

STATE OF VERMONT JOINT FISCAL OFFICE

## MEMORANDUM

To: Joint Fiscal Committee Members

From: Daniel Dickerson, Fiscal Analyst

Date: November 7, 2014

Subject: Grant Request #2717

Enclosed please find one (1) item that the Joint Fiscal Office has received from the administration.

JFO #2717 – \$300,387 grant from the U.S. Department of Justice to the Vermont Department of Health. The purpose of this grant is to enable the Department to enhance and strengthen an existing prescription drug monitoring system. The funds will be used primarily to establish several personal service contracts to provide: IT system enhancements, a quality improvement opioid toolkit, a public health campaign, and educational sessions designed to improve patient care. **One (1) limited service position** is associated with this request. [*JFO received 11/07/14*]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; <u>ddickerson@leg.state.vt.us</u>) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by <u>November 21</u> 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

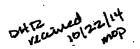
[phone] 802-828-2376 [fax] 802-828-2428 Agency of Administration

2717 6

## STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

| Grant Summary:                                       |                          |                 | Enhance and strengthen the existing prescription drug monitoring system |  |                                       |  |  |
|--|--------------------------|-----------------|---|--|---------------------------------------|--|--|
| Date:  |                          |                 | 0/31/2014   |  | · · · · · · · · · · · · · · · · · · · | ······································                   |  |
| Department:  | •                        | F               | Iealth  |  |                                       | ······   |  |
| Legal Title of Gra                                   | nt:                      | ·               | Iarold Rogers I   | Prescription I                         | ourg Monitoring P                     | rogram   |  |
| Federal Catalog #                                    | •                        | 1               | 6.754   | ······································ |                                       |  |  |
| Grant/Donor Name and Address:                        |                          |                 | JS Dept. of Jus<br>Washington, DO                                       |  | f Justice Program;                    | 810 7th Street, NW;                                      |  |
| Grant Period:  |                          | F               | From: 10/1/2014   | 4 <b>To:</b> 03/3                      | 1/2016                                |  |  |
| <b>Grant/Donation</b>                                | 4                        | \$              | \$300,389   |  |                                       |  |  |
| Grant Amount:  | <b>SFY</b> 1<br>\$138,98 |                 | SFY 2<br>\$161,408  | <b>SFY 3</b><br>\$                     | Total<br>\$300,389                    | Comments   |  |
| Position Informati                                   |                          | # Position<br>1 | Website   |  |                                       | e support to Vermont<br>ogram manager.                   |  |
|  | ioid toolkit,            | public h        | ealth campaign  | , education to                         | improve care to r                     | s to provide IT system<br>patients.<br>(Analyst Initial) |  |
| Department of Finance & Management (Initial)         |                          |                 |   |  | (Initial)                             |  |  |
| Secretary of Admin                                   | istration                |                 |   |  | pen15/14                              | (Initial)  |  |
| Sent To Joint Fiscal Office III (e/14 Date RECEIVED  |                          |                 |   |  | Date                                  |  |  |
| Department of Finance & I<br>Version 1.3 - 6/19/2013 |                          | NOV 07          | 2014  | e 1 of 1                               |                                       |  |  |





AHS-CO

State of Vermont Department of Health 108 Cherry Street, PO Box 70 Burlington, VT 05402

[phone] 802-863-7200 [fax] 802-865-7754

#### MEMORANDUM

| To:   | Jim Giffin, AHS CFO  |
|-------|--|
| From: | Paul Daley, Financial Director                                     |
| Re:   | Grant Acceptance of the Prescription Drug Monitoring Program grant |
| Date: | 10/3/14  |
|       |  |

The Department of Health has received a grant from the United States Department of Justice, Bureau of Justice Assistance, providing \$300,389 for 18 months to enable the Department to enhance and strengthen an existing prescription drug monitoring system.

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA1) and attached summary, a copy of the grant award document, a copy of the grant application, a Position Request Form for one Administrative Assistant, and the RFR for the limited service position.

After review by your office, and approval by the Secretary of Human Services, this package should be forwarded in its entirety to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.

Request for Grant Acceptance Enhanced Prescription Drug Monitoring Program Summary 10/3/2014

The Department of Health has received a grant from the Department of Justice, providing \$300,389 for 18 months to enable the Department to enhance and strengthen an existing prescription drug monitoring system.

This funding will support projects to increase the data quality and utility of the existing prescription drug monitoring system, to provide training and education for prescribers and dispensers of controlled substances, to increase public . knowledge on the consequences of prescription drug misuse and abuse, and to provide information on prescription drug drop off sites and disposal methods.

Efforts will be directed towards: 1) program system enhancements that will strengthen and augment the ability to collect, clean, and validate the data that is uploaded to the program ensuring that prescribers and pharmacists have accurate and complete information regarding their patients' prescription histories; 2) the creation of more robust education and training opportunities for providers aimed at improving prescribing practices and increasing capacity and expertise in the management of chronic pain; and 3) provide the public with enhanced awareness of the risks of prescription drug misuse thru a public health campaign. The funding supports and furthers progress towards the healthy Vermonters 2020 goals and the VDH Strategic Plan by enhancing an already effective and integrated prescription drug monitoring system.

The funds will be used primarily to establish several personal service contracts to provide: several IT system enhancements; a quality improvement opioid toolkit; a public health campaign; and educational sessions designed to improve care for patients. An Administrative Assistant will also be established as well as funding for travel expenditures.

The Health Department is hereby seeking approval to receive \$138,981 in new Federal funds in State Fiscal Year 2015 and the establishment of one limited service position. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document and a copy of the grant application as well as the Position Request Form.

# STATE OF VERMONT REQUEST FOR GRANT <sup>(\*)</sup> ACCEPTANCE (Form AA-1)

| 1. Agency:                             |        | AATION Agency of Human Services |                                       |  |  |  |  |
|--|--------|---------------------------------|---------------------------------------|--|--|--|--|
| 2. Department: Health                  |        |                                 | 1003                                  | ······································ | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 2. Department.                         |        |                                 |                                       |  |  |  |  |
| 3. Prógram:                            | A      | lcohol & Drug Abuse             | e Prevention                          | ·                                      |  |  |  |
|  |        | 11.0 0                          |                                       |  |  |  |  |
| 4. Legal Title of Grant                |        |                                 | ption Drug Monitoring I               | rogram                                 |  |  |  |
| 5. Federal Catalog #:                  | 10     | 5.754                           |                                       | <u> </u>                               |  |  |  |
| 6. Grant/Donor Name                    |        |                                 |                                       |  |  |  |  |
|  |        |                                 | Programs, Bureau of Ju                |  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 7. Grant Period:                       | From:  | 10/1/2014                       | <b>To:</b> 3                          | /31/16                                 |  |  |  |
| 8. Purpose of Grant:<br>See Attached S | ummary | •                               | · · · · · · · · · · · · · · · · · · · |  | · · · ·                                |  |  |
| 9. Impact on existing j<br>None        |        | if grant is not Acce            | epted:                                |  |  |  |  |
| 10. BUDGETANFOR                        | MATIO  |                                 |                                       |  |  |  |  |
|  |        | SFY 1                           | SFY 2                                 | SFY 3                                  | Comments                               |  |  |
| Expenditures:                          |        | <b>FY</b> 15                    | <b>FY</b> 16                          | FY                                     |  |  |  |
| Personal Services                      |        | \$130,474                       | \$152,296                             | \$                                     |  |  |  |
| <b>Operating Expenses</b>              |        | \$8,507                         | \$9,112                               | , <b>\$</b>                            | • ,                                    |  |  |
| Grants                                 |        | . \$0                           | . \$0                                 | \$                                     |  |  |  |
| Total                                  |        | \$138,981                       | \$161,408                             | \$                                     |  |  |  |
| Revenues:                              |        |                                 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| State Funds:                           |        | \$0                             | \$Ó                                   | \$                                     |  |  |  |
| Cash                                   | ·      | \$0                             | \$0                                   | \$                                     | · · · · · · · · · · · · · · · · · · ·  |  |  |
| In-Kind                                |        | \$0                             | \$0                                   | . \$                                   | ······································ |  |  |
| <b>P 1 1P 1</b>                        |        | #120.001                        | <u></u>                               |  |  |  |  |
| Federal Funds:                         |        | \$138,981                       | \$161,408                             | \$·                                    |  |  |  |
| (Direct Costs)<br>(Statewide Indirect) |        | \$132,065<br>\$415              | \$150,540<br>\$652                    | \$\$                                   |  |  |  |
| (Departmental Indir                    |        | \$6,501                         | \$10,216                              |  |  |  |  |
|  |        | ψ0,501                          | φιθμοίο                               | Ψ                                      |  |  |  |
| Other Funds:                           |        | \$0                             | \$0                                   | \$                                     |  |  |  |
| Grant (source )                        |        | \$0                             | \$0                                   | \$                                     |  |  |  |
|  | Total  | \$138,981                       | \$161,408                             | \$                                     |  |  |  |
| Appropriation No:                      | 34200  | )10000                          | Amount:                               | \$3,251                                | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  |        | 60000                           |                                       |  | \$135,730                              |  |  |
| · · · · · · · · · · · · · · · · · · ·  |        | ·                               |                                       | \$                                     |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |        |                                 |                                       | \$                                     | ······································ |  |  |
|  |        |                                 |                                       | \$                                     | · · · · · · · · · · · · · · · · · · ·  |  |  |
|  |        |                                 |                                       | \$                                     | ······································ |  |  |
|  |        | •                               |                                       | \$                                     |  |  |  |
|  |        |                                 |                                       | Total \$138,981                        | •                                      |  |  |
|  |        | •                               |                                       |  |  |  |  |

OCT 2 4 2011

# STATE OF VERMONT REQUEST FOR GRANT <sup>(\*)</sup> ACCEPTANCE (Form AA-1)

| •  |                              | Commissioner of HOCT Ogeodby: (initial)  |
|--|------------------------------|--|
| 12. Limited Service<br>Position Information:   | # Positions                  | Title  |
|  | 1                            | Administrative Assistant B   |
| · · · · · · · · · · · · · · · · · · ·  |                              | · · · · · · · · · · · · · · · · · · ·  |
| Total Positions  | 1                            | · · · · · · · · · · · · · · · · · · ·  |
| 2a. Equipment and space f  | for these                    | presently available. X Can be obtained with available fund   |
| oositions:<br>MANNHORIZATION MA  | ENCYALEPARIME                |  |
| /we certify that no funds beyond basic application   | Signature:                   | DBIteo 5 2   |
| preparation and filing costs<br>ave been expended or   | Title: Acting Commi          | ssioner of Health  |
| committed in anticipation of<br>oint Fiscal Committee<br>opproval of this grant, unless                                | Signature:                   | Date:  |
| nade on Form AA-1PN (if pplicable):  | Title:                       |  |
|  |                              |  |
| Approved:  | Secretary or designee signat | Date: Darl M/S/  |
| S STORAGE  | OK NEW CALL                  |  |
| Check One Box:<br>Accepted   | (Governor skignature)        | 11/10/14<br>Date   |
| Rejected   | (Obvernor spignume)          |  |
|  |                              |  |
|  | Required                     | GRANT Documentation  |
| <ul> <li>Request Memo</li> <li>Dept. project approval (if</li> <li>Notice of Award</li> <li>Grant Agreement</li> </ul> | applicable)                  | <ul> <li>Notice of Donation (if any)</li> <li>Grant (Project) Timeline (if applicable)</li> <li>Request for Extension (if applicable)</li> <li>Form AA-1PN attached (if applicable)</li> </ul> |

# VERMONT DEPARTMENT OF HEALTH

# SFY15 Budget Harold Rogers Prescription Drug Monitoring Program Budget

| VISION Account<br>Employee Salaries<br>Fringe Benefits<br>3rd Party Contracts<br>Total Personal Services | <u>Admin &amp; Support</u><br>(3420010000)<br>\$0<br>\$0<br><u>\$0</u><br>\$0 | <u>ADAP</u><br>(3420060000)<br>\$9,221<br>\$3,689<br><u>\$110,648</u><br>\$123,558 | <u>VDH Total</u><br>\$9,221<br>\$3,689<br><u>\$110,648</u><br>\$123,558 |
|--|---|--|---|
| Equipment<br>Supplies<br>Other<br>Travel<br>Total Operating Expenses                                     | \$0<br>\$0<br>\$0<br><u>\$0</u><br>\$0  | \$0<br>\$0<br>\$6,250<br><u>\$2,257</u><br>\$8,507                                 | \$0<br>\$0<br>\$6,250<br><u>\$2,257</u><br>\$8,507                      |
| Subgrants  | \$0   | \$0  | \$0   |
| - Total Direct Costs<br>Total Indirect Costs<br>Total SFY14 Grant Costs<br><u>Appropriation Summary</u>  | \$0<br><u>\$3,251</u><br>\$3,251  | \$132,065<br><u>\$3,665</u><br>\$135,730   | \$132,065<br><u>\$6,916</u><br>\$138,981                                |
| Total Personal Services<br>Total Operating Expenses<br>Total Subgrants                                   | \$3,251<br>\$0<br><u>\$0</u><br>\$3,251                                       | \$127,223<br>\$8,507<br><u>\$0</u><br>\$135,730                                    | \$130,474<br>\$8,507<br><u>\$0</u><br>\$138,981                         |

### 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 <u>must</u> be obtained <u>prior to</u> 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 <u>must</u> be attached to this form. Please attach additional pages as necessary to provide enough detail.

| Name and Phone (of the person completing this request):       Emily Trutor, 802 651-1552         Request is for:       Positions funded and attached to a new grant.         Positions funded and attached to an existing grant approved by JFO #   |  | Date:   |
|---|--|---|
| Positions funded and attached to a new grant. Positions funded and attached to an existing grant approved by JFO #  | Name and Phone (of the person completing this request):  | 2 651-1552  |
| <ul> <li>1) US Department Of Justice; FY14 Harold Rogers Prescription Drug Monitoring Program, grant # 2014-PM-BX-0008.</li> <li>2. List below titles, number of positions in each title, program area, and limited service end date (information should based on grant award and should match information provided on the RFR) position(s) will be established <u>only after JFF</u> final approval: <ul> <li><u>Title* of Position(s) Requested # of Positions</u></li> <li><u>Division/Program</u></li> <li><u>Grant Funding Period/Anticipated End Date</u></li> <li>Administrative Assistant B</li> <li>1</li> <li>ADAP</li> <li>10/01/14 - 3/31/16</li> </ul> </li> <li>*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review. Request for Classification Review.</li> <li>3. Justification for this request as an essential grant program need: <ul> <li>This position will provide administrative and technical support for the following two areas: <ul> <li>1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (5 FTE);</li> <li>2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.</li> </ul> </li> <li>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).</li> <li>OCT 0 6 2014</li> <li>Signature of Agency of Department Head</li> <li>Date</li> <li><u>Mathematical Administration</u></li> <li>Date</li> </ul></li></ul>                         | Positions funded and attached to a new grant.  | )#  |
| 2014-PM-BX-0008. 2. List below titles, number of positions in each title, program area, and limited service end date (information should based on grant award and should match information provided on the RFR) position(s) will be established <u>only</u> after JF final approval:           Title* of Position(s) Requested # of Positions         Division/Program         Grant Funding Period/Anticipated End Date           Administrative Assistant B         1         ADAP         10/01/14 - 3/31/16           *Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review.         Request for Classification Review.           3. Justification for this request as an essential grant program need:         This position will provide administrative and technical support for the following two areas:         1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (.5 FTE);           2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.         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).         OCT 0 6 2014         Date           Approved/Denied by Popartment Head         Date         Matagement         Matagement | 1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach g   | grant documents):                                     |
| based on grant award and should match information provided on the RFR) position(s) will be established only after JF         final approval: <u>Title* of Position(s) Requested # of Positions</u> <u>Division/Program</u> Grant Funding Period/Anticipated End Date         Administrative Assistant B       1       ADAP       10/01/14 - 3/31/16         *Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review.       Request for Classification Review.         3. Justification for this request as an essential grant program need:       This position Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (.5 FTE);       2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.         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).       OCT 0 6 2014         Signature of Agency of Department Head       Date       V/ 1/ H         Approved/Denied by Nindrice and Management       Date       N/ 5/ 1/ 1         Approved/Denied by Secretary of Atministration       Date       N/ 5/ 1/ 1   |  | Ionitoring Program, grant #                           |
| Administrative Assistant B       1       ADAP       10/01/14 - 3/31/16         *Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review.         3. Justification for this request as an essential grant program need:         This position will provide administrative and technical support for the following two areas:         1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (.5 FTE);         2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.         I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 USA Sec. 5(b).         Signature of Agency of Department Head       Dot 6         Approved/Denied by Nannce and Management       Date         Approved/Denied by Secretary of Alministration       Date         Approved/Denied by Secretary of Alministration       Date   | based on grant award and should match information provided on the RFR) final approval:   | position(s) will be established <u>only</u> after JFC |
| <ul> <li>*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review Request for Classification Review.</li> <li>3. Justification for this request as an essential grant program need: <ul> <li>This position will provide administrative and technical support for the following two areas: <ul> <li>1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (.5 FTE);</li> <li>2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.</li> </ul> </li> <li>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).</li> <li>Signature of Agency of Department Head</li> <li>Date</li> <li>Muture Agency of Department of Human Resources</li> <li>Date</li> <li>Muture Agency of Department of Human Resources</li> <li>Date</li> <li>Muture Agency of Administration</li> <li>Date</li> <li>Muture Administration</li> <li>Date</li> <li>Comments:</li> </ul></li></ul>   |  |   |
| Request for Classification Review.         3. Justification for this request as an essential grant program need:<br>This position will provide administrative and technical support for the following two areas:<br>1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal application and approved by the granting Agency (.5 FTE);<br>2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.         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).   | Administrative Assistant B 1 ADAP  | 10/01/14 - 3/31/16                                    |
| Request for Classification Review.         3. Justification for this request as an essential grant program need:<br>This position will provide administrative and technical support for the following two areas:<br>1) VT Prescription Monitoring Program, as described in the budget justification submitted as part of the federal<br>application and approved by the granting Agency (.5 FTE);<br>2) The remaining .5 FTE will be funded by the Substance Abuse Prevention and Treatment Block Grant.         I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are<br>available (required by 32 VSA Sec. 5(b).       OCT 0 6 2014         Signature of Agency of Department Head       Date         Approved/Denied by Department of Human Resources       Date         Muture Approved/Denied by Secretary of Administration       Date         Approved/Denied by Secretary of Administration       Date         Comments:       Date  |  |   |
| available (required by 32 VSA Sec. 5(b).<br>Signature of Agency of Department Head<br>Approved/Denied by Department of Human Resources<br>Approved/Denied by Ninance and Management<br>Approved/Denied by Secretary of Administration<br>Comments:<br>OCT 0 6 2014<br>Date<br>Date<br>N/4/14<br>Date<br>N/5/19<br>Date  | This position will provide administrative and technical support for the fol<br>1) VT Prescription Monitoring Program, as described in the budget justif<br>application and approved by the granting Agency (.5 FTE); | fication submitted as part of the federal             |
| Signature of Agency of Department Head Date Date Date Approved/Denied by Pinance and Management Approved/Denied by Secretary of Administration Comments:  | I certify that this information is correct and that necessary funding, space ar available (required by 32 VSA Sec. 5(b).   | nd equipment for the above position(s) are            |
| Signature of Agency of Department Head Date       Mally Paul     Iol 22 14       Approved/Denied by Department of Human Resources     Date       Approved/Denied by Ninance and Management     Date       Approved/Denied by Secretary of Alministration     Date       Comments:     Date  | 3 MA   | OCT 0 6 2014  |
| Approved/Denied by Department of Human Resources Date Approved/Denied by Ninance and Management Date Approved/Denied by Secretary of Administration Comments:   | Signature of Agency of Department Head   |   |
| Approved/Denied by Vinance and Management<br>Approved/Denied by Secretary of Administration<br>Comments:  | Maly Paul x  |   |
| Approved/Denied by Ninance and Management<br>Approved/Denied by Secretary of Administration<br>Comments:  | Approved/Denied by Department of Human Resources   | •               |
| Approved/Denied by Secretary of Administration Date   | - Kush   |   |
| Approved/Denied by Secretary of Administration Date Comments:   | Approved Denied by Nnance and Management   | Date  |
| Comments:   | Approved Danied by Secretary of Alministration   |   |
|   |  |   |
|   | Comments:  | OCT 2 4 2014 DHR - 11/7/0                             |

\*\*\*\*\*

Request for Classification Action Position Description Form C Page 1

# Request for Classification Action New or Vacant Positions EXISTING Job Class/Title ONLY Position Description Form C/Notice of Action

For Department of Personnel Use Only

|                        |               |  |   |   | e renewed (Stamp) |
|------------------------|---------------|--|---|---|-------------------|
| Notice of Action #     |               |  |   |   |                   |
| Action Takon:          |               |  |   |   |                   |
| New Job Title          |               |  |   |   |                   |
| Current Glass Code     |               |  | Catio   |   |                   |
| Current Pay Grade      |               | CARLES AND A CARLES | Contraction of the second s | ent i anti-                             |                   |
| Current Mgt Level      | BALOT G       |  |   |   |                   |
| New Mgt Level          | BU OTE        | aERO.  |   | 27 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - |                   |
| Classification Analyst |               |  |   | Ellocities                              |                   |
| Comments:              |               |  |   |   |                   |
|                        |               |  |   |   |                   |
| Willis Ralloy/Componen | nts: Kapwiedg | e 2 200s.  | Menual De   | nantis:A                                | ccountability.    |
|                        | Working I     | onditions:   |   |   |                   |

### **Position Information:**

Incumbent: Vacant or New Position

Position Number: Current Job/Class Title: Administrative Assistant B

Agency/Department/Unit: AHS/VDH/ADAP GUC: 74601

Pay Group: 74A Work Station: Burlington, VT Zip Code: 05401

Position Type: Permanent X Limited Service (end date ) 3/31/16

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 50% Federal Grant Award, 50% SA Block Grant Supervisor's Name, Title and Phone Number: Emily Trutor, ADAP Division Administrator, 802-651-1552

### Check the type of request (new or vacant position) and complete the appropriate section.

### New Position(s):

- a. REQUIRED: Allocation requested: Existing Class Code 050200 Existing Job/Class Title: Administrative Assistant B
- b. Position authorized by:

|                       |   | · ,.                      | . Ke                | Position Description Form C |
|-----------------------|---|---------------------------|---------------------|-----------------------------|
| $\boxtimes$           | loint Fiscal Office – JFO #                                   | Approval Date:            |                     | Page 2                      |
|                       | egislature - Provide statutor                                 | y citation (e.g. Act XX   | , Section XXX(x),   | , XXXX session)             |
|                       | Other (explain) – Provide stat                                | tutory citation if approp | priate.             |                             |
| Vacant Pos            | ition:  |                           | •                   | · ·                         |
|                       | Number:   | • /                       | •                   |                             |
|                       | sition became vacant:   | ]                         |                     |                             |
|                       |   | rrent Job/Class Title:    |                     | ·                           |
|                       | RED: Requested (existing) Jo                                  | <b></b>                   | Requested (ex       | isting) Job/Class Title:    |
|                       | e any other changes to this p<br>Yes 🔲 No 📄 If Yes, plea      |                           |                     | /isor, GUC, work            |
|                       | •   |                           |                     |                             |
| For All Requests:     | ×   |                           |                     |                             |
| 1. List the anticipat | ed job duties and expectation                                 | ns; include all major jo  | ob duties:          |                             |
| Major Job Duty #1:    |   |                           | • •                 | · · · ·                     |
|                       |   |                           |                     |                             |
|                       | ive and technical support to<br>ms' (ADAP) Vermont Prescri    |                           |                     |                             |
|                       | Ins (ADAF) Vermont Fresch                                     |                           | iani anu r iograii  |                             |
| Performance Exped     | tations:  |                           |                     |                             |
| r chomance Exper      | ·   |                           |                     | •                           |
| 1 Produce a variety   | of documents including mee                                    | ting agendas meetin       | o minutes parrat    | ive and data reports        |
| letters and PowerP    | oint presentations. These do                                  | cuments, at times, wil    | l be highly sensiti | ive and confidential        |
|                       | the Governor, Secretary of<br>profit agency directors, fed    |                           |                     |                             |
| meeting minutes, w    |   | erai project onicers, e   | IC. Accuracy of CC  | millum caloris, such as     |
|                       | istical support for the progra<br>for approval form, equipmen |                           |                     | ds, training and meeting    |
| 3.Continuing Educa    | tion Unit (CEU)/Continuing N                                  | Medical Education (CM     | ME) credits admin   | nistration for eight        |
| Complex Care Lea      | ming Collaborative sessions                                   | to include approximat     | ely 1,400 particip  | ants.                       |
| 4.Telephone line re   | sponse, filing, copying, typin                                | g, collating, etc;        |                     |                             |
| 5. Other administra   | tive and technical duites as a                                | assigned by VPMS Pr       | ogram Manager.      |                             |
|                       |   |                           |                     |                             |
|                       |   |                           | <b>-</b>            | · · · · · · ·               |
| · 7                   | •   | ,<br>ſ                    | × · · ·             |                             |

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Major Job Duty # 2: Provide administratiove and technical support to the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs' (ADAP) newly acquired Division Director (.5 FTE).

### Performance Expectations:

1. Provide prompt and accurate preparation of written reports and general correspondence. These documents, at times, will be highly sensitive and confidential communication with the Governor, Secretary of the Vermont Agency of Human Services, department commissioners, non-profit agency directors, federal project officers, etc. Accuracy of communications, such as meeting minutes, will be crucial;

2. Schedule meetings and make travel arrangements according to the VDH and State procedures;

3. Appropriate triage and response to public inquires regarding ADAP programs;

4. Project management assistance including timeline development and monitoring;

5.Key Contacts: VDH Commissioner's Office, Agency of Human Services Central Office and Departments; Substance Abuse Prevention, Intervention, Treatment and Recovery Provider Systems; VDH Division Directors, ADAP Management and staff; general public;

6. Full use of the Microsoft Office Suite including Word, Excel, Outlook and PowerPoint;

7. Telephone line response, filing, copying, typing, collating, etc.

8. Other administrative and technical duties as assigned

2. Provide a brief justification/explanation of this request: This position will be used to support the VPMS program and the ADAP Division Director.

This position will provide .5 FTE of administrative and technical support to the VPMS program as decribed in the budget justification submitted as part of the ferderal application to the US Department of Justice (DOJ), Office of Justice Programs. DOJ approved the position as part of the the federal grant award, award number 2014-PM-BX-0008, dated 9/9/2014.

This position will provide .5 FTE of administrative and technical support to the ADAP Division Director. These duties will be funded by the Substance Abuse Prevention and Treatment Block Grant awarded to the State annually from the Substance Abuse and Mental Health Services Administration. The current award number is 3B08TI010055-14S2, dated 7/15/2014. The next funding period notice of grant award should be available on or before March 1, 2015. With the increasing workload and heightened visibility, both statewide and nationally, the Division is in the implementation phase of a staffing and workload reorganization. As a result, the Division has acquired a new Division Director position, effective 10/1/14. This position will require a high level of administrative support and the Division's current staffing model only includes .5 FTE of administrative support for the enitre ADAP management team.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

### Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes NoX

5. The name and title of the person who completed this form: Emily Trutor, Division Administrator

6. Who should be contacted if there are questions about this position (provide name and phone number): Emily Trutor - 802-651-1552

7. How many other positions are allocated to the requested class title in the department:

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) N/A

#### **Attachments:**

Organizational charts are **required** and must indicate where the position reports.

Class specification (optional).

For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Personnel Administrator's Signature (required)\*

Supervisor's Signature (required)\*

Date

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Appointing Authority or Authorized Representative Signature (required)\*

\* Note: Attach additional information or comments if appropriate.

Date

