) **\$1,960,518**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) **\$34,897**

TOTAL: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) **\$1,995,415**

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Proposed Project Period

- a. Start Date: 09/30/2017 b. End Date: 09/29/2022

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
(1) Personnel	\$56,424	\$59,758	\$62,920	\$66,373	\$69,867	\$315,342
(2) Fringe	\$25,695	\$27,214	\$28,654	\$30,226	\$31,818	\$143,607
(3) Travel	\$9,208	\$2,140	\$2,140	\$9,208	\$2,140	\$24,836
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$1,600	\$600	\$600	\$600	\$600	\$4,000
(4)Contractual	\$1,867,591	\$1,867,591	\$1,867,591	\$1,857,591	\$1,857,591	\$9,317,955

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Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Other	\$0	\$0	\$0	\$0	\$0	\$0
Total Direct Charges	\$1,96,518	\$1,957,303	\$1,961,905	\$1,963,998	\$1,962,016	\$9,805,740
Indirect Charges	\$34,897	\$34,840	\$34,922	\$34,959	\$34,942	\$174,542
Total Project Costs	\$1,995,415	\$1,992,143	\$1,996,827	\$1,998,957	\$1,996,940	\$9,980,282

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$9,980,282_**

***FOR REQUESTED FUTURE YEARS:**

(1) Increase in Personnel line item assumes state-required step increase and COLA for Project Director. State of Vermont Personnel Policy and Procedure Manual states:

The State maintains a single compensation plan (the classified pay plan). This salary plan covers all classified employees as required by 3 VSA 310. The plan is based on principles of internal alignment for uniformity and equity. Compensation for employees covered by this plan is in accordance with provisions adopted by the Secretary of Administration through the Commissioner of Personnel, subject to the collective bargaining rights provided in 3 VSA 904, and approval by the General Assembly.

Specific features of the classified pay plan include: Step advancement within salary range based on longevity and satisfactory performance. Employees may have their hourly rate increase after a specific length of time at the current rate by advancing a step.

Periodic Salary Adjustment: Cost of living adjustments to the classified pay plan are negotiated through the collective bargaining process. When these salary adjustments are approved, the plan is adjusted accordingly.

(2) Increase in fringe based on increase in salary.

(3) Travel expense assumes travel to SAMHSA-required national conference in Year One and Four.

(4) Decrease in contractual for Year Four and Five assumes \$10,000 reduction for contract with Vermont Cooperative for Practice Improvement

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

N/A

IN THIS SECTION, include a narrative and separate budget for each year of the grant that shows the percent of the total grant award that will be used for data collection, performance measurement and performance assessment. Be sure the budget reflects the funding restrictions in [Section IV-5](#).

Infrastructure Development	Year 1	Year 2	Year 3	Year 4	Year 5	Total Infrastructure Costs
Personnel						
Fringe						
Travel						
Equipment						
Supplies						
Contractual	\$268,091	\$268,091	\$268,091	\$258,091	\$258,091	\$1,320,455
Other						
Total Direct Charges	\$268,091	\$268,091	\$268,091	\$258,091	\$258,091	\$1,320,455
Indirect Charges						
Total Infrastructure Costs	\$268,091	\$268,091	\$268,091	\$258,091	\$258,091	\$1,320,455

JUSTIFICATION

All expenditures related to infrastructure costs are calculated as part of three contractual line items:

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(1) Contract with Vermont Federation of Families for Children’s Mental Health: \$25,000 per year for five years.

(2) Contract with Behavioral Health Network: \$143,091 per year for five years.

(3) Contract with Vermont Cooperative for Practice Improvement and Innovation: \$100,000 per year for five years.

Data Collection & Performance Measurement	Year 1	Year 2	Year 3	Year 4	Year 5	Total Data Collection & Performance Measurement Costs
Personnel						
Fringe						
Travel						
Equipment						
Supplies						
Contractual	\$179,500	\$179,500	\$179,500	\$179,500	\$179,500	\$897,500
Other						
Total Direct Charges	\$179,500	\$179,500	\$179,500	\$179,500	\$179,500	\$897,500
Indirect Charges						
Data Collection & Performance Measurement	\$179,500	\$179,500	\$179,500	\$179,500	\$179,500	\$897,500

JUSTIFICATION

All expenditures related to data collection and performance management are calculated as part of one contractual line item:

Contract with University of Vermont – Vermont Children’s Health Improvement Program: \$179,500 per year for five years.

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Administrative Costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total Administrative Costs
Personnel	\$56,424	\$59,758	\$62,920	\$66,373	\$69,867	\$315,342
Fringe	\$25,695	\$27,214	\$28,654	\$30,226	\$31,818	\$143,607
Travel	\$9,208	\$2,140	\$2,140	\$9,208	\$2,140	\$24,836
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$1,600	\$600	\$600	\$600	\$600	\$4,000
Contractual						
Other						
Total Direct Charges	\$92,927	\$89,712	\$94,314	\$106,407	\$104,424	\$487,784
Indirect Charges	\$34,897	\$34,840	\$34,922	\$34,959	\$34,942	\$174,542
Total	\$127,824	\$124,552	\$129,236	\$141,366	\$139,366	\$662,355

JUSTIFICATION

All expenditures related to administrative costs at the state are contained in personnel (project director), fringe, travel, supplies, and indirect charge.