

STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To:Joint Fiscal Committee membersFrom:Sorsha Anderson, Staff AssociateDate:September 28, 2020Subject:Grant Requests – JFO #3023

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **The Dept. of Mental Health has requested expedited review of this item.** Members will be contacted by **October 2, 2020** for a decision unless the member has responded prior to that date.

JFO #3023 - \$630,787 to the VT. Dept. of Mental Health from the Substance Abuse and Mental Health Administration. Funds will be used to continue adult crisis counseling and training related to the COVID-19 pandemic. The initial program was set up in April 2020 using FEMA funds and this grant will allow the work to continue through July 2021. *This request <u>does</u> stem from the state or federal response to the COVID-19 pandemic.* [JFO received 09/28/20]

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.



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

MEMORANDUM

To: Susanne Young, Secretary of Administration

From: Shannon Thompson, Finance Director, DMH

Subject: AA-1 for Regular Services Program Grant

Date: September 16, 2020

Enclosed please find the documentation requesting approval for a new Regular Services Program Grant for the Department of Mental Health. The total project is for \$630,787 subject to availability of federal funds and project progress.

Please find the following documents enclosed:

- AA-1 form
- Notice of grant award and grant terms and conditions

If you have any questions, please contact me at 241-0118.

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

1. Agency: Agency of Human Services									
2. Department:		Department of Mental Health							
1									
3. Program:	Adult Mental Health	Adult Mental Health							
4. Legal Title of Grant:	Regular Services Prog	gram/Crisis Counseling							
5. Federal Catalog #:	93.982								
	28.								
6. Grant/Donor Name an									
	and Mental Health Service			ille, MD 200					
7. Grant Period:	From: 9/16/2020	To:	6/15/2021						
0 D 0 0									
8. Purpose of Grant:	1.0 (1)	· · · · · · · · · · · · · · · · · · ·	• • • • •						
	e used for the purposes of								
	tafford Disaster Relief and 44 CFR Section 206.171 (e Aci, as amended 42	U.S.C.					
9. Impact on existing pro									
	accepted, Vermont would		nrovide crisis course	aling assistance and					
	urrently subgranting out the								
	ar Services Program grant								
10. BUDGET INFORMA			auton of this original	Tederar avvara.					
IU. DUDGET INFORMA									
D	SFY 1	SFY 2	SFY 3	Comments					
Expenditures:	FY 2021	FY	FY						
Personal Services	\$	\$	\$						
Personal Services Operating Expenses	\$ \$	\$ \$	\$						
Personal Services Operating Expenses Grants	\$ \$ \$630,787	\$ \$ \$	\$ \$ \$						
Personal Services Operating Expenses Grants	\$ \$	\$ \$	\$						
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STATE OF VERMONT REQUEST FOR GRANT (*) **ACCEPTANCE** (Form AA-1)

		\$	
		Total \$63	0,787
<i>H</i>			
PERSONAL SERVICE IN	FORMATION		
		e or more Personal Service Contra	acts? Ves No
		icate intent to follow current compet	
Appointing Authority Name			
12. Limited Service Position Information:	# Positions	Title	
4			
Total Positions		<	
12a. Equipment and space positions:	for these Is p	presently available. Can be ob	ptained with available funds.
13. AUTHORIZATION A	GENCY/DEPARTMEN	Т	
I/we certify that no funds beyond basic application	Signature: E-SIGNED on 2020-09-	Date:	
preparation and filing costs have been expended or	Title: Sarah Squirrell, C	Commissioner	
committed in anticipation of Joint Fiscal Committee approval of this grant, unless	Signature: E-SIGNED by on 2020-09-1	Date:	
previous notification was made on Form AA-1PN (if applicable):	Title: Jenney Samuelso	n, Deputy Secretary	
14. SECRETARY OF ADN			
Approved:	(Secretary or designee signature Kristin Clouser) Digitally signed by Kristin Clouser Date: 2020,09,23 12:44:13 -04'00'	Date:
15. ACTION BY GOVERN	OR		
Check One Box: Accepted	1 MA		
Rejected	(Governor's signature)		Date: 9/25/20
16. DOCUMENTATION R	FOUIDED		
10. DOCUMENTATION N		RANT Documentation	
Request Memo	Kequireu G	Notice of Donation (if any)	
Dept. project approval (if	applicable)	Grant (Project) Timeline (if appli	
Notice of Award		Request for Extension (if applica	
Grant Agreement Grant Budget		Form AA-1PN attached (if applic	caole)
	En	d Form AA-1	
(*) The term "grant" refers to ar department, commission, board,		Im of money or thing of value to be acc nment (see 32 V.S.A, §5).	epted by any agency,

E-SIGNED by Richard Donahey on 2020-09-18 15:00:22 GMT

Department of Finance & Management Version 1.8_6/2016 Notice of Award

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Crisis Counseling Issue Date: 08/26/2020 Department of Health and Human Services Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Grant Number:1H07SM083736-01FAIN:H07SM083736Program Director:MichelleLavallee

Project Title: Regular Services Program

Organization Name: VERMONT STATE AGENCY OF HUMAN SERVICES

Business Official: Shannon Thompson

Business Official e-mail address: shannon.thompson@vermont.gov

Budget Period: 09/16/2020 - 06/15/2021 Project Period: 09/16/2020 - 06/15/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$630,787 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of P.L. 93-288, SEC. 416 as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

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

See additional information below

SECTION I - AWARD DATA - 1H07SM083736-01

	\$630,787
	\$630,787
	\$630,787
	\$630,787
22	\$0
	×

\$630,787

AMOUNT OF THIS ACTION (FEDERAL SHARE)

	SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT	
1	\$630,787	

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

Fiscal In	formation:			
CFDA Nu	umber:	93.982		6
EIN:		1036000264D4		
Docume	nt Number:	20SM83736A		
Fiscal Ye	ear:	2020		
IC	CAN		Amount	
SM	C96R804	*)	\$630,787	
IC SM	CAN		2020	
SM	C96R	304	\$630 787	

SM Administrative Data: PCC: DR / OC: 4145

FGG. DR / GG. 414:

SECTION II - PAYMENT/HOTLINE INFORMATION - 1H07SM083736-01

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

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III - TERMS AND CONDITIONS - 1H07SM083736-01

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

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

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

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

SECTION IV - SM Special Terms and Conditions - 1H07SM083736-01

REMARKS

Crisis Counseling Assistance and Training Program (FEMA)

Regular Services Program (RSP)

FEMA-DR-4532-VT

SAMHSA Grant #: SM-083736-01

1. NOTICE OF AWARD. The total award for this Regular Services Program (RSP) Grant is in the amount of **\$630,787** based on the budget submitted on **08/18/2020**. This grant shall be used for the purposes of funding crisis counseling assistance and training under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended 42 U.S.C. Section 5183 and 44 CFR Section 206.171 (g).

2. PROJECT PERIOD. The project period for this RSP grant shall last up to 9 months from **09/16/2020**, as established by this Notice of Award (NOA). A state, territory or tribe may only be reimbursed for allowable costs incurred during the project period.

3. ACCOUNT INFORMATION. SAMHSA Division of Grants Management has created a Public Assistance (P) Account in the Division of Payment Management's, Payment Management System (PMS) to provide a separate accounting for these federal funds. When discussing your account with the PMS Account Representative, please use the document number identified on Page 2 of the Notice of Award under Section I - AWARD DATA, Fiscal Information.

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4. INDIRECT COSTS. No indirect costs are allowable on RSP grants. The recipient shall ensure that indirect charges are not included in the grant application, budget revisions, or any quarterly and final budget expense reports submitted for review and approval.

5. 90-DAY NO-COST ADMINISTRATIVE EXTENSION. If needed, the recipient shall submit a request for up to 90-Day No-Cost Administrative Extension via email to the Grants Project Officer (GPO), no less than 30 days prior to the end of the project period. This extension is for the purpose of costs associated with finalizing the program and financial reports, all costs shall be included in the approved RSP budget. No programmatic or service activities shall be conducted or charged during an Administrative Extension. The costs allowed under Administrative Extensions include salaries and related costs for approved staff to prepare and submit the final program and fiscal reports only. This applies to the Regular Services Program (RSP) Crisis Counseling Program only.

6. REPORTING REQUIREMENTS:

- o Quarterly progress reports are due after the end of the reporting period.
- A final program, report shall be submitted within 90 days after the end of the project period.
- An account of funds shall be submitted with the final program report.

7. CLOSEOUT– The recipient shall submit a Final Financial Report-Standard Form 425 (FFR/SF-425) to the GPO no later than 90 days after the project period is complete. Final closeout documents must be submitted directly to the GPO by email attachment only. All financial records, supporting documents, records shall be retained and accessible for the purpose of making audits for a period of three years starting from the date of submission of the FFR. (2 CFR 200.327; 2 CFR 200.333-337) Refer to the following SAMHSA website for the Closeout instructions which applies http://www.samhsa.gov/grants/grants-management/notice-awardnoa/standard-terms-conditions (Closeout instructions).

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

SPECIAL CONDITIONS

System for Award Management (SAM) Exclusions

By October 16, 2020, submit via email directly to the GMS by email attachment,

SAMHSA has conducted a review of one or more of the key staff for this award (Authorized Organization Representative (AOR)), Project Director, Business Official, and Key Personnel identified on the SF-424, PHS 5161, or required by the Funding Opportunity Announcement and included in the submitted application. A SAMHSA review of the General Services Administration System for Award Management (SAM) (http://sam.gov) has identified individual that is potentially excluded from participation in Federal programs or activities per 2 CFR Part 180.

Your organization must review and certify the person identified in the "RESPONSE

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REGARDING POTENTIAL EXCLUDED INDIVIDUAL" attachments. If the individual is the same person, a prior approval request for a change in key personnel must be submitted because excluded individuals are not permitted to be involved with or receive payments under federal grant awards. Work performed by excluded (suspended or debarred) individuals is at the organizations own risk.

Failure to comply with this Special Condition of Award may result in SAMHSA initiating additional actions in accordance with 45 CFR §75.371, Remedies for noncompliance.

RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL LETTER

The response must be provided on your organization's letterhead.

RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL

Name and role of individual in question: Shannon Thompson, Business Official (Financial Director IV)

Based on the entry of the name and address of the employee in question, into the SAM exclusions search, we found that he/she (check the appropriate response below):

is not the same individual.

_____ is the same individual. A prior approval for a change in key personnel will be submitted following the instructions at: https://www.samhsa.gov/grants/grants-management/post-award-changes/key-staff-level-effort.

AOR Print Name/ Title/ Organization

AOR Signature/ Date

SAM Exclusion Search Instructions

- Go to the following link: https://www.sam.gov/...
- On the web page, select "Search Records" on the menu bar.
- In the bottom right section of the page, under ADVANCED SEARCH click on the button.

• A dialog box will pop up providing important information about the results, once this is read click the button (in order to proceed this information must be acknowledged).

• You are now at the Advanced Search-Exclusion page. Click button to the left of the screen (2nd radio button down)

• The drop down box to the left is already populated with 'All'. In the box to the right, enter the individual's first and last name.

• Scroll down to the bottom left and click the blue button.

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• You are at the Search Results Screen. This may produce multiple results. If so, verify if the individual's entire name and state of residence are the same as the employee in question.

If a potential match is found, to the right of the individual's name, click the button.

• Scroll down to the bottom of the page to the Primary Address section, and insert the individual's street address into the block under Verify Street Address.

Click button,

"No Match" will be displayed if no match is found.

Complete the section RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL on this Notice of Award Condition.

Staff Contacts:

Meghan Griffin, Program Official Phone: (240) 276-0423 Email: Meghan.Griffin@SAMHSA.HHS.GOV

Eileen Bermudez, Grants Specialist Phone: (240) 276-1412 Email: eileen bermudez@samhsa.hhs.gov Fax: (240) 276-1430

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5600 Fishers Lane • Rockville, MD 20857 www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



Michelle Lavallee State of Vermont Department of Mental Health 280 State Drive NOB 2 North Waterbury, VT 05671-2010

RE: FEMA-4532-DR-VT Regular Services Program Notice of Grant Award SAMHSA Grant Number SM083736

Dear Ms. Lavallee,

As the Substance Abuse and Mental Health Services (SAMHSA) Project Officer responsible for the Regular Services Program (RSP) grant for the State of Vermont, I am enclosing a copy of the official Notice of Award (NOA) for the Crisis Counseling Program (CCP) grant established in response to the COVID-19 public health crisis affecting all counties in the state. The original NOA will be mailed to you by the SAMHSA Division of Grants Management. RSP funding has been approved by the Federal Emergency Management Agency (FEMA) for up to \$630,787.

As noted on the NOA, an initial obligation has been made in the amount of \$630,787. The start date for the RSP is September 16, 2020 with an end date of June 15, 2021.

The application from the State of Vermont was reviewed by SAMHSA and FEMA.

Grant award is contingent upon the State acknowledging the attached conditions, exceptions, and budget adjustments within seven (7) of approval (September 2, 2020).

Reporting Requirements

The reporting requirements for this grant are as follows:

Report	Reporting Period	Due Date
First Quarter Program/Fiscal/Data	09/16/20 to 12/16/20	01/16/21
Second Quarter Program/Fiscal/Data	12/17/20 to 03/17/21	04/17/21
Final Program/Fiscal/Data	09/16/20 to 06/15/21	09/15/21

Two quarterly reports, including documentation of financial expenditures must be to SAMHSA CMHS Project Officer with copies to FEMA Headquarters and FEMA Region. Quarterly reports are due 30 calendar days after the end of each reporting period. The quarterly report must include an interim budget expenditure report including, (1) approved budget, (2) costs incurred and expenditures, (3) approved budget modifications, and (4) unspent balances. The report should be consistent with the cost categories listed in the approved budget.

Documentation of financial expenditures and service delivery is part of the Quarterly Report. Final fiscal documentation includes submission of the **Federal Financial Report (FFR/SF-425)**. The Quarterly and Final Report Format, Template for Quarterly Financial Reporting, Template for Budget Adjustment Request, and Data Collection Tools were previously mailed to the Commonwealth by SAMHSA DTAC on the CCP CD Toolkit. The templates can also be downloaded at http://www.samhsa.gov/dtac/CCPtoolkit/start.htm.

This grant is to be used for the purpose of funding the Crisis Counseling Assistance and Training Program under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended). All financial records, supporting documents, statistical records, and other records pertinent to this funding, are to be retained by the grantee for a period of three (3) years, starting from the date of submission of **Federal Financial Report (FFR/SF-425)**. This documentation must be made accessible to duly authorized representatives of the U.S. Comptroller General for the purpose of making audits.

Submission Instructions

Please send electronic copies of reports to:

Meghan Griffin SAMHSA/CMHS Public Health Advisor E-Mail: Meghan.griffin@samhsa.hhs.gov

Please email one (1) copy of reports to:

Eileen Bermudez SAMHSA/Division of Grants Management Grants Management Specialist Email: <u>eileen.bermudez@samhsa.hhs.gov</u>

Robert Grimley Recovery Division Director FEMA Region I Email: <u>Robert.Grimley@fema.dhs.gov</u>

FEVIA-4532-DR-VT RSP Terms and Conditions, Page 3

Donna Nelson Individual Assistance Community Services Manager – COVID-19 FEMA Region I Recovery Division Email: <u>Donna.Nelson@fema.dhs.gov</u>

Rosalia Toledo FEMA Headquarters Community Services Branch Email: <u>rosalia.toledo@fema.dhs.gov</u>

Program Monitoring

At least one official SAMHSA/FEMA site visit (virtual or in person) will be conducted during the program period. The first official SAMHSA/FEMA site visit will be scheduled for February 2021.

During the interim, it is important that we maintain close coordination to facilitate technical assistance needs and project monitoring responsibilities. I am requesting that we have conference calls on a bi-weekly basis. FEMA staff and SAMHSA DTAC staff may join us on the call. I will be contacting you to schedule the first conference call in the next few days.

I look forward to working with you on this project. Throughout the life of this grant, any questions or concerns related to program requirements should be directed to me at (240) 276-0423. Eileen Bermudez may be contacted regarding financial and grants management issues at (240) 276-1412.

Sincerely,

Meghan Griffin Meghan Griffin

SAMHSA Project Officer Emergency Mental Health and Traumatic Stress Services Branch Center for Mental Health Services

CC: CAPT Maryann Robinson, SAMHSA Donna Nelson, FEMA Region I Rosalia Toledo, FEMA HQ Eileen Bermudez, SAMHSA DGM File: FEMA-4532-DR-VT RSP

Enclosures: Notice of Award (NoA) FEMA-4532-DR-VT Terms and Conditions

Standard Program Conditions of Award

Data Collection and Reporting

Collection and Reporting

- Data on service delivery must be collected in accordance with the FEMA Crisis Counseling Assistance and Training Program 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 State must use the Individual/Family Crisis Counseling Services Encounter Log, Group Encounter Log, Weekly Tally Sheet, Adult or Child/Youth Assessment and Referral Tools, and Service Provider and Participant Feedback Surveys.
- The State 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 Crisis Counseling Assistance and Training Program 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.

Fiscal Accounting and Monitoring

- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.
- Expenditures must be documented in a format consistent with the budget line items and cost categories in the approved budget. A sample format, the *Template for Quarterly Financial Reporting*, is provided.
- Adjustments to the approved budget must be documented and completed in consultation with the SAMHSA Project Officer. A sample format, the *Template for Budget Adjustment Request*, will be provided.
- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.
- Within 45 days of grant award, the State must conduct a fiscal site visit to review procedures for documentation of expenditures at all service provider sites. This site visit must be conducted by personnel with financial expertise who can review fiscal documentation procedures in order to assure that service providers will be able to participate in project-specific audits if necessary.
- The State must incorporate the findings of the fiscal site visit, and if deficiencies are

found, a plan of action, into the first quarterly report submitted to the SAMHSA Project Officer. If deficiencies in fiscal record-keeping are identified by the State, a plan of technical assistance must be arranged between the State and service provider to assure appropriate fiscal documentation procedures.

Training and Consultant Services

• CMHS will recommend appropriate a trainer and/or consultant for the State's Crisis Counseling Program. Any selection and use of trainers and consultants made by the State must receive written prior approval by the CMHS Project Officer.

Hotlines and Public Information Efforts

• The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as part of the overall communication plan.



State of Vermont

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

[phone] 802-828-2376 [fax] 802-828-2428

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:			This grant will fund crisis counseling assistance and training through the Vermont Care Partners Network i.e. VT's Designated Agencies.								
			Verm	ont (Care Pa	artne	ers Network	i.e. V	T's Designate	ed Agencies.	
Date:	9/18/2	9/18/2020									
Date			7/10/2	2020	,						
Department:	DMH										
			D 1		•		10	9	1.		
Legal Title of Gra	int:		Regul	ar S	ervices	s Pro	gram/Crisis	Coun	seling		
Federal Catalog #	:		93.98	2							
Grant/Donor Nan	Substance Abuse and Mental Health Services Administration 5600 Fishers Lane, Rockville, MD 20852										
	Б		0/1/0/2	0000			(115/2021				
Grant Period:	From:		9/16/2020 To: 6/15/2021								
Grant/Donation			\$630,787								
	SFY	1			FY 2		SFY 3	Т	Total	Comments	
Grant Amount:	\$630,	787	\$				\$	\$6	530,787		
		# Posit	tions	Ex	plana	tion	Comments				
Position Informat	ion:										
Additional Comments: Candace Elmquist Destablished Vandes Elmquist				The department has requested expedited review. JFO is aware. DMH wishes to obligate funds immediately after approval.							
Department of Fina	ance & Ma	nageme	nt					Ada Gre	Adam Greshin Digitally signed by Adam Greshin Date: 2020.09.18 12:35:49-04'00'	(Initial)	
Secretary of Administration					istin Digitally signed by Kristin Clouser Date: 2020.09.23 12:45:49 -04'00'	(Initial)					
Sent To Joint Fisca	l Office							Ari Mu	el Jipitally signed by Ariel Murphy Date: 2020.09.25 16:55:43 -04'00'	Date	



Sorsha Anderson

To: Subject: Sorsha Anderson RE: AHS-DMH - Regular Services Program/Crisis Counseling

From: Elmquist, Candace <<u>Candace.Elmquist@vermont.gov</u>>
Sent: Monday, September 28, 2020 8:32 AM
To: Sorsha Anderson <<u>SAnderson@leg.state.vt.us</u>>
Cc: Daniel Dickerson <<u>ddickerson@leg.state.vt.us</u>>
Subject: RE: AHS-DMH - Regular Services Program/Crisis Counseling

Hi Sorsha,

This award will be used to support crisis counseling assistance and training, provided via the Vermont Care Network. This work began in April and was initially funded using FEMA funds through an MOU with Public Safety. The initial tranche of FEMA funding ended within the last two weeks. However, the work will extend to June of 2021. This award provides the second tranche of funding to continue these services, and without immediate approval, Vermont Cares Network will not have the funds necessary to proceed.

So to answer your questions:

- 1. Yes, the money is going towards an existing project that was set up in April in response to the COVID-19 pandemic.
- 2. Staff time in the department for administration of this grant program is reported as minimal; staff that have supported the program since April will continue to support this program.

Thank you,

Candace

From: Sorsha Anderson <<u>SAnderson@leg.state.vt.us</u>>
Sent: Monday, September 28, 2020 8:27 AM
To: Elmquist, Candace <<u>Candace.Elmquist@vermont.gov</u>>
Cc: Dickerson, D <<u>ddickerson@leg.state.vt.us</u>>
Subject: RE: AHS-DMH - Regular Services Program/Crisis Counseling

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender. Hi Candace,

I am sending this to Rep. Cummings today to get approval for the expedited request. What I am not seeing in the grant application is any specificity on how the money will be used. There doesn't seem to be a submitted budget, other than the total. So a couple of questions:

- 1. Is this money going towards a project already in existence or is it setting up a new endeavor?
- 2. Is the department using existing staff or reallocating existing staff?

Thanks!

Sorsha Anderson

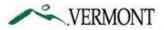
Joint Fiscal Office

From: Murphy, Ariel <<u>Ariel.Murphy@vermont.gov</u>>
Sent: Friday, September 25, 2020 5:00 PM
To: Sorsha Anderson <<u>SAnderson@leg.state.vt.us</u>>
Cc: Daniel Dickerson <<u>ddickerson@leg.state.vt.us</u>>; Elmquist, Candace <<u>Candace.Elmquist@vermont.gov</u>>
Subject: AHS-DMH - Regular Services Program/Crisis Counseling

Hi Sorsha,

Attached please find a grant request recently approved by the Governor.

Please let me know if you have any questions or problems. Best, Ariel



Ariel Murphy | she/her Executive Assistant for the Department of Finance and Management 109 State Street, 5th Floor | Montpelier, VT 05609-0401 <u>ariel.murphy@vermont.gov</u> t: (802) 828-2376 | c: (802) 622-4780