MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: September 18, 2020
Subject: Grant Requests – JFO #3021

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

**JFO #3021** – $140,645 from the Federal Emergency Management Agency (FEMA) to the VT Dept. of Public Safety (DPS). The funds have been awarded as part of the Crisis Counseling Assistance and Training Program (CCAP). The program gives funding to governments and non-government organizations to help disaster-impacted individuals and communities recover through community outreach and psycho-educational services. This grant is specifically to aid in the COVID-19 pandemic recovery. DPS will pass this funding through to the VT Dept. of Mental Health. The grant activity period shown on the paperwork goes 4/30/2020 to 6/29/2020 with the end date subsequently extended to 9/27/2020. DPS previously sent a pre-spending notice indicating that state funds would be spent in advance of a formal grant award. The pre-spending notice is included in the grant materials. If the Governor’s approval of this grant is finalized, then the grant funds would backfill state funds that were previously spent.

*This request stems from the state or federal response to the COVID-19 pandemic.*

[JFO received 09/16/20]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by October 15, 2020, we will assume that you agree to consider as final the Governor’s acceptance of this request.
**STATE OF VERMONT**  
**FINANCE & MANAGEMENT GRANT REVIEW FORM**

<table>
<thead>
<tr>
<th>Grant Summary:</th>
<th>Provides funding for community-based outreach and psycho-educational services for individuals/communities recovering from disaster - specifically for this grant, COVID-19.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>6/5/2020</td>
</tr>
<tr>
<td>Department:</td>
<td>Department of Public Safety</td>
</tr>
<tr>
<td>Legal Title of Grant:</td>
<td>Crisis Counseling Assistance and Training Program (CCP)</td>
</tr>
<tr>
<td>Federal Catalog #:</td>
<td>97.032</td>
</tr>
<tr>
<td>Grant/Donor Name and Address:</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>Grant Period:</td>
<td>From: 4/30/2020 To: 6/29/2020</td>
</tr>
<tr>
<td>Grant/Donation</td>
<td>$140,645</td>
</tr>
<tr>
<td>SFY 1</td>
<td>SFY 2</td>
</tr>
<tr>
<td>Grant Amount:</td>
<td>$140,645</td>
</tr>
<tr>
<td>Position Information:</td>
<td># Positions 0</td>
</tr>
<tr>
<td>Additional Comments:</td>
<td>Does not require any state match and is one-time funding with a limited timeframe (2 months). Per the APA-1, funds will be transferred to DMH for utilization.</td>
</tr>
</tbody>
</table>

Department of Finance & Management  
Secretary of Administration  
Sent To Joint Fiscal Office

[Signature]  
(Date)
State of Vermont  
Department of Public Safety  
45 State Drive  
Waterbury, Vermont 05671-1300  
(802) 241-5000  
TTY/TDD (888) 545-7598  
www.dps.vermont.gov

June 3, 2020

To:    Timothy Metayer, Finance & Management Budget Analyst

From:  Melissa Austin, Financial Administrator

Re:    Request for Grant Acceptance

Attached you will find a request for Grant Acceptance (Form AA-1) for the FEMA Individual Assistance Crisis Counseling grant program for FEMA-DR-4532-VT. Please note that the period of performance ends on 6/29/20.

If you have any questions please contact me at Melissa.Austin@vermont.gov.

Respectfully,

Melissa

Cc: Richard Deschamps, Financial Manager  
Cc: Rick Hallenbeck, Director of Administration
STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE  (Form AA-1)

<table>
<thead>
<tr>
<th>BASIC GRANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Agency:</td>
</tr>
<tr>
<td>2. Department:</td>
</tr>
<tr>
<td>3. Program:</td>
</tr>
<tr>
<td>4. Legal Title of Grant:</td>
</tr>
</tbody>
</table>

6. Grant/Donor Name and Address: Federal Emergency Management Agency


8. Purpose of Grant:

Crisis Counseling Assistance and Training Program (CCP) provides supplemental funding to eligible governments and non-governmental organizations to assist disaster-impacted individuals and communities in recovering from the major disasters through the provision of community-based outreach and psycho-educational services. The goal is to aid survivors in recovering from the adverse reactions to disasters and to begin to rebuild their lives.

9. Impact on existing program if grant is not Accepted:

Potential at-risk populations may not get the help they need to recover from the mental health impacts of the COVID-19 pandemic.

10. BUDGET INFORMATION

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th>SFY 1 FY 2020</th>
<th>SFY 2 FY</th>
<th>SFY 3 FY</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$140,645</td>
<td>$</td>
<td>$</td>
<td>Pass-thru to DMH</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$140,645</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenues:</th>
<th>SFY 1 FY 2020</th>
<th>SFY 2 FY</th>
<th>SFY 3 FY</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Funds:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>In-Kind</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Federal Funds:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(Direct Costs)</td>
<td>$140,645</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(Statewide Indirect)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(Departmental Indirect)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Funds:</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Grant (source )</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$140,645</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriation No:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
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<td>$</td>
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<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Department of Finance & Management
Version 1.8_6/2016
Page 1 of 2
STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

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: ___________________________ Agreed by: ___________________________ (initial)

12. Limited Service Position Information:

<table>
<thead>
<tr>
<th># Positions</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________ Date: 06/03/2020

Title: Commissioner/Deputy Commissioner

14. SECRETARY OF ADMINISTRATION

☐ Approved: ___________________________ (Secretary or designee signature) Susanne R. Young

Digitally signed by Susanne R. Young
Date: 06/03/2020 10:11:08 EDT

Date: ___________________________

15. ACTION BY GOVERNOR

☐ Check One Box: ☐ Accepted

☐ Rejected

(Governor signature) ___________________________

Date: 06/15/20

16. DOCUMENTATION REQUIRED

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

Required GRANT Documentation

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).
PURPOSE & INSTRUCTIONS:
This form is intended solely as notification to the Joint Fiscal Committee of the unavoidable need to spend State funds in advance of Joint Fiscal Committee approval of grant requests and with the intent of securing a federally or privately funded grant award. Pre-notification is required for expenditures of state funds beyond basic grant application preparation and filing costs. Expenditure of these state funds does not guarantee that a grant will be awarded to the State of Vermont, or that a future grant award will be accepted by the Joint Fiscal Committee. If a grant award is subsequently received, a completed **Form AA-1 Request for Grant Acceptance** must be submitted to the Joint Fiscal Committee for review and approval before spending or obligating additional funds.

**BASIC GRANT INFORMATION**

1. **Agency:**
2. **Department:** Department of Public Safety
3. **Program:** Vermont Emergency Management
4. **Legal Title of Grant:** Crisis Counseling Assistance and Training Program (CCP)
5. **Federal Catalog #:** 97.032

6. **Grant/Donor Name and Address:** Federal Emergency Management Agency
7. **Grant Period: From:** 4/30/2020 **To:** 6/29/2020

8. **Purpose of Grant:**
CCP provides supplemental funding to eligible governments and non-governmental organizations to assist disaster-impacted individuals and communities in recovering from the major disasters through the provision of community-based outreach and psycho-educational services. The goal is to aid survivors in recovering from the adverse reactions to disasters and to begin to rebuild their lives.

9. **STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:**

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>FY 2020</th>
<th>Required Explanation/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$140,645.05</td>
<td>Funds will be passed through to the Department of Mental Health for implementation of the CCP. This program has a 60 day period of performance that ends on 6/29/20.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$140,645.05</td>
<td></td>
</tr>
</tbody>
</table>

10. **AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that spending these state funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a completed **Form AA-1 Request for Grant Acceptance** will be submitted for Joint Fiscal Committee approval if a grant award is received for this program:

**Signature:** E-SIGNED by Christopher Herrick on 2020-05-27 16:07:43 EDT **Date:** May 27, 2020

**Title:** Commissioner/Deputy Commissioner

**Signature:**

**Date:**

**Title:**

11. **ATTACHMENTS:** Attach relevant documentation that demonstrates the necessity of this expenditure. (example: funding opportunity guidelines require training, etc.)

**Distribution:**
- Original - Joint Fiscal Office;
- Copy 1 - Department Grant File;
- Copy 2 - Attach to Form AA-1 (if grant is subsequently received).
May 26, 2020

Susanne Young
Governor’s Authorized Representative
Secretary of Administration
109 State Street
Montpelier, VT 05609

Sarah Squirrell
Commissioner
Vermont Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010

Erica Bornemann
Director, Vermont Emergency Management
Vermont Department of Public Safety
45 State Drive
Waterbury, VT 05671

Re: Major Disaster FEMA-4532-DR-VT
Catalog of Federal Domestic Assistance #97.032
Crisis Counseling Immediate Services Program
Award No. 4532DRVTISCC

Dear Secretary Young, Commissioner Squirrell, and Director Bornemann:

This letter responds to the application dated May 14, 2020, from the Governor’s Authorized Representative (“GAR”) for financial assistance under the Crisis Counseling Immediate Services Program (“ICSP”) pursuant to Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288 (1974) (codified as amended at 42 U.S.C. § 5183) (“Stafford Act”). The GAR has requested $140,645.05 for the Vermont Emergency Management, Vermont Department of Public Safety (“VEM”) to provide crisis counseling services to the survivors of Coronavirus Disease 2019 (“COVID-19”) for which the President declared a major disaster on April 8, 2020. This declaration, designated FEMA-4532-DR-VT, was amended on April 30, 2020, to authorize the Crisis Counseling Program.

The Federal Emergency Management Agency (“FEMA”) is approving your request for financial assistance in the amount of $140,645.05, which is 100% of the total approved project cost. You are not required to contribute any cost share as a condition of the Federal award. The second enclosure to this letter contains the information regarding this Federal award as required by 2 C.F.R. § 200.210.

www.fema.gov
By accepting this Federal award, you acknowledge the terms of the following documents are incorporated into the terms of your award:

- FEMA-State Agreement (executed on April 16, 2020 and amended on May 6, 2020)
- Programmatic Standard Terms and Conditions (enclosed)
- Information Concerning the Federal Award (enclosed)

The period of performance for this Federal award expires on June 29, 2020, which is 60 days following the authorization of the Crisis Counseling Program for major disaster FEMA-4532-DR-VT. In order for FEMA to process your application for the Crisis Counseling Regular Services Program ("RSP"), FEMA must receive that application by June 29, 2020. If you need an extension to the period of performance for the ISP while FEMA is processing the RSP application, you must request an extension in the RSP application and include an ISP mid-program report. You are also reminded that VEM must submit all required financial, performance, equipment, and other reports and take the other required closeout actions detailed at 2 C.F.R. § 200.343 within 90 days of the end of the period of performance for the ISP award.

You may contact Becky Szymcik, Individual Assistance Branch Chief, at becky.szymcik@fema.dhs.gov with any questions about this Federal award or the Crisis Counseling Program.

Sincerely,

Robert Grimley
Recovery Division Director
FEMA Region I

Enclosures:
1. Programmatic Standard Terms and Conditions
2. Information Concerning the Federal Award
cc:
1. Christopher Smith, Individual Assistance Division Director, Federal Emergency Management Agency
2. Deepa Avula, Chief of Staff, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
3. Michelle Lavallee, Director, Middlesex Therapeutic Community Residence, Vermont Department of Mental Health
I. DATA COLLECTION AND REPORTING

A. The recipient must collect data on service delivery in accordance with the Federal Emergency Management Agency ("FEMA") Crisis Counseling Assistance and Training Program ("CCP") data toolkit as approved by the U.S. Office of Management and Budget (OMB No. 0930-0270) with an expiration date of 07/31/2022. The recipient must use the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult and Child/Youth Assessment and Referral Tools, and Service Provider and Participant Feedback Surveys.

B. The recipient must identify an individual to serve as the lead contact for management of all data collection activities. All staff involved in outreach and service delivery must be specifically trained in the data collection requirements using the FEMA CCP data toolkit and data must be entered via the mobile application and/or the CCP Online Data Collection and Evaluation System http://www.ccpdata.org. For technical assistance regarding CCP data forms, data entry via the online system please contact the SAMHSA Disaster Technical Assistance Center ("DTAC") at 1-800-308-3515 or DTAC@samhsa.hhs.gov.

II. FISCAL ACCOUNTING AND MONITORING

Expenditures by the recipient, subrecipient, contractors, and all other grant participants must be separate from non-grant state expenditures and consistent with the fiscal guidelines of the CCP.

III. TRAINING AND CONSULTANT SERVICES

The Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services ("SAMHSA") will recommend an appropriate trainer and/or consultant for the state’s CCP. Any selection and use of trainers and consultants made by the state must receive written prior approval by the SAMHSA Project Officer.

IV. HOTLINES AND PUBLIC INFORMATION EFFORTS

The recipient must include contact information and/or a hotline number for the CCP on the State of Vermont’s website as part of the overall communication plan.
<table>
<thead>
<tr>
<th><strong>Recipient Name:</strong></th>
<th>Vermont Emergency Management, Vermont Department of Public Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recipient’s Unique Identification Number:</strong></td>
<td>DUNS Number 8093766920000</td>
</tr>
<tr>
<td><strong>Federal Award Identification Number (FAIN):</strong></td>
<td>4532DRVTSICC</td>
</tr>
<tr>
<td><strong>CFDA Number and Name:</strong></td>
<td>97.032, Crisis Counseling</td>
</tr>
<tr>
<td><strong>Federal Award Date:</strong></td>
<td>May 26, 2020</td>
</tr>
<tr>
<td><strong>Project Description:</strong></td>
<td>The Recipient will carry out an immediate services program to provide crisis counseling services to the survivors of COVID-19 as detailed in the grant application dated May 14, 2020 and as amended on May 22, 2020.</td>
</tr>
<tr>
<td><strong>Period of Performance Start and End Dates:</strong></td>
<td>May 26, 2020 to June 29, 2020</td>
</tr>
<tr>
<td><strong>Amount of Federal Funds Obligated by This Action:</strong></td>
<td>$140,645.05</td>
</tr>
<tr>
<td><strong>Total Amount of Federal Funds Obligated:</strong></td>
<td>$140,645.05</td>
</tr>
<tr>
<td><strong>Total Amount of the Federal Award:</strong></td>
<td>$140,645.05</td>
</tr>
<tr>
<td><strong>Budget Approved by the Federal Awarding Agency:</strong></td>
<td>The approved budget is set forth below.</td>
</tr>
<tr>
<td><strong>Total Approved Cost Sharing or Matching:</strong></td>
<td>There is no cost share requirement for this Federal award.</td>
</tr>
<tr>
<td><strong>Name of Federal Awarding Agency and Contact Information for Awarding Official:</strong></td>
<td>Federal Emergency Management Agency Robert Grimley, Recovery Division Director, FEMA Region I (617) 956-7634; <a href="mailto:robert.grimley@fema.dhs.gov">robert.grimley@fema.dhs.gov</a></td>
</tr>
<tr>
<td><strong>Identification of Whether the Award is R&amp;D</strong></td>
<td>No part of this Federal award is for research and development.</td>
</tr>
<tr>
<td><strong>Indirect Cost Rate:</strong></td>
<td>Indirect costs are not authorized under this Federal award.</td>
</tr>
<tr>
<td>Object Class</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Personnel</td>
<td>$35,976.24</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$4,763.33</td>
</tr>
<tr>
<td>Travel</td>
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</tr>
<tr>
<td>Equipment</td>
<td>$0</td>
</tr>
<tr>
<td>Supplies</td>
<td>$19,134</td>
</tr>
<tr>
<td>Contractual</td>
<td>$80,196.48</td>
</tr>
<tr>
<td>Construction</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect Charges</td>
<td>$0</td>
</tr>
<tr>
<td>Other</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$140,645.05</strong></td>
</tr>
</tbody>
</table>
DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
APPLICATION FOR CRISIS COUNSELING PROGRAM SERVICE
(IMMEDIATE SERVICES PROGRAM)

PAPERWORK BURDEN DISCLOSURE NOTICE
Public reporting burden for this data collection is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0085).

NOTE: Do not send your completed form to this address.

Privacy Act Statement
GENERAL: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a (b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 004 Grant Management Information Files System of Records, 74 Fed. Reg. 39705 (August 7, 2009) and upon written request, by consent, by agreement, or as required by law.


PURPOSES AND USES: This information is being collected for the primary purpose of determining eligibility for the Crisis Counseling Assistance and Training Program, Immediate Services Program funding following a presidentially declared disaster.

EFFECTS OF NONDISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from providing the requested funding.

PART I: General Application Information
Completion of this form including applicable attachments satisfies legal requirements for application for the Immediate Services Program (ISP) under 42 U.S.C. §§ 5183 as implemented at 44 C.F.R. §§ 206.171. Failure to use this application may result in a failure to meet these requirements and/or a delay in processing the request. This application must be submitted within 14 days following the declaration of a major disaster.

1. Request Date:
   May 14, 2020

2. Declaration #:
   DR-4532-VT CCP

3. Declaration Date:
   April 30, 2020

4. Name of State, Indian Tribal Government, or Territory Requesting Services:
   Vermont

5. Primary Point of Contact (POC) for the Administration of this Program:
   5a. POC Name:
       Michelle Lavalle
   5b. POC Organization:
       State of Vermont Department of Mental Health
   5c. POC Mailing Address:
       280 State Drive
       NOB 2 North
       Waterbury, VT 05671-2010
   5d. POC E-mail Address:
       michelle.lavalle@vermont.gov
   5e. POC Phone Number:
       802-585-9636

6. Amount requested for Immediate Services Program (ISP) funding. (Please round to nearest dollar).
   $174,816.77

PART II: Plan of Service / Needs Assessment

7. Please describe current State and local mental health services and explain why they cannot meet the disaster-related mental health needs caused or aggravated by the disaster.

   The last time that the State of Vermont requested Individual Assistance for a Crisis Counselling Program grant was in the wake of Tropical Storm Irene, in August of 2011. Tropical Storm Irene roared in to the State, laying devastation to the landscape in 9 of the 14 counties in Vermont. At that time, crisis counsellors fanned out across the State, to those affected counties. They went door to door, meeting and assessing people's needs for mental health services; they held informational sessions at schools, went to primary care
APPLICATION FOR CRISIS COUNSELING PROGRAM SERVICE
(IMMEDIATE SERVICES PROGRAM)

physician offices, attended town hall meetings, to name some of the efforts made in the context of the Crisis Counseling Program during that disaster in 2011. The efforts made around Primary Services were very robust. Now, in 2020, we all find ourselves, both locally here in Vermont; nationally around the US; and globally, in a very challenging place, with a markedly different set of circumstances at play, due to the COVID-19 pandemic. The scope of the pandemic encompasses the entire State of Vermont, all 14 counties. There is not one person, or organization, regardless of location in the State, that has gone untouched by this public health emergency, which has very quickly evolved into an economic crisis as well.

The COVID-19 pandemic is not a point in time disaster, as most disasters typically are. Rather, the COVID-19 pandemic, is a rolling disaster. As a result of this unusual time frame of the disaster, we will be looking at the ISP as setting the stage for longer term, community-based information and referral pathways that will sustain communities through the length of the disaster and supporting Vermonters in their recovery and healing. Vermont’s mental health network is set up with 10 Designated Agencies (DA’s), which are the community mental health center’s providing outpatient mental health services to enrolled individuals, children and families living with mental illness and developmental disabilities, and substance abuse disorders. The Department of Mental Health for the State of Vermont does not provide any direct service to individuals in the community. It is important to note that the DA’s serve only those people who are formally enrolled with them. The effort needed to provide Crisis Counseling services to the largest number of people affected by COVID-19 far surpasses what the DA’s are resource to provide. They are not equipped to deliver the type of mass outreach and response required in the face of the COVID-19 disaster. Vermont is in need of the Crisis Counseling grant funds to adequately respond to the pandemic.

On March 13, 2020, Vermont Governor Phil Scott issued a State of Emergency; after the first two cases of COVID-19 were detected by the Vermont Department of Health on March 7, 2020 and March 11, 2020. The Executive Order called for closing all school to in-person education; and closing all bars and restaurants of March 17, 2020. As the numbers of infections and deaths rose day by day in the State, Governor Scott added Directives and Addendums to his original State of Emergency Executive Order, to where on March 23, 2020, all businesses and non-essential were ordered to implement work from home procedures for their employees; all Vermonters were issued a Stay Home/Stay Safe order on March 24, 2020; all schools K-12 were dismissed for in-person instruction for the remainder of the 2019-2020 school year and continuity of learning plans for remote learning were to be implemented prior to April 13, 2020; all lodging operation in Vermont were shuttered on March 30, 2020, and quarantine restrictions were placed on travelers arriving in Vermont as of that day. As of the writing of this Needs Assessment, the State of Emergency for Vermont is still in place until May 15, 2020. The actions of Governor Scott were needed in order to safeguard the health and well being on the whole population. And while these directives and closures were necessary, they had a disastrous cascading effect that ushered in sweeping societal changes at a rapid pace to the overall functioning of the fabric of life in Vermont.

Prior to the COVID-19 pandemic, Vermont had an unemployment rate of 2.4%, which along with North Dakota, was the lowest in the United States. As a result of business closures due to the pandemic, unemployment insurance claims increased to unprecedented levels in March. During the last week in March 2020, 14,633 new claims were filed, according to an article published in early April in vermontbiz.com https://vermontbiz.com/news/2020/april/03/weekly-unemployment-claims-exceed-14000, which represented an increase of 10,849 from the prior week. To put this number in perspective, during the height of the Great Recession, in 2009, Vermont had under 39,000 unemployment claims filed for the entire year. The Commissioner for Vermont’s Department of Labor, Michael Harrington, stated that Vermont’s unemployment rate is now anywhere between 20 to 23%.

An article from April 30th, published in vermontbiz.com https://vermontbiz.com/news/2020/april/30/weekly-unemployment-claims-historic-high-over-81000, further illustrates the downturn in the economy and reports that unemployment claims have topped 81,000. The staggering call volume to the Vermont Department of Labor, overwhelmed the DOL call center, as well as the Department’s aging IT system that processes claims. People were having to place 100’s of calls a day to the system in an attempt to file their claim, without being able to get through and speak to a live human. Call center personnel were routinely putting in 10 hour days. This was frustrating for all involved, and put an added burden of worry and stress on to those who had recently lost their livelihoods and sources of income and employment. Vermonters were going weeks without benefits and as a result, Governor Scott made a decision to have the State send checks for $1200 on April 20, 2020 to the over 8,000 people who still had unresolved problems with their claims.

In addition to the catastrophic financial and economic impacts social distancing has taken on the State of Vermont and its citizens, it is highly likely that it will have both short term and long-term consequences on Vermonters’ mental health. And it appears that we will be living in a socially distanced world for many months to come. According to a recent study published in Science, on April 14, 2020 by Harvard researchers indicate that https://science.sciencemag.org/content/early/2020/04/24/science.abb7579 intermittent social distancing may need to be practiced in to 2022. “What this is saying is that SARS-CoV-2 will stay with us through 2022, that’s not going to die down to nothing in the summer.” Chittenden County in Vermont, which is home to Burlington, the state’s largest city, has been hardest hit by COVID-19, with the majority of the cases (422 as of May 2, 2020) and the most deaths (34 as of May 2, 2020). The majority of these deaths occurred in two of the city’s nursing homes. All nursing homes throughout the state are on lockdown and not allowing for visitors. Family members have not been allowed to visit with loved ones.

The physical distance that is required has put a strain on families, causing feelings of loneliness and isolation. Robin Wescott, whose 92-year-old mother resides at Birchwood Terrace where one of the outbreaks occurred was quoted as saying, “It’s been very stressful for me. As far as lying awake and losing sleep, worrying.” https://www.vpr.net/post/losing-sleep-worrying-covid-19-sweeps-through-two-vermont-nursing-homes#stream/0 There is a large body of research suggesting that social isolation and loneliness highly correlate to poor mental health. A recent Kaiser Family Foundation poll from late March 2020 showed that 47% of those people polled who were sheltering in place reported ‘negative mental health effects resulting from worry or stress related to coronavirus.’

https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/ Older adults are most at risk for severe infection from COVID-19 and is forcing many into isolating from loved ones. Frail elderly are particularly vulnerable to
feelings of loss, depression and loneliness due to a decrease in mobility and autonomy, cognitive impairments, and chronic health conditions. With Vermont being the second “grievest” state in the nation, this is of special concern in terms of how the elderly population is coping with isolation borne out of social distancing and lack of connection with family and friends.

Large-scale disasters are accompanied by a rise in substance abuse disorders, depression, anxiety, domestic violence and child neglect and abuse. A recent video clip on WCAX had Linda Johnson, Executive Director of Prevent Child Abuse Vermont, talking about the isolation that children and parents are experiencing and how that magnifies mental health issues for all. https://www.wcax.com/content/news/Are-stay-at-home-orders-putting-vulnerable-kids-at-greater-risk-of-abuse--569325171.html. It is important to note that just a few months prior to the COVID-19 outbreak, that the State of Vermont, Department of Children and Families had published a report that 1182 Vermont children were victims of abuse or neglect, which was the highest number in 14 years. https://www.vnews.com/New-DCF-report-shows-more-substantiated-cases-of-abuse-and-neglect-in-Vermont-2883673. The Commissioner for the Department of Children and Families, Ken Schatz said it’s not totally clear why the number of substantiated cases is still rising, though he noted that the opioid epidemic has played a role in the department’s increased caseload over the past several years. As a result of schools being closed for the remainder of the year, rolling out remote learning to K-12 students is proving to be difficult. From parents who have suddenly found themselves in the role of teacher, to issues with lack of broadband internet in large swaths of the state, to parents who balk at their children receiving online learning, to some children simply not being marked present for class, these are some of the challenges being raised by educators and superintendents to this new learning structure.

Vermont is a rural state and not every Supervisory Union is covered for internet service. School districts have been working hard through the pandemic to get students a home internet connection. This is proving to be a barrier in some communities. An April 13, 2020 article from Vermont Digger quotes one Superintendent as saying this about this new way of online educating, “While there’s some families that really don’t have access, there’s also families that don’t want access. Some families don’t want their children educated online. Some parents are extremely overwhelmed. I think it’s a big ask in general.” https://vtdigger.org/2020/04/13/as-schools-teacher-remotely-districts-struggle-with-attendance/ The added burden of children being home and being home schooled, cut off from their natural social supports, is putting added strain on parents and families, increasing the odds for child abuse and neglect.

A article in the Journal of the American Medical Association, published April 10, 2020 https://jamanetwork.com/journals/jamanetworkmedicine/fullarticle/2764404, cited that after the 9/11 attacks, 1 out of 10 NYC adults showed signs of major depressive disorder and nearly 25% reported an increase in alcohol use. It is important to note that sales of alcohol in Vermont rose sharply in March, by 14% over the same period in 2019 https://vtdigger.org/2020/04/18/vermont-alcohol-sales-rise-sharply-in-march/. Liquor stores are one of the businesses deemed essential and needing to stay open during the pandemic. Substance abuse counselors aren’t reporting an increase in alcohol related problems”. It is well understood, with a great deal of backing research that job loss is associated with higher rates of substance abuse disorder. This metric bears watching as it is possible that people are self-medicating trauma and depression with alcohol and other substances.

According to a state-wide survey conducted by the University of Vermont from March 29 – April 12, 2020, food insecurity in Vermont increased by 1/3 from 18.3% to 24.3% https://www.uvm.edu/uvmnews/news/uvm-survey-food-insecurity-vermont-rose-33-during-pandemic. The growth in food insecurity was a direct result from the rise in unemployment. Among those surveyed, 45% had suffered a job loss, or had hours at work reduced. "Our data suggests that the growth of food insecurity is related to job layoffs and other employment disruptions,” said Meredith Niles, assistant professor in UVM’s Department of Nutrition and Food Sciences. “These are already vulnerable people and households who may be even more vulnerable now," she said. "They were experiencing challenges with food access before the pandemic, and this event has not helped them.”

Demand for food is so high in the state that the Vermont Foodbank, the Vermont National Guard, and the Federal Emergency Management Agency partnered together to distribute MRE’s https://vtdigger.org/2020/04/25/guard-hands-out-112000-mres-in-rutland-county-as-demand-tops-expectations/. The demand outstripped projections of MRE’s needed to the point that organizers needed to postpone three of the events that were planned. The first event held in Rutland, Vermont saw 112,000 meals distributed, which exceeded the 94,000 projected meals to be distributed. Another event in Swanton, Vermont saw 40,000 meals distributed, nearly double what organizers expected to distribute there. The CEO of the Vermont Foodbank, John Sayles, estimates that more than 300,000 MRE’s will be handed out total in Vermont. "With each event it seems to be growing as more people learn about it," he said.

The impacts of hunger on mental health are profound. The constant worry and concern about where your next meal will come from can cause or exacerbate depression, anxiety, and PTSD. An American Academy of Pediatrics study revealed that mothers of school aged children who faced hunger were 56.2% likely to have PTSD and 53.1% more likely to suffer with depression. https://www.feedingamerica.org/hunger-blog/3-ways-hunger-affects-your-body The effects of food insecurity on children’s mental health is well documented. One group of teens aged 13-17 who were studied, found that food insecurity was a factor contributing to anxiety, mood, and substance abuse disorders. https://www.ncbi.nlm.nih.gov/pubmed/23200286

The economic impacts of COVID-19 are hitting the non-English speaking refugee community especially hard, as many refugees and new immigrants work in the hospitality industry, which has been shut down due to the Stay Home, Stay Safe Order. The Vermont Multi-lingual Coronavirus Communication Task Force has put together more than 50 videos covering 4 different topics, all COVID-19 related. The videos are in more than 12 languages, including Swahili, Somali and Nepali. As of April 9, 2020, the videos had over 4000 views. It is highly likely that the longer in duration the pandemic is, the more mental health issues will emerge amongst this vulnerable population, as providers are seeing people become re-traumatized, as what they are living through now can trigger events from the past prior to their lives in Vermont. Leaders and advocates anticipate that the community will need added mental health supports for a long time after the pandemic subsides.
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It is well documented that times of uncertainty have negative impacts on people's mental health and sense of well-being. An article in the New York Times, from April 8, 2009 https://www.nytimes.com/2009/04/09/health/09stress.html describes people who weren't directly affected by the Great Recession still having difficulty coping emotionally with the "pervasive uncertainty". This uncertainty caused people to experience stress, anxiety and depression, and many people for the first time, according to the article, sought mental health counselling and medication to alleviate their symptoms. During the time of COVID-19, people are not only living with economic uncertainty, but uncertainty pertaining to their own health, and health of their loved ones. For this reason we anticipate that the number of people affected by the pandemic and needing mental health supports will be far greater than seen during the Great Recession, as there is a more devastating economic impact coupled with the ever present and ongoing threat of the COVID-19 pandemic. Because of loneliness and social isolation, and increased feelings or worry, fear, anxiety and depression, it is important to address these impacts from the pandemic and develop and apply solutions that promote healing and recovery for Vermonters.

The COVID-19 pandemic is an unprecedented crisis. Globally, nationally, and here locally in Vermont, we are just beginning to appreciate the enormity of the disaster and how it has impacted and disrupted every facet of life. This is an interlocking crisis, affecting our mental health, physical health, and economic health. The reactions that communities typically go through as part of a response to a disaster, (pre-disaster phase; impact phase; heroic phase; honeymoon phase; disillusionment phase; reconstruction phase) do not apply to the COVID-19 pandemic. We need a new model to apply to the pandemic, as the impacts of and threats associated with the crisis are ongoing and increasing over time. The efforts needed to address this disaster extend beyond the reach and capabilities for either the Department of Mental Health, and the Designated Agency system of care and what we are able to provide. Because it is not possible now to have crisis counsellors fanning out into communities, as happened during Tropical Storm Irene, we will rely on getting information to people in other ways, other than face to face, in person contact, and will use printed materials, Front Porch Forums, PSA's on radio and Community Access Television, as some of the communication methods to raise awareness of needed and available mental health and Crisis Counselling services. The Department of Mental Health will partner with Vermont Care Partners, and they will administer and operationalize the grant and the Crisis Counselling Program. Vermont Care Partners is a not for profit with strong connections to the providers in the mental health system of care in Vermont and this uniquely qualifies them for administering the ISP.
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8. Estimated Population to Be Served:

**OPTION A:** Applicants may opt to use their own method for determining the estimated population to be served. Please cite any data sources used and the methodology used to determine the estimated population to be served. Please also list proposed provider's number of direct and non-direct staff anticipated.

For the purposes of this grant, we are going to be using the numbers of people who have been directly impacted by the COVID-19 virus itself. We are using the number of people who have died from COVID-19, people who are hospitalized as a result of COVID-19, and people who have been infected with COVID-19 as the basis for determining Vermont's estimated population to be served. These people, who are survivors and victims of the disaster, cut across all age groups and demographics in the State, and at risk populations.

The vital statistics we are using to build our estimated population to be served are from the Vermont Department of Health's data on May 6, 2020. It is highly probable that by the time this Immediate Services Program grant for the FEMA Crisis Counselling Program is submitted on 5/14/20, that these numbers will have changed. We are fully aware of this, in submitting this table as part of the grant application and understand that the total number of 4477 is an estimate of those Vermonters to be served by the grant. The Average Number of people per Household (ANH) used for this table was 2.5. https://www.healthvermont.gov/response/coronavirus-covid-19/current-activity-vermont. The CMHS Needs Assessment was used to calculate the numbers below and a table will be include as a separate attachment.

The formula used to calculate the number of people who have died from COVID-19 was: The number of people 52 x ANH x 4 x 100%
(Traumatic Impact Risk Ratio) = 1040

The formula used to calculate the number of people hospitalized from COVID-19 was: The number of people in the hospital 6 x ANH x 1 x 100% = 30

The formula used to calculate the number of people infected by COVID-19 was: The number of people infected with COVID-19 x ANH x 1 x 50% = 3407

This brings us to a total number of estimated people to be served of 4477.

**OPTION B:** Use the following table to estimate the impacted population for each requested service area (county, parish, tribal land, etc.). Populate the table using census data for the total population for each designated service area. Multiply the "percentage impact factor" by the "total census population" to arrive at an estimated population to be served during the ISP. Please select a "percentage impact factor" between 2% (0.0075) and 2% (0.02) of your census population to target for services; provide a brief justification for the "percentage impact factor" you have chosen in the box below. Please also list the number of direct and non-direct staff anticipated.

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<th>Service Provider Name (if known) and Requested Declared Service Areas</th>
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<th>Percentage Impact Factor (0.0075 to 0.02)</th>
<th>Estimated Population to Be Served Within 60 Days</th>
<th>Number of Direct Staff FTEs (Crisis Counselors, Team Leads) (Typically 300:1 Ratio)</th>
<th>Number of Non-Direct Staff FTEs (Admin., Fiscal, Data, etc.) (Typically 15–20%)</th>
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Please describe any special circumstances not captured in the above table that will have an impact on the need for crisis counseling services. Include any high-risk groups or populations of concern (e.g., children, adolescents, older adults, ethnic and cultural groups, people with disabilities and other access and functional needs, lower-income populations, first responders). Please include your plan to reach these populations.
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By focusing on people who have been directly affected by COVID-19, either through being hospitalized, or having a loved one who was a victim of the virus, or someone who has been infected with the virus, we will be able to reach across a broad spectrum of the population in Vermont. Every county in the state is reporting that they have people who have tested positive for the virus. We will develop media campaigns that target the general population, and also develop more targeted messaging to high-risk groups.

Some of the strategies (not meant to be an exhaustive list) to reach at-risk populations during the ISP are listed and described below:

We are going to outreach to Vermont School Superintendents and piggyback off of emails that they send to all students throughout the State. These emails go out weekly to all 99,000 Vermont school aged children and their families and caregivers. We anticipate that by targeting this group through email, that many people who have lost jobs, are struggling with loss and grief, are struggling with food insecurity, will then be able to have linkages to services that address their mental health needs.

Vermont primary care physicians have patient portals, and we intend to do outreach through these PCP's portals to reach their patients, providing information on available resources.

We intend to utilize printed materials, and flyers that will be distributed to supermarkets, pharmacies, and other venues. These printed materials will alert people to crisis counseling services and resources available to them.

We will also be doing outreach to food banks, and providing them with printed materials for distribution as well. This will address the need of the great number of people dealing with food insecurity in the state and may be feeling very overwhelmed as a result.

We will be connecting with and distributing printed materials to Vermont's hospitals, in order for that group of essential workers to be aware of crisis counseling resources available to them, to aid in their healing and recovery from the disaster.

We will be connecting with the Vermont Refugee Resettlement Program and providing them with information and electronic flyers so that this vulnerable population is aware of supports that are available to them.

We will be connecting with Vermont's homeless population and providing outreach and linkages to mental health services as this vulnerable population continues to be affected by the pandemic. Hotels are being utilized as shelters and service delivery is challenging. Printed materials will be distributed to the various hotels currently housing undomiciled Vermonters as a way to provide outreach and connection to services.

We will be connecting with nursing homes and congregate living facilities as well, making them aware of crisis counseling services for their staff, and residents and family members. The average age of COVID-19 victims is 80, and this age demographic has been especially hard hit by the pandemic.

PSA's for radio and television are going to be developed. These are going to target the general population with messages about self-care, and linkages to mental health services.

There is going to be a website developed and communications pushed will provide links to the website.

Ads will be taken out in regional newspapers about the CCP. There are large parts of the State without access to broadband and it will be critical to use print media to raise awareness of services and resources for people.
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9. Provide a brief description of administrative oversight plans (supervision and monitoring of crisis counselors, team leads, data collection efforts, monitoring and managing stress, etc.).

The State of Vermont Department of Mental Health plans to have Vermont Care Partners provide for the administration of the CCP grant. It is a natural fit for them to perform this function due to their existing relationships with the network of mental health providers throughout the state. VCP will be tasked with hiring a project manager who will have oversight responsibility for hiring and staffing up the CCP program. The CCP Provider staff will consist of the following roles:

Provider Project Manager: This person will be hired by Vermont Care Partners and will provide coordination around the ISP response and will serve as the primary point of contact for the State. This role will oversee hiring, training, monitoring and evaluating the program and reporting up to the State.

Provider Public Relations Specialist: This person will develop messaging for the ISP, track and organize the CCP information and collateral that’s developed, develop branding, plan, direct and develop social media This strategies.

Provider Communication and Media Liaison: This role will work with video production, print and electronic media to develop and manage PSA’s and general messaging that is aligned with Vermont Department of Health and Federal guidance.

Provider Administrative Assistant: This role will provide administrative support to the CCP by assisting with mailings, emails, making phone calls, ordering supplies.

Provider Creative Consultant: This role focused on the development of graphic design and artwork for printed and electronic flyers, website splash pages, and other visual work products.

Provider Webdesigner: This role functions as the CCP webmaster and is responsible to website development and maintenance as well as developing content in concert with other team members.

Provider Production Consultant: This staff will work closely with Public Relations Specialist and Communications and Media Liaison to ensure that PSA’s on are time and on budget.

Provider Clinical and Evaluations Consultant: Responsible for performing ongoing needs assessment for the CCP. Will develop a live link with de-identified PHI where people receiving services are able to provide feedback and ongoing needs can be identified and addressed.

A Provider Organizational Chart is being submitted as an attachment along with the ISP application.

Regular meetings will be scheduled between the State and Vermont Care Partners to monitor and evaluate ongoing grant activities throughout the life of the ISP. The Department of Mental Health currently receives financial reporting from each of the 10 Designated Agencies. Coding for the CCP will be put into place and the fiscal activities around the CCP will be rolled up into financial reporting. The State will be asking VCP for outreach and referral numbers to be reported on in a regular basis. The Department of Mental Health has an existing quality program that is legislatively mandated, and activities of the CCP will be integrated into the existing quality oversight. Regularly scheduled meetings coordinated through VCP with DA leaders and executives provide another level of quality control and oversight as the majority of the DA’s are involved in the disaster response efforts. We will rely on Vermont Care Partners in helping identify staff who may need additional support and training around self care and managing stress throughout the life of the CCP.

10. The Crisis Counseling Assistance and Training Program (CCP) requires mandatory training during the ISP as described in the CCP guidance. Please describe additional training (if any) that you plan to provide and the rationale for providing such training.

We are understanding that SAMHSA DTAC developed virtual trainings based off of in-person trainings that originally consisted of two and a half days. These in-person trainings have been condensed down into virtual trainings consisting of four two hour blocks of training time. Crisis Counselling Staff will be taking advantage of these Just In Time Trainings that are available. CCP Staff will complete the trainings this way, due to our socially distant world, and when Core Content Training is available, CCP Staff will complete it.

10a. Does the State, Indian Tribal Government, or Territory have experienced CCP trainers? ✓ Yes ☐ No

PART III: Response Activities

11. Please describe any mental health-specific response activities undertaken from the date of incident to the date of application.

From the outset of the pandemic in Vermont, the State of Vermont, Department of Mental Health has taken a proactive approach to its response in support of the community. There have been numerous COVID-19 related communications sent out by DMH to the provider community since early March, 2020. These communications are a mix of inward facing communications intended for State Government employees, and outward facing communications, geared toward the network of mental health providers.

On 3/4/20, the DMH Medical Director sent out a memo to DA Executives, providing COVID-19 related information and resources, and the current state of the pandemic in Vermont.
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On 3/12/20 the DMH sent out a memo to DA’s and community partners providing guidance on self care strategies.

On 3/13/20, the DMH sent out a memo for broad distribution regarding Governor Scott’s Emergency Declaration for the State of Vermont.

On 3/19/20, the DMH sent out guidance for Children/Youth in residential programs.

On 3/23/20, the DMH sent out information about Staying Mentally Healthy during the Pandemic to DA’s, and community partners. Information was uploaded to the DMH website and DMH partnered with Vermont Department of Health to promote this information.

Other communication channels that the DMH has developed are a COVID-19 page on the DMH website and partnering with the Vermont Department of Health, disseminating mental health related information via Twitter and Facebook. Mental Health messages continue to be pushed out on these social media platforms.

Community partners within the Designated Agency system of care have been active since the outset of the pandemic. These efforts have been around public messaging and remote connection via telehealth with their enrolled clients. Washington County Mental Health has transitioned to tele-health as all face to face interactions have been suspended. According to Mary Moulton, Washington County Mental Health’s Executive Director, the disaster is going to roll out as the pandemic rolls out. Her agency has transitioned away from face to face contact and conducts meeting with clients via telehealth. During the first two weeks of April, WCMH did 1,100 calls with clients via Zoom. Ms. Moulton said that clients of the agency are very appreciative of the calls, and look forward to staying connect throughout the pandemic. National Life donated laptops and tablets to WCMH for clients without devices. This donation was critical so that clients are able to receive help and maintain their mental health and prevent an inpatient hospitalization.

As one of the largest healthcare organizations in Vermont, the HowardCenter, headquartered in Burlington, serves over 16,000 people a year. The organization has made numerous adjustments to the way in which services are delivered, since the outset of the pandemic. For example, All face to face services have been suspended until further notice; Telehealth is now being utilized to provide support services; The Chittenden Clinic, which provides opioid services is making efforts to continuing providing services, but has decreased the number of people seen each day. Overall, the Designated Agency system of care continues to balance the needs of serving clients with the health and safety of the broader community.
APPLICATION FOR CRISIS COUNSELING PROGRAM SERVICE
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PART IV: Budget

12. Attach Standard Form 424: Request for Federal Assistance (SF-424) and Standard Form 424a: Budget Information - Non-Construction Programs. The SF-424 should include all projected operating costs as well as pre-award costs, if any. Pre-Award Costs: Non-Federal entities may request reimbursement for costs associated with crisis counseling services provided from the date of the incident to the date of the ISP application. Reimbursement is limited to crisis counseling services allowable under the CCP and not for any other type of behavioral health response and must be approved in writing.

13. Attach a Budget Narrative explaining each line item on the SF-424a. Identify pre-award costs requested, if any.

PART V: Assurances

14. Please acknowledge that the State, Territory, or Tribal Government will comply with the following assurances as referenced in the FEMA-State/FEMA-Tribal agreement and the DHS Standard Terms and Conditions available at http://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions.

   a. Lobbying: ☐ Yes ☐ No
   b. Drug-Free Workplace: ☐ Yes ☐ No
   c. Disbarment and Suspension and Other Responsibility Matters ☐ Yes ☐ No

15. By signing below, the Governor or Chief Tribal Executive agrees to and/or certifies that:
   ☒ The requirements are beyond the State, Territory, or Tribal Government's capabilities.
   ☒ The program, if approved, will be implemented according to the plan contained in the application approved by the Regional Administrator.
   ☒ The State, Indian Tribal Government, or Territory will maintain close coordination with and provide reports to the Regional Administrator.
   ☒ The State, Indian Tribal Government, or Territory’s emergency plan, prepared under Title II of the Stafford Act, will include disaster mental health planning.

16. By signing below, the Governor's Authorized Representative (GAR) or the Chief Tribal Executive affirms that the foregoing questions have been answered correctly and truthfully to the best of their knowledge.

   Susanne R. Young
   Signature
   5/13/2020
   Date

PART VI: Application Checklist

17. The following documents have been submitted with this application:

   a. Completed ISP Application ☐ Yes ☐ No
   b. Request for Federal Assistance (SF-424) ☐ Yes ☐ No
   c. Budget Information - Non-Construction Programs (SF-424a) ☐ Yes ☐ No
   d. Assurances for Non-Construction Programs (SF-424b) ☐ Yes ☐ No
   e. Budget Narrative ☐ Yes ☐ No
May 28, 2020

To: Timothy Metayer, Finance & Management Budget Analyst

From: Melissa Austin, Financial Administrator

Re: Pre-Grant Award Request

Attached you will find a Pre-Grant Award (Form AA-1PN) request for the FEMA Individual Assistance Crisis Counseling grant program for FEMA-DR-4532-VT.

If you have any questions please contact me at Melissa.Austin@vermont.gov.
Respectfully,

Melissa

Cc: Richard Deschamps, Financial Manager
Cc: Rick Hallenbeck, Director of Administration
July 14, 2020

Susanne Young  
Governor’s Authorized Representative  
Secretary of Administration  
109 State Street  
Montpelier, VT 05609

Sarah Squirrell  
Commissioner  
Vermont Department of Mental Health  
280 State Drive, NOB 2 North  
Waterbury, VT 05671-2010

Erica Bornemann  
Director, Vermont Emergency Management  
Vermont Department of Public Safety  
45 State Drive  
Waterbury, VT 05671

Re: Major Disaster FEMA-4532-DR-VT  
Catalog of Federal Domestic Assistance #97.032  
Crisis Counseling Immediate Services Program  
Award No. 4532DRVTISCC  
Amendment #2 – Period of Performance Extension

Dear Secretary Young, Commissioner Squirrell, and Director Bornemann:

This letter responds to the request from the Governor’s Authorized Representative to extend the period of performance for Crisis Counseling Immediate Services Program (“ISP”) Award No. 4532DRVTISCC. The period of performance for this award is May 26 to July 29, 2020, and VEM requested a 60-day extension. I am approving this request and extending the ISP award’s period of performance until September 27, 2020.

The enclosure to this letter contains the updated information regarding this Federal award to reflect the extension to the period of performance. You may contact Becky Szymcik, Individual Assistance Branch Chief, at becky.szymcik@fema.dhs.gov with any questions about this Federal award or the Crisis Counseling Program.
Susanne Young, Sarah Squirrell, and Erica Bornemann

July 14, 2020

Sincerely,

Robert Grimley
Recovery Division Director
FEMA Region I

Enclosures:
1. Information Concerning the Federal Award

cc:
1. Christopher Smith, Individual Assistance Division Director, Federal Emergency Management Agency
2. Deepa Avula, Chief of Staff, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
3. Michelle Lavallee, Director, Middlesex Therapeutic Community Residence, Vermont Department of Mental Health
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<thead>
<tr>
<th><strong>Recipient Name:</strong></th>
<th>Vermont Emergency Management, Vermont Department of Public Safety</th>
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<tbody>
<tr>
<td><strong>Recipient’s Unique Identification Number:</strong></td>
<td>DUNS Number 8093766920000</td>
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<tr>
<td><strong>Federal Award Identification Number (FAIN):</strong></td>
<td>4532DRVTISCC</td>
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<td><strong>Amendment #:</strong></td>
<td>2</td>
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<td><strong>CFDA Number and Name:</strong></td>
<td>97.032, Crisis Counseling</td>
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<tr>
<td><strong>Federal Award Date:</strong></td>
<td>May 26, 2020</td>
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<tr>
<td><strong>Project Description:</strong></td>
<td>The Recipient will carry out an immediate services program to provide crisis counseling services to the survivors of COVID-19 as detailed in the grant application dated May 14, 2020 and as amended on May 22, 2020.</td>
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<tr>
<td><strong>Period of Performance Start and End Dates:</strong></td>
<td>May 26 to September 27, 2020</td>
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<tr>
<td><strong>Amount of Federal Funds Obligated by This Action:</strong></td>
<td>$0</td>
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<tr>
<td><strong>Total Amount of Federal Funds Obligated:</strong></td>
<td>$140,645.05</td>
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<td><strong>Total Amount of the Federal Award:</strong></td>
<td>$140,645.05</td>
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<td><strong>Budget Approved by the Federal Awarding Agency:</strong></td>
<td>The approved budget is set forth below.</td>
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<tr>
<td><strong>Total Approved Cost Sharing or Matching:</strong></td>
<td>There is no cost share requirement for this Federal award.</td>
</tr>
<tr>
<td><strong>Name of Federal Awarding Agency and Contact Information for Awarding Official:</strong></td>
<td>Federal Emergency Management Agency Robert Grimley, Recovery Division Director, FEMA Region I at <a href="mailto:robert.grimley@fema.dhs.gov">robert.grimley@fema.dhs.gov</a></td>
</tr>
<tr>
<td><strong>Identification of Whether the Award is R&amp;D</strong></td>
<td>No part of this Federal award is for research and development.</td>
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<tr>
<td><strong>Indirect Cost Rate:</strong></td>
<td>Indirect costs are not authorized under this Federal award.</td>
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## BUDGET COST CATEGORIES

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<td>Other</td>
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<td><strong>Total:</strong></td>
<td><strong>$140,645.05</strong></td>
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