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STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members

From: Nathan Lavery, Fiscal Analyst

Date: October 30, 2013

Subject: Grant Requests

Enclosed please find eight (8) items that the Joint Fiscal Office has received from the administration. One limited service position is associated with these items.

JFO #2643 – $150,000 grant from New England Waste Services of Vermont to the Vermont Agency of Transportation. These funds will be used to match federal funding designated for improvements to the Newport State Airport.
[*JFO received 10/14/13*]

JFO #2644 – Donation of truck and trailer valued at $17,870 from Fletcher Allen Health Care to the Vermont Department of Health. This equipment will become part of the Public Health Preparedness program (in support of the Medical Reserve Corp, Medical Surge, and Mobile Hospital) and be deployed when requested by Vermont hospitals and local emergency response agencies.
[*JFO received 10/23/13*]

JFO #2645 – $60,000 grant from the U.S. Department of Justice to the Vermont Department of Corrections. These funds will be used to create a system-wide approach to reentry by assembling a task force of stakeholders to analyze current conditions and develop a plan that includes recidivism reduction goals.
[*JFO received 10/23/13*]

JFO #2646 – $300,000 grant from the U.S. Department of Justice to the Vermont Judiciary. These funds will be used in Windham County to implement a domestic violence docket that will enhance services to victims of domestic violence. **One (1) limited service position** is associated with this request.
[*JFO received 10/28/13*]

JFO #2647 – $325,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. These funds will be used to enhance health policies focused on Vermont youth, such as measuring the health environment at schools and conducting the Youth Risk Behavior Survey.
[*JFO received 10/28/13*]

JFO #2648 – $450,000 grant from the U.S. Department of Health and Human Services to the Vermont Agency of Human Services. This grant will fund an employment program aimed at helping older

refugees find employment. The funding will also support younger refugees making the transition from secondary school to the workforce or higher education.
[*JFO received 10/28/13*]

JFO #2649 – $64,902 grant from the U.S. Department of Justice to the Vermont Center for Crime Victim Services (VCCVS). These funds will be used to develop a plan for increasing accessibility to VCCVS services among people with disabilities.
[*JFO received 10/28/13*]

JFO #2650 – $264,104 grant from the U.S. Department of Justice to the Vermont Center for Crime Victim Services (VCCVS). These funds will be used support a training program (for law enforcement and advocates) designed to promote cooperation and produce a plan aimed at reducing fatalities associated with domestic violence and stalking.
[*JFO received 10/28/13*]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@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 13 we will assume that you agree to consider as final the Governor's acceptance of these requests.

VERMONT

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

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Agency of Administration

JFO 2647

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:	To enhance evaluation and improve health policies and programs for Vermont youth				
Date:	10/17/2013				
Department:	Health Department				
Legal Title of Grant:	Promote Adolescent Health through School-Based HIV/STD Prevention & School-Based Surveillance				
Federal Catalog #:	93.079				
Grant/Donor Name and Address:	Department of Health & Human Services, Centers for Disease Control & Prevention, Atlanta, Georgia				
Grant Period: From:	8/1/2013	**To:**	7/31/2018		
Grant/Donation	$325,000				

	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	$43,331	$65,000	$65,000	$173,331	An additional $151,669 is available in years 4 and 5

	# Positions	Explanation/Comments
Position Information:	0	Work can be completed with an existing position
Additional Comments:	These funds will used instead of a transfer from Education.	

Department of Finance & Management	10/23/13	(Initial) EB 10/17/13
Secretary of Administration	10/23/13	(Initial)
Sent To Joint Fiscal Office	10/24/13	**Date**

VERMONT

State of Vermont
Department of Health
Office of the Commissioner
108 Cherry Street - PO Box 70
Burlington, VT 05402-0070
healthvermont.gov

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[fax] 802-951-1275
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Agency of Human Services

MEMORANDUM

TO: Legislative Joint Fiscal Committee

FROM: Harry Chen, MD, Commissioner of Health

RE: Request for Grant Acceptance – Promote Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance

DATE: September 26, 2013

The Department of Health has received a grant from the Department of Health & Human Services, Centers for Disease Control & Prevention, providing $65,000 each year for five years to enable the Department to enhance the evaluation and improvement of health policies and programs for Vermont youth.

The Vermont Department of Health (VDH), partnering with the Vermont Agency of Education (AOE) and Vermont public schools, will implement the School Health Profiles (Profiles) on the even years, and the Youth Risk Behavior Survey (YRBS) on odd years. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the "resiliency" of young people by reducing high risk behaviors and promoting healthy behaviors. The Profiles measure the school health environment as it relates to policy and curriculum. The Profiles are part of the larger Coordinated School Health model, which Vermont engages for coordination, collaboration, and integration at the statewide and local level. This model allows for effective collaboration to improve the health outcomes of school-aged children in Vermont.

Most of the funds will be used to support the staff necessary to the project, primarily a Public Health Analyst in the Health Department who will be responsible for implementation of the Profiles, assisting with the implementation of the VT YRBS, and analysis and reporting from both surveys. Funds will also be used for supplies and other related costs.

The Health Department is hereby seeking approval to receive $43,331 in new Federal funds in State Fiscal Year 2014. The remainder of the Federal funding will be included in the Department's future budget requests. This request is in lieu of, and enhances, an Inter-Departmental Transfer that we have received annually from the Agency of Education. We have also attached the grant award document and a copy of the grant application for review.

Enclosures

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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Health Surveillance			
4. Legal Title of Grant:	Promote Adolescent Health through School-Based HIV/STD Prevention & School-Based Surveillance			
5. Federal Catalog #:	93.079			
6. Grant/Donor Name and Address: Department of Health & Human Services, Centers for Disease Control & Prevention, Atlanta, Georgia				
7. Grant Period: **From:**	8/1/2013	**To:**	7/31/2018	
8. Purpose of Grant: See Attached Summary				
9. Impact on existing program if grant is not Accepted: None				

10. BUDGET INFORMATION				
	SFY 1	**SFY 2**	**SFY 3**	**Comments**
Expenditures:	**FY** 14	**FY** 15	**FY** 16	
Personal Services	$30,331	$52,000	$52,000	
Operating Expenses	$13,000	$13,000	$13,000	
Grants	$0	$0	$0	
Total	$43,331	$65,000	$65,000	
Revenues:				
State Funds:	$0	$0	$0	
Cash	$0	$0	$0	
In-Kind	$0	$0	$0	
Federal Funds:	$43,331	$65,000	$65,000	
(Direct Costs)	$34,232	$49,400	$49,400	
(Statewide Indirect)	$546	$936	$936	
(Departmental Indirect)	$8,553	$14,664	$14,664	
Other Funds:	$0	$0	$0	
Grant (source)	$0	$0	$0	
Total	$43,331	$65,000	$65,000	

Appropriation No:	3420010000	**Amount:**	$4,277
	3420020000		$39,054
			$
			$
			$
			$
			$
		Total	$43,331

OCT 14 2013

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

Has current fiscal year budget detail been entered into Vantage? ☒ Yes ☐ No

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: Harry Chen, M.D., Commissioner of Health Agreed by: _____ (initial)

12. Limited Service Position Information:	**# Positions**	**Title**
Total Positions		

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

13. AUTHORIZATION AGENCY/DEPARTMENT

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: [signature] Date: 9/30/2013

Title: Commissioner of Health

Signature: [signature] Date: 10/16/13

Title:

14. SECRETARY OF ADMINISTRATION

☒ Approved: (Secretary or designee signature) [signature] Date: 10/23/13

15. ACTION BY GOVERNOR

☒ Check One Box: Accepted [signature] Date: 10/24/13

☐ Rejected (Governor's signature) Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- ☐ Request Memo
- ☐ Dept. project approval (if applicable)
- ☐ Notice of Award
- ☐ Grant Agreement
- ☐ Grant Budget
- ☐ Notice of Donation (if any)
- ☐ Grant (Project) Timeline (if applicable)
- ☐ Request for Extension (if applicable)
- ☐ Form AA-1PN attached (if applicable)

End Form AA-1

(*) 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).

VERMONT DEPARTMENT OF HEALTH

SFY14 Promote Adolescent Health through School-Based HIV/STD Prevention & School-Based Surveillance Project

VISION Account	Admin & Support (3420010000)	Health Surveillance (3420020000)	VDH Total
Employee Salaries	$0	$15,166	$15,166
Fringe Benefits	$0	$6,066	$6,066
3rd Party Contracts	$0	$0	$0
Total Personal Services	$0	$21,232	$21,232
Equipment	$0	$0	$0
Supplies	$0	$195	$195
Other	$0	$12,805	$12,805
Travel	$0	$0	$0
Total Operating Expenses	$0	$13,000	$13,000
Subgrants	$0	$0	$0
Total Direct Costs	$0	$34,232	$34,232
Total Indirect Costs	$4,277	$4,822	$9,099
Total SFY14 Grant Costs	$4,277	$39,054	$43,331

Appropriation Summary

Total Personal Services	$4,277	$26,054	$30,331
Total Operating Expenses	$0	$13,000	$13,000
Total Subgrants	$0	$0	$0
	$4,277	$39,054	$43,331

Vermont Department of Health
Response to FOA#CDC-RFA-PS13-1308
Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance
Budget Narrative Attachment

REVISED – August 2013

The State of Vermont requests a total of $65,000 for the budget period August 1, 2013 through July 31, 2014. We are requesting $60,000 for school-based surveillance and an additional $5,000 for the implementation of a sexual minority status measure.

Monies from this grant will be used for the implementation, analysis, and dissemination of the Youth Risk Behavior Survey and the School Health Profiles survey in Vermont. This includes data collection (including advance letter notification and enough completed interviews to allow Vermont to obtain weighted data for both surveys), staff time for survey administration and analysis for both surveys (including fringe and indirect costs), and associated postage and supplies charges. Below is the justification for the budget monies requested for the grant period.

Overall, Vermont has asked nine questions related to sexual identity and behavior on the Vermont YRBS, six of the seven CDC questions related to sexual behavior. The only question not asked is: "Have you ever had sexual intercourse?" However, this is calculated from the question: "How old were you when you had sexual intercourse for the first time?" which has a response category "I have never had sexual intercourse."

In addition to asking six of the seven CDC questions. In addition, the VT YRBS asks the sexual identity question, "Which of the following best describes you?" with response choices of: Heterosexual, gay or lesbian, bisexual, not sure. And, the question regarding the gender of persons they have engaged in sexual contact, "During your life, with whom have you had sexual contact?" with response choices of: I have never had sexual contact, females, males, males and females. Finally, VDH also ask about engagement in oral sex. VDH will continue to include these important measures in the future.

A. Salary and Wages ($26,000): Money is requested to fund 0.50 FTE for a Public Health Analyst who will be responsible for: implementation of the Profiles, assisting with the implementation of the VT YRBS, and analysis and reporting from both surveys. Duties for the position will be combined with funding from CDC-RFA-DP13-1305: *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*, which requires significant epidemiology and analysis of data from the YRBS and the Profiles. VDH believes it is most efficient to combine the duties of surveillance for DP-1301305 with the position that bears responsibility for the implementation of Profiles and analysis of both the Profiles and YRBS. VDH currently funds a YRBS survey coordinator as part of

the epidemiologic services provided to VDH's Alcohol and Drug Abuse Prevention Program, therefore the lead survey administrator for the YRBS does not need to be funded by this grant.

Position Title and Name:	Public Health Analyst II, TBD
Annual Salary:	$52,000
Time	0.50 FTE (50%)
Months:	12 Months
Amount Requested:	$26,000

Responsibilities for this position will include: survey implementation, sampling, recruiting, oversight of data collection, quality control, analysis, and reporting and dissemination of results for the Profiles. This position will also assist with the implementation of the YRBS.

B. Fringe Benefits ($10,400): The State of Vermont uses a 40% rate to calculate fringe. This translates into $10,400 based on the salary noted above. The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary and a portion - 80% for medical, 75% for life and 100% for dental – of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 40% of salary.

C. Consultant Costs: Not applicable.

D. Equipment: Not applicable.

E. Supplies ($195): General office supplies, such as envelopes and paper for printing and mailing.

Supplies for the School Health Profiles Year 1:

$7	VDH Logo Envelopes ($7 per 500)
$25	2,444 pieces of paper ($5 per ream of 500 sheets)
$42	564 Large Envelopes for Survey Mailing ($7 per box of 100)
$120	564 Envelopes for Survey Return by Schools ($20 per box of 100)
$194	Total

F: Travel: Not applicable.

G. Other ($12,805): Postage for School Health Profiles Mailings; printing costs for YRBS reports.

School Health Profiles Costs Year 1:

$94 Prenotification Letters
Outgoing postage: $0.50 x 188 = $94

$282 Pre-postage printed postcards for respondent names
Postcards: $1.50 ea x 188 = $282

$2,105 First Survey Packet Mailing
2 separate mailings to each school: 188 x 2=376
376 survey packets mailed via priority mail:
376 x $5.60 = $2,105.60

$752 Return Postage
376 envelopes with postage in 1st mailing
Assumes $2 return postage cost
376 x $2.00 = $752

$564 Pre-postage printed reminder postcards
376 Reminder postcards @ $1.50 each = $564

$1,052 Second Survey Packet Mailing
Assume re-mail to half of respondents
188 survey packets mailed via priority mail:
188 x $5.60 = $1,052.80

$376 Return Postage
188 envelopes with postage in 2nd mailing
Assumes $2 return postage cost
188 x $2.00 = $376

Youth Risk Behavior Survey Costs Year 1:

$850 Shipping YRBS Reports to Schools
2009 cost was $811
Added a 5% inflation adjustment ($811 x 1.05 = $852)

$6,730 Printing for YRBS Highlights and Statewide Reports
Estimate from printer based on previous years

H. Total Direct Costs (sum of A-G, plus J): $49,400

I. Indirect Costs ($15,600): The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the original approval and a copy of the most recent approval letter are attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often 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 salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item, yielding a cost of $15,600 for the period.

Please find attached the following two documents that are referenced above:

- BN3 SURV VTDOH - Orig CAP Lettr.pdf
- BN4 SURV VTDOH - CAP letter Dec 2011.pdf

J. Contractual Costs: Not applicable to Year 1.

Budget Summary:

A. Salaries and Wages	$26,000
B. Fringe Benefits	$10,400
C. Consultant Costs	--
D. Equipment	--
E. Supplies	$195
F. Travel	--
G. Other (postage)	$12,805
H. Direct Costs (sum A-G, + J)	$49,400
I. Indirect Costs	$15,600
J. Contractual Costs	--
k. TOTAL *(sum of H and I)*	**$65,000**

Vermont Department of Health Response to FOA#CDC-RFA-PS13-1308
Promoting Adolescent Health Through School-Based HIV/STD
Prevention and School-Based Surveillance
Project Narrative Attachment

BACKGROUND

How many Vermont teens drink alcohol or smoke cigarettes? What proportion of schools has suicide prevention in the curriculum? How many students are sexually active, and of those, how many are using condoms? How many schools require health education and what topics are covered? Do students feel safe at school, how many have been threatened there? Are students required to participate in physical education classes? How many use marijuana or cocaine?

Finding answers to these questions is vitally important. This information is used throughout the state to plan and evaluate programs and school policies, to assess need, to write grants for critical school-based funding, to target and mobilize prevention and intervention efforts, and to influence the behavior of students and educators alike by establishing accurate peer-based norms. For Vermont's 626,000 residents, these surveys allow insight into the behaviors of the 125,000 youth in our state and the policies and procedures of our 188 middle and high schools.

Every two years since 1993, the Vermont Department of Health (VDH) and the Vermont Agency of Education (AOE) have collaborated to implement the Youth Risk Behavior Survey (YRBS). The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the "resiliency" of young people by reducing high risk behaviors and promoting healthy behaviors. The YRBS provides accurate information about Vermont students which enables us to monitor trends in their health and risk behaviors; compare Vermont students with a national sample of students; and plan, evaluate, and improve community and school programs that prevent health problems and promote healthy behaviors.

The Vermont AOE has implemented the School Health Profiles (Profiles) every other year since 2002. The Profiles measure the school health environment as it relates to policy and curriculum. The Profiles are part of the larger Coordinated School Health model, which Vermont engages for coordination, collaboration, and integration at the statewide and local level. This model allows for effective collaboration to improve the health outcomes of school-aged children in Vermont. The Profiles provide information about: school health policies and practices with regional comparison analysis; school policies related to nutrition, physical activity, and tobacco use prevention; and curriculum intended to prevent health problems and promote healthy behaviors.

Both the YRBS and the Profiles allow advocates, educators, prevention programs, and policy-makers to have sound, local data to develop and improve upon Vermont's adolescent health, school health and health education programs and policies. Both surveys are currently being administered in secondary schools containing any grades from six through twelve, except those that contain only a 6th grade and no other middle or high school classes.

APPROACH

Purpose: The VDH, partnering with the Vermont AOE and Vermont public schools, will successfully implement the Profiles in the even years, and the YRBS in the odd years. By completing these two important surveillance surveys VDH will enhance the ability of schools, state agencies, and community organizations to assess, evaluate and improve health policies and programs for Vermont youth. VDH will widely promote and distribute the results of the surveys. Furthermore, VDH will work with partners to disseminate the reports and presentations developed and to promote the use of the data in all levels of planning and evaluation of youth health programming.

Outcomes: By implementing both the Profiles and the YRBS with fidelity to the Center for Disease Control and Prevention (CDC) specifications and required activities, VDH will achieve weighted data for both the Profiles and the YRBS. (Note: Vermont has achieved weighted data for YRBS since 1993 and weighted data for Profiles since 2002.) This data will allow for accurate surveillance of youth health for the State of Vermont. In addition, VDH will utilize results from the YRBS and the Profiles to monitor 14 Healthy Vermonters 2020 objectives.

Program Strategy: VDH has already assessed internal capacity and readiness to implement the YRBS and Profiles according to the required strategies. VHD has determined that a currently vacant position will need to be filled to achieve 100% of the work plan effectively. VDH is positioned to do that quickly upon notification of the award. Regardless of progress toward filling that position, VDH does not anticipate any barriers to revising the Year 1 work plan, if necessary.

Goal 1: Every other year, in even-numbered years, VDH will take the following steps to implement the **School Health Profiles** with fidelity:

- **Objective 1.1**- Program Planning: The Profiles coordinator will be responsible for developing an implementation plan, complete with a timeline and milestones consistent with the protocols outlines by the *Handbook for Developing School Health Profiles.*
- **Objective 1.2**- Fielding Preparation:
    1. Stakeholder Engagement: The coordinator will assemble a meeting of key stakeholders to inform them of the process and intention to implement the Profiles survey. In this meeting, the CDC Profiles questionnaire will be reviewed and VDH will determine if there is a stakeholder desire to include additional survey questions to meet the needs of stakeholders.
    2. Sample Frame: VDH will work with AOE to produce a sampling frame for the CDC contractor. VDH anticipates implementing a census of all middle and high schools. The sampling frame will meet CDC specifications and will include all schools that accept publically funded students. This will be achieved by the CDC deadline.
    3. Data Collection Tracking System: VDH will determine the best method for tracking responses from schools and individual participants. This will allow for targeted follow-up with specific non-responders.

4. Ordering Questionnaires: VDH will use questionnaires designed as per the *Handbook for Developing School Health Profiles* and will order questionnaires from CDC contractor.

- **Objective 1.3**- Implementing the Survey: VDH will take the following steps for data collection:
    1. Send a pre-notification letter to each school principal, with a return postcard for submission of names of appropriate respondents for each survey.
    2. Contact schools that do not return the postcard to obtain respondent names.
    3. Send an initial survey packet containing a cover letter, a survey booklet, letters of support, a fact sheet of previous Profiles results, and an addressed and stamped return envelope.
    4. Two weeks after the initial mailing, send a reminder postcard to all recipients.
    5. Two weeks later, send a second survey packet (same contents) to all respondents who have not returned their survey.
    6. Two weeks later, place reminder telephone calls to non-responders.
    - Tracking Progress: Throughout the process of data collection, VDH will submit a tracking form to the CDC contractor every two weeks. Incoming questionnaires will be reviewed for data quality and completeness on an ongoing basis.
- **Objective 1.4**- Finalizing Data Collection: Once VDH has exhausted every effort to obtain responses from each participant, VDH will close data collection and submit the completed questionnaires for scanning. VDH will also provide all appropriate sample documentation by the CDC appointed deadline.
- **Objective 1.5**- Analyzing and Reporting: Once the weighted data is returned, VDH will analyze and report on the statewide findings.
    - Dissemination: VDH will release the Profiles findings with a statewide press release. Reports will be sent to all schools, and disseminated throughout local education agencies. VDH will work to ensure that the results will be used for youth health policy improvements at the state level, and for planning of health programs.
- **Objective 1.6**- Evaluate Profiles: VDH will evaluate the Profiles process, data utilization, and report production to improve all systems for subsequent Profiles cycle.

Goal 2: Every other year, in odd-numbered years, VDH will take the following steps to implement the **Youth Risk Behavior Survey** with fidelity:

- **Objective 2.1**- Program Planning: The YRBS coordinator has a two-year implementation plan outlining key tasks and milestones for YRBS survey implementation consistent with the CDC protocols. Each new survey cycle is started by assigning dates to tasks and milestones.
- **Objective 2.2**- Questionnaire Design: VDH will develop a questionnaire that meets the CDC *Handbook for Conducting the Youth Risk Behavior Surveys* specifications. VDH convenes a workgroup comprised of public health and education officials to discuss the content of the next questionnaire. The group balances the necessary 2/3 of the National Survey questions and the grant required questions with the desired optional and state-added questions to formulate the final questionnaire. The questionnaire will

be finalized with CDC sign-off by the CDC appointed deadline. (NOTE: VT has asked about the sex of sexual partners since 1995, and has asked about sexual identity since 2005. VT has measured at least 7 sexual behavior questions on each survey since 1993, and will continue to ask these questions each cycle.)

- Stakeholder Engagement: While much stakeholder engagement is done during the questionnaire design process, the coordinator also maintains relationships with school liaisons, school-based coordinators, principals, and educators. Steps will be taken to inform these partners of the upcoming survey and to engage their participation.
- Sample Frame: VDH and AOE will produce a sampling frame that meets the CDC YRBS protocol. It will include all schools that accept publically funded students, and will be signed-off on by the CDC before the CDC appointed deadline.
    - Additional Sample: In addition to the official sample for weighted data, VDH will allow all middle or high schools in VT to participate. This allows for rich sub-state analysis that is critical to regional assessments, evaluations and planning.
- **Objective 2.3**- Implement Contract for Data Collection: VDH will put out to bid and hire a contractor to print, ship and scan all YRBS questionnaires. The contractor will follow all CDC specifications, and will deliver a completed dataset to VDH prior to the CDC appointed deadline. VDH will submit a clean data set to the CDC.
- **Objective 2.4**- Implement Survey: School Coordinator Training: In the weeks prior to shipping of YRBS surveys to schools, the YRBS Coordinator holds a web-based video training session for the review of survey protocols with the individuals responsible for implementation in each school.
- Tracking Progress: Monitor shipment of questionnaires to schools. VDH, in consultation with the contractor, will submit a tracking form to CDC specifications every two weeks during administration of the YRBS.
- Clean Data: Receive data from VDH contractor and clean and ship to CDC contractor.
- **Objective 2.5**- Analysis and Reporting: VDH will develop a statewide report with weighted data, as well as county-, supervisory union- and school-level reports with the local data. VDH also produce specific analysis, such as analysis of racial and ethnic minority data, sexual minority status data and other special populations. Throughout the year data briefs highlight specific topic analysis. VDH also responds to a myriad of data requests related to the YRBS data.
- Dissemination: Each year, VDH announces YRBS results at a statewide press conference, Summary booklets of the statewide report are disseminated to schools and local officials. The data briefs are widely distributed via e-mail blasts and printed copies. School liaisons in local health offices will utilize the local reports for school health planning and evaluation purposes. Regional VDH personnel will use local reports for regional planning and evaluation.
- **Objective 2.6**- Evaluate YRBS: Determine whether weighted data was received from CDC. Analyze overall, school specific, and individual response rates. Analyze responses to YRBS school administrator satisfaction survey.

In addition to the specific steps outlined above, VDH will also engage in the following activities in an effort to increase participation, broaden reach and collaborative efforts, and increase the quality of data and reporting on these two surveillance projects.

Target Populations and Inclusion: In order to include all populations within the education system, VDH has traditionally opened up participation in the YRBS to any middle or high school that wishes to participate. In addition, VDH has sought out participation from technical and alternatives schools and worked with school districts that cross state borders to ensure that all Vermont students are reached. This allows for a robust statewide sample of nearly 23,000 high school students and 13,500 middle school students. Statewide reporting is based on the CDC-sampled schools representing 8,654 high school students and 3,278 middle school students. The broader statewide sample allows for local data, targeted to specific communities. VDH also intends to implement a census of schools for the Profiles.

Collaboration: The VDH will continue to collaborate with the AOE to implement both surveys. VDH has a long history of working with the AOE to achieve common goals of high quality data collection. In addition, VDH will work with: the middle and high schools in Vermont, the Supervisory Unions, the local District Health Offices, the Coordinated School Health Committee, the VDH school liaisons, the Agency of Human Services youth health programs, and relevant community organizations.

Leveraging Efficiencies of Multiple Programs: VDH will leverage funding from other federal sources and the State to supplement the efforts of this grant. The YRBS Coordinator is funded by the Alcohol and Drug Abuse Program for survey implementation and general epidemiology related to substance abuse prevention in schools. A new staff member will be hired, with a dual role as Profiles Coordinator and epidemiologist for the chronic disease prevention programs especially related to schools. VDH intends to combine grant funding, with expected funding from *CDC-RFA-DP13-1305: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health*, to complete the new position funding.

Disparities Analysis : Using data from the Profiles and data from the YRBS, disparity analysis for sexual minorities will be completed and put into data pages for statewide release, as it has been done in the past.
(**http://healthvermont.gov/research/yrbs/documents/data_brief_201204.pdf**) Vermont has a long history collecting sexual minority data (sex of sexual contact since 1995, and sexual identity since 2005) in the YRBS. This history places Vermont in a unique situation in which the surveillance data for sexual minorities can be used in trend analysis for program planning and evaluation purposes. VDH routinely produces analysis on other types of health disparity outcomes in the state, such as racial and ethnic minorities, geographic distribution (including rural versus urban and by county), socioeconomic status, gender and grade level. VDH recently released 2013 Minority Health Data pages, including data from the YRBS and will continue this kind of reporting.
(**http://healthvermont.gov/local/mhealth/documents/minority_hlth_data_pages_2013.pdf**)

ORGANIZATIONAL CAPACITY

The VDH, as part of Vermont's Agency of Human Services, works in concert with other human service departments to improve the health and well-being of all Vermonters. Due to Vermont's rural nature and limited population, there is no county government. There are 12 Health District Offices of VDH throughout the state that provide essential health promotion and disease prevention services for Vermonters. Of particular importance, each local health district has a school liaison who works directly with schools to integrate the Coordinated School Health model, and to provide technical assistance to school health professionals.

Within VDH, epidemiologic, surveillance and analytical services are centralized in the Division of Health Surveillance, Public Health Statistics Section. All population-based surveillance surveys (the Behavioral Risk Surveillance Survey (BRFSS), the Adult Tobacco Survey (ATS) and the YRBS) and chronic disease epidemiology is housed within the Research, Epidemiology and Evaluation Unit (REE Unit). The REE Unit is also responsible for data collection and analysis for the Alcohol and Drug Abuse Program, the Vermont Prescription Monitoring System, Healthy Vermonters 2020, and the Blueprint for Health, the State's Health Care Reform initiative for chronic care.

The REE Unit exists for the collection, analysis, communication and dissemination of data. Management authority for both the YRBS and the School Health Profiles will rest with the REE Unit Chief. Implementation will be carried out by REE staff. REE Unit staff consists of ten public health professionals with over 60 years of combined experience in data collection, survey implementation, analysis, reporting, presentation and dissemination of data. Each member of the team has achieved an advanced degree, some with PhDs in Epidemiology, several with Masters' of Public Health or other related degrees.

The REE Unit has extensive experience implementing surveys such as the YRBS and the Profiles. VDH has been responsible for the YRBS and similar surveys since Vermont began to implement them in 1993. VDH is also responsible for administering other mail-based surveys such as the Pregnancy Risk Assessment Monitoring Survey and the Physician's Survey, and other school-based surveillance such as the School Nurse's Survey.

For all of these surveys, and numerous other data sources (such as Hospital Discharge data, Vital Statistics, etc.), REE Unit staff is responsible for data analysis, reporting, presentation and dissemination of results. REE staff regularly produces a variety of reports to communicate the data to colleagues and partners – from burden documents to data briefs. Recently, REE produced the data and reporting for the release of the Healthy Vermonters 2020 project (**http://healthvermont.gov/hv2020/report.aspx**) and an assessment of state health disparities (**http://healthvermont.gov/research/healthdisparities.aspx**). The REE Unit regularly analyzes data for specific chronic diseases and risk factors, such as the Asthma Data Pages or an annual assessment of chronic disease in Vermont (**http://healthvermont.gov/research/chronic/documents/Chronic_Disease_Overview_HPDP2011.pdf**)

Each year since the early 1990's, VDH has produced a series of reports from YRBS data, including a statewide report with weighted data, local Supervisory Union (i.e., school district) reports, county-level reporting, and school-specific reports (if requested by a school). Every survey administration year VDH also produces an assessment of VT data compared to the national YRBS and data briefs on various topics of importance to Vermonters throughout the year. Since 2009, REE has produced an analysis of YRBS results by racial and ethnic status, these reports can be found here: **http://healthvermont.gov/research/yrbs.aspx**.

In previous years, Vermont's AOE has handled the implementation, analysis and dissemination of the Profiles. AOE has implemented the survey as recommended and produced a report from the findings each cycle. The VDH looks forward to transitioning the Profiles to the REE assembly of survey projects and improving upon the implementation, analysis and reporting of the data.

While implementation of these types of surveys can be challenging, our track record is sound. Schools are busy places, with many demands on the time of students and administrators alike. Because of this, VDH anticipates a number of barriers to achieving a high response rate, quality data and wide distribution of results. VDH has worked very hard to maintain good relations with the school liaisons for the YRBS and will continue to forge those relationships to assist with quality data collection for both surveys. In 2013, nearly all eligible schools in Vermont participated in the YRBS. Twenty-five of 25 sampled middle schools participated and 24 of 25 sampled high school participated. In addition, 100 additional middle schools and 50 additional high schools also implemented the survey. VDH allows for flexible scheduling for survey completion, plenty of advance notice regarding the surveys, and assistance for local communities in understanding the results and local data application.

Project Management

The YRBS is currently lead by a Public Health Analyst II who reports to the REE Unit Chief. REE anticipates that the School Health Profiles will also be implemented by a PHA II, with a similar reporting structure. All PHA IIs are mentored by more experienced staff who facilitate their learning of the art and science of managing complex data collection efforts and communicating data to other analysts, program staff and the general public.

PHA IIs have minimum requirements of a graduate degree in public health (or a related field) and one year of experience, or a bachelor's degree and several years of professional experience. PHA IIs are expected to: provide advanced interpretation of data and epidemiological services, manage research projects, maintain quality control for data collection, conduct data analysis, develop presentations, respond to internal and external requests, write reports on the results of surveys, and prepare and present data to programs and stakeholders. Expertise in Microsoft Office and statistical analysis software (SAS, SPSS, etc.) is required.

Within VDH, the REE Unit is responsible for data collection contracts. REE writes the request for proposals, assesses the strength of the submissions, chooses the contractor, writes the contract and ensures the implementation of the work. Currently, REE has three such contracts in place – one each for data collection of the BRFSS, the ATS and the YRBS. REE is ready and

able to ensure that such contracts are in place as needed for this grant, and that performance of the contractor is effectively monitored.

EVALUATION AND PERFORMANCE MEASUREMENT

Evaluation and monitoring of survey implementation and results dissemination can take a variety of forms – from measuring the number of surveys completed to engaging participants in a discussion of the ease and value of the project. VDH has several monitoring and evaluation elements in place for the data collection and reporting. Key questions VDH seeks to answer include: Did we achieve enough responses with adequate representation for statistically valid results at all levels, and sufficient for CDC to generate weighted data for Vermont? Was the project implemented with fidelity to the survey protocol? Were the timelines and deadlines reasonable and adhered to? Did the partners have adequate opportunity for project input?

Key process measures will include meeting specific milestones in each survey process – having survey packets mailed out on time, achieving completion of data collection by deadlines, the number of reports distributed, and the number of presentations given.

In terms of monitoring and accountability, the State of Vermont operates within a performance-based management system. The means that virtually everything we do is based on performance outcomes and achievement of goals – from contractual agreements, to granting funds, to divisional goals, to staff performance evaluations. For the YRBS and Profiles, this means that the staff assigned to work on the projects will have specific expectations in their annual performance evaluations related to achieving the goals of the surveys. The contract VDH engages in for YRBS administration has specific measures tied to payment.

Engagement of key partners will be measured by attendance at the work groups that undertake questionnaire development for YRBS and the responses received from the initial notification mailings to school principals for the Profiles. VDH will also seek input from partners in implementation of the surveys – contractors, school-based YRBS coordinators, and respondents.

Review of Survey Implementation

Starting in 2013, VDH initiated an evaluation of the YRBS implementation. A participation satisfaction survey is sent to every local YRBS school-based coordinator (generally a guidance counselor or health teacher), requesting feedback regarding the YRBS administration process and how VDH can better implement the survey going forward. The satisfaction survey also asks about report design and utility, so that future reports can be made more user-friendly, thus expanding access to the data for planning and evaluation purposes at the local level. A similar process will be implemented for the Profiles, allowing those completing the survey in the field the opportunity to weigh-in and provide direct feedback. All of the evaluation and performance measurement outcome and process indicators discussed above will be implemented in each survey cycle, as appropriate to that years' survey.