



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: April 29, 2009
Subject: JFO #2372 & #2373

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations.
[JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment.
[JFO received 3/30/09]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Wendy Davis, Commissioner
Michael Hartman, Commissioner
Robert Hofmann, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: April 2, 2009
Subject: Grant Request

Enclosed please find two (2) requests that the Joint Fiscal Office has received from the Administration:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations. **Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1.** [JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment. **Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1.** Additional supporting documents will be provided upon request. [JFO received 3/30/09]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by April 16 we will assume that you agree to consider as final the Governor's acceptance of this request.

cc: James Reardon, Commissioner

Wendy Davis, Commissioner
Robert Hofmann, Secretary

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:		The Vermont Department of Mental Health received a federal grant from the Substance Abuse and Mental Health Services Administration to fund a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on evidence-based treatment.		
Date:		3/9/2009		
Department:		Mental Health		
Legal Title of Grant:		Jail Diversion and Trauma Recovery Program – Priority to Veterans		
Federal Catalog #:		93.243		
Grant/Donor Name and Address:		Substance Abuse and Mental Health Services Administration, Rockville, MD		
Grant Period:		From:	To:	
		9/30/2008	9/29/2013	
Grant/Donation		\$2,053,161 over 5 years		
		SFY 1	SFY 2	SFY 3
Grant Amount:		\$69,785	\$405,161	\$412,501
				\$412,501 SFY4 \$412,501 SFY5 \$340,712 left over from SFY 1 to be requested at last year of grant
Position Information:	# Positions	Explanation/Comments		
	0	The work for this grant will be performed by contractors, mostly by Dr. Tom Simpatico of FAHC		
Additional Comments:				
The State of Vermont has made a unique contribution to the current wars in Iraq and Afghanistan. Among the 50 states, Vermont has experienced the second highest per capita deployment of National				

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

Guard service members to Iraq, and the greatest number of per capita Iraq War deaths (New York Times, March 2, 2005). Overall, there are approximately 60,000 veterans in Vermont, accounting for 14% of the state's adult population (U.S. Department of Veterans, 2007). In 2007, approximately 4,000 Vermont veterans sought treatment through the Veteran Administration (VA) for a mental health or substance abuse condition and the VA reports that the number of veterans seeking treatment is increasing. This grant will focus on diverting veterans and other individuals with traumatic brain injury's away from the criminal justice system and into other kinds of treatment, termed evidence based treatment. This grant will provide a small amount of funding to the Howard Center for their work with Vermont's mental health and drug abuse treatment courts (approximately \$13,000 in the second year and \$26,000 in third year will go to the Howard Center) to increase the capacity of the treatment courts. [The Mental Health department is exploring the possibility of whether federal stimulus funds can be used to help pay for the software in this grant. If that is possible, it would free up more money from this grant to go to the Howard treatment courts.] The grant will be focused on identifying individuals and creating an assessment tool that can be used statewide by law enforcement to divert veterans from the criminal justice system. The grant will not increase mental health treatment capacity (ie. bed space) at existing treatment facilities, but rather train existing mental health facilities on evidence based treatment practices. This federal grant doesn't allow the state to spend the money on veterans or individuals suffering from TBI who are already incarcerated. Rather, this grant is designed to focus on newly returned veterans and people with TBI living in the community who may be struggling with minor law infractions and assist those people in receiving treatment rather than entering up in the criminal justice system. The funds will be spent on contractors and developing, implementing, and training on a new software program which will help people coordinate their work statewide.

Department of Finance & Management	<i>[Signature]</i> 3/15/09	(Initial)
Secretary of Administration	<i>[Signature]</i> 3/16/09	(Initial)
Sent To Joint Fiscal Office	3/24/09	Date



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

BASIC GRANT INFORMATION			
1. Agency:	Human Services		
2. Department:	Mental Health		
3. Program:	Adult Mental Health		
4. Legal Title of Grant:	Jail Diversion and Trauma Recovery Program-Priority to Veterans		
5. Federal Catalog #:	93.243		
6. Grant/Donor Name and Address: Substance Abuse and Mental Health Services Administration, Rockville, MD			
7. Grant Period:	From:	9/30/2008	To: 9/29/2013
8. Purpose of Grant: To support local implementation and Statewide expansion of trauma-integrated jail diversion programs for veterans and other individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system.			
9. Impact on existing program if grant is not Accepted: none			

10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 09	FY 10	FY 11	
Personal Services	\$60,410	\$241,638	\$338,978	
Operating Expenses	\$7,500	\$156,023	\$39,023	
Grants	\$1,875	\$7,500	\$34,500	
Total	\$69,785	\$405,161	\$412,501	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$69,785	\$405,161	\$412,501	
(Direct Costs)	\$69,457	\$403,848	\$406,463	
(Statewide Indirect)	\$3	\$13	\$60	
(Departmental Indirect)	\$325	\$1,300	\$5,978	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$69,785	\$405,161	\$412,501	

Appropriation No:	Amount:
3150070000	\$69,785
	\$
	\$
	\$
	\$
	\$

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

	Total \$69,785
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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: Michael Hartman Agreed by: MA (initial)

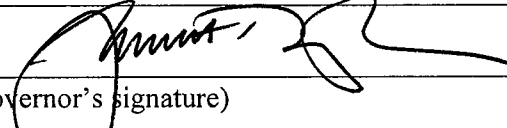
12. Limited Service Position Information:	# Positions	Title
	N/A	
Total Positions		

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

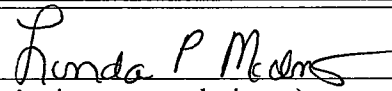
13. AUTHORIZATION AGENCY/DEPARTMENT

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: <u>Michael Hartman</u>	Date: <u>2/16/09</u>
	Title: <u>Commissioner Dept of Mental Health</u>	
	Signature: <u>Patrick Flood</u>	Date: <u>2/20/09</u>
	Title: <u>DEPUTY SECRETARY</u>	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	 (Governor's signature)		
<input type="checkbox"/>	Rejected		Date: <u>3/24/09</u>	

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/>	Check One Box: Request to JFO	 (Secretary's signature or designee)		
<input type="checkbox"/>	Information to JFO		Date: <u>3/16/09</u>	

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIONS:			
<p><i>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.</i></p>			
BASIC GRANT INFORMATION			
1. Agency:	Human Services		
2. Department:	Mental Health		
3. Program:	Adult Mental Health		
4. Legal Title of Grant:	Jail Diversion and Trauma Recovery Program-Priority to Veterans		
5. Federal Catalog #:	93.243		
6. Grant/Donor Name and Address:	Substance Abuse and Mental Health Services Administration, Rockville, MD		
7. Grant Period:	From:	9/30/2008	To: 9/29/2013
8. Purpose of Grant:	To support local implementation and Statewide expansion of trauma-integrated jail diversion programs for veterans and other individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system.		
9. STATE FUNDS TO BE SPENT IN ADVANCE OF GRANT ACCEPTANCE BY JOINT FISCAL:			
Expenditures:	FY 2009	Required Explanation/Comments	
Personal Services	\$	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) These costs represent travel costs for two attendees (the project director and consumer representative), at a meeting required for all grantees at the CMHS National GAINS Center in Bethesda, Maryland on November 9, 2008.	
Operating Expenses	\$2,423.00		
Grants	\$		
Total	\$2,423.00		
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:	<i>Michael Hunt</i>	Date: 2/13/09
	Title:	Commissioner, Dept of Mental Health	
	Signature:	<i>Robert D. M.</i>	Date: 2/23/09
	Title:	Sec. AHS.	
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).			

Request for Grant Acceptance
Jail Diversion and Trauma Recovery Program-Priority to Veterans
Summary
2/12/09

The Department of Mental Health (DMH) has been awarded \$ 2,053,161 over a period of 5 years by the Substance Abuse and Mental Health Services Administration for a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma-related disorders who are involved in the criminal justice system through identification, screening/assessment, and diversion from the criminal justice system to evidence-based treatment and supports. The objectives of the project are to:

- 1) Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses.
- 2) Deploy screening and assessment for trauma-related illnesses at Department of Corrections intake points to identify veterans and other adults with trauma-related disorders who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
- 3) Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans and other adults entering the criminal justice system with trauma-related illnesses so that they may be diverted into evidenced-based treatment and supports.
- 4) Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and “veterans informed” through cross-training and the enhancement of collaborative relationships.
- 5) Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

During the project’s first three years, DMH will pilot its infrastructure and intervention model in Chittenden County, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports.

In years three through five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Over the grant term, 38,500 adults will be screened and 825 will be diverted to evidence-based care. At both the pilot site and state levels, the project will result in the following outcomes:

- 1) Increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness;
- 2) Increased availability of both trauma informed services and evidence-based trauma treatment and community supports;
- 3) Increased access to trauma informed services and evidence-based trauma treatment and community supports;

- 4) Increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports;
- 5) Decreased recidivism to the criminal justice system among those diverted to appropriate care;
- 6) Enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

The project will be managed collaboratively between the Department of Mental Health, Fletcher Allen Healthcare (FAHC), and the University of Vermont - Vermont Children's Health Improvement Project (VCHIP). Dr. Tom Simpatico of FAHC will act as project director, and VCHIP will provide project management and operations support.

During the first 12 months of the initiative funds will be spent on the following:

- Approximately \$182,000 for a contract with FAHC for 60% of Dr. Tom Simpatico's time to act as the Project Director.
- Approximately \$37,000 for a contract with VCHIP for project management and operations support (this amount will increase in year two as VCHIP takes on additional grant coordination activities).
- \$22,000 each year to purchase expert training and consultation.
- \$133,000 to purchase a web-based trauma screening and assessment program to be used statewide for jail diversion activities (in years two through five, approximately \$16,000 will be used per year to support maintenance and updating of the web-based screening program).
- \$12,000 each year to purchase computer equipment (e.g. laptops) and training materials to aid in the implementation of screening and diversion activities.
- \$7,500 sub-granted yearly to a veterans peers support organization (Vermont Vet-to-Vet) to develop peers supports for veterans who are involved in jail diversion activities.

The remaining funds will be used each year to support travel costs for grant staff to attend a required SAMHSA Grantee meeting each winter, as well as the expenses for stakeholder meetings to assist in the oversight of the initiative (e.g. steering committee). In year two, \$13,500 will be sub-granted to the Howard Center to expand their Mental Health Treatment court to better serve veterans. This amount will increase to \$27,000 in years three through five.

A supporting schedule of projected expenditures for State Fiscal '09 is attached. This schedule is based on the assumption that project activities would begin on April 1st, 2009. Expenditure of federal funding in subsequent years will be included in DMH's annual budget request.

Vermont Department of Mental Health

Supporting Schedule for Jail Diversion SAMHSA Grant AA-1 dated 2/10/09

Item	<u>Amount in application budget for year one</u>	Amount in AA-1 budget for SFY09
Travel expenses for 1 Trip to SAMHSA grantee meeting	\$5,700	\$5,700
Equipment Purchase	\$4,500	\$ 0 - This will not occur until after June '09
Supplies (training materials)	\$7,423	\$ 0 - This will not occur until after June '09
FAHC Contract	\$ 181,159 for one year	\$45,290 for one-quarter of a year (25% of annualized amount of \$181,159)
UVM Contract	\$ 37,167 for one year	\$9,292 for one-quarter of a year (25% of annualized amount of \$37,167)
Training	\$ 22,000 for one year	\$ 5,500 for one-quarter of a year (25% of annualized amount of \$22,000)
Purchase of Mindlinc System	\$133,000	\$ 0 - This will not occur until after June '09
Instate meeting expenses	\$ 2,400 for six meetings per year	\$ 800 for two meetings
Stipends/Mileage for consumer/family participation at meetings	\$ 3,000 for six meeting per year	\$1,000 for two meetings
Vermont Vet-to-Vet Subgrant	\$7,500 for one year	\$ 1,875 for one-quarter of a year (25% of annualized amount of \$7,500)
Total Direct Costs	\$403,848	\$69,457
Total Indirect Costs (17.5% of sub-grants)	\$1,313	\$328
Total Costs	\$405,161	\$69,785

Budget Justification/Existing Resources/Other Support - Year One Vermont Jail Diversion and Trauma Recovery - Priority to Veterans project (SM058809)				
Personnel				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
HRD Chief	Nick Nichols	\$ 56,014	.05 (inkind)	\$ -
Total Personnel				\$ -
Fringe Benefits				
Total Fringe				\$ -
Travel				
1 Trip for SAMHSA Meetings for 4 attendees:				
Airfare (\$600/person x 4 people x 1 trips/year)				\$ 2,400
Lodging (\$200/person x 4 people x 3 nights)				\$ 2,400
Per Diem - Meals (\$75/day X 4 attendees X 3 days)				\$ 900
Total Travel				\$ 5,700
Equipment				
3 Laptop Computers (\$1500/computer X 3 computers)				\$ 4,500
Total Equipment				\$ 4,500
Supplies				
Purchase/Production of Training/Educational Materials				\$ 7,423
Total Supplies				\$ 7,423
Contractual				
Fletcher Allen Health Care (FAHC)				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Project Director/PI	Thomas Simpatico	\$167,118	0.6	\$ 100,271
Fringe (39%)				\$ 39,106
Travel (8000 miles X .55/mile)				\$ 4,400
FAHC Direct				\$ 143,777
FAHC Indirect (26%)				\$ 37,382
FAHC Subtotal				\$ 181,159

Vermont Jail Diversion and Trauma Recovery - Priority to Veterans project (SM058809)

University of Vermont (UVM)				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Project Manager	Patricia Berry	\$137,560	0.1	\$ 13,756
Project Finance and Operations Manger	Deborah McAdoo	\$ 56,350	0.1	\$ 5,635
Fringe (39.5%)				\$ 7,659
Travel (3000 miles X .55/mile)				\$ 1,650
UVM Direct				\$ 28,700
UVM Indirect (29.5%)				\$ 8,467
UVM Subtotal				\$ 37,167
Training				
Laura Gibson (Training on Evidence-based trauma treatment)				
\$1500/day X 13 days				\$ 19,500
Travel/Mileage				\$ 2,500
Training Subtotal				\$ 22,000
Evaluation				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Grant Evaluator	Tim Stickle	\$ 83,633	.03 (inkind)	\$ -
Fringe				\$ -
Evaluation Subtotal				\$ -
Contractual Subtotal				\$240,326
Other				
Purchase of Mindlinc Survey System (Duke University)				\$ 133,000
Instate Meeting Expenses (room rental) (6 meetings X \$400/meeting)				\$ 2,400
Stipends/Mileage for Consumer/Family Participation at meetings (\$100/meeting X 6 meetings X 5 consumer/family members)				\$ 3,000
Subgrant to Vermont Vet-to-Vet				\$ 7,500
Other Subtotal				\$145,900
Indirect Costs				
17.5% of Subgrants (Vermont Vet-to-Vet)				\$ 1,313
TOTALS				\$405,161

BUDGET JUSTIFICATION

PERSONNEL

Nick Nichols, MSW (.05 FTE): Mr. Nichols will serve as the state representative for this grant initiative. He will participate in planning activities and be responsible for coordinating submissions of fiscal and evaluation data to SAMHSA. He currently serves as the Human Resource Development Chief of the Department of Mental Health and assists in the management of several SAMHSA-funded grant initiatives in his Department. His time will be funded in-kind by the Department of Mental Health.

FRINGE BENEFITS

N/A

TRAVEL

SAMHSA Funds will be used to cover the costs of four grant participants (Project Director/Principle Investigator, Grant Evaluator, Project Manager, and a consumer representative) to attend yearly SAMHSA grantee meetings.

EQUIPMENT

Funds will be used to purchase laptops installed with the Mindlinc Survey System's (see below) embedded screening and assessment instruments for trauma-related disorders. These laptops will be made available to community partners who will be screening potential candidates for jail diversion activities.

SUPPLIES

Funds will be used to create, purchase and duplicate training and educational materials (e.g. treatment manuals, DVD's) re: evidence-based trauma treatment and the grant initiative.

CONTRACTUAL COSTS

Fletcher Allen Health Care

Project Director/PI (Thomas Simpatico, MD, .60 FTE). Dr. Simpatico will oversee the entire MHISSION-VT project. As Director of the University of Vermont (UVM) Public Psychiatry, he is in an ideal role to serve as a bridge between the university, the projects, and the state mental health authority. He will be responsible for overseeing all data collection, performance measurement, performance assessment, and infrastructure development. He will mobilize Vermont's psychiatric community around this project and have frequent meetings with key state and federal legislators and other key policy makers. He will also co-direct an annual UVM & Vermont Law School joint training

seminar for judges and legislators that will prominently include evolving details of MHISSION-VT.

University of Vermont

Project Manager (Patricia Berry, MPH, .10 FTE): Patricia Berry will work closely with the Project Director to plan, execute and finalize activities and deliverables according to the grant deadlines and within budget, as well as help assure:

- effective communication on project expectations to team members and stakeholders is done in a timely and clear fashion and on an ongoing basis;
- issues and conflicts within the project team are identified and resolved;
- project expectations with team members and other stakeholders are continually managed;
- changes in project scope are proactively managed, potential crises are identified, and contingency plans are devised;
- any business relationships vital to the success of the project are effectively built, developed and grown; and
- best practices and tools for project execution and management are developed.

Ms. Berry currently serves as the Director of Policy and State Relations for the UVM Vermont Children's' Health Improvement Project (VCHIP).

Project Finance and Operations Manager (Deb McAdoo, .10 FTE): Deb McAdoo will assist will assist in the tracking and monitoring of UVM project expenditures and operational demands of the project. She currently serves as the Program Administrator for VCHIP.

Training

Laura E. Gibson, Ph.D.: Dr. Gibson will oversee all content development relating to training for evidenced-based treatments for trauma-spectrum illness; conduct trainings in person, create DVD recorded trainings and web-based educational modules; and oversee the evaluation of competency for programs conducting evidenced-based trauma treatment

Evaluation

Project Evaluator (Tim Stickle, Ph.D., .03 FTE): Dr. Stickle will oversee all facets of performance measurement and evaluation, including data collection, analysis, reporting and CQI feedback. His time will be funded in-kind by the Vermont Program for Quality Health Care.

OTHER

The Mindlinc Survey System: Grant funds will be used to purchase the Mindlinc Survey System through Duke University. This system provides an easy-to-setup and manage and easy-to-use web-based electronic tool designed to capture and integrate clinician rated scales, patient and family self-rated scales, surveys, clinical and study information into the treatment and clinical research processes. The estimated cost of this

line item represents the cost for both purchase and initial set up this web-based survey system.

Instate Meeting Expense: Funds will be used to cover the cost of steering committee and stakeholder meetings to support oversight and management of the grant initiative. Funds will cover the cost of the meeting space and snacks/beverages.

Stipends/Mileage: Stipends and reimbursement for mileage will be provided to designated consumer and family members who participate in the grant steering committee meetings.

Vermont Vet-to-Vet: Funds will be used to support the expansion of individual and peer-run support in Vermont through the Vermont Vet-to-Vet program, a statewide peer-run support organization. Funds will cover meeting expenses, production of promotional material (e.g. flyers about peer support opportunities), and travel expenses for Vet-to-Vet peer support leaders.

INDIRECT COST RATE

The Vermont Department of Mental Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987 and is available at <http://humanservices.vermont.gov/departments/office-of-the-secretary/cost-allocation-plan>. The Cost Allocation Plan summarizes and allocates actual, allowable costs incurred in the operation of the program. These costs include items often shown as direct costs, such as telephone and general office supply expenses, as well as items usually included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the subgrants paid in the program relative to the total subgrants paid in the department overall. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on recent experience with this program, we would estimate these allocated costs will be approximately 17.5% of the sub-grants (i.e. Other – Vermont Vet-to-Vet) to provider agencies involved in this grant initiative.

This represents a change in the indirect charged to the grant. In previous years, this grant had been administered through the Vermont Department of Health, which uses a different formula for determining cost allocation.



Grant Number: 1H79SM058809-01

Program Director:
Thomas Simpatico

Project Title: MHISSION-VT

Grantee Address	Business Address
VERMONT STATE DEPT OF HEALTH Heidi Hall Business Official 108 Cherry Street, P.O. Box 70 Burlington, VT 05402	Heidi Hall Business Official VT Department of Mental Health 108 Cherry Street, P. O. Box 70 Burlington, VT 05402

Budget Period: 09/30/2008 – 09/29/2009

Project Period: 09/30/2008 – 09/29/2013

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$405,161 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 520a of the PHS Act, 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 www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

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

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

Sincerely yours,

Kathleen Sample
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

ABSTRACT

The Vermont Department of Mental Health is requesting SAMHSA funding for MHISSION-VT, a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness who are involved in the criminal justice system through identification, screening/assessment, and diversion from the criminal justice system to evidence-based treatment and supports. The objectives of the project are to: 1) Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses. 2) Deploy screening and assessment for trauma-related illnesses at VTDOC intake points to identify veterans and other adults with trauma illnesses who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication. 3) Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans and other adults entering the criminal justice system with trauma-related illnesses so that they may be diverted into evidenced-based treatment and supports. 4) Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and "veterans informed" through cross-training and the enhancement of collaborative relationships. 5) Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment. During the project's first three years, VDMH will pilot its infrastructure and intervention model in Chittenden County, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three-five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Over the grant term, 38,500 adults will be screened and 825 will be diverted to evidence-based care. At both the pilot site and state levels, the project will result in the following outcomes: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

TABLE OF CONTENTS

Section Name	Page Number
Abstract	1
Table of Contents	2
Project Narrative	
• Section A: Statement of Need	3
• Section B: Proposed Approach	8
• Section C: Staff, Management, and Relevant Experience	22
• Section D: Performance Assessment and Data	26
• Section E: Literature Citations	28
Supporting Documentation	
• Section F: Budget Justification—See Budget Narrative Attachment Form Section	
• Section G: Biographical Sketches and Job Descriptions	30
• Section H: Confidentiality, Participant Protection/ Human Subjects	46
Appendix 1: Provider Agencies, Assurance, Commitment	50
APPENDIX 2: ASSURANCE AND PROTOCOLS	81
Appendix 3: Sample Consent Forms—To Be Developed	
Appendix 4: Letter to the SSA—Not Applicable	
Appendix 5: Training and Technical Assistance Plan and Signed Agreement	88

SECTION A: STATEMENT OF NEED

Population to be Served & Justification of Pilot Community Selection

The Vermont Department of Mental Health (VDMH) and its project partner, the University of Vermont College of Medicine Department of Public Psychiatry, propose to develop a statewide infrastructure, MHISSION-VT (Mental Health Intergovernmental Service System Interactive Online Network for Vermont), for meeting the trauma treatment and recovery support needs of Vermont veterans and other adults with PTSD and other trauma-related disorders who are involved in the Vermont criminal justice system. During the project's first three years, VDMH will pilot its infrastructure and intervention model in the Burlington/ Chittenden County area, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three-five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Thus, over the project's five-year course, 38,500 adults involved in the criminal justice system will be screened and 825 will be diverted to evidence-based care.

Vermont, a small, mostly rural, state with a population the size of a large city (623,908) has been heavily burdened by the current wars in Iraq and Afghanistan. Among the 50 states, Vermont has experienced the second highest per capita deployment of National Guard service members to Iraq, and the greatest number of per capita Iraq War deaths (New York Times, March 2, 2005). Overall, there are approximately 60,000 veterans in Vermont, accounting for 14% of the state's adult population (U.S. Department of Veterans, 2007). More than one in four adult men are veterans and about 40,000 of Vermont veterans served during wartime. Approximately 20,000 are Vietnam veterans, 4,500 served in Iraq or Afghanistan, and the remainder served in the Korean War or World War II. About 6,000 are identified as disabled, and about 4,000 are women. As is true of the state's population overall, the vast majority of Vermont veterans are White (98%) and, as is the case nationally, most (94%) are men. Vermont veterans are spread across the state's 14 counties; however, by far the largest concentration of veterans (almost 20%) is in the Burlington/Chittenden County area (U.S. Department of Veterans, 2007a). This is not surprising, as Burlington is Vermont's largest city and Chittenden is the state's most densely populated county (24% of the state's population). Moreover, the area is in close proximity to Camp Johnson, the state's largest National Guard facility.

In 2007, approximately 4,000 Vermont veterans sought treatment through the Veterans Administration (VA) for a mental health and/or substance abuse condition, and the Office reports that it has experienced a steady 5-10% increase in this number annually for the past 10 years (A. Pomerantz, personal communication, April 15, 2008). Of the 4,000 who sought VA treatment, approximately 1,500 were in treatment for PTSD. Additionally, the Vermont Vietnam Veterans Center reports that in 2007 more than 2,600 veterans received mental health services through the Center for the treatment of PTSD and other trauma-related conditions (F. Forehand, personal communication, April 25, 2008).

Veterans with trauma needs who are not accessing VA services often appear in other parts of the human service system, such as the state's inpatient and outpatient behavioral health system, emergency departments, and local homeless shelters. In FY 2007, 1,001 veterans were served in the public behavioral health system, with veterans comprising 6% of adults receiving substance abuse treatment, 7% of those receiving outpatient mental health treatment, and 10% of those

receiving treatment for serious mental illness (J. Pandiani, personal communication, April 29, 2008). Similarly, 206 veterans received services within the homeless service delivery system (R. Rankin, personal communication, May 7, 2008). While neither the exact numbers of veterans nor other adults with trauma disorders who are involved in Vermont's criminal justice system are currently known (an issue this application is intended to address), VDMH data suggests that the numbers may be significant. For example, in FY 2007, 30% of male veterans and 18% of female veterans accessing services in the public mental health system were also involved in the criminal justice system (ibid).

Local Pilot (Chittenden County). Chittenden County has the largest percentage of veterans of any Vermont county (19%), a number double or more that of most other counties. While the VA has seen a 5-10% increase in veterans served in other regions of the state over the last 10 years, the VA clinic based in Chittenden County has experienced a 35% increase. In addition, the Chittenden District Court is the court through which a majority of Vermont Department of Corrections (VTDOC) inmates (31% of male inmates, 46% of female inmates) are processed or sentenced for their most serious charges (US Department of Veterans Affairs, 2007; VTDOC, 2007).

Chittenden County is home to Burlington, Vermont's largest and most diverse city. It includes a Medically Underserved Area and has more Medicaid patients than any other area in the state. Burlington is the most ethnically diverse city in the state, with 9.1% of residents identifying themselves as a race/ethnicity other than White, relative to 3% of the population of the state overall. One of Vermont's two Federal Refugee Resettlement Districts is also located in Burlington, with residents from the former Yugoslavia, central Asia, Southeast Asia, and Africa, many of whom fled violent, war-torn circumstances to seek safety in the U.S.

Chittenden County was also chosen because the area possesses a number of features that afford infrastructure and service advantages in terms of the pilot project. Burlington is within four miles of the state's largest National Guard office, Camp Johnson, and the VA's Colchester medical and mental health facility (the next closest facility, White River Junction, is more than 1.5 hours away). Thus, there is a significant armed forces and Veterans Affairs presence within the immediate vicinity, and a number of established collaborations. Equally advantageous, Chittenden County houses three treatment courts – a Drug Treatment Court, Mental Health Court, and Family Treatment Court, which were established beginning in 2003. Burlington/Chittenden is also home to the Vermont Veterans Center, which provides trauma-related counseling and supports to over 2,600 veterans annually, and is one of five counties across the state in which a weekly Vet-to-Vet peer support group is offered.

Need for Enhanced Infrastructure

A just released national study on service members returning from Iraq and Afghanistan found that approximately one-third of the almost 2,000 service members surveyed reported symptoms of a mental health or cognitive condition: 19% met criteria for PTSD or depression, 20% reported that they had experienced a probable TBI while deployed, and 7% reported both a probable TBI event and symptoms of PTSD or depression. This study, completed by the RAND Center for Military Health Policy Research, also found that few had sought care for their symptoms. Only 53% of those who reported symptoms of PTSD or depression, and 43% of those with probable TBI had pursued treatment. Moreover, of those treated, only slightly more than half received treatment that study researchers deemed *minimally adequate* based upon its type and duration (Tanielian & Jaycox, 2008).

Anecdotal information from Vermont agencies and other localities across the country suggests that trauma disorders place veterans and other adults at serious risk of criminal justice involvement

(Oakland Tribune, March 19, 2007). For instance, staff from the Vermont Vietnam Vet Center and the Howard Center in Burlington, one of VDMH's 10 designated community mental health centers (CMHC), report that the veterans their agencies serve often come to the attention of the legal system through run ins with police for speeding, brandishing weapons, getting into fights, and drunkenness, as well as domestic altercations and assaults (F. Forehand, personal communication, April 24, 2008; J. Coffin, personal communication, April 23, 2008).

Moreover, national data on incarcerated veterans evidences some alarming trends. Although as of 2004, the number of veterans incarcerated in state and federal prisons had been steadily decreasing over a two-decade period, a majority of incarcerated veterans had served during a wartime period (most during Vietnam), which suggests that an increase in the population might result from the wars in Iraq and Afghanistan. Veteran incarcerates were more likely to have committed a violent offense and to be serving longer sentences, despite the fact that a greater percentage of veterans had no criminal history prior to their current arrest and conviction (U.S. Department of Justice, 2007). Fifty-seven percent of veterans in state facilities and 19% of veterans in federal prisons were serving time for a violent offense relative to 47% and 14% of non-veterans, respectively.

A key nexus in the relationship between veteran status and criminal justice involvement may be trauma that is untreated. As the RAND study documented, many combat veterans who have experienced trauma fail to avail themselves of treatment services. For some veterans, the symptoms of their condition may inhibit their ability or willingness to engage in treatment. Some veterans are not eligible for VA benefits and services because their service discharge was classified as less than honorable, an issue that is not uncommon among veterans who find their way into local homeless service systems. Others are unwilling to seek treatment due to the stigma attached to mental health issues and fears that seeking treatment will negatively affect their military career or standing (J. Coffin, personal communication, April 23, 2008; RAND, 2008). Still others are angry at the country or military for their involvement in the war and want nothing to do with the armed services. Anecdotally, this is not uncommon among Vermont National Guard engineers who were responsible for clearing improvised explosive devices (IEDs) (Mike Palumbo, personal communication, April 21, 2008).

The fact that Vermont's population of veterans, particularly combat veterans, is rapidly growing as a result of the wars in Iraq and Afghanistan, and that the Vermont Department of Corrections has experienced a 73% increase in its incarceration rates over the past decade (relative to 19% for the nation overall), suggest an urgent need for additional infrastructure, strategies, and resources to divert veterans and other persons with trauma disorders from the criminal justice system to appropriate treatment and care. Nowhere in Vermont is the need greater than in Chittenden County, which, as previously described in home to the largest populations of Vermont veterans and persons involved in the criminal justice system.

Service Gaps & Barriers to Infrastructure Development

A number of significant gaps and barriers exist with regard to the needs of those involved in the criminal justice system. The Chief Justice Task Force on Criminal Justice and Mental Health Collaboration (CJ-MHC Task Force), which was established in 2007 by the Vermont Supreme court to develop a strategic plan for diverting individuals with mental health and substance abuse issues from the criminal justice system and incarceration, identified three critical problem areas that exist at the state and local level:

1) Systems Integration – Gaps exist in the resources available to persons with mental illness (including trauma related conditions) within and across Vermont communities, and the resources

that are available frequently operate on parallel tracks with little coordination among them. An integrated systems approach is needed to organize supports and services at all points along the Sequential Intercept Continuum. 2) *Alternative/Diversion Strategies* – The Criminal justice system is often defaulted to out of expedience before exhausting alternative strategies, or when the service system is ineffective, or services are unavailable or inaccessible. 3) *Knowledge, Skills, and Attitudes* – An integrated systems approach is a new way of doing business for Vermont's treatment, criminal justice, and community support systems. Between these systems, there exist knowledge, skill, and information gaps that create barriers to providing an integrated response. Training tailored to address gaps in knowledge and skills within each system is needed as well as training across systems.

These barriers and gaps are particularly evident in relation to the trauma needs of veterans and other adults involved in the criminal justice system. For instance, members of the VA and veterans organizations are not currently a part of the CJ-MHC Task Force. There is no formal mechanism for sharing data regarding veterans and other persons with mental health needs involved in multiple systems including the criminal justice system, public health system (including mental health and substance abuse treatment), Veterans Affairs system, and the homeless service system, and routine screening and referral for trauma does not currently occur across any criminal justice intercepts. These barriers make it very difficult to both understand the scope of the need and develop appropriate interventions.

There is also a need for ongoing training and education within the criminal justice system. Treatment court staff note that there remains a tendency on the part of VTDOC staff to advocate for punishment rather than treatment focused approaches even in instances where behavioral health issues are clearly evident (Bob Wolford, personal communication, April 21, 2008). Similarly, key points in the public health service and support system require additional trauma training as well as training on the needs of and resources available to veterans. For instance, the Howard Center (the state's designated MH/SA agency in Chittenden County, which also operates the county's three treatment courts) has indicated the need for additional trauma training for staff, particularly related to screening/assessment and evidence-based treatment for combat veterans. The Outpatient Director at the Howard Center (also a 35-year member of the Vermont National Guard), has identified the need for a Veterans Liaison or Consultant to work with veterans diverted to the treatment courts as well as criminal justice and treatment court staff to ensure that veterans issues and the VA system are better understood and that veterans involved in the criminal justice system receive the benefits and assistance to which they are entitled.

With regard to trauma treatment, while the VA reports that its resources are adequate to address the needs of veterans who walk through its doors, the availability of evidence-based trauma treatment must be expanded within the public behavioral health system to address the needs of veterans unwilling or unable (due to discharge status) to access VA benefits and supports, and well as other adults with trauma related disorders involved with or at risk of involvement with the criminal justice system.

Stakeholders & Resources to Support Infrastructure Development

Efforts to address the trauma related needs of Vermont residents who come into contact with various state systems have increased over the past several years. In 2003, the Vermont Agency of Human Services (AHS) which oversees VDMH, as well as the state departments and offices for corrections, health and addictions, disability and aging services, child protection and support, and Medicaid, adopted a Trauma Informed Systems of Care Policy to infuse a trauma informed

framework into all of its departments and divisions. AHS has a full-time Agency Trauma Coordinator responsible for implementing trauma-informed service systems and use of evidence-based and emerging best practices throughout all state supported services.

Since 2003, Vermont has established five treatment courts to divert persons with mental health and substance abuse disorders from the criminal justice system to appropriate community treatment and supports. In addition, the CJ-MHC Task Force is currently finalizing a strategic plan for the state to address the critical problem areas that require redress.

As noted, Chittenden County was selected as the pilot site in part because its stakeholders, resources, and established collaborative relationships offer a solid foundation upon which the project can build. The county is at the forefront of jail diversion in the state with three treatment courts, which it is actively seeking to expand, and its resultant collaboration among law enforcement, corrections, and behavioral health systems. The presence of the treatment court assures that all the local partners for a jail diversion pilot, including Judge Crawford of the District Court, the County State's Attorney's office, Corrections, and county public defenders from the Office of the Defender General are already assembled. Criminal justice/behavioral health collaboration is also evident in the Public Inebriate Program and CRASH Drinking Driver Assessment and Schools initiative, both of which are collaborative efforts between the Burlington Police Department and the Howard Center, to divert persons with substance use problems from the criminal justice system.

There are also established relationships among the VA, National Guard, and the Howard Center, which are due in part to the proximity of Camp Johnson and the VA's Colchester outpatient clinic, and in part to lead behavioral health staff who are also National Guard members. The Director of the Howard Center Outpatient Clinic, for instance, is a 35-year member of the National Guard and a clinical consultant to the Guard. As a member of the Guard's Critical Incident Stress Debriefing team, he has participated in the debriefing of every Vermont National Guard member who has returned from Iraq and Afghanistan. He also facilitates a monthly clinical group for National Guard staff. Given his roles in both the behavioral health and military systems, he is intimately familiar with the needs and issues facing combat veterans, the manifestations and toll that trauma takes, and the military mindset and system of care, and a key resource and asset to the project. Other stakeholders and resources will include the National Guard's Outreach Team, which has already been working to engage with and assist veterans who are experiencing difficulties, but not requesting services, the Vietnam Veterans Center, which provides treatment to many veterans in Chittenden County, and a veteran's peer support program (VT Vet-to-Vet).

Evidence that identified needs are consistent with priorities of the State/Pilot County.

As described previously, the needs identified in this application are consonant with the problem issues identified by the state's CJ-MHC Task Force, as well as the goals and objectives, which will form the basis of the state's Criminal Justice and Mental Health Collaboration Strategic Plan (see Appendix 5 for CJ-MHC Task Force Draft Goals and Objectives). The proposed project also serves to advance AHS' policy and efforts to transform Vermont human service systems into trauma-informed systems of care (Appendix 5). And, it is in keeping with a state bill (H629) currently being vetted that would require that all offenders be screened for trauma history and ongoing current and significant PTSD symptoms (S. Burnette, personal communication, April 24, 2008). Moreover, the existence of a well-functioning treatment court in Chittenden County and plans for its expansion demonstrate that this issue is a county priority.

SECTION B: PROPOSED APPROACH

Project Purpose, Objectives and Meaningful Results

At the state level, the purpose of MHISSION-VT is twofold: 1) to develop a coordinated infrastructure throughout Vermont to identify and address the trauma needs of veterans and other affected adults who are involved in the criminal justice system; and 2) to evolve a statewide culturally competent, evidence-based system of treatment and supports that permits diversion from and decreased recidivism to the criminal justice system through recovery from trauma and successful community reintegration. At the pilot level, the goal is to model this infrastructure and system of care so that it can be adapted and replicated across the state. This purpose encompasses the following objectives:

1. Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses.
2. Deploy screening and assessment for trauma-related illnesses at VTDOC intake points to identify veterans and other adults with trauma illnesses who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
3. Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans they may be diverted into evidenced-based treatment and supports.
4. Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and “veterans informed” through cross-training and the enhancement of collaborative relationships.
5. Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

At both the pilot site and state levels, achievement of these objectives will result in the following significant outcomes: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support. These outcomes and the project plan described throughout this application are fully consistent with SAMHSA’s program goals, expectations, and required activities, as delineated in the RFA.

Project Description

To achieve these objectives and outcomes, the project will include four major components.

Advisory and Planning Committees: A State Advisory Committee (SAC) will be formed as a subcommittee of the Vermont CJ-MHC Task Force. Members of the SAC will include high level decision makers from all of the organizations on the Task Force, with the addition of: 1) the Executive Director of Vet-to-Vet; 2) Medical Director for Behavioral Health Services at the White

River Junction VA Hospital; 3) staff at the National Center for PTSD; 4) Vermont Office of Veterans Affairs (VOVA) staff; and 4) veterans and family members. A Local Strategic Planning Committee (LSPC) for the pilot project (Chittenden County) will be comprised of local representatives of the aforementioned organizations. A full representation of committee membership is contained in the Stakeholders and Roles chart provided later in this narrative.

Implementation of the project will operate along two integrated tracks. The first track (Data Acquisition and Distribution) addresses the development of a shared data infrastructure, including universal trauma screening and assessment. The second track (Service Enhancement) addresses the development of a cross-systems assessment, treatment, and support service infrastructure, including corrections diversion programming. Both tracks will occur at the local and then at the state level. The project design may be modified as a result of ongoing dialogue with both the SAC (meeting quarterly) and the LSPC (meeting monthly) and the strategic plan developed by the LSPC during the project's first year.

Data Acquisition and Distribution Infrastructure: During the first year, the project will establish a data sharing structure or "radar screen" across multiple systems and criminal justice intercept points. *Figure 1* represents a map of the sources and some of the key data elements that will be culled in order to create and maintain the tracking information. Once collected, dissemination to key service providers and institutions will occur in accordance with HIPAA regulations and Vermont statute. The information will be refreshed at rates commensurate with the collection practices of the contributing sources; refreshed reports will be provided as a function of the most frequent source refresh rates. Some of the data collected will provide proxies for trauma-spectrum illness, such as moving violations involving slowing down on an interstate when approaching an overpass. The information sharing system is intended to: 1) enable Vermont to identify veterans who are involved in the criminal justice system across a range of intercept points and those involved in other systems who may be at risk of criminal justice involvement due to trauma related illness; 2) permit outreach, diversion, and linkage to needed treatment and supports across multiple systems; 3) track outcomes regarding services received and recidivism; 4) inform local and state planning and service system development.

VDMH has already secured the participation of criminal justice and human service organizations in this data sharing system, and will finalize data sharing agreements and protocols in the project's first quarter. The following agencies will participate in this data system: 1) AHS (including the state departments of corrections, mental health, and health/substance abuse, and the Office of Vermont Health Access (OVHA), which is the state Medicaid Authority); 2) VOVA; 3) the Burlington Police Department; and the Vermont Program for Quality in Health Care (VPQHC) (see *Fig 1*). Emulating the Cook County Jail Linkage Project in Illinois (for which the current project's proposed director (Dr. Simpatico) served as PI and project director), incoming inmates at the two VTDOC facilities in the Chittenden area (an aggregate of approximately 140 new inmates per week) will be cross-matched daily with other databases, particularly the VOVA database of all known VT veterans from the WWII era and beyond (~60,000), to begin to identify veterans with trauma-related illness. During that first year, the entire VTDOC population at both facilities will also be cross-matched with the VOVA database to identify the number of veterans who are already incarcerated. This information will be provided to the LSPC to inform its strategic planning process.

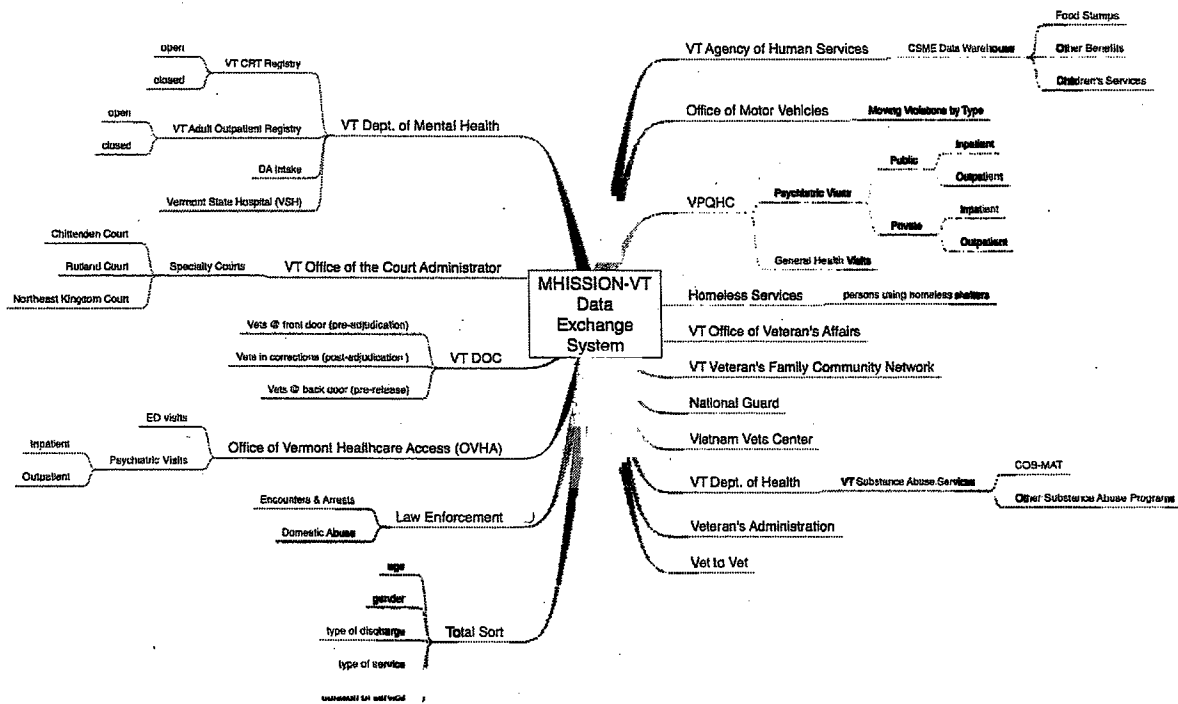


Figure 1: A data sharing structure across multiple systems and criminal justice intercept points.

Pilot Diversion Project: A key function of this system will be to cross-match VTDOC inmate rosters with the VOVA veterans roster. This function will be piloted with incoming VTDOC inmates in the Chittenden County pilot project. Emulating the Cook County Jail Linkage Project in Illinois (for which the current project's proposed director (Dr. Simpatico) served as project director), incoming inmates at the two VTDOC facilities in the Chittenden area (an aggregate of approximately 140 new inmates per week) will be cross-matched daily with other databases, particularly the VOVA database of all known Vermont veterans from the WWII era and beyond (~60,000), to begin to identify veterans with trauma-related illness. During that first year, the entire VTDOC population at both facilities will also be cross-matched with the VOVA database to identify the number of veterans who are already incarcerated. This information will be provided to the LSPC to inform its strategic planning process.

Beginning no later than month 12, all 140 new inmates per week will receive screenings for trauma-spectrum illness, TBI, other serious mental illness, and substance-related disorders. This will be done using tools and data collection instruments that will be incorporated into the Mindline Survey System (developed by the Duke Medical Informatics Group) and described in detail below. Inmates who score above the clinical cutoff point on screening instruments will receive full assessments (also described below). Project staff will conduct screenings and assessments and will train correctional staff to administer the screening instruments as well using the Mindline system.

Inmates identified as having trauma-related illness will be: 1) considered for arraignment at the Chittenden County Mental Health/Substance Abuse Specialty Court; or, 2) identified to receive substance abuse and special programming while in corrections and linked to appropriate aftercare providers pre-release from corrections. Veterans will be prioritized for treatment court adjudication. To increase the capacity of the court to accommodate an increased volume of cases

and to address the unique needs of veterans, a treatment court Veterans Liaison/Case Manager will be hired. The Liaison will be responsible for providing direct assistance to veterans who are processed through the court, including service planning, benefits acquisition, and linkage to veterans and other needed resources, such as housing and employment training and placement. In particular, the Liaison will be responsible for placing each adjudicated veteran in an evidence-based treatment program tailored to meet his/her clinical and recovery needs, and providing follow up case management services to ensure the ongoing receipt of treatment and other support services. Adjudicants will be referred to evidence-based treatment programs for trauma at the Colchester VA Clinic, the Howard Center, and the Vietnam Vets Center as appropriate.

The Liaison will also serve as a resource to other treatment court staff and law enforcement personnel regarding veterans issues and navigation of the military/veterans health, benefits, and support systems, conducting training and providing consultation as needed to ensure the needs of veterans are better understood and addressed. Hiring of the Veterans Liaison will also establish a direct linkage and working relationship between the treatment courts and the local military/veterans service network.

As noted, inmates who are post-arraignment will be screened and assessed in a similar fashion, and the results will be made available to VTDOC Health Services. Project staff will collaborate with VTDOC Health Services in order to provide clinically informed care and treatment to these veteran incarcerates. Veterans approaching release from corrections will have their aftercare coordinated with the Howard Center and/or veteran's services and benefits/entitlements so that service delivery can continue uninterrupted. Once the Mindline screening and assessment system has been deployed and refined in conjunction with the VTDOC, it will be deployed at the Vermont State Hospital, at the Howard Center, at the Burlington Public Health Clinic.

Statewide Phase: During years 4-5, the project will extend its processes to the rest of the state.

The same daily cross-match of all known veterans will occur for all VTDOC detainees. Training of VTDOC and community agency staff (approximately 60 individuals) will allow them to provide the aforementioned assessment battery to veterans entering corrections statewide. Tracking of veterans and interventions at the front door, within, and at the back door of corrections will occur as described for the pilot area. Two other Mental Health/Substance Abuse Courts will be available to process pre-arraignment incarcerates; care and services of post-arraignment incarcerates will be clinically informed through a collaboration between the project staff and DOC Health Services as in the pilot site. Pre-release incarcerates will be linked to aftercare providers as in the pilot site.

Training in evidence-based therapies for PTSD and co-occurring disorders will be provided throughout the duration of the project (created and overseen by Drs. Gibson and Mandel, respectively); competency assessments will be administered to those receiving training, and a map of service sites providing evidence-based services for PTSD and co-occurring disorders will be created, maintained, and distributed through collaborating organizations and via the project website. Veterans being released from corrections will preferentially be directed to these sites. Also provided throughout the duration of the project will be active services to conduct client follow-up surveys using Biometry Facility Computer Aided Telephone Interviewing (CATI) system that includes up to six interviewer stations if required.

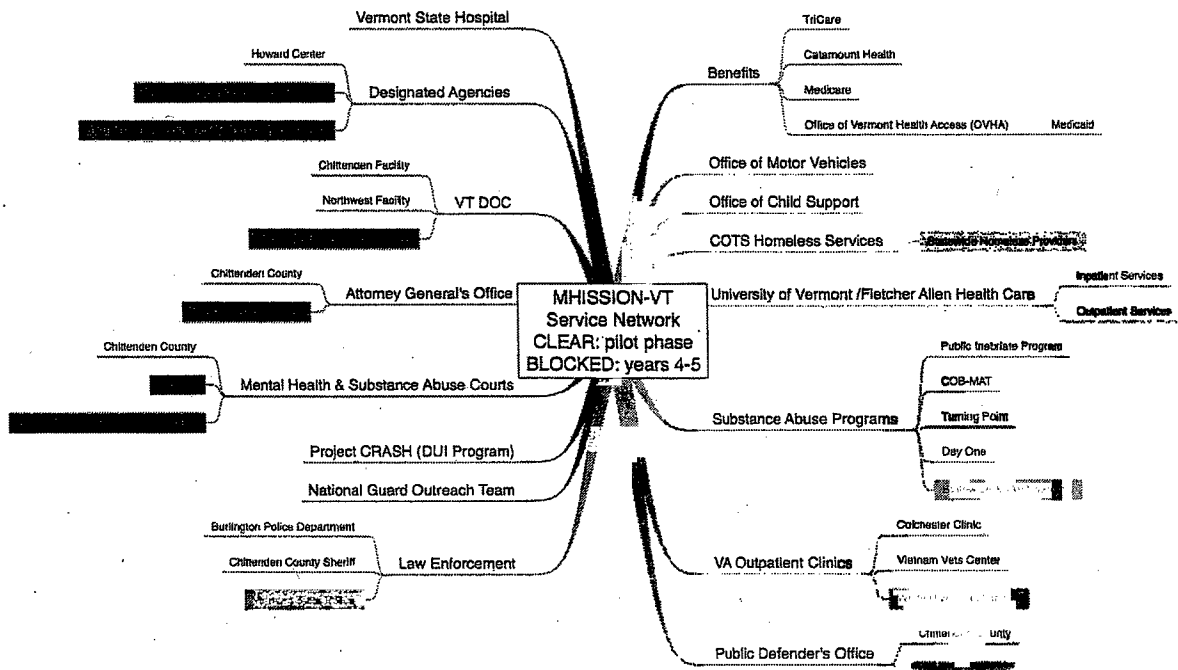


Figure 2: Augmentation of services and strategic sort points.

Screening, Assessment and Treatment of Trauma Disorders and Co-Occurring MH/SA

Screening and assessment for PTSD, TBI, and co-occurring disorders will initially occur at the two corrections facilities (Chittenden and Northwest) in the pilot site area. All incoming inmates will be screened with the project's veterans database to identify inmates who are veterans. Facilitated by the Mindline Survey System's embedded screening and assessment instruments, all new inmates will receive the PCL-C (civilian) or the PCL-M (military) PTSD checklist screen. The PCL is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD. Respondents rate how much they were "bothered by that problem in the past month." The PCL-M (military) asks about problems in response to "stressful military experiences." The PCL-S (specific) asks about problems in relation to an identified "stressful experience." The PCL-C (civilian) asks more generally about problems in relation to stressful experiences. Cutoff scores for a probable PTSD diagnosis have been validated for some populations, but may not generalize to others. Therefore, the project will score the PCL and follow the DSM-IV criteria (i.e., the requisite number of symptoms are endorsed within each cluster AND the total score is above the specified cut point for a specific population). Incoming inmates will also be screened for TBI using the Brief Traumatic Brain Injury Screen, which has been used by a number of VA hospitals for Iraq and Afghanistan veterans. In addition, they will receive the General Mental Illness Scale: Patient, and the DTCQ-8 Drug Taking Confidence Questionnaire.

All veterans and those non-veterans scoring above the cutoff will then receive the Clinician-Administered PTSD Scale (CAPS), a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, questions target the impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity,

overall PTSD severity, and frequency and intensity of five associated symptoms. All persons receiving the CAPS will also receive a Composite International Diagnostic Interview (CIDI) interview. The CIDI is the product of a joint project undertaken by the World Health Organization (WHO) and the former United States Alcohol, Drug Abuse and Mental Health Administration. It is a comprehensive, fully structured diagnostic interview for the assessment of both mental and substance use disorders, which provides, by means of computerized algorithms, lifetime and current diagnoses according to the accepted definitions of ICD-10 and DSM-IVTR. All veterans identified at corrections intake or already in corrections will also receive a neuropsychiatric battery to assess for TBI. This will occur using a set of computer-based instruments in the CNS Vital Signs array, which will test for: verbal memory, visual memory, attention, and response inhibition. As warranted, they will also receive the Ohio State University TBI Identification Method in order to identify and quantify the level of any traumatic brain injury. The PCL-M, PCL-C, CAPS, CIDI, CNS Vital Signs, and Ohio State University TBI Identification Method series will be administered through the Mindlinc system, thus allowing for direct data collection and expedited reporting. (See Appendix 2 for copies of the instruments.)

As previously described, inmates identified as having trauma-related illness will be: 1) considered for arraignment at the Chittenden County Mental Health/Substance Abuse Specialty Court and thereby linked to evidence-based treatment appropriate to their needs; or 2) identified to receive substance abuse and special programming while in corrections; and, linked to appropriate aftercare providers pre-release from corrections. Over the course of the pilot project, trauma and behavioral health screening and assessment will also be incorporated at the Vermont State Hospital, the Howard Center, the Burlington Public Health Clinic, and other sites, as delineated in the local strategic plan. Persons will be referred to evidence-based treatment programs for trauma at the Colchester VA Clinic, the Howard Center, and the Vietnam Vets Center as appropriate.

Pilot and State Outreach and Prioritization of Veterans for Diversion & Trauma Services

During years 2-3, outreach, diversion and trauma service activities will occur in Chittenden County. A database with approximately 60,000 Vermont vets from the WWII era and beyond will be provided by VOVA. This will be cross-matched daily on the project server with all new and past admissions to the VTDOC. Approximately 140 new inmates per week enter the VTDOC through the pilot area's two corrections facilities. Veterans entering corrections through these facilities will receive PTSD, substance abuse, mental health and neuropsychiatric assessments prior to arraignment. The results of these assessments will be used to triage appropriate candidates to the Chittenden Mental Health/Substance Abuse Specialty Court to permit the use of therapeutic jurisprudence in meting out justice. Veterans will be prioritized for triage and treatment court adjudication. The presence of the Veterans Liaison/Case Manager at the court is intended to increase the likelihood that veterans referred to the court agree to participate. Inmates who are post-arraignment will be screened and assessed in a similar fashion, and the results will be made available to VTDOC Health Services. Project staff will collaborate with VTDOC Health Services in order to provide clinically informed care and treatment to these veteran incarcerates. Veterans approaching release from corrections will have their aftercare coordinated with the Howard Center and/or veteran's services and benefits/ entitlements so that service delivery can continue uninterrupted.

During years 4-5, the project will extend its processes to the rest of the state. The same daily cross-match of all known veterans will occur for all VTDOC detainees. Training of DOC and community agency staff (approximately 60 individuals) will allow them to provide the aforementioned assessment battery to veterans entering corrections statewide. Tracking of

veterans and interventions at the front door, within, and at the back door of corrections will occur as described for the pilot area. Two other Mental Health/Substance Abuse Courts will be available to process pre-arraignment incarcerates; care and services of post-arraignment incarcerates will be clinically informed through a collaboration between the project staff and DOC Health Services as in the pilot site. Pre-release incarcerates will be linked to aftercare providers as in the pilot site.

Training in evidence-based therapies for PTSD and co-occurring disorders will be provided throughout the duration of the project (created and overseen by Drs. Gibson and Mandel, respectively); competency assessments will be administered to those receiving training, and a map of service sites providing evidence-based services for PTSD and co-occurring disorders will be created, maintained, and distributed through collaborating organizations and via the project website. Veterans being released from corrections will preferentially be directed to these sites.

Evidence-Based Practices and Support Services to Deliver Trauma-Integrated Services

Currently, the Colchester and White River Junction VA Clinics are the primary providers of evidence-based trauma treatment for veterans in Chittenden County, with most veterans in the area served by Colchester. The VA National Center for PTSD, headquartered at the White River Junction VA in Vermont has led the way in refinement of the evidence-based treatments for PTSD and other trauma-spectrum disorders. Some of the more important PTSD treatment studies in recent years were piloted by the WRJ and Colchester Clinic VA PTSD clinical teams, which now have a highly structured assessment, treatment and outcome monitoring program. The clinics rely heavily on the two most thoroughly validated psychotherapeutic treatment modalities: Cognitive Processing Therapy and Brief Exposure Therapy (Cook, Walsler, Kane, Ruzek, & Woody, 2006; Monson et al., 2006; Schnurr et al., 2007). Other, therapies for which there is some evidence of effectiveness are also used, including Eye Movement Desensitization and Reprocessing (EMDR), Acceptance and Commitment Therapy (ACT), Seeking Safety, and several other group and individual therapies (Najavitz, L., 2007; Russell, Silver, Rogers, & Darnell, 2007). Group therapies are used extensively in the substance abuse program, which is integrated with the PTSD team. Psychopharmacologic interventions include the SSRIs, atypical antipsychotics, anticonvulsants and, more recently, Prazocin, which has shown significant promise in double blind trials (Raskind et al., 2007).

The Vermont National Guard also contracts with the VA for mental health support services to service members and their families who are not yet eligible for VA services. The NG operates a first of its kind peer outreach team to assist service members in accessing needed services and benefits, including trauma assessment and treatment; a community-based TBI assessment clinic; a pilot telemedicine project, and a range of clinical and rehabilitation services in the pilot area.

Clinicians at the Vietnam Veterans Center employ cognitive behavioral trauma treatment approaches such as those listed above, and the Vet-to-Vet peer support program employs the evidence-based Wellness Recovery Action Planning process (WRAP) to support recovery from trauma-spectrum and other behavioral health disorders. WRAP is a widely implemented group-based illness management and recovery intervention that has been shown to be effective at assisting mental health consumers to recognize symptom triggers, manage their symptoms, and develop a lifestyle habits that promote recovery (Buffington, 2003). Similarly, several evidence-based trauma treatments are available at the Howard Center, including EMDR and Seeking Safety group therapy.

During the local strategic planning process at the Chittenden County pilot site the availability of evidence-based trauma and co-occurring interventions will be systematically assessed, mapped, and compared to data regarding local need that will be gathered through the data sharing and

assessment infrastructure (Mindlinc) that will be developed in the first several months of the project. Plans for the expansion of evidence-based treatment, including the number and types of evidence-based services to be added, will be developed in response to these findings and incorporated into the local strategic plan. In particular, the plan will address strategies for expanding the availability of evidence-based treatment through public mental health venues to address the treatment needs of non-veterans with trauma-spectrum disorders who are involved in the criminal justice system as well as veterans who are unable or unwilling to access treatment through existing VA venues.

Population's Language, Beliefs, Values and How Addressed

Like the state as a whole, Vermont's veteran and criminal justice populations are overwhelmingly White and English speaking. They are also predominantly male (94% of veterans, 81% of VTDOC population). Relative to non-veterans, a slightly greater portion of Vermont veterans have less than a high school diploma (12% vs. 10%) or a bachelors degree of higher (28% vs. 33%) (US Census Bureau, 2006). While overall the median income of Vermont's population of civilian veterans is greater than that of the state's non-veterans, veterans and others who come in contact with the criminal justice, public mental health, and homeless service delivery systems are more likely to be living below the poverty level.

As the RAND study and a recent study by the American Psychiatric Association attest, the issues of stigma that often prevent people from seeking mental health care are even more pronounced in military veterans and members of the National Guard and Reserves. The military culture is one of stoicism and resolve and there is little room for individuals to express their psychological needs to others. Most suffer in silence, only seeking treatment after their behavior has gotten them into trouble. The stigma of psychological treatment has further ramifications for those still in the military, such as National Guard and Reserves. While steps are now being taken at the federal level to address this, service members clearly fear that seeking or receiving mental health services may well spell the end of their military career. At the same time, according to local providers working with veterans, veterans and active service members often feel that those outside the military or who have not experienced deployment cannot relate to or understand their experiences. Thus, they may be reluctant to seek treatment through the VA or military for the former reason and unwilling to pursue treatment in the civilian system for the latter.

VDMH and its parent agency AHS, are very aware of these issues and have a history of collaborating with VOVA on behalf of veterans and military families. For instance, in 2007 AHS, VOVA, National Guard, the National Center for PTSD, and community partners formed the Military, Family Community Network (MFCN) as a support network to address the needs of National Guard and Reserve members, veterans, and their families. MFCN hosts outreach training events and conferences, operates a toll-free resource hotline, has published a resource directory for service members and their families, and has established a statewide steering committee and six regional task forces (one in Chittenden County) to address local needs.

Similarly, while we don't expect that they will comprise a large segment of incoming VTDOC inmates, the presence of the refugee settlement district in Chittenden increases the likelihood that refugees with trauma histories (e.g., torture, oppression, war) may enter the criminal justice system for a variety of reasons (e.g., domestic abuse). Several strategies will be put in place to ensure that their needs are addressed in a linguistically and culturally competent manner. The state's Refugee Resettlement Coordinator will be a member of both the SAC and the LSPC and will work with the Committees to develop an understanding regarding the scope of the need and evolve effective intervention approaches, which as necessary will include development and delivery of

training for law enforcement, VTDOC, treatment court, and public mental health personnel, the identification of evidence-based or promising trauma treatment approaches that are culturally responsive to the refugees served, and/or strategies for modifying existing approaches to make them more culturally consonant. With specific regard to language proficiency, AHS has a Limited English Proficiency Policy, which applies to all AHS departments (e.g., VDMH, VTDOC, VDH, etc.) and specifies in detail mandated procedures, standards, and guidelines for ensuring meaningful access to state services and programs (including interpretive and translation services, and others).

At both state and local levels, the project is being designed in collaboration with VOVA, peer veterans organizations such as Vet-to-Vet, MFCN, criminal justice entities, refugee resettlement organizations, and organizations spanning veterans, mental health, and criminal justice realms to ensure that the strategies, and ultimately the system of care, created are maximally responsive to the experiences, needs, cultures, language needs, and assets of those it serves.

Logic Model (See Logic Model diagram on following page.)

Advisory Committee Membership and Functions

The SAC for the proposed project will be established within the context of Vermont's CJ-MHC Task Force. As noted, in 2007, the Vermont Supreme Court established the CJ-MHC Task Force and charged it with developing a strategic plan to improve the state's response to individuals with mental illness and co-occurring disorders who are involved, or at risk of becoming involved, with the criminal justice system and a cohesive structure for supporting statewide initiatives. MEMBERS OF THE TASK FORCE include 1) the Deputy Commissioner of Health for Substance Abuse; 2) the judge presiding over the Chittenden Mental Health Court; 3) the administrative judge for the Vermont Supreme Court; 4) the Executive Director of the Vermont Criminal Justice Training Council; 5) the Executive Director of Vermont Psychiatric Survivors; 6) the Commissioner of Mental Health; 7) the Commissioner of Corrections; 8) the Executive Director of NAMI-VT; 9) the lead attorney for Vermont Protection & Advocacy; 10) the Executive Director of the Department of State's Attorneys & Sheriffs; 11) the Deputy Defender General of Vermont; and, 12) several state legislators.

This proposal is an outgrowth of work of the Task Force and members of the Task Force have been highly involved in its development. As a result, the Task Force has agreed to form a subcommittee to function as the SAC for this project. The SAC will be comprised of key representatives from the organizations constituting the Task Force proper. In addition, there will be ample representation of additional Veteran's groups, both those with official state and federal administrative responsibility (e.g. The Vermont Veteran's Administration) and those that are grass roots peer groups (e.g Vet-to-Vet). The role of the SAC will be twofold: 1) to evolve the working project template in order to identify as many veterans in need as possible, to provide them with access to effective treatment and supports, improve the quality of their lives and the lives of their families, and assure that this is done in a way that is sensitive to the culture of the military and of affected veterans in particular; and, 2) to oversee the evaluation of the project and recommend recalibrations as warranted, to ensure its success.

MHISSION-VT Logic Model

OBJECTIVES

- Create a system of data sharing protocols at key criminal justice & human service intercepts to identify vets & other adults with trauma-related illnesses.
- Screen & assess for trauma-related illnesses at VTDOC intake points to identify vets & other adults with trauma illnesses who are pre-and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
- Increase the capacity of Vermont treatment courts to adjudicate cases involving vets & other adults entering the criminal justice system with trauma-related illnesses in order to divert them into evidence-based treatment and supports.
- Increase the capacity of criminal justice and public service systems (e.g. law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and "veterans capable" through cross-training & the enhancement of collaborative relationships.
- Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

RESOURCES

- Broad strategic deployment of the Mindline Survey System in order to:
 - disseminate clinically-relevant information to key institutions, organizations, and service providers
 - screen and assess vets and other
- Data-mining and cross-matching service to help identify the location of vets and other in-need persons in order to direct them to evidence-based services and benefits
- System-wide access to clinical experts for the purpose of providing assessments, consultations, trainings, and needs assessments

ACTIVITIES

- Broad strategic deployment of the Mindline Survey System in order to:
 - distribute clinically relevant information to key institutions, organizations, and service providers
 - screen and assess vets and other adults for trauma-spectrum illness, other serious mental illnesses, substance abuse disorders, and traumatic brain injury
- Assess and train staff in various institutions and service providers to broaden the capacity of evidence-based treatment for trauma-spectrum illness
- Develop a dynamic map that represents the location and availability of evidence-based treatment sites for trauma-spectrum illness (prioritizing vets)
- Provide feedback to service providers and institutions regarding recidivism, treatment satisfaction, treatment adherence, enhanced quality of life.

OUTPUTS

- Over 5 years:
 - 38,500 trauma & co-occurring MH/SA screenings
 - 19,250 PTSD, TBI, and/or co-occurring MH/SA assessments
 - 825 diversions (via treatment court) from corrections to EB trauma treatment & supports
 - 2,000 enhanced trauma-informed corrections care and discharge planning

OUTCOMES

- Increased identification of vets & other adults involved in the criminal justice system who have trauma-spectrum illness
- Increased availability of both trauma informed services and evidence-based trauma treatment and community supports
- Increased access to trauma informed services and evidence-based trauma treatment and community supports
- Increased number of vets and other adults who are diverted from the criminal justice system into evidence-based treatment and supports
- Decreased recidivism to the criminal justice system among those diverted to appropriate care
- Enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system, as well as the outcomes of those receiving treatment and support.

The SAC will convene quarterly throughout the duration of the project and will have access to a website where relevant information and work products will be posted, as well as to a listserv to enhance communication between SAC members between meetings. Progress reports will be discussed at the meetings, as will outcome data such as number of veterans identified at various system locations (e.g. VTDOC, state hospital, homeless shelters, public health clinic, community mental health clinics, etc), number of veterans deflected from corrections to mental health court, and number of veterans receiving evidence based treatment. Outcome indicators may be modified in accordance with this process. Membership on the SAC is represented in the table on the following page, which also reflects the roles of participating organizations and other stakeholders in the project.

Other Participating Organizations

The table also delineates the organizations and stakeholders who will participate in the project and their respective roles. Letters of support/commitment for these stakeholders are included in Appendix 1.

Involvement of Population in Application Preparation and Project

VDMH worked with Vermont Vet-to-Vet, a peer-run support and advocacy organization comprised of veterans from around the state, in the development of this application (see Appendix 1 - Letters of Support). To assist in the identification of need and the development of the project plan as outlined in this application, VT Vet-to-Vet solicited input from various members of their organization, including their board of directors. Vet-to-Vet will participate on the SAC and I SPC which will oversee the planning, implementation and performance of the project. Vermont Vet-to-Vet, which already provides peer support to veteran's with trauma and other combat-related problems, will also work with the Chittenden County pilot project to provide enhanced peer supports to veteran's in need of trauma treatment and support.

VDMH also worked with Vermont Psychiatric Survivors (VPS), a state-level consumer/survivor/ex-patient support and advocacy organization, in the development of this application. VPS has been working with VDMH and AHS to ensure consumer input in the development of trauma-informed care, as many of its members are self-identified "trauma-survivors." VPS also works closely with Vermont Vet-to-Vet in the implementation of WRAP training for veterans. As such, VPS will be a key member of the SAC, which will oversee planning implementation and performance of the project.

While DMH did not specifically interview National Guardsmen with trauma disorders in the development of this application, we did work with multiple active guardsmen who work with and/or have colleagues who suffer from trauma-related disorders (see Appendix 1 - Letters of Support). These guardsmen were able to describe the problems and issues their colleagues have been experiencing and provide input into how the grant project should assist these individuals. These guardsmen included a colonel who has performed debriefing sessions of returning Guardsmen and women, officers who run specific programs (e.g. Airmen, Soldiers and Family Readiness Program; National Guard Outreach Team) that provide support and outreach to guardsmen and women and their families who are experiencing trouble, and one officer, recently returned from combat in Afghanistan, who has seen several of his colleagues experience difficulties since returning from combat. The National Guard will participate both on the state and local advisory committees and will assist in finding guardsmen and women who have experience PTSD to participate in grant planning, implementation and evaluation.

Barriers to Project Success

There are three chief classes of obstacles to successfully implementing the project:

Data acquisition. The success of the project rests in part on its ability to secure access to the required databases in order to create the system “radar screen” for identifying potential veterans and others in need of interception or diversion, treatment, and support. To address this challenge, VDMH and UVM have already done significant work to secure involvement and data sharing among proposed key data nodes. The initial strategies for creating the MHISSION-VT system will be based on the work that the proposed project director (Dr. Simpatico) successfully implemented with the Cook County Jail (Chicago) Datalink project (part of the treatment system that was awarded the 2002 APA Gold Achievement Award for Innovative Services). The public domain listing of all current and past VT DOC inmates will be imported and cross-matched with a variety of other databases, and stored on a dedicated server. The project has also secured access to the following other databases: 1) the current and past roster of VT DMH CRT (persons with serious mental illness) and adult outpatient services; 2) the total list of the approximately 60,000 VT veterans from the WW II to the current era; 3) health access records through the VT Medicaid Authority and the Vermont Program for Quality (Dr. Simpatico is a member of their board and has an agreement from that organization, which has access to all medical care financial claims for the state of Vermont); and 4) the Vermont Agency of Human Services data warehouse, which includes data on benefits available and obtained.

Another challenge concerns the engagement of identified veterans and other persons with ~~serious mental illness, other serious mental illness, TBI, and/or substance abuse disorders~~ in treatment. A number of strategies will be put in place to increase the project’s likelihood of success in this regard. As described, placement of a Veterans Liaison at the Chittenden County treatment court, who is both knowledgeable about veterans issues and the VA benefits system and able to establish a rapport with veterans identified for diversion, is intended to increase engagement. The availability of evidence-based treatment through multiple venues (VA, Vietnam Vets Center, Howard Center) is also intended to mitigate obstacles to engagement. Additionally, the systems map that will be created will represent the various places where veterans are accessing services or coming to the attention of the system (corrections, law enforcement, homeless shelters, clinics, etc), and thus will enable the project to offer repeated invitations to veterans and others who may have rebuffed initial engagement attempts. These future outreach efforts will be informed and modified based on past attempts to engage them using an “academic detailing” model (i.e. engaging clients within the context of their current circumstances (e.g. in corrections or homeless shelters) and equipped with the history of why they may have refused care in the past).

The third potential challenge concerns ensuring that training on trauma-informed care and systems collaboration translates into practice. The ultimate success of the project rests on its ability to retrofit the existing system of care to provide truly trauma-sensitive interventions throughout, and to have system providers become accustomed to working collaboratively, and delivering care that is informed by the detailed longitudinal course of the persons being served. To address this challenge, training will be provided repeatedly and through multiple modalities (live, DVD, web-based, written materials) to key nodes in the system of care and service and competency assessments will be conducted. Feedback will be provided to providers and their organizations that will reinforce the benefit of their participation in the project. Meetings with legislators and other policy makers through individual encounters, symposia, written articles, and other venues will result in a system of rewards for the participation in the project that is linked to

	State Advisory Committee	Local Planning Committee	Data Sharing	Trauma/TBI Screening	Trauma Assessment	Trauma & Jail Diversion Trainer	Veterans Issues/Resources Trainer	Trauma Training Recipient	Veterans Training Recipient	Evidence-based Trauma Tx Provider	Referral for Diversion/Treatment Support Services
Organization											
Attorney General's Office	X	X	X			X	X				
Dept. of Corrections	X	X	X	X	X	X	X	X	X	?	
Burlington Police Dept.		X	X					X			X
State Police	X		X					X			X
Vermont Coalition of End Homelessness- Chittenden County Continuum of Care	X	X	X	X				X	X		
NAMI - VT	X	X				X					
Vermont Psychiatric Survivors	X	X				X		X	X		X
Howard Center	X	X	X	X	X			X	X	X	X
Jon Coffin	X	X	X				X				
Office of the Court Administrator	X	X	X								
Office of Vermont Health Access	X	X	X								
Dept. of Health (VDH)	X	X	X	X	X			X	X		X
VDH - Division of Alcohol and Drug Abuse Programs	X	X	X	X	X			X	X		X
Chief Justice Task Force	X	X									
VPQHC	X	X	X								
University of Vermont	X	X	X	X	X	X	X	X	X	X	X
Judge Geoffrey Crawford	X	X	X	X	X			X	X		X
Vermont Office of the Defender General	X	X							X		
Denise Lamoureux State Refugee Coordinator	X	X	X								
Chittenden County State's Attorney	X	X	X						X		
AHS Trauma Coordinator	X	X	X						X		X
VT Vet-To-Vet	X	X	X	X	X			X	X	X	X
VA	X	X	X	X	X		X			X	X
Vietnam Veteran's Center	X	X	X	X	X			X	X	X	X
National Guard/ Camp Johnson	X	X	X				X				
National Guard Outreach Team	X	X	X	X	X		X				X
Office of Veteran's Affairs	X	X	X				X				
Vermont Veterans, Family & Community Network	X	X	X								X

For Organization Description, see "Other Attachments" section

the number of veterans and other adults that are appropriately brought to evidence-based services, and moved out of the criminal justice system.

Project Activities and to Improve MH Services and Trauma-Informed Care Training

The project's activities will identify veterans and others who are suffering from trauma-spectrum illness, other serious mental illness, TBI, and co-occurring disorders. It will intercept them at strategic locations within the criminal justice continuum and the continuum of human services, including general and behavioral health service providers, law enforcement, corrections, and homeless service providers. It will move these veterans and others to evidence-based treatments, and other necessary supports, expanding the availability of these treatments through targeted training of clinicians. It will maintain an active dynamic map of competency assessed service providers, and will track the outcomes of services provided by these providers and contrast them with services provided elsewhere or not at all. It will then create a series of public policy recommendations and provide them to the Vermont Legislature and Congressional Team, and will report them at national conferences and in peer reviewed journals.

The project's directors of PTSD, Substance Abuse, and Neuropsychiatric Services and the Veterans Liaison will work with the VA in White River Junction, the AHS Trauma Coordinator and veteran peer organizations to develop and implement training for other system care providers and organizations in the following four areas: 1) trauma screening/assessment training (to be provided to VTDOC behavioral health staff, public behavioral health providers); 2) trauma-informed care (provided to law enforcement, VTDOC personnel, and public behavioral health providers); 3) veterans issues and resources (provided to law enforcement, VTDOC personnel, and public behavioral health providers); 4) evidence-based trauma treatment training (to be provided to selected public behavioral health personnel). Across a number of these training areas (e.g., trauma screening and assessment, trauma informed care, and evidence-based trauma treatment) competency assessments will be completed (via Mindlinc and direct observation) to evaluate the effectiveness of training and ensure that knowledge gained is effectuated in practice.

Project Continuity and Sustainability

State mental health agencies (SMHA) manage increasingly large and complex systems of care. This requires an increasingly sophisticated workforce and decision support infrastructure. Few states have the resources to develop these important elements. Forming strategic collaborations with academic institutions who have service, education and research as priorities is one way for an SMHA to develop a comprehensive, statewide infrastructure for services augmentation, workforce education and training, and policy-relevant mental health services research. The Division of Public Psychiatry within the UVM Department of Psychiatry was created in 2004 as a public-academic liaison between the VDMH and the Department of Psychiatry, UVM/Fletcher Allen Health Care. The goal is to establish a partnership with the University to improve access and availability of psychiatric services in Vermont and facilitate recruitment and retention of high caliber psychiatrists and other behavioral health professionals to provide service and support in the provision of public sector services.

As such, the State of Vermont has already committed to this public-private enterprise. Under Governor Douglas' leadership, it has also committed to having Vermont become a national leader in it's use of information technology to further the services provided to Vermonters, and thereby enhance their quality of life. State of Vermont officials have expressed enthusiasm for the MHISSION-VT project as an exciting catalyst to help us achieve our goals; in this case to seamlessly integrate clinical care at all levels regardless of where they are provided, to facilitate regulatory management, to guide clinical practices and create a clinical outcomes data warehouse

for retrospective and prospective decision support regarding clinical, administrative and financial matters. The letters of support from AHS, and its subsidiary departments attest to Vermont's intention to continue to support this project after the expiration of grant funding, as does AHS's stated commitment to pursue development of a "veterans informed" policy (see Appendix 1) (similar to its policies on trauma informed and co-occurring disorders capable systems of care) to guide the delivery of services across all its departments. Moreover, the enthusiastic support of the Chief Justice Task Force, and the inclusion of MHISSION-VT in other grants (e.g. DOJ-BJA proposal to expand the Treatment Courts through the Office of the Court Administrator) and other planned projects is a testament to the shared vision that is already being operationalized.

The project proposed herein represents a true collaboration across state and local human service, academic, criminal justice, and veterans organizations. The strong support that exists across these systems will allow the project to weather any unforeseen shifts in the operational environment. Moreover, the project is expressly intended to institutionalize these relationships and the progress achieved, through cross-systems state and local planning, data sharing agreements and protocols, state level policy development, and cross-systems training.

SECTION C: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

Key Activities	RESPONSIBLE PARTY(IES)	TIMEFRAME
Hire project staff (with the exception of the Veterans Liaison/Treatment Court Case Manager, who will be hired at 12 months)	Dr. Simpatico	Y1, Q1
Convene State Advisory Committee (SAC)	Dr. Simpatico	Y1, Q1 with quarterly meetings for project duration
Convene Chittenden Co. pilot project Local Planning Committee (LPC) and initiate strategic planning	Dr. Simpatico	Y1, Q1 with monthly meetings through Y2, then quarterly for project duration
Create user-specific environments within the Mindline System that will provide relevant clinical information and will provide screening and data collection instruments	Dr. Simpatico & Duke Informatics	Y1, Q2-Y3, Q3
Refine neuropsychiatric assessment and triage instruments	Dr. Black	Y1, Q2-Y3, Q3
Draft local pilot site Strategic Plan	LPC/Dr. Simpatico	Y1, Q3
Finalize local Strategic Plan and secure State Advisory Committee and SAMHSA approval	LPC/Dr. Simpatico	Y1, Q4
Secure UVM and VAHS IRB project approval	Dr. Simpatico	Y1, Q4
Evolve system dynamic map to reflect number, location, and end users for portals into the Mindline System across pilot site	Drs. Young & Simpatico	Y1, Q4
Conduct inventory of evidence-based trauma treatment interventions throughout pilot site	Drs. Gibson & Mandell	Y1, Q2-Q4
Design/refine outcome instruments to assess ability to locate veterans and others in CJ system with a trauma-related illness	Dr. Young	Y1, Q2-Q4
Data analysis using conventional statistical methods and evaluation of outcome measures	Drs. Bunn & Simpatico	Y1, Q2-Y5, Q4
Represent on system dynamic map the locations and capacities of evidence-based trauma treatment services throughout pilot site	Drs Young & Schaffer	Y1, Q4-Y2, Q3
Create protocols to define exchange of information and movement of target clients throughout local system	Drs. Gibson, Mandell, Young & Shaffer	Y1, Q4-Y3, Q2
Start transmission of daily cross-match of all veterans provided by the VOVA with the daily census of the VTDOC to relevant service providers	Dr. Simpatico	Y2, Q1
Initiate trauma screening of new inmates admitted to pilot site VTDOC facilities	Beth Bartlett	Y2, Q1
PTSD screening and neuropsychiatric assessments of all veterans identified among inmates admitted to pilot site VTDOC facilities each week	Beth Bartlett & Dr. Gibson	Y2, Q1-Y5, Q4

Key Activities	RESPONSIBLE PARTY(IES)	TIMEFRAME
Triage of arraignment to Chittenden Mental Health/Substance Abuse Specialty Court for veterans identified from among the 140 inmates admitted to pilot site VTDOC facilities each week	Dr. Simpatico	Y2, Q1-Y5, Q4
Collaborate with Health Services for the Vermont Department of Corrections in order to inform the care and treatment of identified veterans with trauma-related illness	Drs. Simpatico, Gibson, Mandell, & Black	Y2, Q1-Y5, Q4
Coordination of services for pre-release inmates who are of identified veterans with trauma-related illness with aftercare services and benefits in the community	Dr. Simpatico	Y2, Q3-Y5, Q4
Assess fidelity to the model of care for evidence based treatments	Drs. Gibson & Mandell	Y2, Q3-Y5, Q4
Provide training to enhance fidelity to the model of care for evidence-based treatments	Drs. Gibson & Mandell	Y2, Q3-Y5, Q4
Identification of veterans who are accessing homeless services at COTS; offer assessment and service linkage	Public Psychiatry Fellow & Resident	Y2, Q4-Y5, Q4
Identification of veterans who are accessing substance abuse services; offer assessment and service linkage	Dr. Mandell	Y3, Q1-Y5, Q4
Identification of veterans for whom police have been called for disorderly conduct, domestic disputes; offer assessment and service linkage	Dr. Simpatico	Y3, Q2-Y5, Q4
Identification of veterans who are accessing health services at the Burlington Public Health Clinic; offer assessment and service linkage	Dr. Simpatico	Y3, Q3-Y5, Q4
Identification of veterans who are repeatedly accessing Emergency Department services; offer assessment and service linkage	Dr. Simpatico	Y3, Q3-Y5, Q4
Data analysis using heuristic modeling techniques	Dr. Simpatico	Y3, Q3-Y5, Q4
Rollout of pilot-tested protocols and methods statewide (to corrections, state police, other community mental health centers, other public health centers, other mental health/substance abuse courts)	Dr. Simpatico	Y4, Q1-Y5, Q4
Data analysis of statewide deployment using conventional statistical methods and evaluation of outcome measures	Drs. Bunn & Simpatico	Y4, Q1-Y5, Q4
Data analysis using heuristic modeling techniques	Dr. Simpatico	Y3, Q3-Y5, Q4
Continuation of MHISSION-VT beyond grant period	VT Legislature, AHS	

Number Served, Types of Services, Outcomes and Identification, Recruitment, Retention

The table below represents the minimum number of veterans and other adults in the criminal justice system who will be screened for trauma and co-occurring disorders; assessed for PTSD, TBI, and co-occurring disorders; and, diverted from detention to evidence-based trauma treatment and supports during each year of the project and in total. In years 2-3, these are minimum estimates based upon the typical weekly intake volume at the two VTDOC serving Chittenden County and the proposed expanded capacity of the Chittenden treatment court. In years 4-5, these numbers reflect anticipated rollout to correctional facilities that are served by two additional treatment courts elsewhere in the state (Rutland and Bennington counties).

	Trauma and co-occurring MH/SA screening	PTSD, TBI and/or and co-occurring MH/SA assessment	Diversion (via treatment court services) from detention to EB trauma treatment and supports	Enhanced trauma-informed corrections care and discharge planning
Year 1	0	0	0	0
Year 2 (pilot)	7,000	3,500	150	400
Year 3 (pilot)	7,000	3,500	150	400
Year 4 (rollout)	10,500	5,250	225	550
Year 5 (rollout)	14,000	7,000	300	650
Total	38,500	19,250	825	2000

With regard to outcomes, as noted, we anticipate that these client-level activities, as well as the proposed workforce training and data linkage and assessment system that will be developed, will result in the following: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased

access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

Identification, Recruitment, Retention. As described, veterans and other adults with trauma related disorders who are involved in the criminal justice system will be identified via a comprehensive data sharing system whereby information regarding veteran status will be cross-matched with a range of criminal justice and service provider client rosters/databases. Incoming VTDOC inmates who are veterans, meet treatment court referral eligibility criteria, and are assessed to have PTSD and/or other trauma related illness will be prioritized for referral to the Chittenden County treatment court. Other detainees with trauma illness will also be referred, based upon available space on treatment court caseloads and its docket.

To assist treatment court staff in engaging these veterans in treatment court services, a Veterans Liaison will be assigned to the court to establish rapport with veterans; facilitate and advocate access to benefits, evidence-based treatment, and supports; and, work with treatment court staff to make the court “veteran informed.” While we anticipate that the opportunity for diversion from corrections and the potential of legal sanctions for non-compliance will themselves act as incentives for treatment entry and retention, participation and retention will also be promoted through addressing individual obstacles to treatment. Thus, a key aspect of rapport building will be identifying and addressing the individual barriers that prevent veterans from accessing treatment (e.g. stigma, concern over career impact, anger at military, lack of resources). We anticipate that rates of retention will be increased to the degree that participants are carefully matched to treatment strategies and providers that can overcome these barriers and are capable of delivering treatment in a culturally competent manner (here we define culture broadly to include the military culture and others). Finally, as described elsewhere, for those who access treatment via the public mental health system, retention will be enhanced by the retrofitting of that system, through workforce training, to be both trauma and veterans informed.

Project Staff and Qualifications

Project Director/PI: Thomas A. Simpatico, MD, .60 FTE, will oversee the entire MHISSION-VT project. As Director of UVM Public Psychiatry, he is in an ideal role to serve as a bridge between the university, the projects, and the state mental health authority. He will mobilize Vermont’s psychiatric community around this project, and have frequent meetings with key state and federal legislators and other key policy makers. He will co-direct an annual UVM & Vermont Law School joint training seminar for judges and legislators that will prominently include evolving details of MHISSION-VT. **Qualifications:** Dr. Simpatico is Division Director of Public Psychiatry at the UVM and Medical Director of the Vermont state hospital. While at Northwestern University’s Feinberg School of Medicine, he served as the Metro Chicago Bureau Chief for the Illinois Department of Human Services, Office of Mental Health. There, he created and directed many programs that have significantly helped to integrate mental health service systems. One of these, a jail linkage project with the Cook County jail in Chicago, Illinois, received the American Psychiatric Association’s Psychiatric Services Gold Achievement Award for Outstanding Innovative Program Development. He was also one of the developers of the Cook County Mental Health Court.

Director of Trauma Services: Laura E. Gibson, PhD, (Contractual), will oversee all content development relating to training for evidenced-based (EB) treatments for trauma-spectrum illness; conduct trainings in person, create DVD recorded trainings, and web-based educational modules; oversee the evaluation of competency for programs conducting EB trauma treatment.

Qualifications: Dr. Gibson is Assistant Research and Clinical Professor in the Department of Psychology at the University of Vermont (UV). She has worked as a consultant to the National Center for PTSD since 2001 in the area of EB treatments for trauma after disasters and mass violence; co-authored a treatment manual used with survivors of the 9-11 attacks in NYC and hurricane survivors in Florida; and given national workshops on cognitive behavioral therapy for PTSD. Dr. Gibson works as a consultant to the Vermont State Hospital and the VTDOC in the area of EB assessment and treatment of high risk clients, many of whom suffer from PTSD.

Director of Neuropsychiatric Services: Deborah Black, MD, .35 FTE, will oversee the development of screening and assessment methods for TBI, as well as practical measures for other relevant neuropsychiatric functions (e.g. risk-taking behaviors, ability to engage in goal-directed activities). **Qualifications:** Dr. Black is Assistant Professor of Neurology and Psychiatry at UVM, and is a full-time faculty member of the Division of Public Psychiatry. Areas of expertise include the volitional control of behavior, legal neuropsychiatry, the neurobiology of aggression and violence, and conversion disorder.

Director of Substance Abuse Services: Todd Mandell, MD, (Contractual), is the Medical Director of Vermont's state substance abuse authority. He will serve as a bridge between the university, project, and the state substance abuse authority; oversee all content development relating to training for EB treatments for substance-spectrum illness; conduct trainings in person, create DVD recorded trainings, as well as web-based educational modules; oversee the evaluation of competency for programs conducting EB treatment of substance-spectrum illness.

Qualifications: Dr. Mandell is Clinical Assistant Professor of Psychiatry at the UVM Department of Psychiatry and Medical Director of the Vermont Department of Health, Division of Alcohol and Drug Treatment Programs. He has nineteen years experience in the field of Addictions Psychiatry.

Clinical Research Assistant: Bethany Bartlett, BS, (Contractual), will conduct screenings for trauma, other serious mental illness, TBI, and substance related disorders, using the Mindline Survey System. She will train VTDOC and CMHC staff on the use of the Mindline System to broaden the screening capacity of the system over the pilot area, and subsequently the state of Vermont. **Qualifications:** Ms. Bartlett has held numerous research assistant positions and has served as a tutor and teaching assistant for classes in biological and cultural anthropology, forensics, and gender, sex, and culture.

Project Evaluator: Jan Bunn, PhD, .03 year 1, .10 FTE years 2-5, will oversee all facets of performance measurement and evaluation, including data collection, analysis, reporting and CQI feedback. **Qualifications:** Dr. Bunn is currently Research Assistant Professor in Medical Biostatistics at UVM. She has served on multiple NIH grant review panels and has extensive database management and linkage experience related to mental health services utilization by individuals with alcohol related disabilities, abstracting evaluative data from VA record systems, and other large scale primary databases for evaluation of mass media interventions, and linking of multiple complex clinical records systems for clinical trial evaluations.

Fellow in Public Psychiatry: Lari C. Young, MD, 0.9 FTE, will provide assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI at VTDOC, Vermont State Hospital, homeless shelters, and CMHCs and training in conducting screenings in the same locations; assist in development of project outcome indicators and participate in accompanying

research. **Qualifications:** Dr. Young received her MS in Outcomes Research in 1998 from Dartmouth College, and her MD from UVM. From 1992-1997 she worked as a clinical database developer, administrator and statistical analyst at Massachusetts General Hospital.

Senior Selective in Public Psychiatry: Allen Shaffer, MD, .40 FTE (to be followed by other senior UVM psychiatry residents) will provide training on screening and assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI at VTDOC, Vermont State Hospital, homeless shelters, and community mental health centers. **Qualifications:** As a senior UVM resident in psychiatry, Dr. Shaffer has successfully completed his required clinical requirements. He has served as Medical Director for a large managed health care corporation, and served on the board of directors of the Bazelon Center for Mental Health Policy.

Veterans Liaison/Treatment Court Case Manager: TBA, (Contractual). This position will serve as a case manager for the Chittenden Mental Health Court. As such, they will become part of the court team, will participate in all treatment planning meetings at the court, and will work with a caseload to help assure connection with services and care recommended or required by the court. They will also serve as a liaison between VA services and the rest of the Chittenden area public health system. **Qualifications:** Experience working with veterans and familiarity with VA systems required; case management experience is preferable.

Staff Experience and Familiarity with the Population

this endeavor, including experience working with correctional populations, expertise in EB trauma treatment, and extensive experience within the Vermont public mental health system. Additionally, experience working with veterans will be a hiring pre-requisite for the Veterans Liaison/Case Manager to be assigned to the Chittenden treatment court, to ensure familiarity with the needs of veterans and the culture of the military. Should multilinguistic or multicultural and needs arise, project staff will work with the Vermont Refugee Coordinator (who will also sit on the SAC and LSPC) to assure access to culturally and linguistically appropriate care.

Accessibility of Services

The primary venues for the delivery of services for the pilot project are the Chittenden County treatment court, which is housed within the Howard Center, the Howard Center Outpatient Program (also located at the agency's main facility), and the Colchester VA clinic. As indicated in their letters of support (Appendix 1), both facilities are fully accessible in compliance with ADA standards. Both are also easily accessible via public transportation. The VA Colchester VA Clinic is located along the Chittenden County Transportation Authority's bus line, which provides public transportation to Burlington and the surrounding towns and villages. The Howard Center is located in downtown Burlington and is also accessible by bus.

SECTION D: PERFORMANCE ASSESSMENT AND DATA

Ability to Collect and Report GPRA Performance Measures

VDMH is committed to providing the required GPRA performance measures to SAMHSA and has considerable experience in GRPA data collection. VDMH currently collects and reports NOMS data on all individuals who are enrolled clients at its Designated Agencies using the CMHS URS. Vermont is also currently implementing a Co-Occurring Disorders State Incentive Grant and has been in compliance with reporting all required performance measures. The project evaluator will assist in the collection of this GPRA data using the CMHS NOMS Adult Consumer Outcome Measures for Discretionary Programs. The project will also participate in the national multi-site evaluation study as a condition of award.

Plan for Conducting Performance Assessment

Contributing data sources for the project will be derived from searching and matching of veterans data files from: 1) VDMH, 2) VTDOC, 3) Vermont Department of Health, 4) VA, 5) Vermont Officer of the Court Administrator, 6) VPQHC, 7) OVHA, 8) Law Enforcement, 9) Vermont Department of Motor Vehicles, and 10) Vermont's Homeless Management Information System. The SAS data analysis system will be used to conduct data abstraction and merging. Specific data content will be gathered using the CMHS NOMs Adult Consumer Outcome Measures for Discretionary Programs criteria and will include demographics such as age, gender, race, ethnicity, employment and educational status; criminal justice encounters and arrests as well as moving violations, domestic assaults one year prior to jail diversion enrollment and one year following jail diversion. Other required data items such as symptoms of mental illness; housing availability and stability in housing; access to mental health services and rates of readmission to psychiatric hospitals will be obtained using a telephone surveys of clients and will be conducted at enrollment, six months, and discharge to obtain indicators of how vets access services and types of services, measures of social support/social connectedness as well descriptions for client perception of services. Other items will include drug and alcohol use, educational and employment status, mental and physical health status, traumatic exposures and symptoms, and quality of life issues.

Summary of infrastructure development efforts will be documented using source documents on planning meeting minutes, implementation and evaluative documents from the pilot study as well documents and records of system level changes to facilitate enhanced service delivery as these services and practices are observed over time. Organizational level service delivery changes will include rates of trauma screening, extent of treatment and recovery services provided by existing providers and by justice-community corrections and mental health service providers, number of provider users receiving training and educational efforts, and policy changes that are implemented and that are institutionalized at both the state and local levels.

Additional Measures

The six-month and discharge telephone surveys of clients will also include client reports on intervention participation and a description of program delivery components to compare with protocol elements to document against potential implementation gaps. Other items will include facilitators and inhibitors of their participation at both the service provider level and at the individual client level. Both of these data sources will allow us to understand contextual factors that may require enhanced provider training and the need for altered protocol.

Use of Data to Manage Project and Assure Continuous Quality Improvement

Regular reports will be generated using each of the performance measures to allow project managers and SAC and LSPC members an understanding of progress and changes using a time charting approach and real time trend analysis. These data reports will also allow the management team to provide feedback to providers regarding their performance compared to the aggregated performance measures for the whole state. In particular the data on protocol implementation will allow the management team to collaboratively work with providers and provider groups to examine implementation barriers and suggest changes or program modifications or increased training efforts to enhance implementation fidelity. In addition, summaries of client data from the client telephone surveys will provide specific information on gaps in services, which will increase provider awareness in these areas and suggest methods to enhance communications among providers and between providers and clients.

SECTION E: LITERATURE CITATIONS

Belluck, P. (2005, March 2). Vermonters vote on study of National Guard's role. *The New York Times*. Retrieved on April 23, 2008 at: <http://nytimes/2005/03/03/national/02vermont.html>.

Buffington, E. (2003). Wellness Recovery Action Plan: WRAP evaluation, State of Minnesota. Minneapolis, MN: Mental Health Consumer Survivor Network of Minnesota.

Cook, J., Walser, R., Kane, V., Ruzek, J., & Woody, G. (2006). Dissemination and feasibility of a cognitive behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. *Journal of Psychoactive Drugs*, 38(1), 89-92.

Hull, D. (2007, March 19). More Iraq veterans facing criminal charges at home. *The Washington Post*. Retrieved on April 23, 2008 at: http://findarticles.com/mi_qn4176/is_20070319/ai_n187407.

Monson, C., Schnurr, P., Resick, P., Friedman, M., Young-Xi, Y., & Stevens, S. (2006). Cognitive processing therapy for veterans with military related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74(5), 898-907.

Najavits, L. (2007). *Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD*. In: KA Witkiewitz & GA Marlatt (Eds.), *Therapists' Guide to Evidence-Based Relapse Prevention: Practical Resources for the Mental Health Professional*, pages 141-167. San Diego: Elsevier Press.

Raskind, M., Peskind, E., Hoff, D., Hart, K., Holmes, H., Warren, D., Shofer, J., O'Connell, J., Taylor, F., Gross, C., Rohde, K., & McFall, M. (2007). A parallel group placebo controlled study of prazosin for trauma nightmares and sleep disturbances in combat veterans with post-traumatic stress disorder. *Biological Psychiatry*, vol. 61(8), 928-934.

Russell, M., Silver, S., Rogers, S. & Darnell (2007) Responding to an identified need: A joint Department of Defense/Department of Veterans Affairs training program in eye movement desensitization and reprocessing (EMDR) for clinicians providing trauma services. *International Journal of Stress Management*, 14(1), 61-71.

Schnurr, P., Friedman, M., Engel, C., Foa, E., Shea, M., Chow, B., Resick, P., Thurston, V., Orsillo, S., Haug, R., Turner, C., & Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Journal of the American Medical Association*, vol. 297(8), 820-830.

Tanielian, T. & Jaycox, LH, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation, MG-720/1-CCF, 2008, 492 pp., available at <http://veterans.rand.org>.

U.S. Census Bureau (2006). American FactFinder. Retrieved on April 23, 2008 at http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=04000US50&-qr_name=ACS_2006_EST_G00_S2101&-ds_name=ACS_2006_EST_G00

U.S. Department of Justice, Office of Justice Programs (2007). Veterans in state and federal prison, 2004. *Bureau of Justice Statistics Special Report*, May, 2007, NCJ 217199.

U.S. Department of Veterans Affairs (2007). VetPop2007. Retrieved on April 29, 2008 at: http://www1.va.gov/vetdata/docs/VP2007_state.htm.

U.S. Department of Veterans Affairs (2007a). VetPop2007. Retrieved on April 29, 2008 at http://www1.va.gov/vetdata/docs/VP2007_cntyvisn.htm

Vermont Department of Corrections (2007). Facts and Figures FY 2007. Retrieved on April 10, 2008 at: <http://www.doc.state.vt.us/facts-and-figures-for-2007>.



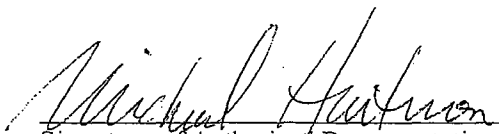
State of Vermont
Department of Mental Health
Office of the Commissioner
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Burlington, VT 05402-0070
healthvermont.gov/mh

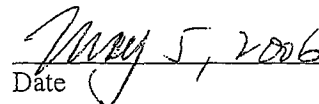
Agency of Human Services

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As the authorized representative of the Department of Mental Health, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)


Signature of Authorized Representative


Date

 VERMONT

(4) Letters of Commitment/Support:

Dr. Thomas Simpatico, University of Vermont, College of Medicine
State of Vermont Agency of Human Services
Vet Center
Vermont Department of Veterans Affairs
Colonel Jonathan Coffin, Vermont Army National Guard, Howard Center
Lee Suskin, Supreme Court of Vermont Office of the Court Administrator
Vermont Department of Corrections
Office of the Defender General
Geoffrey Crawford, Chittenden Mental Health Court
Vermont Army National Guard
National Alliance on Mental Illness of Vermont
Fletcher Allen Health Care
Howard Center
Vermont Vet-to-Vet
Vermont Coalition to End Homelessness
State of Vermont Office of Veterans Affairs
State of Vermont Office of the Chittenden County State's Attorney
State of Vermont Office of the Attorney General
State of Vermont Refugee Resettlement Office
Duke University Medical Center
Burlington Police Department
Vermont Psychiatric Survivors, Inc.



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802-295-9363 (Commercial)

May 6, 2008

Michael Hartman
Commissioner,
Vermont Department of Mental Health

In Reply Refer To:
A. Pomcrantz, MD
Ext. 5672
Fax: 802-296-6389

Dear Mr. Hartman:

I am delighted to have an opportunity to express the VA Mental Health Service's enthusiastic support for the **Jail Diversion and Trauma Recovery – Priority to Veterans grant application**. I have been working closely with the Department of Mental Health in the development of the grant proposal and look forward to continuing in the implementation process pending if the grant is successful.

As we well know, Vermont has had the nation's highest per-capita deployment rate in the current war. Over 2700 troops from the National Guard and Reserves alone have been deployed and have now returned. This is in addition to an estimated 4000 other veterans who have served. Overall, there are over 60,000 veterans living in this state, with Chittenden County, where we plan to pilot this program, having the largest share of any county in the state. It is also home to Camp Johnson, the headquarters of the Vermont National Guard and home to the state's largest armory.

It is an unfortunate fact that many returnees, as well as veterans of previous wars, often resist treatment for their combat trauma. Sadly, for many, their first contact with the Agency of Human Services is through the Department of Corrections. It is refreshing to be part of a program that will hopefully intercept them prior to incarceration and help them get the treatment that may alter their trajectory before it is too late. I think the Sequential Intervention model is ideal for this project and wholeheartedly endorse it.

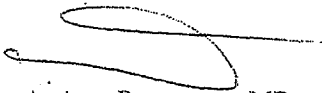
The White River Junction VA Medical Center has 4 community based outpatient clinics in addition to the parent facility in White River Junction. The clinic in Chittenden County is the largest of our clinics and now has a full service trauma team, offering the key evidence-based treatments for trauma related disorders, including PTSD. We will work closely with the South Burlington Veterans Readjustment Center as well and will use this program to strengthen our linkage with the Howard Center for Human Services.

In recent years, we have facilitated the development of a widely recognized "Vet to Vet" program and have coordinated our outreach with that peer support group. They now have

group meetings in the corrections system and have encouraged us to develop programs that can intervene with troubled veterans before they enter the system. We are also rapidly developing a peer specialist outreach program with the Vermont National Guard that greatly enhances our ability to bring troubled veterans to treatment. We have also developed new programs to work closely with veterans in their own community and have a rapidly expanding supported employment program as well as numerous other recover-oriented services. All VA care in this program will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the population of focus.

Again, I express my wholehearted enthusiasm and support for this submission.

Sincerely,



Andrew Pomerantz, MD
Chief, Mental Health and Behavioral Sciences

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WWW.HOWARDCENTER.ORG

May 6, 2008

Michael Hartman, Commissioner of Mental Health
ATTN: Nick Nichols
Vermont Department of Mental Health
108 Cherry Street
Burlington, Vermont 05402

Dear Michael:

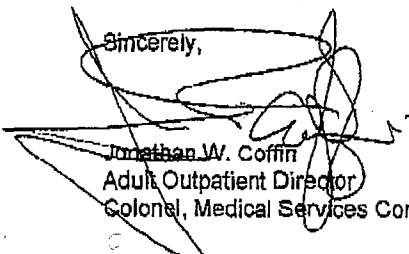
I am very pleased that the Department of Mental Health is pursuing a SAMSHA funding opportunity to focus on and improve our capacity to deal with jail diversion and trauma survivors. I am particularly pleased that the potential funding might also include training and specialized services for Veterans. As HowardCenter's Outpatient Director, I can readily attest to the increasing demand for these now-well identified and treatable services. I endorse your proposal and look forward to furthering a partnership to enhance and expand these services. HowardCenter stands ready to participate in the implementation of the proposed project.

As a currently-serving Colonel and Staff Psychologist for the Vermont National Guard, I have a dual role in Vermont's mental health system. My experience in my role of receiving returning Vermont Guard soldiers has indeed formidably sensitized me to the array of mental health and substance abuse issues faced by these Veterans. Both in the Guard and at HowardCenter we have critical challenges attempting to facilitate optimal care to Veterans often reluctant and/or able to initiate care on their own.

I am a Vietnam Veteran. My generation of soldiers was not encouraged to access formal Veterans treatment services. Now we have the skills and ability to treat combat trauma and other trauma. Our citizens and soldiers deserve the best mental health and substance abuse care available. This grant would offer the opportunity to reach out, case-find, and treat survivors of this trauma. Recently, in addition, we in the Guard have been stunned by the number of our Veterans being incarcerated for clearly combat-related offenses. We have been able to enroll two of them in our extremely limited Drug and Mental Health Court effort. They have done well in that intensive care environment. This grant would allow us to provide expanded evidence-based services in a mode and setting currently unavailable through Designated Agencies and the private sector.

If this proposal is funded, I am committed to work with the Department to identify optimal opportunities to train our staffs to the level of the state of the art, and provide services that will really help people with trauma needs, within the parameters of this project. I wish you success in securing this funding, and I am excited about the chance to work in partnership with you.

Sincerely,


Jonathan W. Coffin

Adult Outpatient Director

Colonel, Medical Services Corps, Staff Psychologist, Vermont Army National Guard

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April 30th, 2008

Michael Hartman, Commissioner
Department of Mental Health
108 Cherry St.
Burlington, VT 05401

Dear Michael,

This is a letter of support for the Vermont Department of Mental Health's application for a federal Jail Diversion and Trauma Recovery Program - Priority to veterans grant. This grant program is being offered by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services and will provide up to \$ 412,000 per year for five years to support local implementation and Statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illness among veterans, this program will prioritize eligibility for veterans.

Under this grant, Vermont plans to implement a jail diversion program in Chittenden County for veterans and other individuals with trauma-related disorders who are in trouble with the law. The program would operate using the *Sequential Intercept Model*, which envisions a series of "points of interception" at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

It's my understanding that this project would work with different programs/organizations within Chittenden County that may encounter veterans and other individuals with trauma disorders who are experiencing difficulties and will enhance the program/organization's ability to identify these individuals and refer them to trauma-specific treatment and supports,

In addition, it will enhance the capability of the Howard Center's Mental Health and Drug Treatment Court to assess and work with veterans and other individuals with trauma disorders and divert them into trauma treatment in lieu of incarceration. The focus on the Treatment Courts is a good one and one that the Court Administrator's Office can offer assistance and guidance through the state Treatment Court Coordinator.

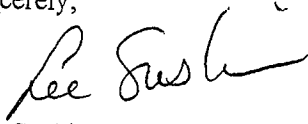
The opportunity to collect data and analyze data on the number of individuals with trauma disorders involved in the criminal justice system and the treatment outcomes of those receiving treatment and support will be helpful.

DMH will also use grant funds to facilitate a state-level planning process to replicate effective components of the Chittenden County Jail Diversion Program in other parts of the state and develop statewide infrastructure to support

regional jail diversion activities. In so doing, DMH seeks to build upon and collaborate with, rather than duplicate, existing planning efforts that relate to trauma, criminal justice, and/or veteran's issues.

Either I or my designee will participate in planning and implementation activities and indicate the specific role the Court Administrator could play in support of the local and/or state-level development of jail diversion for veterans and other individuals with trauma disorders.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Suskin". The signature is written in a cursive style with a long, sweeping underline.

Lee Suskin,
Court Administrator



State of Vermont
Department of Corrections
103 South Main Street
Waterbury, VT 05671-1001
www.doc.state.vt.us

[phone] 802-241-2263
[fax] 802-241-2565

Agency of Human Services

May 7, 2008

Michael Hartman, Commissioner
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

Dear Commissioner Hartman:

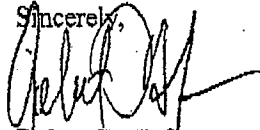
This is a letter of support for the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. This grant program will support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post-traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system for five years. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

With the grant, the Department of Mental Health plans to implement a jail diversion program in Chittenden County for veterans and other individuals with trauma-related disorders who are in trouble with the law. The program would operate using the *Sequential Intercept Model*, which envisions a series of "points of interception" at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

The Department of Corrections will be a willing partner in the planning and implementation phases of jail diversion programs and treatment activities for victims of combat and other forms of trauma. DOC will collaborate with the Department of Mental Health in the identification of individuals early in the judicial process and assist in the formulation of intervention and treatment plans.

If you have any questions, please contact Susan Onderwyzer, Program Services Executive, at (802) 241-3582, or by e-mail sonderwy@doc.state.vt.us

Sincerely,



Robert D. Hoffmann
Commissioner

c Susan Onderwyzer

 VERMONT

**NAMI – VERMONT***National Alliance on Mental Illness of Vermont*

132 S. Main St. - Waterbury VT 05676

Toll-free in VT: (800) 639-6480

(802) 244-1396 • (802) 244-1405 (fax)

on the web at: www.namivt.org • email: info@namivt.org

May 5, 2008

Re: Jail Diversion and Trauma Recovery Program – Priority to Veterans grant
SM-08-009 CDFA # 93.243

Dear Commissioner Hartman:

I write in support of the Vermont Department of Mental Health's application for funding under the above-titled SAMHSA program. NAMI-Vermont is a statewide nonprofit which provides support, education and advocacy for over 42,000 adults and family members who live with serious mental illness in Vermont.

In our experience, far too many veterans and other Vermonters who live with trauma and other symptoms of serious mental health disorders find themselves in trouble with drugs, alcohol and (sometimes) the police. Far too many of those eventually land in prison, which prevents access to treatment for the underlying condition. We believe that all Vermonters living with these illnesses, but especially military veterans who have served our country with honor, should be properly evaluated by a qualified mental health professional & have access to appropriate, integrated treatment. The proposed expansion of Chittenden County's drug treatment & mental health court, and improved assessment & referrals of military veterans impacted by trauma would move Vermont forward in our efforts to decriminalize mental illness & secure timely treatment for our returning vets, many of whom suffer with the unseen psychological wounds of war.

NAMI-Vermont's current menu of family education & support programs help family members understand what it takes to support their loved ones on the path to recovery. We have specifically reached out to veterans and their families in several other ways: we participate in the Vermont Military – Family Community Network, and serve as fiscal agent & promote the work of Vermont Vet-to-Vet, which provides peer-led recovery-oriented support groups for veterans in several locations around Vermont. We also provide information & referral to vets and their families through our toll-free 'Warm Line' and a published *Family Resource Guidebook*, and recently trained a new Support Group leader who leads a support group for military families in her home. We believe all these programs would support and complement the new resources & services anticipated in this grant application.

We will support this project (if funded) by pledging our continued participation in the current state-level planning process to replicate the mental health and drug treatment court models state-wide (via the Chief Justice Task Force on Mental Health and Criminal Justice). We will continue to work closely with police, medical providers, mental health and substance abuse providers and veterans programs in Vermont to ensure that the veterans and family members we serve are aware of these resources through referrals, and to train providers to understand what family members living with mental illness need from them.

We look forward to continued collaboration with the Vermont Department of Mental Health and other stakeholders on this urgently needed initiative, and pledge our continuing involvement to see these efforts through to completion. Please consider funding this project.

Larry Lewack, Executive Director



*In alliance with
The University of Vermont*

May 6, 2008

Thomas A. Simpatico, M.D.
Professor of Psychiatry
Director of Public Psychiatry
Department of Psychiatry
UVM College of Medicine
Medical Director, The Vermont State Hospital
103 South Main Street
Waterbury, VT 05671-2501

RE: SAMHSA Grant Application for a Veterans Jail Diversion and Trauma Recovery Program

I am writing in support of your pursuit of a SAMHSA grant that would create a jail diversion and trauma recovery program for Vermont veterans. This is a timely resource, as the news carries more and more stories about the plight of veterans returning from Iraq and Afghanistan.

Fletcher Allen has already entered into a partnership with the Vermont state mental health authority in providing psychiatrists to the Vermont State Hospital. This exciting grant would build upon our existing contract with the Vermont Agency of Human Services, Department of Mental Health.

If the funding were approved, it would allow for the expansion of the Division of Public Psychiatry and provides you, as our Director of Public Psychiatry, with the opportunity to broaden the contribution Fletcher Allen is able to make to help those who are afflicted with serious mental illness. This five-year grant would support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with posttraumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

Fletcher Allen Health Care fully supports your pursuit of this important opportunity, and would endorse your service as project director and principal investigator.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul A. Taheri", with a long horizontal line extending from the end of the signature.

Paul A. Taheri, M.D., M.B.A.
President of the Faculty Practice Plan
Fletcher Allen Health Care

EXECUTIVE OFFICES 111 Colchester Avenue Burlington, VT 05401-1478 802.847.5959 802.847.5677



Vermont Vet-to-Vet

P.O. Box 4532
White River Jct., Vermont 05001
info@vtvettovet.org
www.vtvettovet.org



Michael Hartman, Commissioner
State of Vermont, Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

Dear Commissioner Hartman,

It is with great appreciation to be asked to support this very important endeavor for our fellow veterans. Vermont Vet-to-Vet whole-heartedly believes that true peer-to-peer support is paramount to the success of our returning military veterans AND our past veterans to again become responsible and productive members of their community. This will provide us with an opportunity to also assist with the extent of our many veterans in Vermont suffering with Post Traumatic Stress Disorder (PTSD), Substance Abuse issues, workforce re-entry issues, Traumatic Brain Injury (TBI) issues, and the many other personal issues our fellow vets incur. To embark on new projects to determine the impact of problems within veterans at the individual, family and community levels is paramount to the growth of our Vermont communities. Your initiative is well positioned within one of our focus areas of support.

Vermont Vet-to-Vet has worked successfully as an active peer support program within Vermont for over three years and has beyond a doubt shown that our fellow vets can recover from their traumas and regain their lives.

Thank you for your initiative in this respect and we hope your proposal will be successful.

Sincerely,

David C. Morgan
President

for
Board of Directors
Vermont Vet-to-Vet

Vermont Coalition to End Homelessness

www.helpingtohouse.org

May 7, 2008

Michael Hartman, Commissioner of Mental Health
ATTN: Nick Nichols
Vermont Department of Mental Health
108 Cherry Street
Burlington, Vermont 05402

Dear Michael:

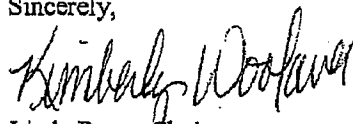
On behalf of the Vermont Coalition to End Homelessness, I am writing to support the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. We feel this application is timely as we anticipate that Vermont will see an increased need to assist returning veterans who are experiencing homelessness.

In addition, we work very closely with Jesse Vazzano of the White River Junction VA Hospital. Jesse is on the State of Vermont's Interagency Council to End Homelessness and the focus of this grant has been discussed there as well.

I understand that the Vermont State Housing Authority is also working to security 20 additional Shelter Plus Care style subsidies targeted for homeless veterans. Should the state of Vermont be successful in this grant application, we would hope to link these initiatives.

We look forward to participating in the planning and implementation activities at the local and state level.

Sincerely,


For Linda Ryan, Chair

C/O Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602



STATE OF VERMONT
OFFICE OF VETERANS AFFAIRS
118 State Street
Montpelier, VT 05620-4401
(802) 828-3379

May 4, 2008

To: COMMISSIONER MICHAEL HARTMAN
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

Regarding: Jail Diversion and Trauma Recovery Program – Priority to Veterans Grant

Commissioner Hartman,

The Vermont Office of Veterans Affairs enthusiastically supports your efforts to develop a jail diversion program for Vermonters with Posttraumatic Stress Disorder (PTSD). We agree that incarceration is likely to magnify underlying mental health programs, and we support jail diversion when it is appropriate. Incarcerating veterans with PTSD who have committed minor offenses is not likely to provide positive outcomes for the individual or the state. We support the plan you have laid out, as we feel the partnerships, locations, and data collection plans described will lead to successful implementation.

The Vermont Office of Veterans Affairs staff will be available to you to help develop this program. We are knowledgeable of the state and federal programs available to veterans and are familiar with the nuances working with this population. We also have access to data on veteran populations that may be useful.

Once the program is operational, the Office of Veterans Affairs can support it by assisting veterans with applications for federal benefits offered by the U.S. Department of Veterans Affairs. These benefits can provide veterans with PTSD access to healthcare, including counseling; vocational retraining; and monetary compensation. These long term programs not only increase the standard of living for veterans, but help limit the likelihood they will re-offend. In addition, our office can provide temporary financial assistance to help veterans obtain suitable housing, if necessary.

Thank you for working to help Vermonters, and Vermont's veterans, who are suffering with PTSD. Please don't hesitate to contact me at (802) 828-3379 or clayton.clark@state.vt.us if I can be of assistance to your department.

Sincerely,

A handwritten signature in black ink, appearing to read "C.A. Clark", with a long horizontal flourish extending to the right.

CLAYTON A. CLARK
Veteran Services Director

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

[phone] 802-863-7281
[fax] 802-951-1275
[tdd] 800-464-4343

Agency of Human Services

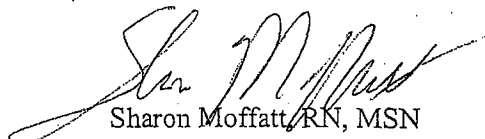
May 5, 2008

Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street
Burlington, VT 05402

Dear Mr. Hartman:

I am writing to express my support of the Vermont Department of Mental Health's application for the federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. We are excited to work with the Department of Mental Health on improving the ability of the public health system to identify, screen and refer into treatment individuals with trauma disorders who may be experiencing difficulties that lead to incarceration. This work will overlap with our current efforts to increase proper screening and referral for mental health and substance abuse disorders among our public health providers, as well as our work to ensure full access to healthcare for veterans returning from overseas. We look forward to working with you on this project.

Sincerely,



Sharon Moffatt, RN, MSN
Commissioner of Health





STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Representative Maier
From: Nathan Lavery, Fiscal Analyst
Date: April 2, 2009
Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski
Stephen Klein



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Representative Pugh
From: Nathan Lavery, Fiscal Analyst
Date: April 2, 2009
Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski
Stephen Klein



INFORMATION NOTICE

The following items were recently received by the Joint Fiscal Committee:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations.

[JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment.

[JFO received 3/30/09]



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:					The Vermont Department of Mental Health received a federal grant from the Substance Abuse and Mental Health Services Administration to fund a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on evidence-based treatment.					
Date:					3/9/2009					
Department:					Mental Health					
Legal Title of Grant:					Jail Diversion and Trauma Recovery Program – Priority to Veterans					
Federal Catalog #:					93.243					
Grant/Donor Name and Address:					Substance Abuse and Mental Health Services Administration, Rockville, MD					
Grant Period:					From:		To:			
					9/30/2008		9/29/2013			
Grant/Donation					\$2,053,161 over 5 years					
					SFY 1		SFY 2		SFY 3	
Grant Amount:					\$69,785		\$405,161		\$412,501	
										\$412,501 SFY4 \$412,501 SFY5 \$340,712 left over from SFY 1 to be requested at last year of grant
Position Information:					# Positions		Explanation/Comments			
					0		The work for this grant will be performed by contractors, mostly by Dr. Tom Simpatico of FAHC			
Additional Comments:										
The State of Vermont has made a unique contribution to the current wars in Iraq and Afghanistan. Among the 50 states, Vermont has experienced the second highest per capita deployment of National										

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

Guard service members to Iraq, and the greatest number of per capita Iraq War deaths (New York Times, March 2, 2005). Overall, there are approximately 60,000 veterans in Vermont, accounting for 14% of the state's adult population (U.S. Department of Veterans, 2007). In 2007, approximately 4,000 Vermont veterans sought treatment through the Veteran Administration (VA) for a mental health or substance abuse condition and the VA reports that the number of veterans seeking treatment is increasing. This grant will focus on diverting veterans and other individuals with traumatic brain injury's away from the criminal justice system and into other kinds of treatment, termed evidence based treatment. This grant will provide a small amount of funding to the Howard Center for their work with Vermont's mental health and drug abuse treatment courts (approximately \$13,000 in the second year and \$26,000 in third year will go to the Howard Center) to increase the capacity of the treatment courts. [The Mental Health department is exploring the possibility of whether federal stimulus funds can be used to help pay for the software in this grant. If that is possible, it would free up more money from this grant to go to the Howard treatment courts.] The grant will be focused on identifying individuals and creating an assessment tool that can be used statewide by law enforcement to divert veterans from the criminal justice system. The grant will not increase mental health treatment capacity (ie. bed space) at existing treatment facilities, but rather train existing mental health facilities on evidence based treatment practices. This federal grant doesn't allow the state to spend the money on veterans or individuals suffering from TBI who are already incarcerated. Rather, this grant is designed to focus on newly returned veterans and people with TBI living in the community who may be struggling with minor law infractions and assist those people in receiving treatment rather than entering up in the criminal justice system. The funds will be spent on contractors and developing, implementing, and training on a new software program which will help people coordinate their work statewide.

Department of Finance & Management	<i>[Signature]</i> 3/13/09	(Initial)
Secretary of Administration	dpm 3/16/09	(Initial)
Sent To Joint Fiscal Office	3/24/09	Date



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

BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Mental Health			
3. Program:	Adult Mental Health			
4. Legal Title of Grant:	Jail Diversion and Trauma Recovery Program-Priority to Veterans			
5. Federal Catalog #:	93.243			
6. Grant/Donor Name and Address: Substance Abuse and Mental Health Services Administration, Rockville, MD				
7. Grant Period:	From:	9/30/2008	To:	9/29/2013
8. Purpose of Grant: To support local implementation and Statewide expansion of trauma-integrated jail diversion programs for veterans and other individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system.				
9. Impact on existing program if grant is not Accepted: none				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 09	FY 10	FY 11	
Personal Services	\$60,410	\$241,638	\$338,978	
Operating Expenses	\$7,500	\$156,023	\$39,023	
Grants	\$1,875	\$7,500	\$34,500	
Total	\$69,785	\$405,161	\$412,501	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$69,785	\$405,161	\$412,501	
(Direct Costs)	\$69,457	\$403,848	\$406,463	
(Statewide Indirect)	\$3	\$13	\$60	
(Departmental Indirect)	\$325	\$1,300	\$5,978	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$69,785	\$405,161	\$412,501	
Appropriation No:		Amount:	\$	
	3150070000		\$69,785	
			\$	
			\$	
			\$	
			\$	
			\$	

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

	Total \$69,785
--	-----------------------

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: Michael Hartman Agreed by: MA (initial)

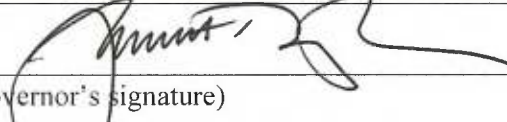
12. Limited Service Position Information:	# Positions	Title
	N/A	
Total Positions		

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: <u>Michael Hadwin</u>	Date: <u>2/16/09</u>
	Title: <u>Commissioner, Dept of Mental Health</u>	
	Signature: <u>Patrick Flood</u>	Date: <u>2/20/09</u>
	Title: <u>DEPUTY SECRETARY</u>	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	 (Governor's signature)	Date: <u>3/24/09</u>
<input type="checkbox"/>	Rejected		

15. SECRETARY OF ADMINISTRATION

<input type="checkbox"/>	Check One Box: Request to JFO	 (Secretary's signature or designee)	Date: <u>3/16/09</u>
<input type="checkbox"/>	Information to JFO		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

End Form AA-1

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

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:	Human Services
2. Department:	Mental Health
3. Program:	Adult Mental Health
4. Legal Title of Grant:	Jail Diversion and Trauma Recovery Program-Priority to Veterans
5. Federal Catalog #:	93.243

6. Grant/Donor Name and Address:
 Substance Abuse and Mental Health Services Administration, Rockville, MD

7. Grant Period: **From:** 9/30/2008 **To:** 9/29/2013

8. Purpose of Grant:
 To support local implementation and Statewide expansion of trauma-integrated jail diversion programs for veterans and other individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system.

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

Expenditures:	FY 2009	Required Explanation/Comments
Personal Services	\$	(Include type of expenditures to be incurred, i.e. training, planning, proposal development, etc.) These costs represent travel costs for two attendees (the project director and consumer representative), at a meeting required for all grantees at the CMHS National GAINS Center in Bethesda, Maryland on November 9, 2008.
Operating Expenses	\$2,423.00	
Grants	\$	
Total	\$2,423.00	

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: <i>Mitchell Hunt</i>	Date: <i>2/13/09</i>
Title: <i>Commissioner, Dept of Mental Health</i>	
Signature: <i>Robert D M</i>	Date: <i>2/23/09</i>
Title: <i>Sec. AHS.</i>	

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).

Request for Grant Acceptance
Jail Diversion and Trauma Recovery Program-Priority to Veterans
Summary
2/12/09

The Department of Mental Health (DMH) has been awarded \$ 2,053,161 over a period of 5 years by the Substance Abuse and Mental Health Services Administration for a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma-related disorders who are involved in the criminal justice system through identification, screening/assessment, and diversion from the criminal justice system to evidence-based treatment and supports. The objectives of the project are to:

- 1) Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses.
- 2) Deploy screening and assessment for trauma-related illnesses at Department of Corrections intake points to identify veterans and other adults with trauma-related disorders who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
- 3) Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans and other adults entering the criminal justice system with trauma-related illnesses so that they may be diverted into evidenced-based treatment and supports.
- 4) Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and “veterans informed” through cross-training and the enhancement of collaborative relationships.
- 5) Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

During the project’s first three years, DMH will pilot its infrastructure and intervention model in Chittenden County, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports.

In years three through five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Over the grant term, 38,500 adults will be screened and 825 will be diverted to evidence-based care. At both the pilot site and state levels, the project will result in the following outcomes:

- 1) Increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness;
- 2) Increased availability of both trauma informed services and evidence-based trauma treatment and community supports;
- 3) Increased access to trauma informed services and evidence-based trauma treatment and community supports;

- 4) Increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports;
- 5) Decreased recidivism to the criminal justice system among those diverted to appropriate care;
- 6) Enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

The project will be managed collaboratively between the Department of Mental Health, Fletcher Allen Healthcare (FAHC), and the University of Vermont - Vermont Children's Health Improvement Project (VCHIP). Dr. Tom Simpatico of FAHC will act as project director, and VCHIP will provide project management and operations support.

During the first 12 months of the initiative funds will be spent on the following:

- Approximately \$182,000 for a contract with FAHC for 60% or Dr. Tom Simpatico's time to act as the Project Director.
- Approximately \$37,000 for a contract with VCHIP for project management and operations support (this amount will increase in year two as VCHIP takes on additional grant coordination activities).
- \$22,000 each year to purchase expert training and consultation.
- \$133,000 to purchase a web-based trauma screening and assessment program to be used statewide for jail diversion activities (in years two through five, approximately \$16,000 will be used per year to support maintenance and updating of the web-based screening program).
- \$12,000 each year to purchase computer equipment (e.g. laptops) and training materials to aid in the implementation of screening and diversion activities.
- \$7,500 sub-granted yearly to a veterans peers support organization (Vermont Vet-to-Vet) to develop peers supports for veterans who are involved in jail diversion activities.

The remaining funds will be used each year to support travel costs for grant staff to attend a required SAMHSA Grantee meeting each winter, as well as the expenses for stakeholder meetings to assist in the oversight of the initiative (e.g. steering committee). In year two, \$13,500 will be sub-granted to the Howard Center to expand their Mental Health Treatment court to better serve veterans. This amount will increase to \$27,000 in years three through five.

A supporting schedule of projected expenditures for State Fiscal '09 is attached. This schedule is based on the assumption that project activities would begin on April 1st, 2009. Expenditure of federal funding in subsequent years will be included in DMH's annual budget request.

Vermont Department of Mental Health

Supporting Schedule for Jail Diversion SAMHSA Grant AA-1 dated 2/10/09

Item	<u>Amount in application budget for year one</u>	<u>Amount in AA-1 budget for SFY09</u>
Travel expenses for 1 Trip to SAMHSA grantee meeting	\$5,700	\$5,700
Equipment Purchase	\$4,500	\$ 0 - This will not occur until after June '09
Supplies (training materials)	\$7,423	\$ 0 - This will not occur until after June '09
FAHC Contract	\$ 181,159 for one year	\$45,290 for one-quarter of a year (25% of annualized amount of \$181,159)
UVM Contract	\$ 37,167 for one year	\$9,292 for one-quarter of a year (25% of annualized amount of \$37,167)
Training	\$ 22,000 for one year	\$ 5,500 for one-quarter of a year (25% of annualized amount of \$22,000)
Purchase of Mindlinc System	\$133,000	\$ 0 - This will not occur until after June '09
Instate meeting expenses	\$ 2,400 for six meetings per year	\$ 800 for two meetings
Stipends/Mileage for consumer/family participation at meetings	\$ 3,000 for six meeting per year	\$1,000 for two meetings
Vermont Vet-to-Vet Subgrant	\$7,500 for one year	\$ 1,875 for one-quarter of a year (25% of annualized amount of \$7,500)
Total Direct Costs	\$403,848	\$69,457
Total Indirect Costs (17.5% of sub-grants)	\$1,313	\$328
Total Costs	\$405,161	\$69,785

Budget Justification/Existing Resources/Other Support - Year One				
Vermont Jail Diversion and Trauma Recovery - Priority to Veterans project				
(SM058809)				
Personnel				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
HRD Chief	Nick Nichols	\$ 56,014	.05 (inkind)	\$ -
Total Personnel				\$ -
Fringe Benefits				
Total Fringe				\$ -
Travel				
1 Trip for SAMHSA Meetings for 4 attendees:				
Airfare (\$600/person x 4 people x 1 trips/year)				\$ 2,400
Lodging (\$200/person x 4 people x 3 nights)				\$ 2,400
Per Diem - Meals (\$75/day X 4 attendees X 3 days)				\$ 900
Total Travel				\$ 5,700
Equipment				
3 Laptop Computers (\$1500/computer X 3 computers)				\$ 4,500
Total Equipment				\$ 4,500
Supplies				
Purchase/Production of Training/Educational Materials				\$ 7,423
Total Supplies				\$ 7,423
Contractual				
Fletcher Allen Health Care (FAHC)				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Project Director/PI	Thomas Simpatico	\$167,118	0.6	\$ 100,271
Fringe (39%)				\$ 39,106
Travel (8000 miles X .55/mile)				\$ 4,400
FAHC Direct				\$ 143,777
FAHC Indirect (26%)				\$ 37,382
FAHC Subtotal				\$ 181,159

University of Vermont (UVM)				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Project Manager	Patricia Berry	\$137,560	0.1	\$ 13,756
Project Finance and Operations Manger	Deborah McAdoo	\$ 56,350	0.1	\$ 5,635
Fringe (39.5%)				\$ 7,659
Travel (3000 miles X .55/mile)				\$ 1,650
UVM Direct				\$ 28,700
UVM Indirect (29.5%)				\$ 8,467
UVM Subtotal				\$ 37,167
Training				
Laura Gibson (Training on Evidence-based trauma treatment)				
\$1500/day X 13 days				\$ 19,500
Travel/Mileage				\$ 2,500
Training Subtotal				\$ 22,000
Evaluation				
<u>Job Title</u>	<u>Name</u>	<u>Annual Salary</u>	<u>Level of Effort (FTE)</u>	<u>Salary Requested</u>
Grant Evaluator	Tim Stickle	\$ 83,633	.03 (inkind)	\$ -
Fringe				\$ -
Evaluation Subtotal				\$ -
Contractual Subtotal				\$240,326
Other				
Purchase of Mindlinc Survey System (Duke University)				\$ 133,000
Instate Meeting Expenses (room rental) (6 meetings X \$400/meeting)				\$ 2,400
Stipends/Mileage for Consumer/Family Participation at meetings (\$100/meeting X 6 meetings X 5 consumer/family members)				\$ 3,000
Subgrant to Vermont Vet-to-Vet				\$ 7,500
Other Subtotal				\$145,900
Indirect Costs				
17.5% of Subgrants (Vermont Vet-to-Vet)				\$ 1,313
TOTALS				\$405,161

BUDGET JUSTIFICATION

PERSONNEL

Nick Nichols, MSW (.05 FTE): Mr. Nichols will serve as the state representative for this grant initiative. He will participate in planning activities and be responsible for coordinating submissions of fiscal and evaluation data to SAMHSA. He currently serves as the Human Resource Development Chief of the Department of Mental Health and assists in the management of several SAMHSA-funded grant initiatives in his Department. His time will be funded in-kind by the Department of Mental Health.

FRINGE BENEFITS

N/A

TRAVEL

SAMHSA Funds will be used to cover the costs of four grant participants (Project Director/Principle Investigator, Grant Evaluator, Project Manager, and a consumer representative) to attend yearly SAMHSA grantee meetings.

EQUIPMENT

Funds will be used to purchase laptops installed with the Mindlinc Survey System's (see below) embedded screening and assessment instruments for trauma-related disorders. These laptops will be made available to community partners who will be screening potential candidates for jail diversion activities.

SUPPLIES

Funds will be used to create, purchase and duplicate training and educational materials (e.g. treatment manuals, DVD's) re: evidence-based trauma treatment and the grant initiative.

CONTRACTUAL COSTS

Fletcher Allen Health Care

Project Director/PI (Thomas Simpatico, MD, .60 FTE). Dr. Simpatico will oversee the entire MHISSION-VT project. As Director of the University of Vermont (UVM) Public Psychiatry, he is in an ideal role to serve as a bridge between the university, the projects, and the state mental health authority. He will be responsible for overseeing all data collection, performance measurement, performance assessment, and infrastructure development. He will mobilize Vermont's psychiatric community around this project and have frequent meetings with key state and federal legislators and other key policy makers. He will also co-direct an annual UVM & Vermont Law School joint training

seminar for judges and legislators that will prominently include evolving details of MHISSION-VT.

University of Vermont

Project Manager (Patricia Berry, MPH, .10 FTE): Patricia Berry will work closely with the Project Director to plan, execute and finalize activities and deliverables according to the grant deadlines and within budget, as well as help assure:

- effective communication on project expectations to team members and stakeholders is done in a timely and clear fashion and on an ongoing basis;
- issues and conflicts within the project team are identified and resolved;
- project expectations with team members and other stakeholders are continually managed;
- changes in project scope are proactively managed, potential crises are identified, and contingency plans are devised;
- any business relationships vital to the success of the project are effectively built, developed and grown; and
- best practices and tools for project execution and management are developed.

Ms. Berry currently serves as the Director of Policy and State Relations for the UVM Vermont Children's' Health Improvement Project (VCHIP).

Project Finance and Operations Manager (Deb McAdoo, .10 FTE): Deb McAdoo will assist will assist in the tracking and monitoring of UVM project expenditures and operational demands of the project. She currently serves as the Program Administrator for VCHIP.

Training

Laura E. Gibson, Ph.D.: Dr. Gibson will oversee all content development relating to training for evidenced-based treatments for trauma-spectrum illness; conduct trainings in person, create DVD recorded trainings and web-based educational modules; and oversee the evaluation of competency for programs conducting evidenced-based trauma treatment

Evaluation

Project Evaluator (Tim Stickle, Ph.D., .03 FTE): Dr. Stickle will oversee all facets of performance measurement and evaluation, including data collection, analysis, reporting and CQI feedback. His time will be funded in-kind by the Vermont Program for Quality Health Care.

OTHER

The Mindlinc Survey System: Grant funds will be used to purchase the Mindlinc Survey System through Duke University. This system provides an easy-to-setup and manage and easy-to-use web-based electronic tool designed to capture and integrate clinician rated scales, patient and family self-rated scales, surveys, clinical and study information into the treatment and clinical research processes. The estimated cost of this

line item represents the cost for both purchase and initial set up this web-based survey system.

Instate Meeting Expense: Funds will be used to cover the cost of steering committee and stakeholder meetings to support oversight and management of the grant initiative. Funds will cover the cost of the meeting space and snacks/beverages.

Stipends/Mileage: Stipends and reimbursement for mileage will be provided to designated consumer and family members who participate in the grant steering committee meetings.

Vermont Vet-to-Vet: Funds will be used to support the expansion of individual and peer-run support in Vermont through the Vermont Vet-to-Vet program, a statewide peer-run support organization. Funds will cover meeting expenses, production of promotional material (e.g. flyers about peer support opportunities), and travel expenses for Vet-to-Vet peer support leaders.

INDIRECT COST RATE

The Vermont Department of Mental Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987 and is available at <http://humanservices.vermont.gov/departments/office-of-the-secretary/cost-allocation-plan>. The Cost Allocation Plan summarizes and allocates actual, allowable costs incurred in the operation of the program. These costs include items often shown as direct costs, such as telephone and general office supply expenses, as well as items usually included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the subgrants paid in the program relative to the total subgrants paid in the department overall. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on recent experience with this program, we would estimate these allocated costs will be approximately 17.5% of the sub-grants (i.e. Other – Vermont Vet-to-Vet) to provider agencies involved in this grant initiative.

This represents a change in the indirect charged to the grant. In previous years, this grant had been administered through the Vermont Department of Health, which uses a different formula for determining cost allocation.



Jail Diversion and Trauma Recovery
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Grant Number: 1H79SM058809-01

Program Director:
Thomas Simpatico

Project Title: MHISSION-VT

Grantee Address	Business Address
VERMONT STATE DEPT OF HEALTH Heidi Hall Business Official 108 Cherry Street, P.O. Box 70 Burlington, VT 05402	Heidi Hall Business Official VT Department of Mental Health 108 Cherry Street, P. O. Box 70 Burlington, VT 05402

Budget Period: 09/30/2008 – 09/29/2009
Project Period: 09/30/2008 – 09/29/2013

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$405,161 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 520a of the PHS Act, 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 www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference .

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

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

Sincerely yours,

Kathleen Sample
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

ABSTRACT

The Vermont Department of Mental Health is requesting SAMHSA funding for MHISSION-VT, a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness who are involved in the criminal justice system through identification, screening/assessment, and diversion from the criminal justice system to evidence-based treatment and supports. The objectives of the project are to: 1) Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses. 2) Deploy screening and assessment for trauma-related illnesses at VTDOC intake points to identify veterans and other adults with trauma illnesses who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication. 3) Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans and other adults entering the criminal justice system with trauma-related illnesses so that they may be diverted into evidenced-based treatment and supports. 4) Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and "veterans informed" through cross-training and the enhancement of collaborative relationships. 5) Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment. During the project's first three years, VDMH will pilot its infrastructure and intervention model in Chittenden County, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three-five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Over the grant term, 38,500 adults will be screened and 825 will be diverted to evidence-based care. At both the pilot site and state levels, the project will result in the following outcomes: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

TABLE OF CONTENTS

Section Name	Page Number
Abstract	1
Table of Contents	2
Project Narrative	
• Section A: Statement of Need	3
• Section B: Proposed Approach	8
• Section C: Staff, Management, and Relevant Experience	22
• Section D: Performance Assessment and Data	26
• Section E: Literature Citations	28
Supporting Documentation	
• Section F: Budget Justification—See Budget Narrative Attachment Form Section	
• Section G: Biographical Sketches and Job Descriptions	30
• Section H: Confidentiality, Participant Protection/ Human Subjects	46
Appendix 1: Provider Agencies. Assurance. Commitment	50
APPENDIX 2: BUDGET JUSTIFICATION AND FIDUCIARY	81
Appendix 3: Sample Consent Forms—To Be Developed	
Appendix 4: Letter to the SSA—Not Applicable	
Appendix 5: Training and Technical Assistance Plan and Signed Agreement	88

SECTION A: STATEMENT OF NEED

Population to be Served & Justification of Pilot Community Selection

The Vermont Department of Mental Health (VDMH) and its project partner, the University of Vermont College of Medicine Department of Public Psychiatry, propose to develop a statewide infrastructure, MHISSION-VT (Mental Health Intergovernmental Service System Interactive Online Network for Vermont), for meeting the trauma treatment and recovery support needs of Vermont veterans and other adults with PTSD and other trauma-related disorders who are involved in the Vermont criminal justice system. During the project's first three years, VDMH will pilot its infrastructure and intervention model in the Burlington/ Chittenden County area, screening an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three-five, the project will progress toward statewide implementation, screening an additional 24,500 adults and diverting 525 to treatment. Thus, over the project's five-year course, 38,500 adults involved in the criminal justice system will be screened and 825 will be diverted to evidence-based care.

Vermont, a small, mostly rural, state with a population the size of a large city (623,908) has been heavily burdened by the current wars in Iraq and Afghanistan. Among the 50 states, Vermont has experienced the second highest per capita deployment of National Guard service members to Iraq, and the greatest number of per capita Iraq War deaths (New York Times, March 2, 2005). Overall, there are approximately 60,000 veterans in Vermont, accounting for 14% of the state's adult population (U.S. Department of Veterans, 2007). More than one in four adult men are veterans and about 40,000 of Vermont veterans served during wartime. Approximately 20,000 are Vietnam veterans, 4,500 served in Iraq or Afghanistan, and the remainder served in the Korean War or World War II. About 6,000 are identified as disabled, and about 4,000 are women. As is true of the state's population overall, the vast majority of Vermont veterans are White (98%) and, as is the case nationally, most (94%) are men. Vermont veterans are spread across the state's 14 counties; however, by far the largest concentration of veterans (almost 20%) is in the Burlington/Chittenden County area (U.S. Department of Veterans, 2007a). This is not surprising, as Burlington is Vermont's largest city and Chittenden is the state's most densely populated county (24% of the state's population). Moreover, the area is in close proximity to Camp Johnson, the state's largest National Guard facility.

In 2007, approximately 4,000 Vermont veterans sought treatment through the Veterans Administration (VA) for a mental health and/or substance abuse condition, and the Office reports that it has experienced a steady 5-10% increase in this number annually for the past 10 years (A. Pomerantz, personal communication, April 15, 2008). Of the 4,000 who sought VA treatment, approximately 1,500 were in treatment for PTSD. Additionally, the Vermont Vietnam Veterans Center reports that in 2007 more than 2,600 veterans received mental health services through the Center for the treatment of PTSD and other trauma-related conditions (F. Forehand, personal communication, April 25, 2008).

Veterans with trauma needs who are not accessing VA services often appear in other parts of the human service system, such as the state's inpatient and outpatient behavioral health system, emergency departments, and local homeless shelters. In FY 2007, 1,001 veterans were served in the public behavioral health system, with veterans comprising 6% of adults receiving substance abuse treatment, 7% of those receiving outpatient mental health treatment, and 10% of those

receiving treatment for serious mental illness (J. Pandiani, personal communication, April 29, 2008). Similarly, 206 veterans received services within the homeless service delivery system (R. Rankin, personal communication, May 7, 2008). While neither the exact numbers of veterans nor other adults with trauma disorders who are involved in Vermont's criminal justice system are currently known (an issue this application is intended to address), VDMH data suggests that the numbers may be significant. For example, in FY 2007, 30% of male veterans and 18% of female veterans accessing services in the public mental health system were also involved in the criminal justice system (ibid).

Local Pilot (Chittenden County). Chittenden County has the largest percentage of veterans of any Vermont county (19%), a number double or more that of most other counties. While the VA has seen a 5-10% increase in veterans served in other regions of the state over the last 10 years, the VA clinic based in Chittenden County has experienced a 35% increase. In addition, the Chittenden District Court is the court through which a majority of Vermont Department of Corrections (VTDOC) inmates (31% of male inmates, 46% of female inmates) are processed or sentenced for their most serious charges (US Department of Veterans Affairs, 2007; VTDOC, 2007).

Chittenden County is home to Burlington, Vermont's largest and most diverse city. It includes a Medically Underserved Area and has more Medicaid patients than any other area in the state. Burlington is the most ethnically diverse city in the state, with 9.1% of residents identifying themselves as a race/ethnicity other than White, relative to 3% of the population of the state overall. One of Vermont's two Federal Refugee Resettlement Districts is also located in Burlington, with residents from the former Yugoslavia, central Asia, Southeast Asia, and Africa, many of whom fled violent, war-torn circumstances to seek safety in the U.S.

Chittenden County was also chosen because the area possesses a number of features that afford infrastructure and service advantages in terms of the pilot project. Burlington is within four miles of the state's largest National Guard office, Camp Johnson, and the VA's Colchester medical and mental health facility (the next closest facility, White River Junction, is more than 1.5 hours away). Thus, there is a significant armed forces and Veterans Affairs presence within the immediate vicinity, and a number of established collaborations. Equally advantageous, Chittenden County houses three treatment courts – a Drug Treatment Court, Mental Health Court, and Family Treatment Court, which were established beginning in 2003. Burlington/Chittenden is also home to the Vermont Veterans Center, which provides trauma-related counseling and supports to over 2,600 veterans annually, and is one of five counties across the state in which a weekly Vet-to-Vet peer support group is offered.

Need for Enhanced Infrastructure

A just released national study on service members returning from Iraq and Afghanistan found that approximately one-third of the almost 2,000 service members surveyed reported symptoms of a mental health or cognitive condition: 19% met criteria for PTSD or depression, 20% reported that they had experienced a probable TBI while deployed, and 7% reported both a probable TBI event and symptoms of PTSD or depression. This study, completed by the RAND Center for Military Health Policy Research, also found that few had sought care for their symptoms. Only 53% of those who reported symptoms of PTSD or depression, and 43% of those with probable TBI had pursued treatment. Moreover, of those treated, only slightly more than half received treatment that study researchers deemed *minimally adequate* based upon its type and duration (Tanielian & Jaycox, 2008).

Anecdotal information from Vermont agencies and other localities across the country suggests that trauma disorders place veterans and other adults at serious risk of criminal justice involvement

(Oakland Tribune, March 19, 2007). For instance, staff from the Vermont Vietnam Vet Center and the Howard Center in Burlington, one of VDMH's 10 designated community mental health centers (CMHC), report that the veterans their agencies serve often come to the attention of the legal system through run ins with police for speeding, brandishing weapons, getting into fights, and drunkenness, as well as domestic altercations and assaults (F. Forehand, personal communication, April 24, 2008; J. Coffin, personal communication, April 23, 2008).

Moreover, national data on incarcerated veterans evidences some alarming trends. Although as of 2004, the number of veterans incarcerated in state and federal prisons had been steadily decreasing over a two-decade period, a majority of incarcerated veterans had served during a wartime period (most during Vietnam), which suggests that an increase in the population might result from the wars in Iraq and Afghanistan. Veteran incarcerates were more likely to have committed a violent offense and to be serving longer sentences, despite the fact that a greater percentage of veterans had no criminal history prior to their current arrest and conviction (U.S. Department of Justice, 2007). Fifty-seven percent of veterans in state facilities and 19% of veterans in federal prisons were serving time for a violent offense relative to 47% and 14% of non-veterans, respectively.

A key nexus in the relationship between veteran status and criminal justice involvement may be trauma that is untreated. As the RAND study documented, many combat veterans who have experienced trauma fail to avail themselves of treatment services. For some veterans, the symptoms of their condition may inhibit their ability or willingness to engage in treatment. Some veterans are not eligible for VA benefits and services because their service discharge was classified as less than honorable, an issue that is not uncommon among veterans who find their way into local homeless service systems. Others are unwilling to seek treatment due to the stigma attached to mental health issues and fears that seeking treatment will negatively affect their military career or standing (J. Coffin, personal communication, April 23, 2008; RAND, 2008). Still others are angry at the country or military for their involvement in the war and want nothing to do with the armed services. Anecdotally, this is not uncommon among Vermont National Guard engineers who were responsible for clearing improvised explosive devices (IEDs) (Mike Palumbo, personal communication, April 21, 2008).

The fact that Vermont's population of veterans, particularly combat veterans, is rapidly growing as a result of the wars in Iraq and Afghanistan, and that the Vermont Department of Corrections has experienced a 73% increase in its incarceration rates over the past decade (relative to 19% for the nation overall), suggest an urgent need for additional infrastructure, strategies, and resources to divert veterans and other persons with trauma disorders from the criminal justice system to appropriate treatment and care. Nowhere in Vermont is the need greater than in Chittenden County, which, as previously described in home to the largest populations of Vermont veterans and persons involved in the criminal justice system.

Service Gaps & Barriers to Infrastructure Development

A number of significant gaps and barriers exist with regard to the needs of those involved in the criminal justice system. The Chief Justice Task Force on Criminal Justice and Mental Health Collaboration (CJ-MHC Task Force), which was established in 2007 by the Vermont Supreme court to develop a strategic plan for diverting individuals with mental health and substance abuse issues from the criminal justice system and incarceration, identified three critical problem areas that exist at the state and local level:

1) Systems Integration – Gaps exist in the resources available to persons with mental illness (including trauma related conditions) within and across Vermont communities, and the resources

that are available frequently operate on parallel tracks with little coordination among them. An integrated systems approach is needed to organize supports and services at all points along the Sequential Intercept Continuum. *2) Alternative/Diversion Strategies* – The Criminal justice system is often defaulted to out of expedience before exhausting alternative strategies, or when the service system is ineffective, or services are unavailable or inaccessible. *3) Knowledge, Skills, and Attitudes* – An integrated systems approach is a new way of doing business for Vermont’s treatment, criminal justice, and community support systems. Between these systems, there exist knowledge, skill, and information gaps that create barriers to providing an integrated response. Training tailored to address gaps in knowledge and skills within each system is needed as well as training across systems.

These barriers and gaps are particularly evident in relation to the trauma needs of veterans and other adults involved in the criminal justice system. For instance, members of the VA and veterans organizations are not currently a part of the CJ-MHC Task Force. There is no formal mechanism for sharing data regarding veterans and other persons with mental health needs involved in multiple systems including the criminal justice system, public health system (including mental health and substance abuse treatment), Veterans Affairs system, and the homeless service system, and routine screening and referral for trauma does not currently occur across any criminal justice intercepts. These barriers make it very difficult to both understand the scope of the need and develop appropriate interventions.

criminal justice system. Treatment court staff note that there remains a tendency on the part of VTDOC staff to advocate for punishment rather than treatment focused approaches even in instances where behavioral health issues are clearly evident (Bob Wolford, personal communication, April 21, 2008). Similarly, key points in the public health service and support system require additional trauma training as well as training on the needs of and resources available to veterans. For instance, the Howard Center (the state’s designated MH/SA agency in Chittenden County, which also operates the county’s three treatment courts) has indicated the need for additional trauma training for staff, particularly related to screening/assessment and evidence-based treatment for combat veterans. The Outpatient Director at the Howard Center (also a 35-year member of the Vermont National Guard), has identified the need for a Veterans Liaison or Consultant to work with veterans diverted to the treatment courts as well as criminal justice and treatment court staff to ensure that veterans issues and the VA system are better understood and that veterans involved in the criminal justice system receive the benefits and assistance to which they are entitled.

With regard to trauma treatment, while the VA reports that its resources are adequate to address the needs of veterans who walk through its doors, the availability of evidence-based trauma treatment must be expanded within the public behavioral health system to address the needs of veterans unwilling or unable (due to discharge status) to access VA benefits and supports, and well as other adults with trauma related disorders involved with or at risk of involvement with the criminal justice system.

Stakeholders & Resources to Support Infrastructure Development

Efforts to address the trauma related needs of Vermont residents who come into contact with various state systems have increased over the past several years. In 2003, the Vermont Agency of Human Services (AHS) which oversees VDMH, as well as the state departments and offices for corrections, health and addictions, disability and aging services, child protection and support, and Medicaid, adopted a Trauma Informed Systems of Care Policy to infuse a trauma informed

framework into all of its departments and divisions. AHS has a full-time Agency Trauma Coordinator responsible for implementing trauma-informed service systems and use of evidence-based and emerging best practices throughout all state supported services.

Since 2003, Vermont has established five treatment courts to divert persons with mental health and substance abuse disorders from the criminal justice system to appropriate community treatment and supports. In addition, the CJ-MHC Task Force is currently finalizing a strategic plan for the state to address the critical problem areas that require redress.

As noted, Chittenden County was selected as the pilot site in part because its stakeholders, resources, and established collaborative relationships offer a solid foundation upon which the project can build. The county is at the forefront of jail diversion in the state with three treatment courts, which it is actively seeking to expand, and its resultant collaboration among law enforcement, corrections, and behavioral health systems. The presence of the treatment court assures that all the local partners for a jail diversion pilot, including Judge Crawford of the District Court, the County State's Attorney's office, Corrections, and county public defenders from the Office of the Defender General are already assembled. Criminal justice/behavioral health collaboration is also evident in the Public Inebriate Program and CRASH Drinking Driver Assessment and Schools initiative, both of which are collaborative efforts between the Burlington Police Department and the Howard Center, to divert persons with substance use problems from the criminal justice system.

There are also established relationships among the VA, National Guard, and the Howard Center, which are due in part to the proximity of Camp Johnson and the VA's Colchester outpatient clinic, and in part to lead behavioral health staff who are also National Guard members. The Director of the Howard Center Outpatient Clinic, for instance, is a 35-year member of the National Guard and a clinical consultant to the Guard. As a member of the Guard's Critical Incident Stress Debriefing team, he has participated in the debriefing of every Vermont National Guard member who has returned from Iraq and Afghanistan. He also facilitates a monthly clinical group for National Guard staff. Given his roles in both the behavioral health and military systems, he is intimately familiar with the needs and issues facing combat veterans, the manifestations and toll that trauma takes, and the military mindset and system of care, and a key resource and asset to the project. Other stakeholders and resources will include the National Guard's Outreach Team, which has already been working to engage with and assist veterans who are experiencing difficulties, but not requesting services, the Vietnam Veterans Center, which provides treatment to many veterans in Chittenden County, and a veteran's peer support program (VT Vet-to-Vet).

Evidence that identified needs are consistent with priorities of the State/Pilot County.

As described previously, the needs identified in this application are consonant with the problem issues identified by the state's CJ-MHC Task Force, as well as the goals and objectives, which will form the basis of the state's Criminal Justice and Mental Health Collaboration Strategic Plan (see Appendix 5 for CJ-MHC Task Force Draft Goals and Objectives). The proposed project also serves to advance AHS' policy and efforts to transform Vermont human service systems into trauma-informed systems of care (Appendix 5). And, it is in keeping with a state bill (H629) currently being vetted that would require that all offenders be screened for trauma history and ongoing current and significant PTSD symptoms (S. Burnette, personal communication, April 24, 2008). Moreover, the existence of a well-functioning treatment court in Chittenden County and plans for its expansion demonstrate that this issue is a county priority.

SECTION B: PROPOSED APPROACH

Project Purpose, Objectives and Meaningful Results

At the state level, the purpose of MHISSION-VT is twofold: 1) to develop a coordinated infrastructure throughout Vermont to identify and address the trauma needs of veterans and other affected adults who are involved in the criminal justice system; and 2) to evolve a statewide culturally competent, evidence-based system of treatment and supports that permits diversion from and decreased recidivism to the criminal justice system through recovery from trauma and successful community reintegration. At the pilot level, the goal is to model this infrastructure and system of care so that it can be adapted and replicated across the state. This purpose encompasses the following objectives:

1. Create a system of data sharing agreements and protocols at key criminal justice and human service intercepts that will maximize the identification of veterans and other adults with trauma related illnesses.
2. Deploy screening and assessment for trauma-related illnesses at VTDOC intake points to identify veterans and other adults with trauma illnesses who are pre- and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
3. Increase the capacity of Vermont treatment courts to adjudicate cases involving veterans they may be diverted into evidenced-based treatment and supports.
4. Increase the capacity of criminal justice and public service systems (e.g., law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and “veterans informed” through cross-training and the enhancement of collaborative relationships.
5. Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

At both the pilot site and state levels, achievement of these objectives will result in the following significant outcomes: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support. These outcomes and the project plan described throughout this application are fully consistent with SAMHSA’s program goals, expectations, and required activities, as delineated in the RFA.

Project Description

To achieve these objectives and outcomes, the project will include four major components.

Advisory and Planning Committees: A State Advisory Committee (SAC) will be formed as a subcommittee of the Vermont CJ-MHC Task Force. Members of the SAC will include high level decision makers from all of the organizations on the Task Force, with the addition of: 1) the Executive Director of Vet-to-Vet; 2) Medical Director for Behavioral Health Services at the White

River Junction VA Hospital; 3) staff at the National Center for PTSD; 4) Vermont Office of Veterans Affairs (VOVA) staff; and 4) veterans and family members. A Local Strategic Planning Committee (LSPC) for the pilot project (Chittenden County) will be comprised of local representatives of the aforementioned organizations. A full representation of committee membership is contained in the Stakeholders and Roles chart provided later in this narrative.

Implementation of the project will operate along two integrated tracks. The first track (Data Acquisition and Distribution) addresses the development of a shared data infrastructure, including universal trauma screening and assessment. The second track (Service Enhancement) addresses the development of a cross-systems assessment, treatment, and support service infrastructure, including corrections diversion programming. Both tracks will occur at the local and then at the state level. The project design may be modified as a result of ongoing dialogue with both the SAC (meeting quarterly) and the LSPC (meeting monthly) and the strategic plan developed by the LSPC during the project's first year.

Data Acquisition and Distribution Infrastructure: During the first year, the project will establish a data sharing structure or "radar screen" across multiple systems and criminal justice intercept points. *Figure 1* represents a map of the sources and some of the key data elements that will be culled in order to create and maintain the tracking information. Once collected, dissemination to key service providers and institutions will occur in accordance with HIPAA regulations and Vermont statute. The information will be refreshed at rates commensurate with the collection practices of the contributing sources; refreshed reports will be provided as a function of the most frequent source refresh rates. Some of the data collected will provide proxies for trauma-spectrum illness, such as moving violations involving slowing down on an interstate when approaching an overpass. The information sharing system is intended to: 1) enable Vermont to identify veterans who are involved in the criminal justice system across a range of intercept points and those involved in other systems who may be at risk of criminal justice involvement due to trauma related illness; 2) permit outreach, diversion, and linkage to needed treatment and supports across multiple systems; 3) track outcomes regarding services received and recidivism; 4) inform local and state planning and service system development.

VDMH has already secured the participation of criminal justice and human service organizations in this data sharing system, and will finalize data sharing agreements and protocols in the project's first quarter. The following agencies will participate in this data system: 1) AHS (including the state departments of corrections, mental health, and health/substance abuse, and the Office of Vermont Health Access (OVHA), which is the state Medicaid Authority); 2) VOVA; 3) the Burlington Police Department; and the Vermont Program for Quality in Health Care (VPQHC) (see *Fig 1*). Emulating the Cook County Jail Linkage Project in Illinois (for which the current project's proposed director (Dr. Simpatico) served as PI and project director), incoming inmates at the two VTDOC facilities in the Chittenden area (an aggregate of approximately 140 new inmates per week) will be cross-matched daily with other databases, particularly the VOVA database of all known VT veterans from the WWII era and beyond (~60,000), to begin to identify veterans with trauma-related illness. During that first year, the entire VTDOC population at both facilities will also be cross-matched with the VOVA database to identify the number of veterans who are already incarcerated. This information will be provided to the LSPC to inform its strategic planning process.

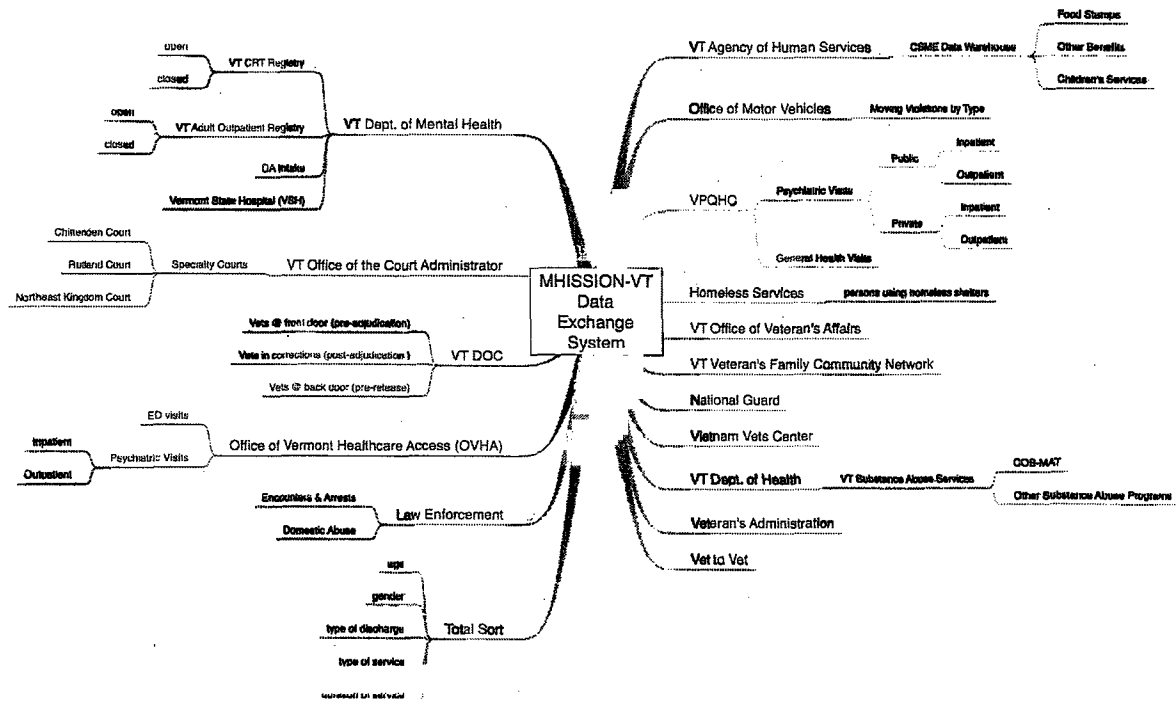


Figure 1: A data sharing structure across multiple systems and criminal justice intercept points.

Pilot Diversion Project: A key function of this system will be to cross-match VTDOC inmate rosters with the VOVA veterans roster. This function will be piloted with incoming VTDOC inmates in the Chittenden County pilot project. Emulating the Cook County Jail Linkage Project in Illinois (for which the current project's proposed director (Dr. Simpatico) served as project director), incoming inmates at the two VTDOC facilities in the Chittenden area (an aggregate of approximately 140 new inmates per week) will be cross-matched daily with other databases, particularly the VOVA database of all known Vermont veterans from the WWII era and beyond (~60,000), to begin to identify veterans with trauma-related illness. During that first year, the entire VTDOC population at both facilities will also be cross-matched with the VOVA database to identify the number of veterans who are already incarcerated. This information will be provided to the LSPC to inform its strategic planning process.

Beginning no later than month 12, all 140 new inmates per week will receive screenings for trauma-spectrum illness, TBI, other serious mental illness, and substance-related disorders. This will be done using tools and data collection instruments that will be incorporated into the Mindline Survey System (developed by the Duke Medical Informatics Group) and described in detail below. Inmates who score above the clinical cutoff point on screening instruments will receive full assessments (also described below). Project staff will conduct screenings and assessments and will train correctional staff to administer the screening instruments as well using the Mindline system.

Inmates identified as having trauma-related illness will be: 1) considered for arraignment at the Chittenden County Mental Health/Substance Abuse Specialty Court; or, 2) identified to receive substance abuse and special programming while in corrections and linked to appropriate aftercare providers pre-release from corrections. Veterans will be prioritized for treatment court adjudication. To increase the capacity of the court to accommodate an increased volume of cases

and to address the unique needs of veterans, a treatment court Veterans Liaison/Case Manager will be hired. The Liaison will be responsible for providing direct assistance to veterans who are processed through the court, including service planning, benefits acquisition, and linkage to veterans and other needed resources, such as housing and employment training and placement. In particular, the Liaison will be responsible for placing each adjudicated veteran in an evidence-based treatment program tailored to meet his/her clinical and recovery needs, and providing follow up case management services to ensure the ongoing receipt of treatment and other support services. Adjudicants will be referred to evidence-based treatment programs for trauma at the Colchester VA Clinic, the Howard Center, and the Vietnam Vets Center as appropriate.

The Liaison will also serve as a resource to other treatment court staff and law enforcement personnel regarding veterans issues and navigation of the military/veterans health, benefits, and support systems, conducting training and providing consultation as needed to ensure the needs of veterans are better understood and addressed. Hiring of the Veterans Liaison will also establish a direct linkage and working relationship between the treatment courts and the local military/veterans service network.

As noted, inmates who are post-arraignment will be screened and assessed in a similar fashion, and the results will be made available to VTDOC Health Services. Project staff will collaborate with VTDOC Health Services in order to provide clinically informed care and treatment to these veteran incarcerates. Veterans approaching release from corrections will have their aftercare coordinated with the Howard Center and/or veteran's services and benefits/entitlements so that service delivery can continue uninterrupted. Once the Mindlinc screening and assessment system has been deployed and refined in conjunction with the VTDOC, it will be deployed at the Vermont State Hospital, at the Howard Center, at the Burlington Public Health Clinic.

Statewide Phase: During years 4-5, the project will extend its processes to the rest of the state.

The same daily cross-match of all known veterans will occur for all VTDOC detainees. Training of VTDOC and community agency staff (approximately 60 individuals) will allow them to provide the aforementioned assessment battery to veterans entering corrections statewide. Tracking of veterans and interventions at the front door, within, and at the back door of corrections will occur as described for the pilot area. Two other Mental Health/Substance Abuse Courts will be available to process pre-arraignment incarcerates; care and services of post-arraignment incarcerates will be clinically informed through a collaboration between the project staff and DOC Health Services as in the pilot site. Pre-release incarcerates will be linked to aftercare providers as in the pilot site.

Training in evidence-based therapies for PTSD and co-occurring disorders will be provided throughout the duration of the project (created and overseen by Drs. Gibson and Mandel, respectively); competency assessments will be administered to those receiving training, and a map of service sites providing evidence-based services for PTSD and co-occurring disorders will be created, maintained, and distributed through collaborating organizations and via the project website. Veterans being released from corrections will preferentially be directed to these sites. Also provided throughout the duration of the project will be active services to conduct client follow-up surveys using Biometry Facility Computer Aided Telephone Interviewing (CATI) system that includes up to six interviewer stations if required.

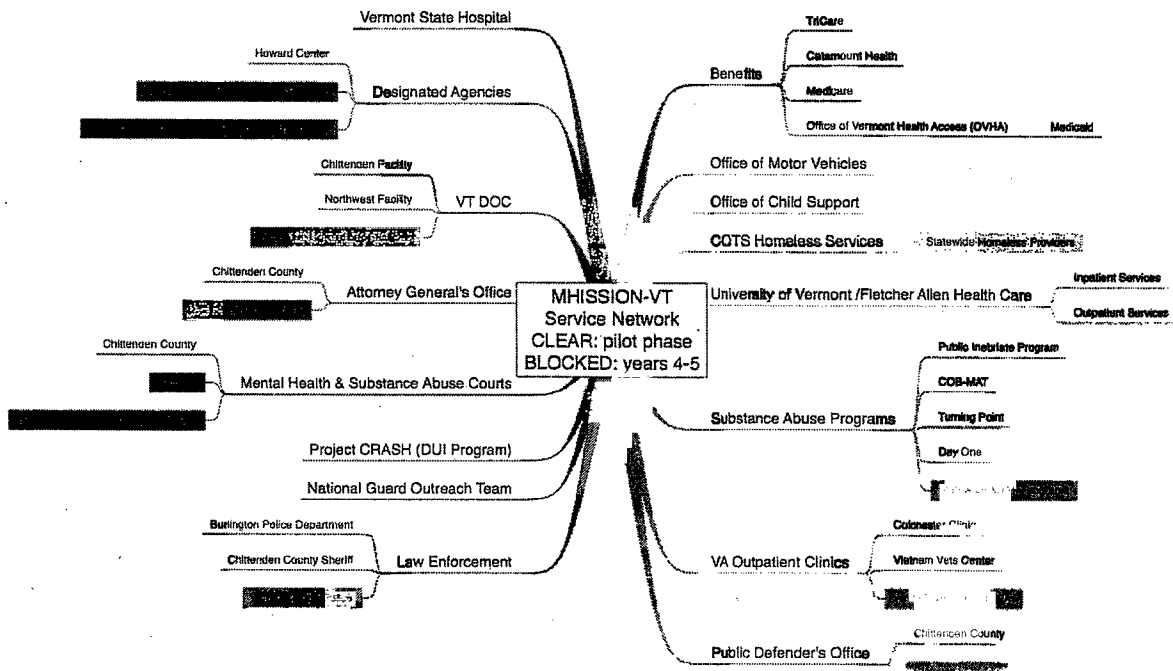


Figure 2: Augmentation of services and strategic sort points.

Screening, Assessment and Treatment of Trauma Disorders and Co-Occurring MH/SA

Screening and assessment for PTSD, TBI, and co-occurring disorders will initially occur at the two corrections facilities (Chittenden and Northwest) in the pilot site area. All incoming inmates will be screened with the project's veterans database to identify inmates who are veterans. Facilitated by the Mindlinc Survey System's embedded screening and assessment instruments, all new inmates will receive the PCL-C (civilian) or the PCL-M (military) PTSD checklist screen. The PCL is a 17-item self-report measure of the 17 DSM-IV symptoms of PTSD. Respondents rate how much they were "bothered by that problem in the past month." The PCL-M (military) asks about problems in response to "stressful military experiences." The PCL-S (specific) asks about problems in relation to an identified "stressful experience." The PCL-C (civilian) asks more generally about problems in relation to stressful experiences. Cutoff scores for a probable PTSD diagnosis have been validated for some populations, but may not generalize to others. Therefore, the project will score the PCL and follow the DSM-IV criteria (i.e., the requisite number of symptoms are endorsed within each cluster AND the total score is above the specified cut point for a specific population). Incoming inmates will also be screened for TBI using the Brief Traumatic Brain Injury Screen, which has been used by a number of VA hospitals for Iraq and Afghanistan veterans. In addition, they will receive the General Mental Illness Scale: Patient, and the DTCQ-8 Drug Taking Confidence Questionnaire.

All veterans and those non-veterans scoring above the cutoff will then receive the Clinician-Administered PTSD Scale (CAPS), a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, questions target the impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity,

overall PTSD severity, and frequency and intensity of five associated symptoms. All persons receiving the CAPS will also receive a Composite International Diagnostic Interview (CIDI) interview. The CIDI is the product of a joint project undertaken by the World Health Organization (WHO) and the former United States Alcohol, Drug Abuse and Mental Health Administration. It is a comprehensive, fully structured diagnostic interview for the assessment of both mental and substance use disorders, which provides, by means of computerized algorithms, lifetime and current diagnoses according to the accepted definitions of ICD-10 and DSM-IVTR. All veterans identified at corrections intake or already in corrections will also receive a neuropsychiatric battery to assess for TBI. This will occur using a set of computer-based instruments in the CNS Vital Signs array, which will test for: verbal memory, visual memory, attention, and response inhibition. As warranted, they will also receive the Ohio State University TBI Identification Method in order to identify and quantify the level of any traumatic brain injury. The PCL-M, PCL-C, CAPS, CIDI, CNS Vital Signs, and Ohio State University TBI Identification Method series will be administered through the Mindlinc system, thus allowing for direct data collection and expedited reporting. (See Appendix 2 for copies of the instruments.)

As previously described, inmates identified as having trauma-related illness will be: 1) considered for arraignment at the Chittenden County Mental Health/Substance Abuse Specialty Court and thereby linked to evidence-based treatment appropriate to their needs; or 2) identified to receive substance abuse and special programming while in corrections; and, linked to appropriate aftercare providers pre-release from corrections. Over the course of the pilot project, trauma and behavioral health screening and assessment will also be incorporated at the Vermont State Hospital, the Howard Center, the Burlington Public Health Clinic, and other sites, as delineated in the local strategic plan. Persons will be referred to evidence-based treatment programs for trauma at the Colchester VA Clinic, the Howard Center, and the Vietnam Vets Center as appropriate.

Pilot and State Outreach and Prioritization of Veterans for Diversion & Trauma Services

During years 2-3, outreach, diversion and trauma service activities will occur in Chittenden County. A database with approximately 60,000 Vermont vets from the WWII era and beyond will be provided by VOVA. This will be cross-matched daily on the project server with all new and past admissions to the VTDOC. Approximately 140 new inmates per week enter the VTDOC through the pilot area's two corrections facilities. Veterans entering corrections through these facilities will receive PTSD, substance abuse, mental health and neuropsychiatric assessments prior to arraignment. The results of these assessments will be used to triage appropriate candidates to the Chittenden Mental Health/Substance Abuse Specialty Court to permit the use of therapeutic jurisprudence in meting out justice. Veterans will be prioritized for triage and treatment court adjudication. The presence of the Veterans Liaison/Case Manager at the court is intended to increase the likelihood that veterans referred to the court agree to participate. Inmates who are post-arraignment will be screened and assessed in a similar fashion, and the results will be made available to VTDOC Health Services. Project staff will collaborate with VTDOC Health Services in order to provide clinically informed care and treatment to these veteran incarcerates. Veterans approaching release from corrections will have their aftercare coordinated with the Howard Center and/or veteran's services and benefits/entitlements so that service delivery can continue uninterrupted.

During years 4-5, the project will extend its processes to the rest of the state. The same daily cross-match of all known veterans will occur for all VTDOC detainees. Training of DOC and community agency staff (approximately 60 individuals) will allow them to provide the aforementioned assessment battery to veterans entering corrections statewide. Tracking of

veterans and interventions at the front door, within, and at the back door of corrections will occur as described for the pilot area. Two other Mental Health/Substance Abuse Courts will be available to process pre-arraignment incarcerates; care and services of post-arraignment incarcerates will be clinically informed through a collaboration between the project staff and DOC Health Services as in the pilot site. Pre-release incarcerates will be linked to aftercare providers as in the pilot site.

Training in evidence-based therapies for PTSD and co-occurring disorders will be provided throughout the duration of the project (created and overseen by Drs. Gibson and Mandel, respectively); competency assessments will be administered to those receiving training, and a map of service sites providing evidence-based services for PTSD and co-occurring disorders will be created, maintained, and distributed through collaborating organizations and via the project website. Veterans being released from corrections will preferentially be directed to these sites.

Evidence-Based Practices and Support Services to Deliver Trauma-Integrated Services

Currently, the Colchester and White River Junction VA Clinics are the primary providers of evidence-based trauma treatment for veterans in Chittenden County, with most veterans in the area served by Colchester. The VA National Center for PTSD, headquartered at the White River Junction VA in Vermont has led the way in refinement of the evidence-based treatments for PTSD and other trauma-spectrum disorders. Some of the more important PTSD treatment studies in recent years were piloted by the WRJ and Colchester Clinic VA PTSD clinical teams, which now have a highly structured assessment, treatment and outcome monitoring program. The clinics rely heavily on the two most thoroughly validated psychotherapeutic treatment modalities: Cognitive Processing Therapy and Brief Exposure Therapy (Cook, Walser, Kane, Ruzek, & Woody, 2006; Monson et al., 2006; Schnurr et al., 2007). Other, therapies for which there is some evidence of effectiveness are also used, including Eye Movement Desensitization and Reprocessing (EMDR), Acceptance and Commitment Therapy (ACT), Seeking Safety, and several other group and individual therapies (Najavitz, L., 2007; Russell, Silver, Rogers, & Darnell, 2007). Group therapies are used extensively in the substance abuse program, which is integrated with the PTSD team. Psychopharmacologic interventions include the SSRIs, atypical antipsychotics, anticonvulsants and, more recently, Prazocin, which has shown significant promise in double blind trials (Raskind et al., 2007).

The Vermont National Guard also contracts with the VA for mental health support services to service members and their families who are not yet eligible for VA services. The NG operates a first of its kind peer outreach team to assist service members in accessing needed services and benefits, including trauma assessment and treatment; a community-based TBI assessment clinic; a pilot telemedicine project, and a range of clinical and rehabilitation services in the pilot area.

Clinicians at the Vietnam Veterans Center employ cognitive behavioral trauma treatment approaches such as those listed above, and the Vet-to-Vet peer support program employs the evidence-based Wellness Recovery Action Planning process (WRAP) to support recovery from trauma-spectrum and other behavioral health disorders. WRAP is a widely implemented group-based illness management and recovery intervention that has been shown to be effective at assisting mental health consumers to recognize symptom triggers, manage their symptoms, and develop a lifestyle habits that promote recovery (Buffington, 2003). Similarly, several evidence-based trauma treatments are available at the Howard Center, including EMDR and Seeking Safety group therapy.

During the local strategic planning process at the Chittenden County pilot site the availability of evidence-based trauma and co-occurring interventions will be systematically assessed, mapped, and compared to data regarding local need that will be gathered through the data sharing and

assessment infrastructure (Mindline) that will be developed in the first several months of the project. Plans for the expansion of evidence-based treatment, including the number and types of evidence-based services to be added, will be developed in response to these findings and incorporated into the local strategic plan. In particular, the plan will address strategies for expanding the availability of evidence-based treatment through public mental health venues to address the treatment needs of non-veterans with trauma-spectrum disorders who are involved in the criminal justice system as well as veterans who are unable or unwilling to access treatment through existing VA venues.

Population's Language, Beliefs, Values and How Addressed

Like the state as a whole, Vermont's veteran and criminal justice populations are overwhelmingly White and English speaking. They are also predominantly male (94% of veterans, 81% of VTDOC population). Relative to non-veterans, a slightly greater portion of Vermont veterans have less than a high school diploma (12% vs. 10%) or a bachelors degree of higher (28% vs. 33%) (US Census Bureau, 2006). While overall the median income of Vermont's population of civilian veterans is greater than that of the state's non-veterans, veterans and others who come in contact with the criminal justice, public mental health, and homeless service delivery systems are more likely to be living below the poverty level.

As the RAND study and a recent study by the American Psychiatric Association attest, the issues of stigma that often prevent people from seeking mental health care are even more pronounced in military veterans and members of the National Guard and Reserves. The military culture is one of stoicism and resolve and there is little room for individuals to express their psychological needs to others. Most suffer in silence, only seeking treatment after their behavior has gotten them into trouble. The stigma of psychological treatment has further ramifications for those still in the military, such as National Guard and Reserves. While steps are now being taken at the federal level to address this, service members clearly fear that seeking or receiving mental health services may well spell the end of their military career. At the same time, according to local providers working with veterans, veterans and active service members often feel that those outside the military or who have not experienced deployment cannot relate to or understand their experiences. Thus, they may be reluctant to seek treatment through the VA or military for the former reason and unwilling to pursue treatment in the civilian system for the latter.

VDMH and its parent agency AHS, are very aware of these issues and have a history of collaborating with VOVA on behalf of veterans and military families. For instance, in 2007 AHS, VOVA, National Guard, the National Center for PTSD, and community partners formed the Military, Family Community Network (MFCN) as a support network to address the needs of National Guard and Reserve members, veterans, and their families. MFCN hosts outreach training events and conferences, operates a toll-free resource hotline, has published a resource directory for service members and their families, and has established a statewide steering committee and six regional task forces (one in Chittenden County) to address local needs.

Similarly, while we don't expect that they will comprise a large segment of incoming VTDOC inmates, the presence of the refugee settlement district in Chittenden increases the likelihood that refugees with trauma histories (e.g., torture, oppression, war) may enter the criminal justice system for a variety of reasons (e.g., domestic abuse). Several strategies will be put in place to ensure that their needs are addressed in a linguistically and culturally competent manner. The state's Refugee Resettlement Coordinator will be a member of both the SAC and the LSPC and will work with the Committees to develop an understanding regarding the scope of the need and evolve effective intervention approaches, which as necessary will include development and delivery of

training for law enforcement, VTDOC, treatment court, and public mental health personnel, the identification of evidence-based or promising trauma treatment approaches that are culturally responsive to the refugees served, and/or strategies for modifying existing approaches to make them more culturally consonant. With specific regard to language proficiency, AHS has a Limited English Proficiency Policy, which applies to all AHS departments (e.g., VDMH, VTDOC, VDH, etc.) and specifies in detail mandated procedures, standards, and guidelines for ensuring meaningful access to state services and programs (including interpretive and translation services, and others).

At both state and local levels, the project is being designed in collaboration with VOVA, peer veterans organizations such as Vet-to-Vet, MFCN, criminal justice entities, refugee resettlement organizations, and organizations spanning veterans, mental health, and criminal justice realms to ensure that the strategies, and ultimately the system of care, created are maximally responsive to the experiences, needs, cultures, language needs, and assets of those it serves.

Logic Model (See Logic Model diagram on following page.)

Advisory Committee Membership and Functions

The SAC for the proposed project will be established within the context of Vermont's CJ-MHC Task Force. As noted, in 2007, the Vermont Supreme Court established the CJ-MHC Task Force and charged it with developing a strategic plan to improve the state's response to individuals with mental illness and co-occurring disorders who are involved, or at risk of becoming involved, with the criminal justice system and a cohesive structure for supporting statewide initiatives. MEMBERS OF THE TASK FORCE INCLUDE 1) the Deputy Commissioner of Health for Substance Abuse; 2) the judge presiding over the Chittenden Mental Health Court; 3) the administrative judge for the Vermont Supreme Court; 4) the Executive Director of the Vermont Criminal Justice Training Council; 5) the Executive Director of Vermont Psychiatric Survivors; 6) the Commissioner of Mental Health; 7) the Commissioner of Corrections; 8) the Executive Director of NAMI-VT; 9) the lead attorney for Vermont Protection & Advocacy; 10) the Executive Director of the Department of State's Attorneys & Sheriffs; 11) the Deputy Defender General of Vermont; and, 12) several state legislators.

This proposal is an outgrowth of work of the Task Force and members of the Task Force have been highly involved in its development. As a result, the Task Force has agreed to form a subcommittee to function as the SAC for this project. The SAC will be comprised of key representatives from the organizations constituting the Task Force proper. In addition, there will be ample representation of additional Veteran's groups, both those with official state and federal administrative responsibility (e.g. The Vermont Veteran's Administration) and those that are grass roots peer groups (e.g Vet-to-Vet). The role of the SAC will be twofold: 1) to evolve the working project template in order to identify as many veterans in need as possible, to provide them with access to effective treatment and supports, improve the quality of their lives and the lives of their families, and assure that this is done in a way that is sensitive to the culture of the military and of affected veterans in particular; and, 2) to oversee the evaluation of the project and recommend recalibrations as warranted, to ensure its success.

MHISSION-VT Logic Model

OBJECTIVES

- Create a system of data sharing protocols at key criminal justice & human service intercepts to identify vets & other adults with trauma-related illnesses.
- Screen & assess for trauma-related illnesses at VTDOC intake points to identify vets & other adults with trauma illnesses who are pre-and post-arraignment candidates for mental health/drug abuse treatment court adjudication.
- Increase the capacity of Vermont treatment courts to adjudicate cases involving vets & other adults entering the criminal justice system with trauma-related illnesses in order to divert them into evidence-based treatment and supports.
- Increase the capacity of criminal justice and public service systems (e.g. law enforcement, corrections, behavioral health, and other health and human service providers) to be trauma informed and "veterans capable" through cross-training & the enhancement of collaborative relationships.
- Expand the availability of evidence-based trauma treatment within the public behavioral health system to address the needs of veterans and others in the criminal justice system who are unable or unwilling to access VA treatment.

RESOURCES

- **Broad strategic deployment of the Mindline Survey System in order to:**
 - disseminate clinically-relevant information to key institutions, organizations, and service providers
 - screen and assess vets and other
- Data-mining and cross-matching service to help identify the location of vets and other in-need persons in order to direct them to evidence-based services and benefits
- System-wide access to clinical experts for the purpose of providing assessments, consultations, trainings, and needs assessments

ACTIVITIES

- **Broad strategic deployment of the Mindline Survey System in order to:**
 - distribute clinically relevant information to key institutions, organizations, and service providers
 - screen and assess vets and other adults for trauma-spectrum illness, other serious mental illnesses, substance abuse disorders, and traumatic brain injury
- Assess and train staff in various institutions and service providers to broaden the capacity of evidence-based treatment for trauma-spectrum illness
- Develop a dynamic map that represents the location and availability of evidence-based treatment sites for trauma-spectrum illness (prioritizing vets)
- Provide feedback to service providers and institutions regarding recidivism, treatment satisfaction, treatment adherence, enhanced quality of life.

OUTPUTS

- **Over 5 years:**
 - 38,500 trauma& co-occurring MH/SA screenings
 - 19,250 PTSD, TBI, and/or co-occurring MH/SA assessments
 - 825 diversions (via treatment court) from corrections to EB trauma treatment & supports
 - 2,000 enhanced trauma-informed corrections care and discharge planning

OUTCOMES

- Increased identification of vets & other adults involved in the criminal justice system who have trauma-spectrum illness
- Increased availability of both trauma informed services and evidence-based trauma treatment and community supports
- Increased access to trauma informed services and evidence-based trauma treatment and community supports
- Increased number of vets and other adults who are diverted from the criminal justice system into evidence-based treatment and supports
- Decreased recidivism to the criminal justice system among those diverted to appropriate care
- Enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system, as well as the outcomes of those receiving treatment and support.

The SAC will convene quarterly throughout the duration of the project and will have access to a website where relevant information and work products will be posted, as well as to a listserv to enhance communication between SAC members between meetings. Progress reports will be discussed at the meetings, as will outcome data such as number of veterans identified at various system locations (e.g. VTDOC, state hospital, homeless shelters, public health clinic, community mental health clinics, etc), number of veterans deflected from corrections to mental health court, and number of veterans receiving evidence based treatment. Outcome indicators may be modified in accordance with this process. Membership on the SAC is represented in the table on the following page, which also reflects the roles of participating organizations and other stakeholders in the project.

Other Participating Organizations

The table also delineates the organizations and stakeholders who will participate in the project and their respective roles. Letters of support/commitment for these stakeholders are included in Appendix 1.

Involvement of Population in Application Preparation and Project

VDMH worked with Vermont Vet-to-Vet, a peer-run support and advocacy organization comprised of veterans from around the state, in the development of this application (see Appendix 1 - Letters of Support). To assist in the identification of need and the development of the project plan as outlined in this application, VT Vet-to-Vet solicited input from various members of their organization, including their board of directors. Vet-to-Vet will participate on the SAC and I SPO which will oversee the planning, implementation and performance of the project. Vermont Vet-to-Vet, which already provides peer support to veteran's with trauma and other combat-related problems, will also work with the Chittenden County pilot project to provide enhanced peer supports to veteran's in need of trauma treatment and support.

VDMH also worked with Vermont Psychiatric Survivors (VPS), a state-level consumer/survivor/ex-patient support and advocacy organization, in the development of this application. VPS has been working with VDMH and AHS to ensure consumer input in the development of trauma-informed care, as many of its members are self-identified "trauma-survivors." VPS also works closely with Vermont Vet-to-Vet in the implementation of WRAP training for veterans. As such, VPS will be a key member of the SAC, which will oversee planning implementation and performance of the project.

While DMH did not specifically interview National Guardsmen with trauma disorders in the development of this application, we did work with multiple active guardsmen who work with and/or have colleagues who suffer from trauma-related disorders (see Appendix 1 - Letters of Support). These guardsmen were able to describe the problems and issues their colleagues have been experiencing and provide input into how the grant project should assist these individuals. These guardsmen included a colonel who has performed debriefing sessions of returning Guardsmen and women, officers who run specific programs (e.g. Airmen, Soldiers and Family Readiness Program; National Guard Outreach Team) that provide support and outreach to guardsmen and women and their families who are experiencing trouble, and one officer, recently returned from combat in Afghanistan, who has seen several of his colleagues experience difficulties since returning from combat. The National Guard will participate both on the state and local advisory committees and will assist in finding guardsmen and women who have experience PTSD to participate in grant planning, implementation and evaluation.

Barriers to Project Success

There are three chief classes of obstacles to successfully implementing the project:

Data acquisition. The success of the project rests in part on its ability to secure access to the required databases in order to create the system “radar screen” for identifying potential veterans and others in need of interception or diversion, treatment, and support. To address this challenge, VDMH and UVM have already done significant work to secure involvement and data sharing among proposed key data nodes. The initial strategies for creating the MHISSION-VT system will be based on the work that the proposed project director (Dr. Simpatico) successfully implemented with the Cook County Jail (Chicago) Datalink project (part of the treatment system that was awarded the 2002 APA Gold Achievement Award for Innovative Services). The public domain listing of all current and past VT DOC inmates will be imported and cross-matched with a variety of other databases, and stored on a dedicated server. The project has also secured access to the following other databases: 1) the current and past roster of VT DMH CRT (persons with serious mental illness) and adult outpatient services; 2) the total list of the approximately 60,000 VT veterans from the WW II to the current era; 3) health access records through the VT Medicaid Authority and the Vermont Program for Quality (Dr. Simpatico is a member of their board and has an agreement from that organization, which has access to all medical care financial claims for the state of Vermont); and 4) the Vermont Agency of Human Services data warehouse, which includes data on benefits available and obtained.

Another challenge concerns the engagement of identified veterans and other persons with serious mental illness, other serious mental illness, TBI, and/or substance abuse disorders in treatment. A number of strategies will be put in place to increase the project’s likelihood of success in this regard. As described, placement of a Veterans Liaison at the Chittenden County treatment court, who is both knowledgeable about veterans issues and the VA benefits system and able to establish a rapport with veterans identified for diversion, is intended to increase engagement. The availability of evidence-based treatment through multiple venues (VA, Vietnam Vets Center, Howard Center) is also intended to mitigate obstacles to engagement. Additionally, the systems map that will be created will represent the various places where veterans are accessing services or coming to the attention of the system (corrections, law enforcement, homeless shelters, clinics, etc), and thus will enable the project to offer repeated invitations to veterans and others who may have rebuffed initial engagement attempts. These future outreach efforts will be informed and modified based on past attempts to engage them using an “academic detailing” model (i.e. engaging clients within the context of their current circumstances (e.g. in corrections or homeless shelters) and equipped with the history of why they may have refused care in the past).

The third potential challenge concerns ensuring that training on trauma-informed care and systems collaboration translates into practice. The ultimate success of the project rests on its ability to retrofit the existing system of care to provide truly trauma-sensitive interventions throughout, and to have system providers become accustomed to working collaboratively, and delivering care that is informed by the detailed longitudinal course of the persons being served. To address this challenge, training will be provided repeatedly and through multiple modalities (live, DVD, web-based, written materials) to key nodes in the system of care and service and competency assessments will be conducted. Feedback will be provided to providers and their organizations that will reinforce the benefit of their participation in the project. Meetings with legislators and other policy makers through individual encounters, symposia, written articles, and other venues will result in a system of rewards for the participation in the project that is linked to

	State Advisory Committee	Local Planning Committee	Data Sharing	Trauma/TBI Screening	Trauma Assessment	Trauma & Jail Diversion Trainer	Veterans Issues/Resources Trainer	Trauma Training Recipient	Veterans Training Recipient	Evidence-based Trauma Tx Provider	Referral for Diversion/Treatment Support Services
Organization											
Attorney General's Office	X	X	X			X	X				
Dept. of Corrections	X	X	X	X	X	X	X	X	X	?	
Burlington Police Dept.		X	X					X			X
State Police	X		X					X			X
Vermont Coalition of End Homelessness- Chittenden County Continuum of Care	X	X	X	X				X	X		
NAMI - VT	X	X				X					
Vermont Psychiatric Survivors	X	X				X		X	X		X
Howard Center	X	X	X	X	X			X	X	X	X
Jon Coffin	X	X	X				X				
Office of the Court Administrator	X	X	X								
Office of Vermont Health Access	X	X	X								
Dept. of Health (VDH)	X	X	X	X	X			X	X		X
VDH - Division of Alcohol and Drug Abuse Programs	X	X	X	X	X			X	X		X
Chief Justice Task Force	X	X									
VPQHC	X	X	X								
University of Vermont	X	X	X	X	X	X	X	X	X	X	X
Judge Geoffrey Crawford	X	X	X	X	X			X	X		X
Vermont Office of the Defender General	X	X							X		
Denise Lamoureux State Refugee Coordinator	X	X	X								
Chittenden County State's Attorney	X	X	X						X		
AHS Trauma Coordinator	X	X	X						X		X
VT Vet-To-Vet	X	X	X	X	X			X	X	X	X
VA	X	X	X	X	X		X			X	X
Vietnam Veteran's Center	X	X	X	X	X			X	X	X	X
National Guard/ Camp Johnson	X	X	X				X				
National Guard Outreach Team	X	X	X	X	X		X				X
Office of Veteran's Affairs	X	X	X				X				
Vermont Veterans, Family & Community Network	X	X	X								X

For Organization Description, see "Other Attachments" section

the number of veterans and other adults that are appropriately brought to evidence-based services, and moved out of the criminal justice system.

Project Activities and to Improve MH Services and Trauma-Informed Care Training

The project's activities will identify veterans and others who are suffering from trauma-spectrum illness, other serious mental illness, TBI, and co-occurring disorders. It will intercept them at strategic locations within the criminal justice continuum and the continuum of human services, including general and behavioral health service providers, law enforcement, corrections, and homeless service providers. It will move these veterans and others to evidence-based treatments, and other necessary supports, expanding the availability of these treatments through targeted training of clinicians. It will maintain an active dynamic map of competency assessed service providers, and will track the outcomes of services provided by these providers and contrast them with services provided elsewhere or not at all. It will then create a series of public policy recommendations and provide them to the Vermont Legislature and Congressional Team, and will report them at national conferences and in peer reviewed journals.

The project's directors of PTSD, Substance Abuse, and Neuropsychiatric Services and the Veterans Liaison will work with the VA in White River Junction, the AHS Trauma Coordinator and veteran peer organizations to develop and implement training for other system care providers and organizations in the following four areas: 1) trauma screening/assessment training (to be provided to VTDOC behavioral health staff, public behavioral health providers); 2) trauma-informed care (provided to law enforcement, VTDOC personnel, and public behavioral health providers); 3) veterans issues and resources (provided to law enforcement, VTDOC personnel, and public behavioral health providers); 4) evidence-based trauma treatment training (to be provided to selected public behavioral health personnel). Across a number of these training areas (e.g., trauma screening and assessment, trauma informed care, and evidence-based trauma treatment) competency assessments will be completed (via Mindlinc and direct observation) to evaluate the effectiveness of training and ensure that knowledge gained is effectuated in practice.

Project Continuity and Sustainability

State mental health agencies (SMHA) manage increasingly large and complex systems of care. This requires an increasingly sophisticated workforce and decision support infrastructure. Few states have the resources to develop these important elements. Forming strategic collaborations with academic institutions who have service, education and research as priorities is one way for an SMHA to develop a comprehensive, statewide infrastructure for services augmentation, workforce education and training, and policy-relevant mental health services research. The Division of Public Psychiatry within the UVM Department of Psychiatry was created in 2004 as a public-academic liaison between the VDMH and the Department of Psychiatry, UVM/Fletcher Allen Health Care. The goal is to establish a partnership with the University to improve access and availability of psychiatric services in Vermont and facilitate recruitment and retention of high caliber psychiatrists and other behavioral health professionals to provide service and support in the provision of public sector services.

As such, the State of Vermont has already committed to this public-private enterprise. Under Governor Douglas' leadership, it has also committed to having Vermont become a national leader in it's use of information technology to further the services provided to Vermonters, and thereby enhance their quality of life. State of Vermont officials have expressed enthusiasm for the MHISSION-VT project as an exciting catalyst to help us achieve our goals; in this case to seamlessly integrate clinical care at all levels regardless of where they are provided, to facilitate regulatory management, to guide clinical practices and create a clinical outcomes data warehouse

for retrospective and prospective decision support regarding clinical, administrative and financial matters. The letters of support from AHS, and its subsidiary departments attest to Vermont's intention to continue to support this project after the expiration of grant funding, as does AHS's stated commitment to pursue development of a "veterans informed" policy (see Appendix 1) (similar to its policies on trauma informed and co-occurring disorders capable systems of care) to guide the delivery of services across all its departments. Moreover, the enthusiastic support of the Chief Justice Task Force, and the inclusion of MHISSION-VT in other grants (e.g. DOJ-BJA proposal to expand the Treatment Courts through the Office of the Court Administrator) and other planned projects is a testament to the shared vision that is already being operationalized.

The project proposed herein represents a true collaboration across state and local human service, academic, criminal justice, and veterans organizations. The strong support that exists across these systems will allow the project to weather any unforeseen shifts in the operational environment. Moreover, the project is expressly intended to institutionalize these relationships and the progress achieved, through cross-systems state and local planning, data sharing agreements and protocols, state level policy development, and cross-systems training.

SECTION C: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE

Key Activities	RESPONSIBLE PARTY(IES)	TIMEFRAME
Hire project staff (with the exception of the Veterans Liaison/Treatment Court Case Manager, who will be hired at 12 months)	Dr. Simpatico	Y1, Q1
Convene State Advisory Committee (SAC)	Dr. Simpatico	Y1, Q1 with quarterly meetings for project duration
Convene Chittenden Co. pilot project Local Planning Committee (LPC) and initiate strategic planning	Dr. Simpatico	Y1, Q1 with monthly meetings through Y2, then quarterly for project duration
Create user-specific environments within the Mindline System that will provide relevant clinical information and will provide screening and data collection instruments	Dr. Simpatico & Duke Informatics	Y1, Q2-Y3, Q3
Refine neuropsychiatric assessment and triage instruments	Dr. Black	Y1, Q2-Y3, Q3
Draft local pilot site Strategic Plan	LPC/Dr. Simpatico	Y1, Q3
Finalize local Strategic Plan and secure State Advisory Committee and SAMHSA approval	LPC/Dr. Simpatico	Y1, Q4
Secure UVM and VAHS IRB project approval	Dr. Simpatico	Y1, Q4
Evolve system dynamic map to reflect number, location, and end users for portals into the Mindline System across pilot site	Drs. Young & Simpatico	Y1, Q4
Conduct inventory of evidence-based trauma treatment interventions throughout pilot site	Drs. Gibson & Mandell	Y1, Q2-Q4
Design/refine outcome instruments to assess ability to locate veterans and others in CJ system with a trauma-related illness	Dr. Young	Y1, Q2-Q4
Data analysis using conventional statistical methods and evaluation of outcome measures	Drs. Bunn & Simpatico	Y1, Q2-Y5, Q4
Represent on system dynamic map the locations and capacities of evidence-based trauma treatment services throughout pilot site	Drs Young & Schaffer	Y1, Q4-Y2, Q3
Create protocols to define exchange of information and movement of target clients throughout local system	Drs. Gibson, Mandell, Young & Schaffer	Y1, Q4-Y3, Q2
Start transmission of daily cross-match of all veterans provided by the VOVA with the daily census of the VTDOC to relevant service providers	Dr. Simpatico	Y2, Q1
Initiate trauma screening of new inmates admitted to pilot site VTDOC facilities	Beth Bartlett	Y2, Q1
PTSD screening and neuropsychiatric assessments of all veterans identified among inmates admitted to pilot site VTDOC facilities each week	Beth Bartlett & Dr. Gibson	Y2, Q1-Y5, Q4

Key Activities	RESPONSIBLE PARTY(IES)	TIMEFRAME
Triage of arraignment to Chittenden Mental Health/Substance Abuse Specialty Court for veterans identified from among the 140 inmates admitted to pilot site VTDOC facilities each week	Dr. Simpatico	Y2, Q1-Y5, Q4
Collaborate with Health Services for the Vermont Department of Corrections in order to inform the care and treatment of identified veterans with trauma-related illness	Drs. Simpatico, Gibson, Mandell, & Black	Y2, Q1-Y5, Q4
Coordination of services for pre-release inmates who are of identified veterans with trauma-related illness with aftercare services and benefits in the community	Dr. Simpatico	Y2, Q3-Y5, Q4
Assess fidelity to the model of care for evidence based treatments	Drs. Gibson & Mandell	Y2, Q3-Y5, Q4
Provide training to enhance fidelity to the model of care for evidence-based treatments	Drs. Gibson & Mandell	Y2, Q3-Y5, Q4
Identification of veterans who are accessing homeless services at COTS; offer assessment and service linkage	Public Psychiatry Fellow & Resident	Y2, Q4-Y5, Q4
Identification of veterans who are accessing substance abuse services; offer assessment and service linkage	Dr. Mandell	Y3, Q1-Y5, Q4
Identification of veterans for whom police have been called for disorderly conduct, domestic disputes; offer assessment and service linkage	Dr. Simpatico	Y3, Q2-Y5, Q4
Identification of veterans who are accessing health services at the Burlington Public Health Clinic; offer assessment and service linkage	Dr. Simpatico	Y3, Q3-Y5, Q4
Identification of veterans who are repeatedly accessing Emergency Department services; offer assessment and service linkage	Dr. Simpatico	Y3, Q3-Y5, Q4
Data analysis using heuristic modeling techniques	Dr. Simpatico	Y3, Q3-Y5, Q4
Rollout of pilot-tested protocols and methods statewide (to corrections, state police, other community mental health centers, other public health centers, other mental health/substance abuse courts)	Dr. Simpatico	Y4, Q1-Y5, Q4
Data analysis of statewide deployment using conventional statistical methods and evaluation of outcome measures	Drs. Bunn & Simpatico	Y4, Q1-Y5, Q4
Data analysis using heuristic modeling techniques	Dr. Simpatico	Y3, Q3-Y5, Q4
Continuation of MHISSION-VT beyond grant period	VT Legislature, AHS	

Number Served, Types of Services, Outcomes and Identification, Recruitment, Retention

The table below represents the minimum number of veterans and other adults in the criminal justice system who will be screened for trauma and co-occurring disorders; assessed for PTSD, TBI, and co-occurring disorders; and, diverted from detention to evidence-based trauma treatment and supports during each year of the project and in total. In years 2-3, these are minimum estimates based upon the typical weekly intake volume at the two VTDOC serving Chittenden County and the proposed expanded capacity of the Chittenden treatment court. In years 4-5, these numbers reflect anticipated rollout to correctional facilities that are served by two additional treatment courts elsewhere in the state (Rutland and Bennington counties).

	Trauma and co-occurring MH/SA screening	PTSD, TBI and/or and co-occurring MH/SA assessment	Diversion (via treatment court services) from detention to EB trauma treatment and supports	Enhanced trauma-informed corrections care and discharge planning
Year 1	0	0	0	0
Year 2 (pilot)	7,000	3,500	150	400
Year 3 (pilot)	7,000	3,500	150	400
Year 4 (rollout)	10,500	5,250	225	550
Year 5 (rollout)	14,000	7,000	300	650
Total	38,500	19,250	825	2000

With regard to outcomes, as noted, we anticipate that these client-level activities, as well as the proposed workforce training and data linkage and assessment system that will be developed, will result in the following: 1) increased identification of veterans and other adults involved in the criminal justice system who have trauma-spectrum illness; 2) increased availability of both trauma informed services and evidence-based trauma treatment and community supports; 3) increased

access to trauma informed services and evidence-based trauma treatment and community supports; 4) increased number of veterans and other adults who are diverted from the criminal justice system into evidence-based treatment and supports; 5) decreased recidivism to the criminal justice system among those diverted to appropriate care; and 6) enhanced ability to collect and analyze data on the number of individuals with trauma disorders involved in the Vermont criminal justice system and the outcomes of those receiving treatment and support.

Identification, Recruitment, Retention. As described, veterans and other adults with trauma related disorders who are involved in the criminal justice system will be identified via a comprehensive data sharing system whereby information regarding veteran status will be cross-matched with a range of criminal justice and service provider client rosters/databases. Incoming VTDOC inmates who are veterans, meet treatment court referral eligibility criteria, and are assessed to have PTSD and/or other trauma related illness will be prioritized for referral to the Chittenden County treatment court. Other detainees with trauma illness will also be referred, based upon available space on treatment court caseloads and its docket.

To assist treatment court staff in engaging these veterans in treatment court services, a Veterans Liaison will be assigned to the court to establish rapport with veterans; facilitate and advocate access to benefits, evidence-based treatment, and supports; and, work with treatment court staff to make the court “veteran informed.” While we anticipate that the opportunity for diversion from corrections and the potential of legal penalties for non-compliance will themselves act as incentives for treatment entry and retention, participation and retention will also be promoted through addressing individual obstacles to treatment. Thus, a key aspect of rapport building will be identifying and addressing the individual barriers that prevent veterans from accessing treatment (e.g. stigma, concern over career impact, anger at military, lack of resources). We anticipate that rates of retention will be increased to the degree that participants are carefully matched to treatment strategies and providers that can overcome these barriers and are capable of delivering treatment in a culturally competent manner (here we define culture broadly to include the military culture and others). Finally, as described elsewhere, for those who access treatment via the public mental health system, retention will be enhanced by the retrofitting of that system, through workforce training, to be both trauma and veterans informed.

Project Staff and Qualifications

Project Director/PI: Thomas A. Simpatico, MD, .60 FTE, will oversee the entire MHISSION-VT project. As Director of UVM Public Psychiatry, he is in an ideal role to serve as a bridge between the university, the projects, and the state mental health authority. He will mobilize Vermont’s psychiatric community around this project, and have frequent meetings with key state and federal legislators and other key policy makers. He will co-direct an annual UVM & Vermont Law School joint training seminar for judges and legislators that will prominently include evolving details of MHISSION-VT. **Qualifications:** Dr. Simpatico is Division Director of Public Psychiatry at the UVM and Medical Director of the Vermont state hospital. While at Northwestern University’s Feinberg School of Medicine, he served as the Metro Chicago Bureau Chief for the Illinois Department of Human Services, Office of Mental Health. There, he created and directed many programs that have significantly helped to integrate mental health service systems. One of these, a jail linkage project with the Cook County jail in Chicago, Illinois, received the American Psychiatric Association’s Psychiatric Services Gold Achievement Award for Outstanding Innovative Program Development. He was also one of the developers of the Cook County Mental Health Court.

Director of Trauma Services: Laura E. Gibson, PhD, (Contractual), will oversee all content development relating to training for evidenced-based (EB) treatments for trauma-spectrum illness; conduct trainings in person, create DVD recorded trainings, and web-based educational modules; oversee the evaluation of competency for programs conducting EB trauma treatment.

Qualifications: Dr. Gibson is Assistant Research and Clinical Professor in the Department of Psychology at the University of Vermont (UV). She has worked as a consultant to the National Center for PTSD since 2001 in the area of EB treatments for trauma after disasters and mass violence; co-authored a treatment manual used with survivors of the 9-11 attacks in NYC and hurricane survivors in Florida; and given national workshops on cognitive behavioral therapy for PTSD. Dr. Gibson works as a consultant to the Vermont State Hospital and the VTDOC in the area of EB assessment and treatment of high risk clients, many of whom suffer from PTSD.

Director of Neuropsychiatric Services: Deborah Black, MD, .35 FTE, will oversee the development of screening and assessment methods for TBI, as well as practical measures for other relevant neuropsychiatric functions (e.g. risk-taking behaviors, ability to engage in goal-directed activities). **Qualifications:** Dr. Black is Assistant Professor of Neurology and Psychiatry at UVM, and is a full-time faculty member of the Division of Public Psychiatry. Areas of expertise include the volitional control of behavior, legal neuropsychiatry, the neurobiology of aggression and violence, and conversion disorder.

Director of Substance Abuse Services: Todd Mandell, MD, (Contractual), is the Medical Director of Vermont's state substance abuse authority. He will serve as a bridge between the university, project, and the state substance abuse authority; oversee all content development relating to training for EB treatments for substance-spectrum illness; conduct trainings in person, create DVD recorded trainings, as well as web-based educational modules; oversee the evaluation of competency for programs conducting EB treatment of substance-spectrum illness.

Qualifications: Dr. Mandell is Clinical Assistant Professor of Psychiatry at the UVM Department of Psychiatry and Medical Director of the Vermont Department of Health, Division of Alcohol and Drug Treatment Programs. He has nineteen years experience in the field of Addictions Psychiatry.

Clinical Research Assistant: Bethany Bartlett, BS, (Contractual), will conduct screenings for trauma, other serious mental illness, TBI, and substance related disorders, using the Mindlinc Survey System. She will train VTDOC and CMHC staff on the use of the Mindlinc System to broaden the screening capacity of the system over the pilot area, and subsequently the state of Vermont. **Qualifications:** Ms. Bartlett has held numerous research assistant positions and has served as a tutor and teaching assistant for classes in biological and cultural anthropology, forensics, and gender, sex, and culture.

Project Evaluator: Jan Bunn, PhD, .03 year 1, .10 FTE years 2-5, will oversee all facets of performance measurement and evaluation, including data collection, analysis, reporting and CQI feedback. **Qualifications:** Dr. Bunn is currently Research Assistant Professor in Medical Biostatistics at UVM. She has served on multiple NIH grant review panels and has extensive database management and linkage experience related to mental health services utilization by individuals with alcohol related disabilities, abstracting evaluative data from VA record systems, and other large scale primary databases for evaluation of mass media interventions, and linking of multiple complex clinical records systems for clinical trial evaluations.

Fellow in Public Psychiatry: Lari C. Young, MD, 0.9 FTE, will provide assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI at VTDOC, Vermont State Hospital, homeless shelters, and CMHCs and training in conducting screenings in the same locations; assist in development of project outcome indicators and participate in accompanying

research. **Qualifications:** Dr. Young received her MS in Outcomes Research in 1998 from Dartmouth College, and her MD from UVM. From 1992-1997 she worked as a clinical database developer, administrator and statistical analyst at Massachusetts General Hospital.

Senior Selective in Public Psychiatry: Allen Shaffer, MD, .40 FTE (to be followed by other senior UVM psychiatry residents) will provide training on screening and assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI at VTDOC, Vermont State Hospital, homeless shelters, and community mental health centers. **Qualifications:** As a senior UVM resident in psychiatry, Dr. Shaffer has successfully completed his required clinical requirements. He has served as Medical Director for a large managed health care corporation, and served on the board of directors of the Bazelon Center for Mental Health Policy.

Veterans Liaison/Treatment Court Case Manager: TBA, (Contractual). This position will serve as a case manager for the Chittenden Mental Health Court. As such, they will become part of the court team, will participate in all treatment planning meetings at the court, and will work with a caseload to help assure connection with services and care recommended or required by the court. They will also serve as a liaison between VA services and the rest of the Chittenden area public health system. **Qualifications:** Experience working with veterans and familiarity with VA systems required; case management experience is preferable.

Staff Experience and Familiarity with the Population

this endeavor, including experience working with correctional populations, expertise in EB trauma treatment, and extensive experience within the Vermont public mental health system. Additionally, experience working with veterans will be a hiring pre-requisite for the Veterans Liaison/Case Manager to be assigned to the Chittenden treatment court, to ensure familiarity with the needs of veterans and the culture of the military. Should multilinguistic or multicultural and needs arise, project staff will work with the Vermont Refugee Coordinator (who will also sit on the SAC and LSPC) to assure access to culturally and linguistically appropriate care.

Accessibility of Services

The primary venues for the delivery of services for the pilot project are the Chittenden County treatment court, which is housed within the Howard Center, the Howard Center Outpatient Program (also located at the agency's main facility), and the Colchester VA clinic. As indicated in their letters of support (Appendix 1), both facilities are fully accessible in compliance with ADA standards. Both are also easily accessible via public transportation. The VA Colchester VA Clinic is located along the Chittenden County Transportation Authority's bus line, which provides public transportation to Burlington and the surrounding towns and villages. The Howard Center is located in downtown Burlington and is also accessible by bus.

SECTION D: PERFORMANCE ASSESSMENT AND DATA

Ability to Collect and Report GPRA Performance Measures

VDMH is committed to providing the required GPRA performance measures to SAMHSA and has considerable experience in GRPA data collection. VDMH currently collects and reports NOMS data on all individuals who are enrolled clients at its Designated Agencies using the CMHS URS. Vermont is also currently implementing a Co-Occurring Disorders State Incentive Grant and has been in compliance with reporting all required performance measures. The project evaluator will assist in the collection of this GPRA data using the CMHS NOMS Adult Consumer Outcome Measures for Discretionary Programs. The project will also participate in the national multi-site evaluation study as a condition of award.

Plan for Conducting Performance Assessment

Contributing data sources for the project will be derived from searching and matching of veterans data files from: 1) VDMH, 2) VTDOC, 3) Vermont Department of Health, 4) VA, 5) Vermont Officer of the Court Administrator, 6) VPQHC, 7) OVHA, 8) Law Enforcement, 9) Vermont Department of Motor Vehicles, and 10) Vermont's Homeless Management Information System. The SAS data analysis system will be used to conduct data abstraction and merging. Specific data content will be gathered using the CMHS NOMs Adult Consumer Outcome Measures for Discretionary Programs criteria and will include demographics such as age, gender, race, ethnicity, employment and educational status; criminal justice encounters and arrests as well as moving violations, domestic assaults one year prior to jail diversion enrollment and one year following jail diversion. Other required data items such as symptoms of mental illness; housing availability and stability in housing; access to mental health services and rates of readmission to psychiatric hospitals will be obtained using a telephone surveys of clients and will be conducted at enrollment, six months, and discharge to obtain indicators of how vets access services and types of services, measures of social support/social connectedness as well descriptions for client perception of services. Other items will include drug and alcohol use, educational and employment status, mental and physical health status, traumatic exposures and symptoms, and quality of life issues.

Summary of infrastructure development efforts will be documented using source documents on planning meeting minutes, implementation and evaluative documents from the pilot study as well documents and records of system level changes to facilitate enhanced service delivery as these services and practices are observed over time. Organizational level service delivery changes will include rates of trauma screening, extent of treatment and recovery services provided by existing providers and by justice-community corrections and mental health service providers, number of provider users receiving training and educational efforts, and policy changes that are implemented and that are institutionalized at both the state and local levels.

Additional Measures

The six-month and discharge telephone surveys of clients will also include client reports on intervention participation and a description of program delivery components to compare with protocol elements to document against potential implementation gaps. Other items will include facilitators and inhibitors of their participation at both the service provider level and at the individual client level. Both of these data sources will allow us to understand contextual factors that may require enhanced provider training and the need for altered protocol.

Use of Data to Manage Project and Assure Continuous Quality Improvement

Regular reports will be generated using each of the performance measures to allow project managers and SAC and LSPC members an understanding of progress and changes using a time charting approach and real time trend analysis. These data reports will also allow the management team to provide feedback to providers regarding their performance compared to the aggregated performance measures for the whole state. In particular the data on protocol implementation will allow the management team to collaboratively work with providers and provider groups to examine implementation barriers and suggest changes or program modifications or increased training efforts to enhance implementation fidelity. In addition, summaries of client data from the client telephone surveys will provide specific information on gaps in services, which will increase provider awareness in these areas and suggest methods to enhance communications among providers and between providers and clients.

SECTION E: LITERATURE CITATIONS

Belluck, P. (2005, March 2). Vermonters vote on study of National Guard's role. *The New York Times*. Retrieved on April 23, 2008 at: <http://nytimes/2005/03/03/national/02vermont.html>.

Buffington, E. (2003). Wellness Recovery Action Plan: WRAP evaluation, State of Minnesota. Minneapolis, MN: Mental Health Consumer Survivor Network of Minnesota.

Cook, J., Walser, R., Kane, V., Ruzek, J., & Woody, G. (2006). Dissemination and feasibility of a cognitive behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration. *Journal of Psychoactive Drugs*, 38(1), 89-92.

Hull, D. (2007, March 19). More Iraq veterans facing criminal charges at home. *The Washington Post*. Retrieved on April 23, 2008 at: http://findarticles.com/mi_qn4176/is_20070319/ai_n187407.

Monson, C., Schnurr, P., Resick, P., Friedman, M., Young-Xu, Y., & Stevens, S. (2006). Cognitive processing therapy for veterans with military related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74(5), 898-907.

Najavits, L. (2007). *Seeking Safety: An evidence-based model for substance abuse and trauma/PTSD*. In: KA Witkiewitz & GA Marlatt (Eds.), *Therapists' Guide to Evidence-Based Relapse Prevention: Practical Resources for the Mental Health Professional*, pages 141-167. San Diego: Elsevier Press.

Raskind, M., Peskind, E., Hoff, D., Hart, K.; Holmes, H., Warren, D.; Shofer, J., O'Connell, J., Taylor, F., Gross, C., Rohde, K., & McFall, M. (2007). A parallel group placebo controlled study of prazosin for trauma nightmares and sleep disturbances in combat veterans with post-traumatic stress disorder. *Biological Psychiatry*, vol. 61(8), 928-934.

Russell, M., Silver, S., Rogers, S. & Darnell (2007) Responding to an identified need: A joint Department of Defense/Department of Veterans Affairs training program in eye movement desensitization and reprocessing (EMDR) for clinicians providing trauma services. *International Journal of Stress Management*, 14(1), 61-71.

Schnurr, P., Friedman, M., Engel, C., Foa, E., Shea, M., Chow, B., Resick, P., Thurston, V., Orsillo, S., Haug, R., Turner, C., & Bernardy, N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Journal of the American Medical Association*, vol. 297(8), 820-830.

Tanielian, T. & Jaycox, LH, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation, MG-720/1-CCF, 2008, 492 pp., available at <http://veterans.rand.org>.

U.S. Census Bureau (2006). American FactFinder. Retrieved on April 23, 2008 at http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=04000US50&-qr_name=ACS_2006_EST_G00_S2101&-ds_name=ACS_2006_EST_G00

U.S. Department of Justice, Office of Justice Programs (2007). Veterans in state and federal prison, 2004. *Bureau of Justice Statistics Special Report*, May, 2007, NCJ 217199.

U.S. Department of Veterans Affairs (2007). VetPop2007. Retrieved on April 29, 2008 at: http://www1.va.gov/vetdata/docs/VP2007_state.htm.

U.S. Department of Veterans Affairs (2007a). VetPop2007. Retrieved on April 29, 2008 at http://www1.va.gov/vetdata/docs/VP2007_cntyvisn.htm

Vermont Department of Corrections (2007). Facts and Figures FY 2007. Retrieved on April 10, 2008 at: <http://www.doc.state.vt.us/facts-and-figures-for-2007>.



State of Vermont

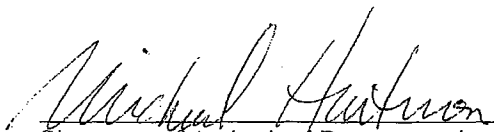
Department of Mental Health
Office of the Commissioner
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
healthvermont.gov/mh

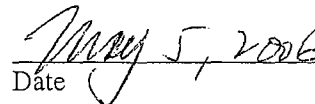
Agency of Human Services

[phone] 802-951-1258
[fax] 802-951-1275
[tty] 800-253-0191

As the authorized representative of the Department of Mental Health, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment that specifies the nature of the participation and what service(s) will be provided from every service provider organization listed in Appendix 1 of the application, that has agreed to participate in the project;
- official documentation that all service provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all participating service provider organizations are in compliance with all local (city, county) and State/tribal requirements for licensing, accreditation, and certification or official documentation from the appropriate agency of the applicable State/tribal, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)


Signature of Authorized Representative


Date



(4) Letters of Commitment/Support:

Dr. Thomas Simpatico, University of Vermont, College of Medicine
State of Vermont Agency of Human Services
Vet Center
Vermont Department of Veterans Affairs
Colonel Jonathan Coffin, Vermont Army National Guard, Howard Center
Lee Suskin, Supreme Court of Vermont Office of the Court Administrator
Vermont Department of Corrections
Office of the Defender General
Geoffrey Crawford, Chittenden Mental Health Court
Vermont Army National Guard
National Alliance on Mental Illness of Vermont
Fletcher Allen Health Care
Howard Center
Vermont Vet-to-Vet
Vermont Coalition to End Homelessness
State of Vermont Office of Veterans Affairs

State of Vermont Office of the Chittenden County State's Attorney
State of Vermont Office of the Attorney General
State of Vermont Refugee Resettlement Office
Duke University Medical Center
Burlington Police Department
Vermont Psychiatric Survivors, Inc.



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
215 North Main Street
White River Junction, VT 05009
866-687-8387 (Toll Free in New England)
802-295-9363 (Commercial)

May 6, 2008

Michael Hartman
Commissioner,
Vermont Department of Mental Health

In Reply Refer To:
A. Pomerantz, MD
Ext. 5672
Fax: 802-296-6389

Dear Mr. Hartman:

I am delighted to have an opportunity to express the VA Mental Health Service's enthusiastic support for the **Jail Diversion and Trauma Recovery – Priority to Veterans grant application**. I have been working closely with the Department of Mental Health in the development of the grant proposal and look forward to continuing in the implementation process pending if the grant is successful.

As we well know, Vermont has had the nation's highest per-capita deployment rate in the current war. Over 2700 troops from the National Guard and Reserves alone have been deployed and have now returned. This is in addition to an estimated 4000 other veterans who have served. Overall, there are over 60,000 veterans living in this state, with Chittenden County, where we plan to pilot this program, having the largest share of any county in the state. It is also home to Camp Johnson, the headquarters of the Vermont National Guard and home to the state's largest armory.

It is an unfortunate fact that many returnees, as well as veterans of previous wars, often resist treatment for their combat trauma. Sadly, for many, their first contact with the Agency of Human Services is through the Department of Corrections. It is refreshing to be part of a program that will hopefully intercept them prior to incarceration and help them get the treatment that may alter their trajectory before it is too late. I think the Sequential Intervention model is ideal for this project and wholeheartedly endorse it.

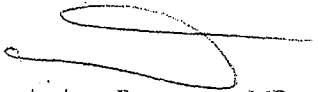
The White River Junction VA Medical Center has 4 community based outpatient clinics in addition to the parent facility in White River Junction. The clinic in Chittenden County is the largest of our clinics and now has a full service trauma team, offering the key evidence-based treatments for trauma related disorders, including PTSD. We will work closely with the South Burlington Veterans Readjustment Center as well and will use this program to strengthen our linkage with the Howard Center for Human Services.

In recent years, we have facilitated the development of a widely recognized "Vet to Vet" program and have coordinated our outreach with that peer support group. They now have

group meetings in the corrections system and have encouraged us to develop programs that can intervene with troubled veterans before they enter the system. We are also rapidly developing a peer specialist outreach program with the Vermont National Guard that greatly enhances our ability to bring troubled veterans to treatment. We have also developed new programs to work closely with veterans in their own community and have a rapidly expanding supported employment program as well as numerous other recover-oriented services. All VA care in this program will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the population of focus.

Again, I express my wholehearted enthusiasm and support for this submission.

Sincerely,



Andrew Pomerantz, MD
Chief, Mental Health and Behavioral Sciences

Bennington CBOC
325 North Street
Bennington, VT 05201
(802) 447-6913

Colchester CBOC
74 Hegeman Avenue
Colchester, VT 05446
(802) 655-1356

Littleton CBOC
600 St. Johnsbury Rd.
Littleton, NH 03561
(603) 444-9328

Rutland CBOC
215 Stratton Rd.
Rutland, VT 05702
(802) 773-3386

HowardCenter

855 PINE STREET / BURLINGTON, VT 05401

T: 802.488.6100 / F: 802.488.6101

WWW.HOWARDCENTER.ORG

May 6, 2008

Michael Hartman, Commissioner of Mental Health
ATTN: Nick Nichols
Vermont Department of Mental Health
108 Cherry Street
Burlington, Vermont 05402

Dear Michael:

I am very pleased that the Department of Mental Health is pursuing a SAMSHA funding opportunity to focus on and improve our capacity to deal with jail diversion and trauma survivors. I am particularly pleased that the potential funding might also include training and specialized services for Veterans. As HowardCenter's Outpatient Director, I can readily attest to the increasing demand for these now-well identified and treatable services. I endorse your proposal and look forward to furthering a partnership to enhance and expand these services. HowardCenter stands ready to participate in the implementation of the proposed project.

As a currently-serving Colonel and Staff Psychologist for the Vermont National Guard, I have a dual role in Vermont's mental health system. My experience in my role of receiving returning Vermont Guard soldiers has indeed formidably sensitized me to the array of mental health and substance abuse issues faced by these Veterans. Both in the Guard and at HowardCenter we have critical challenges attempting to facilitate optimal care to Veterans often reluctant and/or able to initiate care on their own.

I am a Vietnam Veteran. My generation of soldiers was not encouraged to access formal Veterans treatment services. Now we have the skills and ability to treat combat trauma and other trauma. Our citizens and soldiers deserve the best mental health and substance abuse care available. This grant would offer the opportunity to reach out, case-find, and treat survivors of this trauma. Recently, in addition, we in the Guard have been stunned by the number of our Veterans being incarcerated for clearly combat-related offenses. We have been able to enroll two of them in our extremely limited Drug and Mental Health Court effort. They have done well in that intensive care environment. This grant would allow us to provide expanded evidence-based services in a mode and setting currently unavailable through Designated Agencies and the private sector.

If this proposal is funded, I am committed to work with the Department to identify optimal opportunities to train our staffs to the level of the state of the art, and provide services that will really help people with trauma needs, within the parameters of this project. I wish you success in securing this funding, and I am excited about the chance to work in partnership with you.

Sincerely,


Jonathan W. Coffin

Adult Outpatient Director

Colonel, Medical Services Corps, Staff Psychologist, Vermont Army National Guard

SUPREME COURT OF VERMONT
OFFICE OF THE COURT ADMINISTRATOR

LEE SUSKIN, ESQ.
Court Administrator
lee.suskin@state.vt.us

Mailing Address:
109 State Street
Montpelier, VT 05609-0701

Telephone: (802) 828-3278
FAX: (802) 828-3457
TDD: (802) 828-3234



ROBERT GREEMORE
Director - Administrative Services
bob.greemore@state.vt.us

PATRICIA GABEL, Esq.
Director - Court Improvement & Innovation
patricia.gabel@state.vt.us

ROBERT YERGEAU
Director - Research & Info. Services
robert.yergeau@state.vt.us

www.vermontjudiciary.org

April 30th, 2008

Michael Hartman, Commissioner
Department of Mental Health
108 Cherry St.
Burlington, VT 05401

Dear Michael,

This is a letter of support for the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program - Priority to Veterans grant**. This grant program is being offered by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services and will provide up to \$ 412,000 per year for five years to support local implementation and Statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illness among veterans, this program will prioritize eligibility for veterans.

Under this grant, Vermont plans to implement a jail diversion program in Chittenden County for veterans and other individuals with trauma-related disorders who are in trouble with the law. The program would operate using the *Sequential Intercept Model*, which envisions a series of "points of interception" at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

It's my understanding that this project would work with different programs/organizations within Chittenden County that may encounter veterans and other individuals with trauma disorders who are experiencing difficulties and will enhance the program/organization's ability to identify these individuals and refer them to trauma-specific treatment and supports,

In addition, it will enhance the capability of the Howard Center's Mental Health and Drug Treatment Court to assess and work with veterans and other individuals with trauma disorders and divert them into trauma treatment in lieu of incarceration. The focus on the Treatment Courts is a good one and one that the Court Administrator's Office can offer assistance and guidance through the state Treatment Court Coordinator.

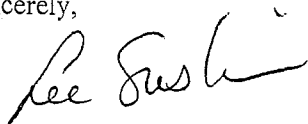
The opportunity to collect data and analyze data on the number of individuals with trauma disorders involved in the criminal justice system and the treatment outcomes of those receiving treatment and support will be helpful.

DMH will also use grant funds to facilitate a state-level planning process to replicate effective components of the Chittenden County Jail Diversion Program in other parts of the state and develop statewide infrastructure to support

regional jail diversion activities. In so doing, DMH seeks to build upon and collaborate with, rather than duplicate, existing planning efforts that relate to trauma, criminal justice, and/or veteran's issues.

Either I or my designee will participate in planning and implementation activities and indicate the specific role the Court Administrator could play in support of the local and/or state-level development of jail diversion for veterans and other individuals with trauma disorders.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Suskin". The signature is written in a cursive, flowing style.

Lee Suskin,
Court Administrator



State of Vermont
Department of Corrections
103 South Main Street
Waterbury, VT 05671-1001
www.doc.state.vt.us

[phone] 802-241-2263
[fax] 802-241-2565

Agency of Human Services

May 7, 2008

Michael Hartman, Commissioner
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

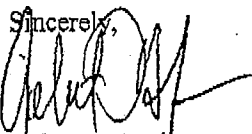
Dear Commissioner Hartman:

This is a letter of support for the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. This grant program will support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post-traumatic stress disorder (PTSD) and trauma-related disorders involved in the justice system for five years. In recognition of the dramatically higher prevalence of trauma-related illnesses among veterans, this program will prioritize eligibility for veterans.

With the grant, the Department of Mental Health plans to implement a jail diversion program in Chittenden County for veterans and other individuals with trauma-related disorders who are in trouble with the law. The program would operate using the *Sequential Intercept Model*, which envisions a series of "points of interception" at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system.

The Department of Corrections will be a willing partner in the planning and implementation phases of jail diversion programs and treatment activities for victims of combat and other forms of trauma. DOC will collaborate with the Department of Mental Health in the identification of individuals early in the judicial process and assist in the formulation of intervention and treatment plans.

If you have any questions, please contact Susan Onderwyzer, Program Services Executive, at (802) 241-3582, or by e-mail sonderwy@doc.state.vt.us

Sincerely,

Robert D. Hofmann
Commissioner

c Susan Onderwyzer



**NAMI - VERMONT***National Alliance on Mental Illness of Vermont*

132 S. Main St. - Waterbury VT 05676

Toll-free in VT: (800) 639-6480

(802) 244-1396 • (802) 244-1405 (fax)

on the web at: www.namivt.org • email: info@namivt.org

May 5, 2008

Re: Jail Diversion and Trauma Recovery Program – Priority to Veterans grant
SM-08-009 CDFA # 93.243

Dear Commissioner Hartman:

I write in support of the Vermont Department of Mental Health's application for funding under the above-titled SAMHSA program. NAMI-Vermont is a statewide nonprofit which provides support, education and advocacy for over 42,000 adults and family members who live with serious mental illness in Vermont.

In our experience, far too many veterans and other Vermonters who live with trauma and other symptoms of serious mental health disorders find themselves in trouble with drugs, alcohol and (sometimes) the police. Far too many of those eventually land in prison, which prevents access to treatment for the underlying condition. We believe that all Vermonters living with these illnesses, but especially military veterans who have served our country with honor, should be properly evaluated by a qualified mental health professional & have access to appropriate, integrated treatment. The proposed expansion of Chittenden County's drug treatment & mental health court, and improved assessment & referrals of military veterans impacted by trauma would move Vermont forward in our efforts to decriminalize mental illness & secure timely treatment for our returning vets, many of whom suffer with the unseen psychological wounds of war.

NAMI-Vermont's current menu of family education & support programs help family members understand what it takes to support their loved ones on the path to recovery. We have specifically reached out to veterans and their families in several other ways: we participate in the Vermont Military – Family Community Network, and serve as fiscal agent & promote the work of Vermont Vet-to-Vet, which provides peer-led recovery-oriented support groups for veterans in several locations around Vermont. We also provide information & referral to vets and their families through our toll-free 'Warm Line' and a published *Family Resource Guidebook*, and recently trained a new Support Group leader who leads a support group for military families in her home. We believe all these programs would support and complement the new resources & services anticipated in this grant application.

We will support this project (if funded) by pledging our continued participation in the current state-level planning process to replicate the mental health and drug treatment court models state-wide (via the Chief Justice Task Force on Mental Health and Criminal Justice). We will continue to work closely with police, medical providers, mental health and substance abuse providers and veterans programs in Vermont to ensure that the veterans and family members we serve are aware of these resources through referrals, and to train providers to understand what family members living with mental illness need from them.

We look forward to continued collaboration with the Vermont Department of Mental Health and other stakeholders on this urgently needed initiative, and pledge our continuing involvement to see these efforts through to completion. Please consider funding this project.

Larry Lewack, Executive Director



*In alliance with
The University of Vermont*

May 6, 2008

Thomas A. Simpatico, M.D.
Professor of Psychiatry
Director of Public Psychiatry
Department of Psychiatry
UVM College of Medicine
Medical Director, The Vermont State Hospital
103 South Main Street
Waterbury, VT 05671-2501

RE: SAMHSA Grant Application for a Veterans Jail Diversion and Trauma Recovery Program

I am writing in support of your pursuit of a SAMHSA grant that would create a jail diversion and trauma recovery program for Vermont veterans. This is a timely resource, as the news carries more and more stories about the plight of veterans returning from Iraq and Afghanistan.

Fletcher Allen has already entered into a partnership with the Vermont state mental health authority in providing psychiatrists to the Vermont State Hospital. This exciting grant would build upon our existing contract with the Vermont Agency of Human Services, Department of Mental Health.

If the funding were approved, it would allow for the expansion of the Division of Public Psychiatry and provides you, as our Director of Public Psychiatry, with the opportunity to broaden the contribution Fletcher Allen is able to make to help those who are afflicted with serious mental illness. This five-year grant would support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with posttraumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

Fletcher Allen Health Care fully supports your pursuit of this important opportunity, and would endorse your service as project director and principal investigator.

Sincerely,

Paul A. Taheri, M.D., M.B.A.
President of the Faculty Practice Plan
Fletcher Allen Health Care

EXECUTIVE OFFICES 111 Colchester Avenue Burlington, VT 05401-1473 802.847.5959 802.847.5677



Vermont Vet-to-Vet

P.O. Box 4532
White River Jct., Vermont 05001
info@vtvettovet.org
www.vtvettovet.org



Michael Hartman, Commissioner
State of Vermont, Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

Dear Commissioner Hartman,

It is with great appreciation to be asked to support this very important endeavor for our fellow veterans. Vermont Vet-to-Vet whole-heartedly believes that true peer-to-peer support is paramount to the success of our returning military veterans AND our past veterans to again become responsible and productive members of their community. This will provide us with an opportunity to also assist with the extent of our many veterans in Vermont suffering with Post Traumatic Stress Disorder (PTSD), Substance Abuse issues, workforce re-entry issues, Traumatic Brain Injury (TBI) issues, and the many other personal issues our fellow vets incur. To embark on new projects to determine the impact of problems within veterans at the individual, family and community levels is paramount to the growth of our Vermont communities. Your initiative is well positioned within one of our focus areas of support.

Vermont Vet-to-Vet has worked successfully as an active peer support program within Vermont for over three years and has beyond a doubt shown that our fellow vets can recover from their traumas and regain their lives.

Thank you for your initiative in this respect and we hope your proposal will be successful.

Sincerely,

for
David C. Morgan
President
Board of Directors
Vermont Vet-to-Vet



www.helpingtohouse.org

May 7, 2008

Michael Hartman, Commissioner of Mental Health
ATTN: Nick Nichols
Vermont Department of Mental Health
108 Cherry Street
Burlington, Vermont 05402

Dear Michael:

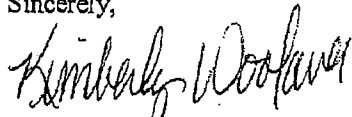
On behalf of the Vermont Coalition to End Homelessness, I am writing to support the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. We feel this application is timely as we anticipate that Vermont will receive a significant number of veterans who are experiencing homelessness.

In addition, we work very closely with Jesse Vazzano of the White River Junction VA Hospital. Jesse is on the State of Vermont's Interagency Council to End Homelessness and the focus of this grant has been discussed there as well.

I understand that the Vermont State Housing Authority is also working to security 20 additional Shelter Plus Care style subsidies targeted for homeless veterans. Should the state of Vermont be successful in this grant application, we would hope to link these initiatives.

We look forward to participating in the planning and implementation activities at the local and state level.

Sincerely,


Linda Ryan, Chair

C/O Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602



STATE OF VERMONT
OFFICE OF VETERANS AFFAIRS
118 State Street
Montpelier, VT 05620-4401
(802) 828-3379

May 4, 2008

To: COMMISSIONER MICHAEL HARTMAN
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

Regarding: Jail Diversion and Trauma Recovery Program – Priority to Veterans Grant

Commissioner Hartman,

The Vermont Office of Veterans Affairs enthusiastically supports your efforts to develop a jail diversion program for Vermonters with Posttraumatic Stress Disorder (PTSD). We agree that incarceration is likely to magnify underlying mental health programs, and we support jail diversion when it is appropriate. Incarcerating veterans with PTSD who have committed minor offenses is not likely to provide positive outcomes for the individual or the state. We support the plan you have laid out, as we feel the partnerships, locations, and data collection plans described will lead to successful implementation.

The Vermont Office of Veterans Affairs staff will be available to you to help develop this program. We are knowledgeable of the state and federal programs available to veterans and are familiar with the nuances working with this population. We also have access to data on veteran populations that may be useful.

Once the program is operational, the Office of Veterans Affairs can support it by assisting veterans with applications for federal benefits offered by the U.S. Department of Veterans Affairs. These benefits can provide veterans with PTSD access to healthcare, including counseling; vocational retraining; and monetary compensation. These long term programs not only increase the standard of living for veterans, but help limit the likelihood they will re-offend. In addition, our office can provide temporary financial assistance to help veterans obtain suitable housing, if necessary.

Thank you for working to help Vermonters, and Vermont's veterans, who are suffering with PTSD. Please don't hesitate to contact me at (802) 828-3379 or clayton.clark@state.vt.us if I can be of assistance to your department.

Sincerely,

CLAYTON A. CLARK
Veteran Services Director

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

[phone] 802-863-7281
[fax] 802-951-1275
[tdd] 800-464-4343

Agency of Human Services


May 5, 2008

Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street
Burlington, VT 05402

Dear Mr. Hartman:

I am writing to express my support of the Vermont Department of Mental Health's application for the federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. We are excited to work with the Department of Mental Health on improving the ability of the public health system to identify, screen and refer into treatment individuals with trauma disorders who may be experiencing difficulties that lead to incarceration. This work will overlap with our current efforts to increase proper screening and referral for mental health and substance abuse disorders among our public health providers, as well as our work to ensure full access to healthcare for veterans returning from overseas. We look forward to working with you on this project.

Sincerely,



Sharon Moffatt, RN, MSN
Commissioner of Health



SECTION I – AWARD DATA – 1H79SM058809-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$142,722
Fringe Benefits	\$56,375
Personnel Costs (Subtotal)	\$199,097
Supplies	\$970
Travel Costs	\$3,030
Other Costs	\$127,661
Consortium/Contractual Cost	\$29,261
Direct Cost	\$360,019
Indirect Cost	\$45,142
Approved Budget	\$405,161
Federal Share	\$405,161
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$405,161

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$405,161
2	\$412,500
3	\$412,500
4	\$412,500
5	\$412,500

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

Fiscal Information:

CFDA Number: 93.243
 EIN: 1036000274E7
 Document Number: H9SM58809A
 Fiscal Year: 2008

IC	CAN	Amount
SM	C96C126	\$405,161

SM Administrative Data:

PCC: CJ-JAIL / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM058809-01

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 – 1H79SM058809-01

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

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – SM Special Terms and Condition – 1H79SM058809-01

SPECIAL TERMS AND CONDITIONS OF AWARD:

1. The total approved funding level was administratively reduced by \$7,339. The Other line item was decreased to comply.
2. By October 31, 2008, Grantee must submit a revised budget and justification for the approved level of funding (\$405,161). The revised justification should include a computational explanation for proposed costs which conform to SAMHSA's sample budget justification and copy of your indirect costs rate agreement and/or Cost Allowcation Plan with related Schedules.
3. By October 31, 2008, you must submit your response to your designated Government Project Officer via email regarding the Participant Protection concerns identified by SAMHSA's Initial Review Group (IRG) which can be found in your summary statement. Additionally, if you have not already done so, please be sure to include with your response all required sample consent forms (e.g., informed consent form for treatment, informed consent form for data collection, and informed consent form for disclosure/exchange of confidential information which is compliant with Title 42 Code of Federal Regulations Part 2 - Confidentiality of Alcohol and Drug Abuse Patient Records ? used for grantee either releasing confidential information to another party or requesting confidential information from another party). All grant funds are available for this project except for those funds directly related to Participant Protection issues as outlined in the RFA. Currently, only activities that do not directly involve Participant Protection issues (i.e., are clearly severable and independent from those activities that do involve Participant Protection issues) may be conducted under this award. This restriction of funds will only be lifted if the Participant Protection issues are appropriately addressed by the grantee and resolved to the satisfaction of your designated Government Project Officer.

Failure to comply with the above stated condition may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

STANDARD TERMS OF AWARD:

1. This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA.
2. The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.
3. Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General -- Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.
4. The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is \$191,300 annually.

6. "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7. Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

8. Per (45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

9. A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at <http://www.whitehouse.gov/omb/fedreg/omb-not.html>.

10. Program Income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

11. Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

12. Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the sub-recipients requires the written prior approval of the GMO. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staff (or key staff positions, if staff has not been selected) are listed below:

Project Director

13. None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
14. Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.
15. As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.
16. No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).
17. RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).
 - (a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.
 - (b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.
18. Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
19. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://samhsa.gov/grants/trafficking.aspx>.
20. Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact, Mike Daniels, SAMHSA Federal Preservation Coordinator, SAMHSA at Mike.Daniels@samhsa.hhs.gov or 240-276-0759.

REPORTING REQUIREMENTS:

21. Financial Status Report (FSR), Standard Form 269 (long form) is required on an annual basis and must be submitted for each budget period no later than 90 days after the close of the budget period. The FSR 269 is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FSR 269 is due within 90 days after the end of the extension. If applicable, include the required match on this form under Transactions (#10 a-d), Recipient's share of net outlays (#10 e-i) and Program Income (q-t) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FSR must be prepared on a cumulative basis and all program income must be reported. Disbursements reported on the FSR must equal/or agree with the Final Payment Management System Report (PSC-272). The FSR may be accessed from the following website at

<http://www.psc.gov/forms/sf/SF-269.pdf> and the data can be entered directly on the form and the system will calculate the figures and then print and mail to this office.

22. Submission of a Programmatic Annual Report is due no later than 90 days after end of each budget year, unless otherwise specified by the Government Project Officer.
23. The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.
24. Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1966 (P.L. 104-156). An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, IN 47132

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

INDIRECT COSTS:

Grantees that have not established an indirect cost rate agreement are required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. If the grantee requests indirect cost reimbursement but does not have an approved rate agreement at the time of award, the grantee shall be limited to a provisional rate equaling one-half of the indirect costs requested up to a maximum of 10 percent of salaries and wages only whichever is less. If the recipient fails to provide a timely proposal, indirect costs paid in anticipation of establishment of a rate must be disallowed.

SAMHSA will not accept a research indirect cost rate. The grantee must use other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices go to the SAMHSA website www.samhsa.gov then click on "grants"; then click on "Important offices".

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, OPS, SAMHSA below:

For Regular Delivery:

Division of Grants Management,
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

For Overnight or Direct Delivery:

Division of Grants Management,
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

CONTACTS:

David J Morrisette, Program Official
Phone: 240-276-1912 Email: david.morrisette@samhsa.hhs.gov Fax: (240) 276-1970

 Sherie Fairfax, Grants Specialist
Phone: 240-276-1415 Email: sherie.fairfax@samhsa.hhs.gov Fax: 240-276-1430

Opportunity Title:	Jail Diversion and Trauma Recovery Program-Priority to V
Offering Agency:	Substance Abuse & Mental Health Services Adminis.
DA Number:	93.243
DA Description:	Substance Abuse and Mental Health Services_Projects of
Opportunity Number:	SM-08-009
Competition ID:	
Opportunity Open Date:	03/13/2008
Opportunity Close Date:	05/08/2008
Agency Contact:	David Morrisette, Ph.D., LCSW Center for Mental Health Services SAMHSA

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Submission List

Move Form to Documents List

Mandatory Completed Documents for Submission

Application for Federal Assistance (SF-424)
 Project Narrative Attachment Form
 HHS Checklist Form PHS-5161
 Disclosure of Lobbying Activities (SF-LLL)
 Budget Narrative Attachment Form

Optional Documents

Faith Based EEO Survey

Move Form to Submission List

Move Form to Documents List

Optional Completed Documents for Submission

Other Attachments Form

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Submit" button will not be functional until the application is complete and saved.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
 - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

Application Submission Verification and Signature

Opportunity Title: Jail Diversion and Trauma Recovery Program-Priority to Veter
Offering Agency: Substance Abuse & Mental Health Services Adminis.
CFDA Number: 93.243
CFDA Description: Substance Abuse and Mental Health Services_Projects of Regional and National Signifi
Opportunity Number: SM-08-009
Competition ID:
Opportunity Open Date: 03/13/2008
Opportunity Close Date: 05/08/2008
Application Filing Name: VT Jail Diversion and Trauma Recovery

Do you wish to sign and submit this Application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download and complete the correct application package.

Sign and Submit Application

Exit Application

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	---

* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>
--	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: State of Vermont

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 03-6000274	* c. Organizational DUNS: <input type="text"/> 809376155
--	---

d. Address:

* Street1: 108 Cherry Street
Street2: P.O. Box 70
City: Burlington
County:
* State: VT: Vermont
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 05402

e. Organizational Unit:

Department Name: <input type="text"/> Mental Health	Division Name: <input type="text"/>
--	--

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

Prefix: Mr. * First Name: Nick
Middle Name:
* Last Name: Nichols
Suffix:

Title: HRD Chief

Organizational Affiliation:
 Vermont Department of Mental Health

Telephone Number: (802) 652-2000 Fax Number: (802) 652-2005

* Email: nnichols@vdh.state.vt.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

SM-08-009

* Title:

Jail Diversion and Trauma Recovery Program-Priority to Veterans

13. Competition Identification Number:

Title:

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

Vermont

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

Implementation of jail diversion and trauma recovery program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Opportunity Title:	Jail Diversion and Trauma Recovery Program-Priority to V	
Offering Agency:	Substance Abuse & Mental Health Services Adminis.	
DA Number:	93.243	
DA Description:	Substance Abuse and Mental Health Services_Projects of	
Opportunity Number:	SM-08-009	
Competition ID:		
Opportunity Open Date:	03/13/2008	
Opportunity Close Date:	05/08/2008	
Agency Contact:	David Morrissette, Ph.D., LCSW Center for Mental Health Services SAMHSA	

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This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Submission List

Move Form to Documents List

Mandatory Completed Documents for Submission

Application for Federal Assistance (SF-424) ▲

Project Narrative Attachment Form

HHS Checklist Form PHS-5161

Disclosure of Lobbying Activities (SF-LLL)

Budget Narrative Attachment Form

Budget Information for Non-Construction Programs (SF-424A) ▼

Optional Documents

Faith Based EEO Survey

Move Form to Submission List

Move Form to Documents List

Optional Completed Documents for Submission

Other Attachments Form

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

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 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
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 - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

Application Submission Verification and Signature

Opportunity Title: Jail Diversion and Trauma Recovery Program-Priority to Veter
Offering Agency: Substance Abuse & Mental Health Services Adminis.
CFDA Number: 93.243
CFDA Description: Substance Abuse and Mental Health Services_Projects of Regional and National Signifi
Opportunity Number: SM-08-009
Competition ID:
Opportunity Open Date: 03/13/2008
Opportunity Close Date: 05/08/2008
Application Filing Name : VT Jail Diversion and Trauma Recovery

Do you wish to sign and submit this Application?

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[Sign and Submit Application](#)

[Exit Application](#)

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	---

* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>
--	--

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="State of Vermont"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="03-6000274"/>	* c. Organizational DUNS: <input type="text" value="809376155"/>

d. Address:

* Street1:	<input type="text" value="108 Cherry Street"/>
Street2:	<input type="text" value="P.O. Box 70"/>
City:	<input type="text" value="Burlington"/>
County:	<input type="text"/>
* State:	<input type="text" value="VT: Vermont"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="05402"/>

e. Organizational Unit:

Department Name: <input type="text" value="Mental Health"/>	Division Name: <input type="text"/>
--	--

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

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Nick"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Nichols"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="HRD Chief"/>	
Organizational Affiliation: <input type="text" value="Vermont Department of Mental Health"/>	
Telephone Number: <input type="text" value="(802) 652-2000"/>	Fax Number: <input type="text" value="(802) 652-2005"/>
* Email: <input type="text" value="nnichols@vdh.state.vt.us"/>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

SM-08-009

* Title:

Jail Diversion and Trauma Recovery Program-Priority to Veterans

13. Competition Identification Number:

Title:

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

Vermont

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

Implementation of jail diversion and trauma recovery program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

a. Applicant

* b. Program/Project

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

Add Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,062,500.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,062,500.00"/>

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

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

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

Yes No

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

**** I AGREE**

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

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X] Included [] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page. [X] Included [] NOT Applicable
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) [X] Included [] NOT Applicable
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[] Civil Rights Assurance (45 CFR 80)
[] Assurance Concerning the Handicapped (45 CFR 84)
[] Assurance Concerning Sex Discrimination (45 CFR 86)
[] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)
5. Human Subjects Certification, when applicable (45 CFR 46) [] Included [X] NOT Applicable

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] YES [X] NOT Applicable
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X] YES [] NOT Applicable
3. Has the entire proposed project period been identified on the SF-424? [X] YES [] NOT Applicable
4. Have biographical sketch(es) with job description(s) been attached, when required? [X] YES [] NOT Applicable
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X] YES [] NOT Applicable
6. Has the 12 month detailed budget been provided? [X] YES [] NOT Applicable
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] YES [] NOT Applicable
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] YES [X] NOT Applicable
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] YES [X] NOT Applicable

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made
Name: Prefix: Ms. First Name: Heidi Middle Name: Last Name: Hall Suffix:
Title: Organization:
Address: Street 1: 108 Cherry Street Street 2: P.O. Box 70 City: Burlington State: VT Country: UNITED STATES Zip / Postal Code: 05402
Telephone Number: (802) 652-2047
E-mail Address: hhall@vdh.state.vt.us
Fax Number: (802) 865-7754
Program Director/Project Director/Principal Investigator designated to direct the proposed project
Name: Prefix: Dr. First Name: Thomas Middle Name: Last Name: Simpatico Suffix:
Title: Vermont State Hospital Organization: Vermont Department of
Address: Street 1: 103. South Main Street Street 2: Dale Building City: Waterbury State: VT Country: UNITED STATES Zip / Postal Code: 05671-2501
Telephone Number: (802) 241-1000
E-mail Address: thomas.simpatico@uvm.edu
Fax Number: (802) 241-3001

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned) SOCIAL SECURITY NUMBER HIGHEST DEGREE EARNED
[] 03-6000274 [] []

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: * (Agency)

on * (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

Review Public Burden Disclosure Statement

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: <input style="width: 100%;" type="text" value="NA"/> * Street 1: <input style="width: 50%;" type="text" value="NA"/> Street 2: <input style="width: 50%;" type="text"/> * City: <input style="width: 30%;" type="text" value="NA"/> State: <input style="width: 15%;" type="text"/> Zip: <input style="width: 15%;" type="text"/> Congressional District, if known: <input style="width: 50%;" type="text"/>	5. If Reporting Entity in No.4 is Subawardee. Enter Name and Address of Prime: 	
6. * Federal Department/Agency: <input style="width: 100%;" type="text" value="NA"/>	7. * Federal Program Name/Description: Substance Abuse and Mental Health Services_Projects of Regional and National Significance ▲ ▼ CFDA Number, if applicable: <input style="width: 50%;" type="text" value="93.243"/>	
8. Federal Action Number, if known: <input style="width: 100%;" type="text"/>	9. Award Amount, if known: \$ <input style="width: 50%;" type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix * First Name Middle Name <input style="width: 10%;"/> <input style="width: 40%;"/> NA <input style="width: 50%;"/> * Last Name Suffix <input style="width: 80%;"/> NA <input style="width: 20%;"/> * Street 1 Street 2 <input style="width: 50%;"/> <input style="width: 50%;"/> * City State Zip <input style="width: 30%;"/> <input style="width: 15%;"/> <input style="width: 15%;"/>	b. Individual Performing Services (including address if different from No. 10a) Prefix * First Name Middle Name <input style="width: 10%;"/> <input style="width: 40%;"/> NA <input style="width: 50%;"/> * Last Name Suffix <input style="width: 80%;"/> NA <input style="width: 20%;"/> * Street 1 Street 2 <input style="width: 50%;"/> <input style="width: 50%;"/> * City State Zip <input style="width: 30%;"/> <input style="width: 15%;"/> <input style="width: 15%;"/>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	* Signature: Completed on submission to Grants.gov *Name: Prefix * First Name Middle Name <input style="width: 10%;"/> <input style="width: 40%;"/> NA <input style="width: 50%;"/> * Last Name Suffix <input style="width: 80%;"/> NA <input style="width: 20%;"/> Title: <input style="width: 80%;" type="text"/> Telephone No.: <input style="width: 80%;" type="text"/> Date: Completed on submission to Grants.gov	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Budget Narrative File(s)

* **Mandatory Budget Narrative**

Budget Narrative_MHISSION-VT.pdf

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

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BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 04/30/2008

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
VT Jail Diversion, Trauma Recovery	93.243	\$	\$	\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$	\$	\$	\$	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) VT Jail Diversion, Traum	(2)	(3)	(4)	
a. Personnel	\$ 142,722.00	\$	\$	\$	\$ 142,722.00
b. Fringe Benefits	56,375.00				56,375.00
c. Travel	3,030.00				3,030.00
d. Equipment	0.00				0.00
e. Supplies	970.00				970.00
f. Contractual	29,261.00				29,261.00
g. Construction	0.00				0.00
h. Other	135,000.00				135,000.00
i. Total Direct Charges (sum of 6a-6h)	367,358.00	0.00	0.00	0.00	\$ 367,358.00
j. Indirect Charges	45,142.00				\$ 45,142.00
k. TOTALS (sum of 6i and 6j)	\$ 412,500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 412,500.00
7. Program Income	\$	\$	\$	\$	\$ 0.00

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

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	VT Jail Diversion, Trauma Recovery	\$ 0.00	\$	\$	\$ 0.00
9.					0.00
					0.00
11.					0.00
12. TOTAL (sum of lines 8-11)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
	13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	\$ 0.00					
15. TOTAL (sum of lines 13 and 14)		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. VT Jail Diversion, Trauma Recovery	\$ 412,500.00	\$ 412,500.00	\$ 412,500.00	\$ 412,500.00	
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 412,500.00	\$ 412,500.00	\$ 412,500.00	\$ 412,500.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	▲ ▼	22. Indirect Charges:	▲ ▼
Remarks:			

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Commissioner of Department of Mental Health</p>
<p>* APPLICANT ORGANIZATION</p> <p>State of Vermont</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Other Attachment File(s)

* **Mandatory Other Attachment Filename:**

To add more "Other Attachment" attachments, please use the attachment buttons below.

Survey on Ensuring Equal Opportunity For Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name:	State of Vermont
Applicant's DUNS Name:	8093761550000
Federal Program:	Jail Diversion and Trauma Recovery Program-Priority to Veterans
CFDA Number:	93.243

1. Has the applicant ever received a grant or contract from the Federal government?

Yes No

2. Is the applicant a faith-based organization?

Yes No

3. Is the applicant a secular organization?

Yes No

4. Does the applicant have 501(c)(3) status?

Yes No

5. Is the applicant a local affiliate of a national organization?

Yes No

6. How many full-time equivalent employees does the applicant have? (Check only one box.)

3 or Fewer 15-50
 4-5 51-100
 6-14 over 100

7. What is the size of the applicant's annual budget? (Check only one box.)

Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more

Survey Instructions on Ensuring Equal Opportunity for Applicants

OMB No. 1890-0014 Exp. 2/28/2009

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.
2. Self-identify.
3. Self-identify.
4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
5. Self-explanatory.
6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1890-0014**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: The Agency Contact listed in this grant application package.

Section F: Budget Justification

MHISSION-VT						
(Mental Health Intergovernmental Service System Interactive Online Network for Vermont)						
Five Year Budget for Fiscal Years 2009-2013						
		Federal Funds				
		2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
A	Personnel					
	Project Director/PI (.60)	102735	105817	108992	112262	115630
	Director of Neuropsychiatric Services (.35)	37478	38602	39760	40953	42182
	Chief Project Evaluator (.03)	2509	8615	8874	9140	9414
	<i>Total Salaries</i>	142722	153034	157626	162355	167226
B	Fringe Benefits and F & A					
	Project Director/PI (.60)	40580	42327	44796	46926	50267
	Director of Neuropsychiatric Services (.35)	14804	15441	16341	17118	18337
	Chief Project Evaluator (.03 yr 1, then .10 yrs 2-5)	991	3446	3647	3821	3935
	<i>Total Fringe</i>	56375	61214	64784	67865	72539
	UVM F & A (29.9%)	8687	10513	9214	7971	4815
	FAHC F & A (26%)	36455	37549	38676	39836	41031
	<i>Total F & A</i>	45142	48062	47890	47807	45846
	<i>Total Fringe and F & A</i>	101517	109276	112674	115672	118385
C	Travel & Conferences					
	Hotels, air fare, ground transportation, meals	3030	3030	3030	3030	3030
E	Supplies	970	3484	2970	2970	22
G	Consultants					
	Consultant for Trauma Services	20800	20800	20800	20800	20800
	Consultant for Substance Abuse Services	8461	14560	14560	14560	14560
	Clinical & Research Assistant		33280	33280	33280	28721
	Veterans Liaison/Treatment Court Case Manager		27000	27000	27000	27000
	<i>Total Consultants</i>	29261	95640	95640	95640	91081
E	Other Costs					
	Mindline Survey System	133000	16000	16000	16000	28000
	CATI System		18000	15000	11000	
	Other Biometry		5098	3294	2697	2756
	Stipends for consumers & family members	2000	2000	2000	2000	2000
	Clerical Support		6938	4266	1136	0
	<i>Total Other Costs</i>	135000	48036	40560	32833	32756
	<i>Total Cost</i>	412500	412500	412500	412500	412500

Budget Worksheet and Narrative: Years 1 & 2 (* denotes in kind)

A. Personnel

<u>Position</u>	<u>Computation</u>	<u>Cost</u>
Project Director/ Principal Investigator	.60 x annual salary x 5 years (Annual salary adjustment of 3%)	\$545,436
Director of Neuropsychiatric Services	.35 x annual salary x 1 year (Annual salary adjustment of 3%)	\$198,975
Chief Project Evaluator	.03 x annual salary x 1 year .10 x 4 subsequent years (Annual salary adjustment of 3%)	\$38,552
Grant Personnel 5-Year Subtotal:		\$782,963

B. Fringe Benefits

<u>Position</u>	<u>Computation</u>	<u>Cost</u>
Project Director/ Principal Investigator	.60 annual salary x 5 years (Annual salary adjustment of 3%)	\$174,629
Director of Neuropsychiatric Services	.35 annual salary x 1 year (Annual salary adjustment of 3%)	\$82,041
Chief Project Evaluator	.03 annual salary x 1 year .10 x 4 subsequent years (Annual salary adjustment of 3%)	\$15,840
Grant Fringe Benefits 5-Year Subtotal:		272,510

UVM Facilities & Administration Costs:

Applied to salary and fringe for Chief Project Evaluator at a rate of 29.9%
5-Year Subtotal: \$41,200

Fletcher Allen Health Care Facilities & Administration Costs:

Applied to salary and fringe for Project Director/Primary Investigator and Director of Neuropsychiatric Services at a rate of 26%

5-Year Subtotal: \$193,547

C. Travel (Ground, Air, Hotels, Meals)

<u>Purpose of Travel</u>	<u>Location</u>	<u>Computation</u>	<u>Cost</u>
<u>Mandatory Grant Meeting</u>	Washington, DC		
(required)		Airfare: 3 people x \$500 ea.	\$1,500
		Hotel: 3 people x 2 nights x \$180	\$1,080
		Meals: 3 people /\$50/day/3 days	\$ 450
			\$3,030
x5 Meetings over 5 years:			\$15,150

D. Equipment –None.

E. Supplies

Copies for the trainings, toolkit and resource guides:

Five Year Total: \$10,416

F. Construction – None.

G. Consultants and Contracts

Consultant for Trauma Services (Dr. Laura Gibson-see attached information)	
Total five year cost:	\$104,000
Consultant for Substance Abuse Services (Dr. Todd Mandell-see attached information)	
Total five year cost:	\$66,701
Clinical & Research Assistant (Beth Bartlett-see attached information)	
Total five year cost:	\$128,561
Veteran's Liaison/Treatment Court Coordinator	
Total cost years 2-5:	\$108,000

E. Other Costs

Clinical Services: The Mindlinc Survey System (Duke University Informatics) provides an easy-to-setup and manage and easy-to-use web-based electronic tool designed to capture and integrate clinician rated scales, patient and family self-rated scales, surveys, clinical and study information into the treatment and clinical research processes.

Year 1 setup and deployment	\$133,000
Years 2, 3 and 4 system maintenance @ \$16,000 per year	\$48,000
Year 5 maintenance	\$28,000

Five Year Total **\$209,000**

Clinical Services: Computer Assisted Telephone Interviews provided through UVM as part of the project evaluation piece. Follow-up calls to assess satisfaction, status, feedback.

To be used in years 2-4 for a total cost of \$44,000

Clinical Services: Other UVM Biometry Assessment Tools

To be used in years 2, 3, and 4 for total of \$13,845

Stipends for Consumers & Family Members

\$2,000 per year x 5 years for total of \$10,000

General Clerical Support

Total over 5 years: \$12,310

Total Project Cost Over Five Years: **\$2,062,500**

SECTION G: BIOGRAPHICAL SKETCHES AND JOB DESCRIPTIONS

BIOGRAPHICAL SKETCH

NAME Young, Lari C.	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Boston University, Boston, MA	B.S.	1988	
Dartmouth College	M.S.	1998	Outcomes Research
University of Vermont College of	M.D.	2007	Psychiatry

Positions and Honors

1988-1990 Cardiovascular Technician, Massachusetts General Hospital, Boston, MA
 1990-1992 Senior Research Technician, Harvard School of Public Health, Boston, MA
 1992-1997 Clinical Database Developer, Administrator, Statistical Analyst for *InterCard* Interventional Cardiology Database and Administrator for Interventional Cardiology Program, Massachusetts General Hospital, Boston, MA
 1997-2001 Database Developer, Statistical Consultant & Founder, DataFlow Services, Inc., Boston, MA

Other Experience and Professional Memberships

1997-1998 Clinical Instructor in Psychiatry, University of Vermont College of Medicine, Burlington, VT
 2007-2008 Post-Graduate Year 1, Resident in Psychiatry, Fletcher Allen Health Care/University of Vermont, Burlington, VT

Selected peer-reviewed publications

(See **Harrel, L**)

1. Hashimoto H, Bohmer RMJ, **Harrell L**, Palacios IF. Continuous Quality Improvement in a Clinical Process: A Case Study of an Interventional Cardiology Program. *Am J Managed Care* 1997; 3:733-36.
2. **Harrell L**, Schunkert H, Palacios IF. Risk Predictors in Patients Scheduled for Percutaneous Coronary Revascularization. *Catheterization Cardiovasc Diag* 1999; 48:253-260.
3. Rubenstein M, **Harrell L**, Bazari H, Palacios IF. Are Patients with Renal Failure Good Candidates for Percutaneous Coronary Revascularization in the New Device Era? *Circulation* 2000; 102:2966-2972.
4. Palacios IF, Sanchez PL, **Harrell LC**, Weyman AE, Block PC. Which Patients Benefit from Percutaneous Balloon Valvuloplasty? Pre and Post-Valvuloplasty Variables that Predict 15 year Outcome. *Circulation* 2002; 105:1465-1471.
5. Naylor MR, **Young LC**, Roland E, Helzer JE, Brigidi B, Naud S. Interactive Voice Response as a Tool to Reduce Chronic Pain and Medication Use 2006; Society of Behavioral Medicine (Abstract).
6. Naylor MR, Helzer J, Roland E, Davis M, **Young L**, Naud S, Keefe F. Chronic Pain Reduction and Relapse Prevention: Interactive Voice Response as a Therapeutic Tool 2007; Society of Behavioral Medicine (under submission).

Completed Research Support

1994-2000: Cardiovascular outcomes research
 1999-2001: Patient Initiated Protocol vs Standardize care to Manage Chronic Low Back Pain (PI: Ronald Donelson, MD)
 2006-2007: Therapeutic Interactive Voice Response for pain reduction (PI: Magdalena Naylor, MD)

BIOGRAPHICAL SKETCH

NAME Bartlett, Bethany	POSITION TITLE Clinical Assistant, Vermont State Hospital, Waterbury, VT
eRA COMMONS USER NAME	

EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Vermont, Burlington, VT	B.A.	2007	Anthropology

Positions and Honors

- 1999-2000 Tutor in Biological Anthropology, Cultural Anthropology, French, English, Tutorial Services
Berkshire Community College
- 2001-2001 Research Assistant to Jeanne Shea, Department of Anthropology, University of Vermont
- 2006-2007 Teaching Assistant to Catherine Holly, Department of Anthropology, University of Vermont
- 2006-2006 Research Assistant to Jeanne Shea, Department of Anthropology, University of Vermont
- 2006-2006 Research Assistant to Deborah Blom, Department of Anthropology, University of Vermont
- 2007-2007 Teaching Assistant to Jeanne Shea, Department of Anthropology, University of Vermont
- 2007-2007 Research Assistant, COB-MAT Program, State of Vermont, Waterbury, VT
- 2007- Clinical Assistant, Vermont State Hospital, Waterbury, VT

BIOGRAPHICAL SKETCH

NAME Gibson, Laura	POSITION TITLE Research Assistant Professor, Department of Psychology, UVM		
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Carleton College, Northfield, Minnesota	B.A.	1994	Psychology
University of Vermont, Burlington, Vermont	Ph.D.	2001	Clinical Psychology

Positions and Honors

1997- Consultant, Vermont Department of Corrections, Waterbury, VT
 2001- Behavior Therapy and Psychotherapy Center Faculty, The University of Vermont
 2001- Consultant, The National Center for Posttraumatic Stress Disorder, Vermont
 2001- Clinical Assistant Processor, Department of Psychology, The University of Vermont
 2004- Research Assistant Professor, Department of Psychology, The University of Vermont
 2005- Consultant, Vermont State Hospital, Waterbury, VT
 2005- Board Member, The Behavior Therapy and Psychotherapy Center, The University of Vermont

1997-1998 Victim Standards Workgroup Member and Writer, Vermont Department of Social and Rehabilitation Services

1999-2000 PTSD Treatment Guidelines Workgroup Member, Fletcher Allen Health Care, Burlington, VT

2003- Working Group Co-Chair, Individual Interventions After Mass Violence and Disasters

2007- Board Member, Women Helping Battered Women

Selected peer-reviewed publications

1. Gibson, L.E., Ruzek, J.I., Naturale, A.J., Watson, P.J., Bryant, R.A., Rynearson, T. et al. (in press). Interventions for individuals after mass violence and disaster: Recommendations from the roundtable on screening and assessment, outreach, and intervention for mental health and substance abuse needs following disasters and mass violence. *Journal of Trauma Practice*.
2. Watson, P.J., Gibson, L.E., & Ruzek, J.I. (in press). Public mental health interventions following disasters and mass violence. In M.J. Friedman, T.M. Keane, & P.A. Resick (Eds.), *Handbook of PTSD Science and Practice*. New York: Guilford Publications.
3. Zvolensky, M.J., Vujanovic, A.A., Bonn-Miller, M.O., Bernstein, A., Yartz, A.R., Gregor, K.L., McLeish, A.c., Marshall, E.C., & Gibson, L.E. (in press). Incremental validity of anxiety sensitivity in terms of motivation to quit, reasons for quitting, and barriers to quitting among community-recruited daily smokers. *Nicotine and Tobacco Research*.
4. Feldner, M. T., Babson, K. A., Zvolensky, M. J., Vujanovic, A. A., Lewis, S. F., Gibson, L. E., Monson, C. M., & Bernstein, A. (2007). Posttraumatic stress symptoms and smoking to reduce negative affect: An investigation of trauma-exposed daily smokers. *Addictive Behaviors*, 32, 214-227.
5. Gibson, L.E., Hamblen, J., Zvolensky, M.J., & Vujanovic, A. (2006). Evidence-based treatments for traumatic stress: An overview of the research with an emphasis on disaster settings. In F. H. Norris, S. Galea, M.J. Friedman, & P.J. Watson (Eds.), *Methods for Disaster Mental Health Research* (pp. 208-225). New York: Guilford Publications.
6. Hamblen, J.L., Gibson, L.E., Mueser, K.T., & Norris, F.H. (2006). Cognitive behavioral therapy for prolonged postdisaster distress. *Journal of Clinical Psychology: In Session*, 62, 1043-1052.
7. Litz, B.T. & Gibson, L.E. (2006). Conducting research on early interventions. In E. C. Ritchie, P.J. Watson & M.J. Friedman (Eds.), *Interventions Following Mass Violence or Disasters* (pp.387-404). New York: Guilford Publications.

8. Vujanovic, A. A., Zvolensky, M. J., Gibson, L. E., Lynch, T. R., Leen-Feldner, E. W., Feldner, M. T., & Bernstein, A. (2006). Affect intensity: Association with anxious and fearful responding to bodily sensations. *Journal of Anxiety Disorders, 2*, 192-206.
9. Cohen, J., Mannarino, T., Gibson, L.E., Cozza, S.J., Brymer, M.J. & Murray, L. (2006). Interventions for children and adolescents following disasters. In E. C. Ritchie, P.J. Watson & M.J. Friedman (Eds.), *Interventions Following Mass Violence or Disasters* (pp.227-256). New York: Guilford Publications.
10. Norris, F., Hamblen, J.L., Watson, P.J., Ruzek, J., Gibson, L.E., Pfefferbaum, B.J. et al. (2006). Toward understanding and creating systems of postdisaster care: A case study of New York's response to the World Trade Center disaster. In E. C. Ritchie, P.J. Watson & M.J. Friedman (Eds.), *Interventions Following Mass Violence or Disasters* (pp.227-256). New York: Guilford Publications.
11. Street, A. E., Gibson, L. E., & Holohan, D.R. (2005). Guilt, coping, and PTSD symptomatology in a sample of battered women. *Journal of Traumatic Stress, 18*, 245-252.
12. Zvolensky, M. J., Feldner, M. T., Leen-Feldner, E. W., Gibson, L. E., Abrams, K., & Gregor, K. (2005). Acute nicotine withdrawal symptoms and anxious responding to bodily sensations: A test of incremental predictive validity among young adult smokers. *Behaviour Research and Therapy, 43*, 1683-1700.
13. Leitenberg, H., Gibson, L.E., & Novy, P. (2004). Methods of coping with stress among college women: differences according to number of different types of adverse childhood experiences. *Child Abuse & Neglect, 28*, 181-192.
14. Watson, P., Friedman, M., Gibson, L.E., Ruzek, J., Norris, F., & Ritchie, C. (2003). Early intervention for trauma-related problems. *American Psychiatric Press Review of Psychiatry, 22*, 97-124.
15. Gibson, L. E., & Leitenberg, H. (2001). Methods of coping with sexual aggression in a sample of young women: The roles of prior sexual abuse and stigma. *Child Abuse & Neglect, 25*, 1343-1361.
16. Gibson, L.E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse & Neglect, 24*, 1115-1125.
17. Gibson, L.E., Holt, J.C., Fondacaro, K.M., Tang, T.S., Powell, T.A., & Turbitt, E.L. (1999). An examination of posttraumatic stress disorder and its comorbidity among male inmates. *Journal of Traumatic Stress, 12*, 473-484

Completed Research Support

10/04-11/06: NIH--Smoking Cessation and PTSD

Role: Principle Investigator

9/01-9/04: Magellan Behavioral Health

Integration of Systematic Outcomes Measurement into a Doctoral Student Training Clinic

Role: Consultant

BIOGRAPHICAL SKETCH

NAME Mandell, Todd W.		POSITION TITLE Medical Director, Division of Alcohol and Drug Abuse Programs, State of Vermont	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Connecticut	B.A.	1978	
Boston University School of Medicine	M.D.	1985	

Positions and Honors.

1989-2003 Medical Chief of Patient Business Services, Senior Physician Advisor of Primarilink Managed Service Organization, Medical Director of Patient Access and Evaluation Department, Psychiatric Chief of Meadows Recovery and Women's Specialty Treatment Program, Staff Psychiatrist of Adult Services, Dual Diagnosis Treatment Track, Retreat Health Care, Brattleboro, VT

1997-1997 Director, Division of Addictive Disorders, University of Connecticut Health Center

1997-1998 Medical Director, REAP Program, University of Connecticut/CT State Board of Parole

2000-2000 Web-site content Manager, Jasperson.com, VentureQuest

2006-2007 Medical Director for Behavioral Health, Magellan

2008- Medical Director, Division of Alcohol and Drug Abuse Programs, State of Vermont

2008- Psychiatric Consultant, Vermont Integrated Services Initiative

2008- Clinical Assistant Professor, Department of Psychiatry, University of Vermont, Burlington, VT

2008- Adjunct Assistant Professor, Department of Psychiatry, University of Vermont, Burlington, VT

2008- Chair, Treatment subcommittee of SAMHSA/CSAT Co-occurring Disorders Initiative

2008- Psychiatric Consultant, The Student Conservation Association, Charlestown, NH

Other Experience and Professional Memberships

?-? Member, American Society of Addiction Medicine

?-? Member, American Academy of Addiction Psychiatry

1992-1994 Patient Consultant and Clinical Staff Supervisor, Austine School for the Deaf, Brattleboro, VT

1992-1996 Co-Founder & Director, Greater Brattleboro HIV/AIDS Community Partnership

1994-1999 Vice President (elected as President, 1.97), Monteverdi Artists Collaborative

1996-1997 Board of Directors, Vermont AIDS Consortium

1993-2000 Board of Directors, Brattleboro Area AIDS Project

Selected peer-reviewed publications

1. Contributing author: "APA Practice Guidelines on the Treatment of Substance Use Disorders," American Journal of Psychiatry.

BIOGRAPHICAL SKETCH

NAME Black, Deborah N.	POSITION TITLE Assistant Professor, Departments of Neurology and Psychiatry, Division of Public Psychiatry, The University of Vermont
eRA COMMONS USER NAME	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Vassar College	B.A.	1973	
McGill University	M.Sc.	1987	Neurogenetics

Positions and Honors

- 1984-1997 Clinical Lecturer, Department of Medicine, University of Montreal
 1995-1998 Chief of Neurology, Louis Hippolyte Lafontaine Hospital, Montreal
 1997-1998 Assistant Professor, Department of Medicine (Neurology), University of Montreal
 1998-2005 General Neurology Practice, Green Mountain Neurology (affiliated with Central VTHospital)
 2000-2006 Clinical Assistant Professor, Department of Neurology, University of Vermont
 2000-2006 Director, Neuropsychiatry Clinic, Louis-H. Lafontaine Hospital, Montreal
 2002-2005 Clinical Instructor, Department of Psychiatry, University of Montreal
 2003-2006 Secretary, Northern New England Neurological Society
 2000- Consultant, Cree Health Board; Research coordinator, Eeyou Awaash Foundation re: genetics of Cree leukoencephalopathy and Cree encephalitis
 2002- Associate Member, Philippe Pinel Institute, Montreal
 2005- Associate Clinical Professor, Department of Psychiatry, University of Montreal
 2006- Full-time Assistant Professor, Departments of Neurology and Psychiatry, Division of Public Psychiatry, University of Vermont

Other Experience and Professional Memberships

- Member, American Academy of Neurology
 Member, American Neuropsychiatric Association
 Member, Society for Behavioral and Cognitive Neurology
 Member, New York Academy of Sciences
 Member, American Association for the Advancement of Science
 Member, Physicians' Committee for Responsible Medicine

Selected peer-reviewed publications

- Joyal C, Black D, Dassylva B. The neuropsychology and neurology of sexual deviance: a review and pilot study. *Sexual Abuse: A Journal of Research and Treatment* 2007; 19: 155-173
- Quick AD, Black DN, Attarian HP. New-onset narcolepsy with cataplexy in a geriatric patient (*letter*). *Sleep Medicine* 2006; 7: 533
- Poulin S, Black DN. Neurobiology and functional neuroimaging of depersonalization, conversion, and dissociative identity disorder. *Psychiatric Times* 2006; 23: 47-48
- Crow YJ, Hayward BE, Parmar R et al. Mutations in the gene encoding the 3'-5' DNA exonuclease TREX1 cause Aicardi-Goutières syndrome at the AGS1 locus. *Nature Genetics* 2006; 38: 917-920
- Black DN, ed. *Behavioral Neurology/Neuropsychiatry*. 1st edition ed. New York: Castle Connolly Graduate Medical Publishing, 2006
- Lefson M, Black DN. Cree encephalopathies Part 2: The hunt for the gene, a fascinating cross-cultural collaboration. *Parkhurst Exchange* 2005; 13: 23
- Black DN, Doucet C, Dassylva B. Neurological and neuropsychological abnormalities in imprisoned sexual offenders. *Journal of Neuropsychiatry and Clinical Neuroscience (abstract)* 2005; 17: 281
- Black DN, Althoff RR, Daye K, Pelletier CA. Lethal obesity associated with sodium valproate in a brain-injured patient. *Cognitive and Behavioral Neurology* 2005; 18: 98-101

9. Black DN. Cree encephalopathies Part I: Clusters of childhood deaths run in families. *Parkhurst Exchange* 2005; 13: 25
10. Stip E, Bigras M-J, Mancini-Marié A et al. Long-term effect of prefrontal lobotomy on verbal fluency in patients with schizophrenia. *Brain and Cognition* 2004; 55: 466-469
11. Black DN, Seritan AL, Hurley RA, Taber KH. Conversion Hysteria: lessons from functional imaging. *Journal of Neuropsychiatry and Clinical Neuroscience* 2004; 16: 245-251
12. Black DN. *Revue du livre: Syndromes épileptiques et troubles psychotiques* par Bertrand de Toffol. *Revue canadienne de psychiatrie [Canadian Journal of Psychiatry]* 2004; 49: 156-157
14. Bocti C, Black DN, Waddington JL. Dyskinesia in patients with schizophrenia never treated with antipsychotics: Conceptual and pathophysiological implications. In: Bédard M-A, Agid Y, Chouinard S et al., eds. *Mental and Behavioral Dysfunction in Movement Disorders*. Totowa: Humana Press, 2003:489-498
15. Black DN, Taber KH, Hurley RA. Metachromatic leukodystrophy: A model for the study of psychosis. *Journal of Neuropsychiatry and Clinical Neuroscience* 2003; 15: 289-293
16. Fogli A, Wong K, Eymard-Pierre E et al. Cree leukoencephalopathy and Vanishing White Matter disease are allelic at the eucaryotic translation initiation factor 2B5 locus. *Annals of Neurology* 2002; 506-510
17. Black DN, Harris R, Schiffmann R et al. Fatal infantile leukodystrophy: A severe variant of CACH/VWM syndrome, allelic to chromosome 3q27. *Neurology* 2002; 58: 161a-162a
18. Black DN, Benjamin S, Campbell J, Mah L. Core bibliographical data-base in neuropsychiatry, 2002. *Brain and Cognition* 2001; 47: 233-237
20. Stip E, Black DN, Ekoe J-M, Mottron L. Fahr's disease and Asperger's syndrome in a patient with primary hypoparathyroidism. *Journal of Neurology Neurosurgery and Psychiatry* 2000; 68: 115-116
21. Hurley RA, Black DN, Stip E, Taber KH. Surgical treatment of mental illness: impact of imaging. *Journal of Neuropsychiatry and Clinical Neuroscience* 2000; 12: 421-424
22. Black DN, Stip E, Bédard M-A et al. Leucotomy revisited: late cognitive and behavioral effects in chronic institutionalized schizophrenics. *Schizophrenia Research* 1999; 43: 57-64
23. Black DN. Apathy: An underrecognized neuropsychiatric syndrome. *Chronicle of Neurology and Psychiatry* 1999:
24. Alorainy IA, Patenaude YG, O'Gorman AM et al. Cree leukoencephalopathy: neuroimaging findings. *Radiology* 1999; 213: 400-406
25. Roy M, Stip E, Black DN et al. Dégénérescence cérébelleuse secondaire à une intoxication aiguë au lithium. *Revue Neurologique (Paris)* 1998; 154: 1-3
26. Stip E, Boisvert M, Black DN et al. Leçon et pièges des troubles du comportement des démences de type frontal: Rapport du Congrès de psychiatrie et de neurologie à Saint-Malo. Paris: Masson, 1995:179-191
27. Milton JG, Black DN. Dynamic diseases in neurology and psychiatry. *Chaos* 1995; 5: 8-13
28. Boisvert M, Stip E, Bigras M-J et al., eds. *Mise en évidence des caractéristiques descriptives d'une série de patients psychotiques chroniques institutionnalisés ayant subi une leucotomie frontale*. Paris: Masson, 1995
29. Black DN, Botez M. La neuropsychologie de l'épilepsie. In: Botez MI, ed. *Neuropsychologie clinique et neurologie du comportement*. 2nd ed. Paris: Masson, 1995:359-366
30. Beuter A, Milton JG, Labrie C, Black DN. Myoclonic-like finger displacements in patients with cerebellar deficits. *Canadian Journal of Neurological Science* 1995; 22: 144-152
31. Black DN. Consensus required in an extreme case. In: Roy DJ, Rapin C-H, Morissette MR, eds. *Archives de L'Éthique Clinique*. Vol. I. Montréal: Centre de Bioéthique, Institut de Recherches Cliniques, 1994:85-87
32. Black DN, Watters GV, Andermann E et al. Encephalitis among Cree children in northern Québec. *Annals of Neurology* 1988; 24: 483-488

BIOGRAPHICAL SKETCH

NAME Bunn, Janice Yanushka		POSITION TITLE Research Assistant Professor	
eRA COMMONS USER NAME jybunn			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Penn. State University, University Park	B.S.	1977	Biology
University of Wisconsin, Madison	M.S.	1979	Physiology
Ohio State University, Columbus	Ph.D.	1992	Preventive Medicine

Positions and Employment

1979-1984 Life Sciences Research Specialist, Department of Surgery, Division of Neurosurgery, University of Wisconsin, Madison, WI

1989-1990 Programmer Analyst (GS9), Health Services Research and Development Field Program, Veterans Affairs Medical Center, Iowa City, IA

1990-1992 Programmer Analyst, Center for Health Services Research, University of Iowa, Iowa City, IA/Programmer Analyst (GS10), Veterans Affairs Medical Center, Iowa City, IA

1992-1993 Research Study Coordinator, Department of Preventive Medicine and Environmental Health, University of Iowa, Iowa City, IA

1993-1994 Research Investigator, Department of Preventive Medicine and Environmental Health, University of Iowa, Iowa City, IA

1997-1998 Adjunct Instructor, Level II, Division of Math and Science, Clinton Community College, Plattsburgh, NY

1999-2000 Project Administrative Officer, Research Foundation of the State University of New York, Plattsburgh, NY

2000-Present Research Assistant Professor, Department of Mathematics and Statistics, University of Vermont, Burlington, VT

2002-Present Member, Vermont Cancer Center

2003-Present Research Assistant Professor, Department of Rehabilitation and Movement Sciences (secondary appointment)

Honors and Awards

Graduation with Honors, 1977, Ohio State University
 University Fellow, 1984-1985, Ohio State University
 Phi Kappa Phi National Honor Society
 Eta Sigma Gamma National Health Science Honorary
 Outstanding Performance Award, 1990, Veterans Affairs Medical Center
 Outstanding Performance Award, 1991, Veterans Affairs Medical Center
 Outstanding Performance Award, 1992, Veterans Affairs Medical Center

Peer-reviewed publications

Over 35 publications in peer-reviewed academic journals available upon request

Ongoing Research Support

PHS R01 DK073284 (Kien)

4/1/07-3/31/11

NIDDK

Mechanisms for Differential Effects of Dietary Fatty Acids on Metabolism

The goal of this project is to investigate transcriptional reprogramming of skeletal muscle in response to a high oleic acid diet (HI OA) compared to a high palmitic acid diet (HI PA), with a focus on gene targets of the PPARE nuclear hormone receptors and the transcriptional coactivator, PGC-1 α
Role: Co-Investigator

PHS MO1 RR00109 (Fogarty)

3/1/06-2/28/11

NCRR-GCRC

General Clinical Research Center

This project's central role is to combine laboratory investigation with bedside observation in order to provide a scientific basis for disease detection, prevention and treatment.

Role: Biostatistician

RO1 HD040909 (Henry)

3/1/03-2/29/08

NIH

Effects and Mechanisms of Specific Trunk Exercises in Low Back Pain

The three major aims of this project are to :1) examine the effects of specific trunk exercises compared to more general strengthening and endurance exercises on pain and function during activities of daily living; 2) characterize motor control impairments and, 3) employ biomechanical modeling to study mechanisms underlying these trunk exercises.

RO1 MH066848 (Solomon)

1/1/04-6/30/08 n/c ext.

NIMH

Rural Ecology and Coping and HIV Stigma

Specific aim of this project is the use of a longitudinal prospective design to test a model of how the stigma associated with HIV/AIDS affects the HIV related risk behaviors of people with HIV/AIDS in rural settings.

Role: Statistician

Completed Research Support

RO1 HL72851 (Ades)

9/1/02-8/31/08

NIH: *Exercise on Obesity and Risk in Coronary Patients*

The long term goal of this project is to study the value of tailored formats of exercise training to attain clinically relevant outcome goals for broad subsets of patients with coronary heart disease.

Role: Statistician

PHS PO1 CA82708 (Flynn)

9/30/00-7/31/08

NIH: *Mass Media Interventions to Reduce Youth Smoking*

The goal of this project is to develop methods of design and delivery of comprehensive, theory-based media campaigns to reduce the prevalence of cigarette smoking among ethnically diverse adolescents, and to assess the effects of these methods on the prevention and cessation of tobacco use among these targeted populations.

Role: Biostatistician

RO1 AA10725 (Flynn)

5/1/96-4/30/03

NIH: *Media Intervention to Prevent Youth Alcohol Use*

To develop and test a comprehensive, cost-efficient, combination of mass media and community interventions supporting young people in developing healthy lifestyles and deterring alcohol use. Interventions will be coordinated with existing school curricula beginning in grades 4-5.

Role: Biostatistician

BIOGRAPHICAL SKETCH

NAME Simpatico, Thomas A.	POSITION TITLE Professor of Psychiatry, The University of Vermont Director, Division of Public Psychiatry, UVM Medical Director, Vermont State Hospital		
eRA COMMONS USER NAME			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Saint Peter's College, Jersey City, NJ	B.S.	1978	Natural Sciences
Rush Medical College, Chicago, IL	M.D.	1984	Medicine
Michael Reese Hospital (U. of Chicago)		1985	Internal Medicine
University of Chicago		1988	Psychiatry

Positions and Employment

1988-1994 Medical Director, Counseling Center of Lakeview, Chicago, IL
 1988-2001 Instructor in Clinical Psychiatry & Behavioral Sciences, The Feinberg School of Medicine, Northwestern University, Chicago, IL
 1991-1994 Medical Director, Trilogy, Inc., Chicago, IL
 1994-1996 Medical Director, Chicago-Read Mental Health Center, Chicago, IL
 1995-2000 Superintendent, Chicago-Read Mental Health Center, Chicago, IL
 1996-2000 Network System Manager for the Metro-North Network, Office of Mental Health/Illinois Department of Human Services
 1997-2004 Statewide Supervisor, Deaf and Hard of Hearing Services, Office of Mental Health/Illinois Department of Human Services
 1999-2004 Metro Chicago Bureau Chief, Illinois Department of Human Services, Office of Mental Health
 2001-2002 Assistant Professor of Psychiatry & Behavioral Sciences, The Feinberg School of Medicine, Northwestern University, Chicago, IL
 2002-2004 Associate Professor of Psychiatry & Behavioral Sciences, The Feinberg School of Medicine, Northwestern University, Chicago, IL
 2004- Medical Director, The Vermont State Hospital, Waterbury, VT
 2004- Director, Division of Public Psychiatry, Department of Psychiatry, University of Vermont College of Medicine, Burlington, VT
 2007- Professor of Psychiatry, University of Vermont College of Medicine, Burlington, VT

Other Experience and Professional Memberships

1999 Exemplary Psychiatrist Award, National Alliance for the Mentally Ill, Illinois Chapter
 2000 United States Department of Justice Public Service Award
 2000 Fellow, American Psychiatric Association
 2001 Inducted as a member of the American College of Psychiatrists
 2002 Distinguished Fellow, American Psychiatric Association
 2002 American Psychiatric Association's Psychiatric Services Gold Achievement Award for Outstanding Innovative Program Development (Co-Developer of Cook County Jail Linkage Project with Thresholds, Inc. and Cermak Health Services of Cook County at the Cook County Department of Corrections)
 2003 Featherfist Humanitarian Service Award, Featherfist Human Services, Chicago, IL
 2005 Award for Excellence in Clinical Education, University of Vermont College of Medicine Psychiatry Residents
 2007 President, Vermont Psychiatric Association

Selected peer-reviewed publications

1. Corrigan PW, McCracken SG, Kommana S, Simpatico TA: *Staff Perceptions about Barriers to Innovative Behavioral Rehabilitation Programs*. Cognitive Therapy and Research 20:541-551, 1996. (Referred Article)

2. Corrigan PW, McCracken SG, Edwards M, Kommana S, Simpatico TA: *Staff Training to Improve Implementation of Behavioral Rehabilitation Programs*. Psychiatric Services: 48:1336-1338, 1997. (Refereed Article)
3. Fichtner CG, Hardy D, Patel M, Stout CE, Simpatico TA, Dove H, Cook LP, Grossman LS, Giffort DW: *Toward Developing a Scale to Assess Psychiatric Leadership and Function of the Multidisciplinary Treatment Team*. Psychiatric Services 52:1352-1357, 2001. (Refereed Article)
4. Dincin J, Simpatico TA, Simmons R, Alaimo C: *Helping Mentally Ill People Break the Cycle of Jail and Homelessness-The Thresholds, State, County Collaborative Jail Linkage Project*. Psychiatric Services 52:1380-1382, 2001. (Refereed Article)
5. Simpatico TA, Hanrahan P, Luchins D, Dincin J, Achre C, McCoy M, Patrick G: *The Chicago SAFE Program*. Presented at the American Psychiatric Association's 53rd Institute on Psychiatric Services, Orlando, Florida, 2001. (Abstract)
6. Shaw M, Lyons JS, Nee K, Simpatico TA: *The Impact of a Discharge Linkage Form on Readmission Rates in a State Psychiatric Hospital*. Psychiatrist Administrator 2:9-14, 2002. (Refereed Article)
7. Simpatico TA, Hanrahan P, Luchins D, Dincin J, Achre C, McCoy M, Patrick G: *Lessons Learned From the Chicago SAFE Program*. Presented at the American Psychiatric Association's 54th Institute on Psychiatric Services, Chicago, Illinois, 2002. (Abstract)
8. Burson K, Simpatico TA: *Creating a Model for Integrating Care*. Occupational Therapy Practice, 2002. (Refereed Article)
9. Simpatico TA: *The Level of Preparedness of the Metro Chicago Mental Health Service System in the Event of a Terrorist Attack*. Presented at a special conference hosted by the International Center on Human Responses to Social Catastrophes, Chicago, Illinois, 2003. (Abstract)
10. Munroe-Ludders B, Simpatico TA, Zvetina D: *Making Public Mental Health Services Accessible to Deaf Consumers: Illinois Deaf Services 2000*. American Annals of the Deaf, 148:17-22, 2004 (Refereed Article)
11. Hanrahan P, McCoy ML, Cloninger L, Dincin J, Zeitz MA, Simpatico TA, Luchins DJ: *The Mother's Project for Homeless Mothers with Mental Illness and Their Children: A Pilot Study*. Psychiatric Rehabilitation Journal 28:291-294, 2005. (Refereed Article)
12. Costanza R, Fisher B, Ali S, Beer C, Bond L, Boumans R, Danigelis NL, Dickinson J, Elliott C, Garley J, Gayer DE, Glenn LM, Hudspeth T, Mahoney D, McCahill L, McIntosh B, Reed B, Rizvi SA, Rizzo DM, Simpatico TA, Snapp R: *Quality of Life: An Approach Integrating Opportunities, Human Needs, and Subjective Well-Being*. Journal of Ecological Economics at press (Refereed Article)
13. Costanza R, Fisher B, Ali S, Beer C, Bond L, Boumans R, Danigelis NL, Dickinson J, Elliott C, Garley J, Gayer DE, Glenn LM, Hudspeth T, Mahoney D, McCahill L, McIntosh B, Reed B, Rizvi SA, Rizzo DM, Simpatico TA, Snapp R: *Public Policy Implications Relating to Quality of Life*. Science (under review)

Research Support

Completed Research Support

1999-2001 The Homeless Families Project Multi-Site Study

(Grant # 93-230), United States Department of Human Services, Public Health Service, Substance Abuse and Mental Service Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) **Role: Co-Principle Investigator & Project Director**

1999-2001 Selected Demonstration Project for Reintegration into the Work Force of High Risk Adult Populations United States Department of Labor Capacity Building Grant

Role: Co-Principle Investigator & Project Director

2001-2004 Mental Health Intergovernmental Service System Interactive On-Line Network (MHISSION)

United States Department of Commerce Technology Opportunity Program (TOP) Grant

Role: Principle Investigator & Project Director

Job Descriptions

Project Director/PI (See biographical sketch for Thomas A. Simpatico, MD)

Duties and Responsibilities: Responsible for leadership and oversight of all activities of project. Plans, directs, monitors and reports on work of all members of the project team, ensuring that project activities conform to plan as approved by SAMHSA. Serves as key liaison to other departments and organizations for broader system development work, and assumes responsibility for developing and submitting require reports and annual reports.

Works closely with other project staff and consultants to implement project and achieve goals and objectives. Oversees executive advisory committee to elicit feedback from key stakeholders including the statewide advisory council (SAC) and local strategic planning group (LPG) consumers. He will provide psychiatric assessments psychiatric consultations throughout the system of care, but in particular regarding those entering the VT Department of Corrections. As Director of UVM Public Psychiatry, he is in an ideal role to serve as a bridge between the university, the projects, and the state mental health authority. As the project evolves, he will author a series of articles describing the impact of various aspects of MHISSION-VT. As President of the Vermont Psychiatric Association for the next two years, he will mobilize Vermont's psychiatric community around this project, and have frequent meetings with key state and federal legislators and other key policy makers. He will co-direct an annual UVM & Vermont Law School joint training seminar for judges and legislators that will prominently include evolving details of MHISSION-VT.

Supervisory Relationships. Reports to Commissioner of Mental Health, and the UVM Department of Psychiatry Chairman Coordinates work of contractual staff and consultants.

Skills and Knowledge Required: Knowledge of principles and practices of public health and public administration. Understanding of public policy, service system and population needs of population with mental health needs. Must have excellent written and verbal communication skills, organizational skills and fiscal management skills.

Prior Experience: Dr. Simpatico trained in psychiatry at the University of Chicago and recently came to Vermont to become Professor of Psychiatry and Director, Division of Public Psychiatry at the UVM; he also currently serves as the Medical Director of Vermont's only state hospital. Previously, while at Northwestern University's Feinberg School of Medicine, he served as the Metro Chicago Bureau Chief for the Illinois Department of Human Services, Office of Mental Health. There, he created and directed many programs that have significantly helped to integrate mental health service systems. One of the projects he co-developed (a jail linkage project with the Cook County jail in Chicago, Illinois) received the American Psychiatric Association's Psychiatric Services Gold Achievement Award for Outstanding Innovative Program Development. He was also one of the developers of the Cook County Mental Health Court. He recently created a fellowship in public psychiatry at UVM. He serves on numerous committees and advisory boards, is a frequently invited speaker at regional and national meetings, and is currently President of the Vermont Psychiatric Association.

Level of Effort: .6 FTE

Director of Neuropsychiatric Services (See biographical sketch for Deborah Black, MD)

Duties and Responsibilities: Dr. Black will oversee the development of screening and assessment methods for TBI, as well as practical measures for other relevant neuropsychiatric functions (e.g. risk-taking behaviors, ability to engage in goal-directed activities). These assessments will

strongly influence the services provided to project participants, maximizing “goodness of fit” between individuals and services. She will provide neurologic and neuropsychiatric assessments and consultations throughout the system of care, but in particular regarding those entering the VT Department of Corrections. She will co-author scholarly papers and present at professional and public meetings with Dr. Simpatico.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI. Coordinates work of contractual staff and consultants.

Skills and Knowledge Required: Knowledge of principles and practices neurology and neuropsychiatry. Understanding of public policy, service system and population needs of population with mental health needs. Must have excellent communication and teaching skills.

Prior Experience: Dr. Black is Assistant Professor of Neurology and Psychiatry at UVM, and is a full-time faculty member of the Division of Public Psychiatry. Behavioral Neurology & Neuropsychiatry areas of expertise include the volitional control of behavior, legal neuropsychiatry, the neurobiology of aggression and violence, and conversion disorder. She has collaborated in many clinical research trials and has numerous academic publications.

Level of Effort: .35 FTE

Director of Trauma Services (See biographical sketch for Laura Gibson, PhD)

Duties and Responsibilities: Dr. Gibson will oversee all content development relating to training for EB treatments for trauma-spectrum illness; conduct trainings in person, create DVD recorded trainings, as well as web-based educational modules; oversee the evaluation of competency for programs conducting EB trauma treatment. She will provide psychological consultations throughout the system of care, but in particular those entering the VT Department of Corrections. She will co-author scholarly papers and co-present at professional and public meetings with Dr. Simpatico.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI. Coordinates work of contractual staff and consultants.

Skills and Knowledge Required: Knowledge of principles and practices of evidence-based care for trauma-spectrum illness. Understanding of public policy, service system and population needs of population with mental health needs. Must have excellent communication and teaching skills.

Prior Experience: Dr. Gibson is Assistant Research and Clinical Professor in the Department of Psychology at the University of Vermont. She has worked as a consultant to the National Center for PTSD, Executive Division, since 2001, in the area of EB treatments for trauma after disasters and mass violence. In that role, she has published several reviews, co-authored a treatment manual that has been used with survivors of the 9-11 terrorist attacks in NYC and hurricane survivors in Florida, and given national talks and workshops on cognitive behavioral therapy for post-disaster distress. Dr. Gibson is also conducting an NIH funded grant on PTSD and smoking cessation, and works as a consultant to the Vermont State Hospital and the VTDOC in the area of EB assessment and treatment of high risk clients, many of whom suffer from PTSD.

Level of Effort: Contractual; approximately 8 hours per week.

Director of Substance Abuse Services (See biographical sketch for Todd Mandell, MD)

Duties and Responsibilities: Dr. Mandell will oversee all content development relating to training for evidence-based treatments for substance-spectrum illness; conduct trainings in person, create DVD recorded trainings, as well as web-based educational modules; oversee the evaluation of

competency for programs conducting evidence-based treatment of substance-spectrum illness;. Dr. Mandell is in the process of joining the UVM Division of Public Psychiatry. As Medical Director of Vermont's state substance abuse authority, he is in an ideal role to serve as a bridge between the university, project, and the state substance abuse authority. He will provide psychiatric addiction assessments and consultations throughout the system of care, but in particular those entering the VT Department of Corrections. He will co-author scholarly papers and co-present at professional and public meetings with Dr. Simpatico.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI. Coordinates work of contractual staff and consultants.

Skills and Knowledge Required: Knowledge of principles and practices of evidence-based care for substance-related illness. Understanding of public policy, service system and population needs of population with mental health needs. Must have excellent communication and teaching skills.

Prior Experience: Dr. Mandell is Clinical Assistant Professor of Psychiatry at the UVM Department of Psychiatry. He currently serves as the Medical Director of the Vermont Department of Health and Human Services, Division of Alcohol and Drug Treatment Programs. He has nineteen years experience in the field of Addictions Psychiatry and is a Diplomate of the American Board of Psychiatry and Neurology with Added Qualifications in Addiction Psychiatry. Dr. Mandell received his undergraduate degree at the University of Connecticut and his MD at Boston University School of Medicine. He completed his internship and residency training in psychiatry at the University of Massachusetts Medical Center in Worcester, Massachusetts, where he served as Chief Resident in his last year.

Level of Effort: Contractual; approximately 8 hours per week.

Clinical & Research Assistant (See biographical sketch for Beth Bartlett, BS)

Duties and Responsibilities: As the MHISSION-VT Clinical & Research Assistant, Ms. Bartlett will conduct screenings for trauma, other serious mental illness, TBI, and substance related disorders, using the Mindline Survey System to provide these services and capture the resulting clinical data. She will train Corrections and CMHC staff on the use of the Mindline Survey System to systematically broaden the screening capacity of the system over the pilot area, and subsequently the state of Vermont. She will co-author scholarly papers and co-present at professional and public meetings with Dr. Simpatico, especially regarding anthropologic and cultural aspects of the deployment, assimilation, and impact on the culture of care that MHISSION-VT will bring.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI. Coordinates work of contractual staff and consultants.

Skills and Knowledge Required: Knowledge of principles and practices of evidence-based care for substance-related illness. Basic understanding of public policy, service system and population needs of population with mental health needs. Must have excellent communication and teaching skills.

Prior Experience: Ms. Bartlett attended the University of Vermont where she received her BA in Anthropology in 2007. As a student she was primarily interested in biological, psychological, and medical anthropology. These interests led to her holding numerous research assistant positions on projects ranging from the study of the frequency of linear enamel hypoplasia in ancient Tiwanaku to cultural factors affecting menopause in Chinese-Canadian immigrant women. She also served as a tutor and teaching assistant for classes in biological anthropology, cultural anthropology, forensics, and gender, sex, and culture. Bethany was invited to the Young Leaders in Global

Health Summit in New York City in 2006, which led to her decision to pursue a career in culturally informed public health research. Bethany is currently a research assistant for Dr. Simpatico at the Vermont State Hospital in Waterbury, Vermont. Her current research interests center on sociocultural factors in the development and treatment of addiction and mental illness, the implementation of new treatment technologies, psychiatric stigma, and cultural factors affecting the development of health laws and policy.

Level of Effort: Contractual; full-time.

Chief Project Evaluator (See biographical sketch for Jan Bunn, PhD)

Duties and Responsibilities: As the Chief Project Evaluator for the MHISSION-VT Project, Dr. Bunn will work with Dr. Simpatico (Project Director/PI) to design research and evaluation methodology to assess the effectiveness of the MHISSION-VT project in reaching it's goals and objectives. The design template will be used both to assess project effectiveness in an ongoing manner, and to provide the basis for scholarly and program evaluation reports at key intervals throughout the project.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI.

Skills and Knowledge Required: Knowledge of principles and practices of systems and clinical research design and evaluation.

Prior Experience: Dr. Bunn received her Ph.D. in Preventive Medicine in 1992 from Ohio State University and is currently Research Assistant Professor in Medical Biostatistics and in the Department of Physical Therapy at UVM. She has served on multiple NIH grant review panels and has been had extensive database management and linkage experience related to mental health services utilization by individuals with alcohol related disabilities, death certificate record systems, abstracting evaluative data from VA record systems, and other large scale primary databases for evaluation of mass media interventions, and linking of multiple complex clinical records systems for clinical trial evaluations.

Level of Effort: .03 FTE year 1; .10 FTE years 2-5

Fellow in Public Psychiatry (See biographical sketch for Lari C. Young, MD)

Duties and Responsibilities: Serving as the UVM Fellow in Public Psychiatry, Dr. Young will be enrolled in a one (or two) year Fellowship in Public Psychiatry starting in July 2008. Her clinical responsibilities are to include as broad an array of public psychiatry experiences as possible. As such, she will provide assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI. She will conduct these assessments in the Department of Corrections, Vermont State Hospital, homeless shelters, and community mental health centers. She will also provided training in conducting screenings for the aforementioned disease categories in the same locations. She will also help to develop MHISSION-VT's outcome indicators and participate in accompanying research. She will help design the project outcomes and evaluation methodology to assess the effectiveness of the MHISSION-VT project in reaching it's goals and objectives. The design template will be used both to assess project effectiveness in an ongoing manner, and to provide the basis for scholarly and program evaluation reports at key intervals throughout the project.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI (Dr. Simpatico is also the Public Psychiatry Fellowship Director).

Skills and Knowledge Required: Have completed or begun an accredited residency in psychiatry; have an interest in working in public sector behavioral health regarding clinical, research,

administration and/or public policy.

Prior Experience: Dr. Young received her MS in Outcomes Research in 1998 from Dartmouth College, and her MD from the University of Vermont College of Medicine in 2007. From 1992-1997 she worked as a clinical database developer and administrator and statistical analyst at The Massachusetts General Hospital's cardiology division.

Level of Effort: .9 FTE for year 1 or 2 years as part of the UVM Fellowship in Public Psychiatry; there will be subsequent Fellows that will continue to work in a similar fashion with the grant.

Senior UVM Residency Elective in Public Psychiatry (See biographical sketch for Allen Schaffer, MD)

Duties and Responsibilities: Serving as a UVM Senior Resident in Public Psychiatry, Dr. Schaffer will spend two days per week working with the Division of Public Psychiatry starting in July 2008. His clinical responsibilities are to include as broad an array of public psychiatry experiences as possible. As such, he will provide assessments for PTSD, other serious mental illnesses, substance abuse disorders, and TBI. He will focus much of his time working with the Chittenden Mental Health/Substance Abuse Court. He will also provide training in conducting screenings for the aforementioned disease categories in the same locations.

Supervisory Relationships. Reports to The MHISSION-VT Project Director/PI (Dr. Simpatico is also the Public Psychiatry Fellowship Director).

Skills and Knowledge Required: Be a senior resident in the UVM Psychiatry Residency Program; have an interest in working in public sector behavioral health regarding clinical, research, administration and/or public policy.

Prior Experience: As a senior UVM resident in psychiatry, Dr. Schaffer has successfully completed his required clinical requirements. Dr. Schaffer was a well-respected internist before beginning his training in psychiatry. He served as Medical Director for a large managed health care corporation, and served on the board of directors of the Bazelon Center for Mental Health Policy.

Level of Effort: .4 FTE for year 1 as part of the UVM Residency Program; there will be other senior residents that will work in a similar fashion with the grant.

Veterans Liaison/Treatment Court Case Manager (TBD)

Duties and Responsibilities: To serve as a case manager for the Chittenden Mental Health Court. As such, they will become part of the court team, will participate in all treatment planning meetings at the court, and will work with a caseload to help assure connection with services and care recommended or required by the court. They will also serve as a liaison between VA services and the rest of the Chittenden area public health system.

Supervisory Relationships. Reports to the leader of the clinical team at the Chittenden County Mental Health/Substance Abuse Court; indirectly to The MHISSION-VT Project Director/PI.

Skills and Knowledge Required: Basic understanding of principles and practices of evidence-based care for substance-related illness. Basic understanding of public policy, service system and population needs of population with mental health needs.

Prior Experience: Experience working with veterans and familiarity with VA systems required. Case management experience preferred.

Level of Effort: Contractual; full or part-time.

SECTION H: CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION

1. Protection from Potential Risks: Because this grant is focused on improving treatment and implementing an evidence-based practice that has shown effectiveness in other treatment settings, there are little foreseeable physical, medical, psychological, social, or legal risks or potential adverse effects as a result of the project itself or any data collection activity. Individuals may participate in the grant initiative in several different ways. Professionals, consumers, family members and advocates will participate in planning, implementation and training activities. These individuals will participate on a voluntary basis. In situations where participants may be asked to identify areas for improvement or faults in the current system, individuals receiving services may fear that access to services might be limited if they criticize the treatment providers they currently work with. Professional staff involved in the project may be concerned that criticisms of the system might jeopardize their employment. To mitigate this real or perceived barrier, facilitators of the planning process will work to create a safe environment for both positive and negative critiques of the system. The purpose of stakeholder involvement and inclusion of professional staff, consumers and families is to honestly assess and improve the current support system for older adults with mental health needs and their caregivers. Older adults with mental health needs and their caregivers will also be recipients of models/treatment, and there are no known risks associated with receiving these types of treatment. As such, individuals receiving enhanced services funded through this grant will likely benefit from improved treatment.

Implementation of enhanced treatment will be overseen by clinical experts (e.g. Dr. Thomas Simpatico), which will help to ensure treatments are developed and provided correctly without posing any risk to participants resulting from incorrect application of a treatment intervention.

2. Fair Selection of Participants: Grant activities are designed to include participation from a wide range of stakeholder groups, including representatives across ages, genders, and racial/ethnic backgrounds. Participants will include consumer leaders, family members, advocates, and administrative and treatment professionals, as evidenced by the *Letters of Support* included in Appendix 1. Individuals with mental disorders, and their family members, will be included in the stakeholder groups because of their ability to speak about the mental health system based on personal experience. No one will be excluded from participation in grant activities.

Enhanced jail diversion and treatment services will be provided to veterans and other adults with trauma disorders who are in need of mental health treatment and support. No one who meets these criteria will be excluded from having access to these treatments. If the existing service providers are unable to serve all individuals who request supports, every effort will be made to expand the number of service providers. In fact, the grant will specifically focus on expanding the number of services providers who can provide trauma treatment and recovery services to veterans and other adults with trauma-related disorders.

3. Absence of Coercion: Participation in the planning and implementation activities will be entirely voluntary for members of each stakeholder group. In addition, participation in any surveys or

interviews used to gather information for the project will be voluntary, without any direct or implied coercion.

Participation in treatment may be required as part of an individual's jail diversion participation, and so there is a level of coercion associated with this grant initiative. However, it is important to note that individuals who are eligible for the jail diversion program will not be required to participate; they may choose incarceration instead of participating in jail diversion. As such, participants will have some level of choice.

4. Data Collection: Performance measurement and assessment efforts will rely on data from existing sources as well as information gathered through grant evaluation activities described in Section D. Data collected on individuals involved in the Vermont treatment system will be a "limited data set" as defined at 45 CFR 164.514(e). This data may be extracted from protected health information, but will exclude the following direct identifiers of individuals:

- *Names;*
- *Postal address information, other than town or city, State, and zip code;*
- *Telephone numbers;*
- *Fax numbers;*
- *Electronic mail addresses;*
- *Social security numbers;*
- *Medical record numbers;*
- *Health plan beneficiary numbers;*
- *Account numbers;*
- *Certificate/license numbers;*
- *Vehicle identifiers and serial numbers, including license plate numbers;*
- *Device identifiers and serial numbers;*
- *Web Universal Resource Locators (URLs);*
- *Internet Protocol (IP) address numbers;*
- *Biometric identifiers, including finger and voice prints; and*
- *Full face photographic images and any comparable images.*

The evaluation component of this project will only use any protected health information provided by clients for the purpose of evaluating mental health treatment performance. Data analyses or reports produced by this project will not include individually identifiable information. This project will not disclose any information in a manner that would violate the requirements of the HIPAA Privacy Rule. This project will not identify the individuals who are the subject of this evaluation. All identifying personal information will be removed prior to compiling data for review by grant planning participants.

5. Privacy and Confidentiality: Acknowledgement of involvement in grant activities in any public or written documentation will be voluntary. Data analyses and reports produced by this grant will not include individually identifiable information. The project will not disclose any information in a manner that would violate the requirements of the HIPAA Privacy Rule.

The data collected on individuals involved in the Vermont prevention and treatment system will be a "limited data set" as defined at 45 CFR 164.514(e). This data may be extracted from protected

health information, but will exclude direct identifiers of individuals (see #4). The evaluation component of this project will only use any protected health information provided by participants for the purpose of evaluating mental health treatment performance. Data analyses or reports produced by this project will not include individually identifiable information. This project will not disclose any information in a manner that would violate the requirements of the HIPAA Privacy Rule. This project will not identify the individuals who are the subject of this evaluation.

6. Adequate Consent Procedures: Stakeholders participating in the grant planning activities will be free to participate or not, as they desire. Requests for individuals to complete any evaluation documents will include written explanations, including: (1) completing surveys is voluntary, (2) purpose of surveys, (3) benefits for completing surveys, (4) description of the grant initiative and role of the surveys, (5) no anticipated risks for completing surveys, (6) protections for confidentiality (surveys will be done anonymously), (7) whom to call with questions about the surveys and grant activities, and (8) costs for completing the survey and participants will not be paid.

7. Risk-Benefit Discussion: Because this grant is focused on improving and expanding jail diversion and treatment for veterans and other adults with trauma-related disorders using evidence-based practices that have shown effectiveness in other treatment settings, we feel there is great benefit to be had from participating in and/or evaluating the activities of this grant and no increased risk. Professionals, consumers, family members and advocates participating in the planning and implementation activities will do so on a voluntary basis. Individuals receiving services may fear that access to services might be limited if they criticize the treatment providers they currently work with. Professional staff involved in the project may be concerned that criticisms of the system might jeopardize their employment. As such, facilitators of the planning process must work to create a safe environment for both positive and negative critiques of the system. However, because the purpose of stakeholder involvement is to improve the current system, we feel the benefits greatly outweigh the potential risks. The benefits of participation provide a great deal of promise. We expect broad based stakeholder and professional staff participation to result in successful efforts to expand treatment for older adults and their caregivers.

Veterans and other adults with trauma-related disorders will also be recipients of enhanced screening, assessment and treatment using nationally recognized evidence-based models/treatment, and there are no known risks associated with receiving these types of treatment. As such, individuals receiving enhanced services funded through this grant will likely benefit from improved treatment.

Protection of Human Subjects Regulations

We do not anticipate that any of our evaluation efforts will require compliance with the Protection of Human Subjects Regulations (45 CFR 46). It is important to note that we consider this project a systems improvement and capacity expansion initiative and not a research study in which an unproven treatment intervention is being tested/piloted with a vulnerable population. However, if there are any questions about protection of human subjects, we will submit an application to the Agency of Human Services Institutional Review Board (IRB) to ensure that our activities comply with the requirements. The Agency's IRB has a well developed process,

including the requirement that all applicants complete a web-based tutorial program reviewing the Protection of Human Subjects Regulations (www.ahs.state.vt.us/IRB).

Appendix 1: Service Providers and Commitments

- | |
|---|
| (1) licensed service provider organization; |
| (2) a list of all direct service provider organizations |
| (3) the Statement of Assurance |
| (4) letters of commitment/support. |

- (1) Identification of at least one experienced, licensed service provider organization:
The Veteran's Administration and the Howard Center, both of whom are licensed and have extensive experience in jail diversion activities and treatment of PTSD, will serve as the primary service providers.
- (2) Direct service provider organizations:
Veteran's Administration, the Howard Center, Vermont Vet-to-Vet, Vermont Coalition to End Homelessness – Chittenden County Continuum of Care (this included multiple homeless providers in Chittenden County).
- (3) Statement of Assurance:

OFFICE OF THE DEFENDER GENERAL

6 Baldwin Street, 4th Floor
Montpelier, VT 05633-3301

Matthew F. Valerio
Defender General

(802) 828-3168 (voice)
(802) 828-3163 (fax)

May 8, 2008

Michael Hartman
Commissioner, Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, Vermont 05402-0070

Dear Commissioner Hartman:

This is a letter of support for the Vermont Department of Mental Health's application for a federal Jail Diversion and Trauma Recovery Program – Priority to Veterans grant. The Office of the Defender General provides legal counsel to all indigent criminal and juvenile defendants in Vermont and we are well aware of the problems of the mentally disabled in the criminal justice system.

As I'm sure you know, for many years, we have been advocating for increased services in the community for our mentally disabled clients. All too often mentally disabled individuals get caught in the revolving door of the law due to a lack of community services and the criminal justice's system lack of understanding of mental disabilities. See e.g., D. Fishman, P. Kinsler, A. Saxman, *The Vermont Defendant Accommodation Project: A Case Study*, 10 Psychology, Public Policy, and Law No. 1/2, 134–161 (2004). The number of public defender clients with extensive trauma histories is alarming. P. Kinsler, A. Saxman, *Traumatized Offenders: Don't Look Now, but Your Jail's Also Your Mental Health Center*, 8 Journal of Trauma and Dissociation 2 (Haworth press 2007). As public defenders, we are all too aware of the frequent disconnect between the mental health community and the criminal justice system.

Our public defenders have been active participants in the Chittenden Mental Health Court and, as long as our caseload and funding allow us to, we will continue to represent clients in that court. Given our unique relationship as advocates for our

clients and not for a particular agency, we have insight into both the mental health agencies and the criminal justice world from the eyes of our clients. We wish to be important participants in the planning and implementation activities. We are willing to work with you in the design of the programs and the implementation of this grant. We strongly support the concept of mental health diversion coupled with appropriate services in the community and due process protections for the clients.

If I may provide any additional information, please let me know.

Very truly yours,

Anna Saxman
Deputy Defender General

EDWARD J. COSTELLO COURTHOUSE
32 Cherry Street
Burlington, VT 05401
Tel.: (802) 651-1800

Reply to:
District Court
Suite 300

Reply to:
Family Court
Suite 200



April 29, 2008

Michael Hartman,
Commissioner
Department of Mental Health
P.O. Box 70
Burlington, VT 05402-0070

Re: Jail Diversion and Trauma Recovery Program –
Priority to Veterans Grant

Dear Commissioner Hartman:


I am writing in support of the Department's grant application for the Jail Diversion and Trauma Recovery Program, particularly as it affects veterans. I am the judge in charge of the Chittenden Mental Health Court.

The Mental Health Court strongly supports your initiative to seek out diversionary and treatment alternatives for returning veterans from Iraq and Afghanistan. We are currently working with a referral for a highly decorated Iraq veteran charged with felony DUI (third offense). He is currently in jail awaiting trial. He is the first veteran of the Iraq war to be referred to Mental Health Court, but he will not be the last. Judges and staff in both the District and the Family Courts see at first hand the problems the veterans have following their return.

The Mental Health Court functions as a direct diversion from jail into treatment and life in the community. Participants plead to their offenses with sentencing deferred until they complete the court. In addition to people with long-standing mental illness such as schizophrenia and bi-polar disorders, we often see people who have suffered psychological damage due to trauma. One of our participants was severely traumatized as a child during the civil war in Liberia. Many others, especially the women, experienced trauma and assault in family settings. The Howard Center caseworkers are well qualified to discuss these types of problems and refer participants for group or individual therapy.

One of the themes which emerged from our team discussion of the referral of the Iraq war veteran is our collective commitment to provide understanding and support for service men and women who are returning to Vermont with psychological injury and resulting criminal behavior. We would be glad to work with you on these issues.

Sincerely,


Geoffrey Crawford



**Airmen, Soldiers & Family Readiness Program
Family Readiness Center**

Building 10-14, Camp Johnson
789 Vermont National Guard Road
Colchester, VT 05446-3099
(802) 338-3391

May 5, 2008

State Family Program Director

Mr. Michael Hartman
Commissioner, Vermont Department of Mental Health
108 Cherry Street
PO Box 70
Burlington, Vermont 05402-0070

Dear Commissioner Hartman:

Hello from the Family Readiness Center here at Camp Johnson in Colchester. I wanted to take a few moments and lend my support for your Agency's application for the federal Jail Diversion and Trauma Recovery Program-Priority to Veterans grant. Vermont's plan to implement a jail diversion program in Chittenden County would address a very real need that we see happening each day through the outreach capability we have in our Airmen, Soldier & Family Readiness Program.

I am especially glad that your grant application authors note that your new program would operate under the Sequential Intercept Model, where several possible "points of intercept" are readied and used. Taking care of veterans and their families, and developing solutions to difficulties before they become criminal justice system problems is one reason why my program exists. Your program would help create a finer-meshed safety net for some of our soldiers and airmen.

We currently collaborate with the Howard Center, The Veteran's Administration, the Vietnam Veterans Center, and Vermont Vet-to-Vet and it is important that you have included them as potential partners in your application. Enhancing existing networks will also allow you to spend this grant money in a more efficient manner. Here in our program we call it a full "wrap-around."

Please add me to any list of directors who could be called by the Substance Abuse and Mental Health Services Administration. I can be reached at (802) 338-3391 or by e-mail at randall.gates@us.army.mil.

Sincerely,

Major Randall K. Gates
State Family Program Director

May 5, 2008

Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street
Burlington, VT 05402

Dear Commissioner Hartman:

I am writing to express my support for the Vermont Department of Mental Health's application for a federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans Grant**. HowardCenter looks forward with considerable anticipation to the opportunity to expand our Mental Health and Drug Treatment Court to assess and work with veterans and other individuals with trauma disorders and divert them into trauma treatment in lieu of incarceration. Through the current work of the treatment court, which has already demonstrated an ability to positively affect clinical outcomes, we feel our program has in place many of the connections and working relationships that will be needed to complete the work described in your proposal.

However, our treatment court recently began working with our first Iraqi veteran, and so we have experienced firsthand the need to expand Chittenden County's ability to intercept and divert these individuals and those from Afghanistan more expeditiously into evidence-based treatment.

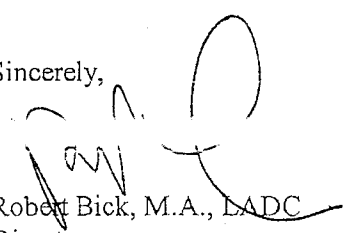
As a participant in this pilot project, we will participate in the following:

- screening and assessment of persons involved in the treatment court for trauma-related disorders
- using the treatment court to divert clients to trauma-integrated treatment and recovery services
- participating in training on trauma informed care
- work with other community providers (e.g. Veteran's Administration) to ensure the delivery of comprehensive support services that include housing, employment, health, mental health, substance abuse treatment and other community support services.
- participate in performance evaluation activities

- comply with all applicable local (city, county) and State licensing, accreditation and certification requirements, as of the due date of the application.
- participate in state-level infrastructure-planning focused on replicating successful elements of the local pilot in other parts of the state.

As required by SAMHSA, we certify that all services provided by the Howard Center will occur in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA) and amenable to the population of focus.

Sincerely,



Robert Bick, M.A., LADC
Director,
Mental Health & Substance Abuse Services

THOMAS J. DONOVAN, JR.
STATE'S ATTORNEY

ROSEMARY H. GRETKOWSKI
CHIEF DEPUTY STATE'S ATTORNEY
MAJOR CRIME UNIT

BROOKS G. McARTHUR
CHIEF DEPUTY STATE'S ATTORNEY
ADMINISTRATION



32 Cherry Street
Suite 305
Burlington, VT 05401
Phone: (802) 863-2865
Facsimile: (802) 863-7440

STATE OF VERMONT
OFFICE OF THE CHITTENDEN COUNTY STATE'S ATTORNEY

May 5, 2008

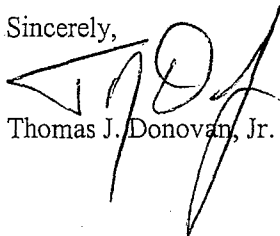
Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street
Burlington, VT 05402

Dear Mr. Hartman,

I am writing to express my support of the Vermont Department of Mental Health's application for the federal **Jail Diversion and Trauma Recovery Program – Priority to Veterans grant**. Given our role and our commitment to the Chittenden Mental Health Court, the Chittenden County State's Attorney's Office supports the expansion of this court to work with veterans and other individuals with trauma-related disorders. With the increasing number of veterans returning from Iraq and Afghanistan, we anticipate there will be increased need for this type of programming. The public's safety is better served by addressing the root causes of criminal behavior in a cost effective and holistic manner. The Mental Health Court accomplishes this goal. I look forward to working with you on this project.

Thank you for your consideration in this matter.

Sincerely,



Thomas J. Donovan, Jr.

WILLIAM H. SORRELL
ATTORNEY GENERAL
JANET C. MURNANE
DEPUTY ATTORNEY GENERAL
WILLIAM E. GRIFFIN
CHIEF ASST. ATTORNEY GENERAL



TEL: (802) 828-3171
FAX: (802) 828-2154
TTY: (802) 828-3665
CIVIL RIGHTS: (802) 828-3657
<http://www.state.vt.us/atg>

STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER
05609-1001

May 6, 2008

Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street
PO Box 70
Burlington, VT 05402-0070

RE: Jail Diversion and Trauma Recovery Program – Priority to Veteran’s Grant

Dear Commissioner Hartman,

The Department of Mental Health’s application for a Jail Diversion and Trauma Recovery Program Grant has my Office’s strong support.

The Attorney General’s Office looks forward to working with your Department on the planning and implementation of the grant. The Attorney General is the chief law enforcement officer in the state. As an Assistant Attorney General who is the designated domestic violence and family violence coordinator in the Criminal Division, I meet quarterly with and provide technical assistance to the county-based prosecutors who specialize in domestic violence. Because the Attorney General’s Office has statewide jurisdiction over all criminal matters we would be happy to use our expertise with all our criminal justice colleagues to assist with the Grant’s development of the statewide infrastructure in order to replicate the effective efforts in Chittenden County in other parts of Vermont.

Also, as the Coordinator of the Act 80 statewide Law Enforcement Mental Health trainings, I am familiar with the critical role that specialized training and specialized courts play in responding to persons with trauma related disorders that interact with the criminal justice system. I would also be able to draw on the expertise of the Act 80 Advisory Group Members to assist you with the implementation of the Grant.

Thank you for this opportunity to contribute to this effort to improve the lives of those suffering from trauma related illnesses and particularly Veterans who have contributed so much to our society. Please let me know if my Office can be of further assistance to you.

Sincerely yours,

Amy S. Fitzgerald



STATE OF VERMONT

REFUGEE RESETTLEMENT OFFICE
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-0203

Telephone (802) 241-2229
Fax: (802) 241-4461

E-mail: Denise.Lamoureux@ahs.state.vt.us

May 5, 2008

Michael Hartman
Commissioner
Department of Mental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070

Re: Jail Diversion and Trauma Recovery Program – Priority to Veterans grant

Dear Commissioner Hartman:

I am writing in support of the above-mentioned grant application from the Department of Mental Health (DMH) to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Most of the approximately 5,000 refugees that have resettled in Vermont over the years are living in Chittenden County, where the jail diversion program for veterans and other individuals with trauma disorders would be implemented. A very high proportion of the refugees and asylees have experienced severe trauma and even torture before they arrived in the U.S. These refugees' prior traumatic experiences must be taken into consideration when they come into contact with law enforcement and the criminal justice system.

The proposed project would work with the court system and the Mental Health Jail Diversion Program to ensure that the program is trauma informed. This would be highly beneficial to the refugees and immigrants because it would make it possible for them to participate in treatments and supports that are adapted to their conditions.

If you are successful in securing this grant, I can help the planning and implementation team to find technical assistance for devising a trauma-informed jail diversion system that is culturally and linguistically adapted to this population.

I look forward to our future collaboration on this project.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Denise Lamoureux'.

Denise Lamoureux
State Refugee Coordinator



DUKE UNIVERSITY MEDICAL CENTER

Department of Psychiatry and Behavioral Sciences
Behavioral Health Informatics Division
DUMC 3018 • Durham, NC 27710

Thomas Simpatico, MD
Professor of Psychiatry
Director of Public Psychiatry
Department of Psychiatry
UVM College of Medicine
Medical Director, The Vermont State Hospital
Dale Building
103 South Main Street
Waterbury, VT 05671-2501

DATE: May 6, 2008

RE: The MHISSION-VT Project (Mental Health Intergovernmental Service System Interactive Online Network for Vermont); Subcontract Agreement under Grant Number

Dear Dr. Simpatico:

This letter indicates the Duke University's Behavioral Health Informatics Division ("Duke") willingness to establish a consortium on the above referenced project.

The appropriate programmatic and administrative personnel at Duke are aware of funding agency consortium policy and are prepared to enter into the necessary inter-institutional agreements should funding become available. The enclosed budget has been prepared according to standard University policies and procedures and the proposed activity has undergone review by the relevant academic and administrative offices. The required facilities and trained personnel are available for the conduct of the research and upon receipt of a subcontract with terms and conditions appropriate to a nonprofit institution of higher education we are prepared to carry out the work as proposed.

Sincerely,

A. Deo Garlock
Director,
Duke University Department of Psychiatry and Behavioral Sciences
Behavioral Health Informatics Division



BURLINGTON POLICE DEPARTMENT
1 North Avenue
Burlington, Vermont 05401

Michael E. Schirling
Chief of Police

Phone (802) 658-2704
Fax (802) 865-7579
TTY/TDD (802) 658-2700

May 1st, 2008

Commissioner Michael Hartman
Vermont Department of Mental Health
108 Cherry Street
Burlington, Vermont 05401

Dear Commissioner Hartman:

Please consider the Burlington Police Department as being in support of your application for the federal Jail Diversion and Trauma Recovery Program- Priority to Veterans grant.

Our agency is also willing to contribute and participate in the planning and implementation activities as mentioned by Nick Nichols. As a front line service provider to the community, we at the police department encounter situations every week where using the criminal justice system may not be the most appropriate remedy to the issue. Having alternatives and resources such as enhanced capacities for the Howard Center and Mental Health Court will also greatly increase the effectiveness of keeping Veterans out of long term incarceration. Please include as a supporter of this important endeavor and we look forward to working with you on its development.

Walt Decker

A handwritten signature in black ink, appearing to read "Walt Decker", is written over the typed name.

Deputy Chief
Burlington Police Department

Respect ~ Honor ~ Remember
Officer James P. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947

VPSVermont
Psychiatric
Survivors1 Scale Ave., Suite 52
(Building 14)
Rutland, Vermont 05701
802-775-6834
Consumers 1-800-564-2106
Fax 802-775-6823
email : vpsinc@sover.net

May 7, 2008

To Whom It May Concern:

Vermont Psychiatric Survivors (VPS) is a statewide 501C3 consumer run organization located in Rutland, Vermont. We are contracted by the Vermont Mental Health to assist in programs involving peers. We are also a recipient of a SAMHSA grant for statewide peer run program. VPS also works with a peer support program called Vet to Vet to lend support to the leaders with training.

We are aware of the jail diversion program in Chittenden County and work as a support to some involved in it. It has been very helpful to many people who without it would be incarcerated.

VPS is also involved in advocating for programs that can deal with people with a trauma history. The idea of some things done as treatment can actually retraumatize a person. VPS's staff and peers have attended many workshops on trauma and have much to offer.

VPS also provides support to those reintegrating to the community from institutionalized programs such as state hospitals and corrections.

VPS also works closely with community programs to assist in finding peers to serve on boards and committees.

The role VPS could play in this grant could involve any of the above activities. In the Veteran's area we would look to our peers in Vet to Vet to guide us in what we could do to assist them in their projects they might undertake.

If you have any questions please feel free to contact me.

Sincerely,

*Linda J. Corey MS.*Linda J. Corey MS
Executive Director

Appendix 2: Data Collection Instruments and Interview Protocols

Clinician-Administered PTSD Scale (CAPS)

Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995

Description

The CAPS is the gold standard in PTSD assessment. The CAPS is a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, questions target the impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity, overall PTSD severity, and frequency and intensity of five associated symptoms (guilt over acts, survivor guilt, gaps in awareness, depersonalization, and derealization). For each item, standardized questions and probes are provided. As part of the trauma assessment (Criterion A), the Life Events Checklist is used to identify traumatic stressors experienced. CAPS items are asked in reference to up to three traumatic stressors.

The CAPS was designed to be administered by clinicians and clinical researchers who have a working knowledge of PTSD, but can also be administered by appropriately trained paraprofessionals. The full interview takes 45-60 minutes to administer, but it is not necessary to administer all parts (e.g., associated symptoms).

Versions

In the past there were different versions of this measure corresponding to different time periods. The CAPS-1 assessed current and lifetime PTSD. The CAPS-2 assessed one week symptom status. These versions were then renamed CAPS-DX (for diagnosis) and CAPS-SX (for symptom). These two versions were later combined into the CAPS, which can be used to assess either symptoms or diagnoses. A version for children and adolescents (CAPS-CA) is also available.

References

Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Gusman, F. D., Charney, D. S., & Keane, T. M. (1995). *The development of a clinician-administered PTSD scale*. *Journal of Traumatic Stress*, 8, 75-90.

Weathers, F. W., Keane, T. M., & Davidson, J. R. (2001). *Clinician-Administered PTSD Scale: A review of the first ten years of research*. *Depression and Anxiety* Vol, 13(3), 132-156.

Weathers, F. W., Ruscio, A. M., & Keane, T. M. (1999). *Psychometric properties of nine scoring rules for the Clinician-Administered Posttraumatic Stress Disorder Scale*. *Psychological Assessment*, 11(2), 124-133.

Composite International Diagnostic Interview

The Composite International Diagnostic Interview is a comprehensive, fully standardised interview that can be used to assess mental disorders according to the definitions and criteria of ICD-10 and DSM-IV. It was developed as a collaborative project between the World Health Organisation and the US National Institutes of Health. It is the most widely used structured diagnostic interview in the world. The CIDI has been designed for use in a variety of cultures and settings. It is primarily intended for use as an epidemiological tool, but can be used for other research and clinical tasks. The CIDI has been

used in two major epidemiological surveys in the US and in the National Survey of Mental Health and Well-being to be conducted in Australia in 1997. The success of the CIDI rests on a number of grounds:

- the interview is modular and presently covers somatoform disorders, anxiety disorders, depressive disorders, mania, schizophrenia, eating disorders, cognitive impairment, and substance use disorders.
- the interview is very highly structured, quite complex in its decision rules yet it can be administered very reliably by trained interviewers who are not clinicians.
- the computerised scoring algorithm gives diagnoses according to DSM-IV and ICD-10 diagnoses.
- the international advisory committee meets regularly to revise and improve the instrument in the light of field experience, validation studies and alterations to diagnostic criteria.
- there are regional CIDI training centres throughout the world that sell the interview and offer training. Each centre operates on a not-for-profit basis supported by the sales of the CIDI products.

PTSD Checklist – Civilian Version (PCL-C)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you</i>					

	<i>used to enjoy?</i>					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-C for DSM-IV*. Boston: National Center for PTSD – Behavioral Science Division, 1991.

This is a Government document in the public domain.

PTSD CheckList – Military Version (PCL-M)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in *the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience?					
3.	Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience?					
6.	Avoid <i>thinking about or talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful military experience?					
8.	Trouble <i>remembering important parts</i> of a stressful military experience?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-M for DSM-IV*. Boston: National Center for PTSD – Behavioral Science Division, 1991.

This is a Government document in the public domain.

Appendix 3—Consent Forms: To Be Developed

Appendix 4: Letter to SSA—Not applicable

Appendix 5: Training and Technical Assistance Plan and Agreement

Chief Justice Task Force on Criminal Justice & Mental Health Draft Objectives for the Strategic Plan

Issue Area 1: Integrated Approach

Problem Statement: While we acknowledge that there are gaps and inconsistencies in the supports and services that are available in communities, some services are currently available. However, those that are available often operate on parallel tracks and there is little connection and coordination between them. There isn't an integrated systems approach to organizing supports and services at all points along the Sequential Intercept Model continuum.¹

Goal: Develop an integrated approach to information-sharing, assessment, case management, and services incorporating existing systems and resources as much as possible. This integrated approach will be responsive to individual needs and assist in the diversion of appropriate individuals from the criminal justice system.

Draft OBJECTIVES:

1. Implement utilization of evidence-based, uniform **screening tools** for identifying individuals whose conditions result in impaired decision-making or functioning,² for use at every intake point.

NOTE: Link to Knowledge, Skills, Attitudes for training in use of tools.

2. Implement utilization of evidence-based, uniform **assessment tools** for evaluation of individuals whose conditions result in impaired decision-making or functioning, for use after screening and referral.

NOTE: Link to Knowledge, Skills, Attitudes for training in use of tools.

3. Develop a protocol and process for **sharing information**, for use from pre-adjudication through pre-sentencing, for the purpose of developing an integrated services plan for individuals whose conditions result in impaired decision-making or functioning.

NOTE: Link to Knowledge, Skills, Attitudes for training in use of protocol.

4. Identify or develop models for providing service coordination that are "criminal justice-capable."³

¹ The 5 intercept points along the continuum are: (1) law enforcement and emergency services, (2) post-arrest: initial detention and initial hearings, (3) post-initial hearings: jail, courts, forensic evaluations, and forensic commitments, (4) re-entry from jails, state prisons, and forensic hospitalization, and (5) community corrections and community support. See: Munetz, M.R. and Griffin, P.A., *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. Psychiatric Services. ps.psychiatryonline.org, 57:544-549, April 2006.

² Includes mental health conditions, substance abuse conditions, developmental disabilities, traumatic brain injury, trauma, and co-occurring disorders.

³ The term "criminal justice capable" describes models, collaborative teams, and programs that understand and take into account the interconnections between law enforcement, courts, human services, and treatment.

NOTE: Link to Knowledge, Skills, Attitudes, Objective 6.

Issue Area 2: Alternative Strategies

Problem Statement: The criminal justice system is often resorted to out of expedience when alternative strategies have not been exhausted, when the service system is ineffective, or when services are unavailable or inaccessible.

Goal 1: Increase the awareness about and use of available and appropriate strategies at the local level as an alternative to the criminal justice system.

Draft OBJECTIVES:

1. Identify existing and/or create "criminal justice-capable"³ local teams to identify resources and devise means for using them effectively.
NOTE: Link to Knowledge, Skills, Attitudes Objective 6.
2. Determine causes for current underuse of available and appropriate strategies at the local level.
3. Identify and pilot sound local practices and disseminate to other communities, with specific attention to approaches that support new ways of working together.
NOTE: Link to Integrated Approach Objective 4
4. Create agreements/MOUs among local agencies for working together to serve individuals.
NOTE: Link to Integrated Approach Objective 3.
5. Broaden judges' authority to refer cases to treatment courts, court diversion, and other alternative strategies

Goal 2: Develop, adopt, and fund models that increase services and fill gaps in services.

Draft OBJECTIVES:

1. Identify cross-system models (such as treatment courts) that reflect regional criteria and needs.
2. Promote understanding of the value of alternatives to the criminal justice system so they are accepted, supported, and used.
3. Create mechanisms to identify and blend funding streams that cut across conditions.

Issue Area 3: Knowledge, Skills and Attitudes

Problem statement: An integrated systems approach is a new way of doing business where the treatment system, criminal justice system, and community support systems work together with affected individuals and families to help an individual succeed. Within and between these systems, there exist knowledge gaps, skill gaps, and information gaps that create barriers to providing an integrated response. Training tailored to address gaps in knowledge and skills within each system is needed as well as training across systems.

Goal: Enhance the knowledge, skills and attitudes needed to provide an effective, integrated response to individuals who are involved with or at risk of becoming involved with the criminal justice system.

Draft OBJECTIVES:

1. Increase the knowledge of hospital emergency departments about the importance of fast-tracking individuals who exhibit impaired decision-making or functioning.⁴
2. Train **law enforcement officers** to recognize individuals whose conditions result in impaired decision-making or functioning;⁴ to use a screening tool and brief intervention; and to refer them to available services. (SBIRT model)⁵
3. Train **attorneys** to recognize individuals whose conditions result in impaired decision-making or functioning;⁴ to use a screening tool and brief intervention; and to refer them to available services. (SBIRT model)⁵
4. Increase the knowledge of **judges and court clerks** about alternatives to the criminal justice system and other community services to encourage referrals for affected individuals, and about how to recognize, engage, and interact effectively and appropriately with those individuals.
5. Train **court officers and security personnel** to recognize, engage, and interact effectively and appropriately with individuals whose conditions result in impaired decision-making or functioning.⁴
6. Hold **cross-disciplinary meetings at the local level** designed to increase understanding of non-categorical case management/resource coordination/care coordination roles and responsibilities; to identify existing resources for diversion from the criminal justice system based on the Sequential Intercept Model; and to identify and address gaps in resources.
NOTE: Link to Alternative Strategies Objective 1.
7. Evaluate the outcomes of knowledge, skill, and attitude-building efforts implemented as part of the Strategic Plan.

⁴ Includes mental health conditions, substance abuse conditions, developmental disabilities, traumatic brain injury, trauma, and co-occurring disorders.

⁵ SBIRT stands for screening, brief intervention, and referral to treatment and services.

STATE OF VERMONT Agency of Human Services (AHS)		
TRAUMA INFORMED SYSTEMS OF CARE	ORIGINAL POLICY ADOPTED DATE: 8/2003 REVISED DATE: 1/2006	ORIGINAL POLICY NUMBER 01.07
	EFFECTIVE DATE: 8/2003	Category General

TITLE: **Trauma Informed Systems of Care**

PURPOSE:

To ensure that the Agency of Human Services (AHS) service delivery systems recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers are trained to ensure that client interactions are respectful and sensitive to trauma. (Act 45, section 3(12), (2003))

BACKGROUND:

The mission of the Agency of Human Services is to provide services to Vermonters that are comprehensive, integrated, client-centered, outcome-based, easy to access, and sensitive to the diverse needs of individuals and families to improve the well being of Vermonters.

The widespread prevalence of trauma that individuals and families experience brings the importance of identifying and responding sensitively to trauma survivors who access services from AHS, to the forefront of our priorities as a human service agency. As evidence of the importance of this issue, the 1999 Legislative session created a Commission on Psychological Trauma to study the issue and make recommendations to the General Assembly. During the summer and fall of 2000 the Commission conducted hearings and reported to the General Assembly. The report reviewed the literature on psychological trauma, defined a number of concerns involving training and service gaps in the provision of trauma-related services to Vermonters, and made recommendations for broad system change.

Appreciating the implications for AHS clients, in March 2001 the Secretary created an AHS Trauma Workgroup to examine the issues more closely. This workgroup drew together representatives of the Departments of Developmental and Mental Health Services, Social & Rehabilitation Services, Health, Aging & Disabilities, Corrections, and PATH, as well as the White River Veterans Administration National Trauma Center. In April 2002, in recognition of the important work of this group, the Secretary elevated the workgroup to the status of Policy Cluster. In the fall 2002, the Trauma Policy Cluster added consumer and direct service provider representatives to enhance its' knowledge and expertise. The mission of the Trauma Policy Cluster is to create a trauma-informed public human services system through inter-departmental strategies.

In May of 2003, An Act Relating to Restructuring the Agency of Human Services (ACT 45) was passed by the Vermont legislature stating, "Service delivery systems should recognize the prevalence of the many kinds of trauma, including psychological trauma, and agency staff and service providers should be trained to ensure that client interactions are respectful and sensitive to trauma." (3) (12) The

promulgation of this AHS Policy provides the framework for AHS to meet this legislative mandate to provide trauma informed systems of care.

DEFINITIONS:

Trauma- Psychological trauma is the unique personal experience of an event or enduring stressful conditions, in which (1) the person's ability to make sense of his/her emotional experience is overwhelmed, or (2) the individual subjectively experiences a threat to life, bodily integrity, or sanity. The person feels emotionally, cognitively and physically overwhelmed. The situations related to traumatic events often include on-going abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion and/or loss.

Trauma Informed services- Trauma-informed services are designed to deliver mental health, addictions, housing supports, vocational or employment counseling services, etc., in a manner that acknowledges the role that violence and victimization play in the lives of most consumers of mental health, substance abuse and other social services. This understanding is to design service systems that accommodate the vulnerabilities of trauma survivors and provide services in a way that will facilitate consumer participation that is appropriate and helpful to the special needs of trauma survivors.

Effects of Trauma- Psychological trauma has a direct effect on the brain; including associated bodily, neurological, and stress response systems. This causes imbalances in mood, memory, judgment, and helplessness, horror, detachment, and/or confusion.

Experiences of interpersonal trauma (such as childhood physical or sexual abuse or neglect, or adult domestic violence) are a betrayal of basic human values and often cause lasting and severe post-traumatic impairment in the survivor's basic sense of who they are, trust in others, participation in society and culture, and the health and integrity of his/her body.

Persons with severe and persistent behavioral health problems, including mental illness and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms that exacerbate their other behavioral health problems, impair their psychosocial functioning, and interfere with the quality of their and their loved ones' lives.

Trauma situations frequently involve experiences of powerlessness and loss of control. Consumer-survivors often are extremely sensitive to the ways in which power and control dynamics are expressed in relationships. Many trauma survivors have difficult experiences with people in positions of authority and who then function in an over- or under-controlling fashion.

SCOPE: This policy applies to all AHS departments, offices and contracted service providers.

POLICY:

The mission of the Agency of Human Services is to provide services to Vermonters that are comprehensive, integrated, client-centered, outcome-based, easy to access, and sensitive to the diverse needs of individuals and families to improve the well being of Vermonters. The Agency recognizes the prevalence of trauma victims that access services through its' departments and offices. The Agency supports the principle that persons who have survived a traumatic event need services that are sensitive to their special needs, and that those services be provided through a trauma-informed system of care.

It is the responsibility of the Agency to assure that key decision-makers, planning staff, program administrators and service providers are cognizant of the origins of trauma, the effects of trauma on survivors, and the possibility that re-traumatization may occur during the provision of services, or while trying to access services or benefits. The Agency will seek to reduce and eliminate those practices identified as having a negative or re-traumatizing effect on trauma survivors.

The Agency and its providers will work to assure the provision of trauma-informed services by identifying and eliminating insensitive practices, combating systemic challenges, conducting on-going evaluation of their practices, and providing training to staff in contact with trauma victims.

Therefore, the Agency will promote the delivery of trauma services through a trauma informed system of care. The Agency will work with each of its' departments and offices, and in partnership with survivors, family members, advocates, trauma services providers, federal, state, and local agencies, behavioral health and substance abuse professionals, private citizens, and others in support of these principles.

COMPLIANCE

The overall responsibility for providing trauma informed services rests primarily with AHS Departments and their Programs. To ensure consistent and comprehensive approach, The Secretary's Office in conjunction with the AHS Trauma Coordinator, shall oversee the implementation of this policy and provide the Agency with direction, support and consultation.

ENFORCEMENT:

The Office of the Secretary may initiate reviews, assessments or other means to ensure that this policy is being followed.

ISSUING ENTITY:

Office of the Secretary, Agency of Human Services

RELATED DOCUMENTS/STATUTORY REFERENCES:

Harris, M., & Fallot, R. EDS. (2001) Using Trauma Theory to Design Service Systems, Jossey-Bass, San Francisco.

An Act Relating to Restructuring the Agency of Human Services (ACT 45)

REVISION HISTORY:

The substantive content of this policy remains unchanged from the original 8/03 policy.

AUTHORIZING SIGNATURE:

Secretary
Agency of Human Services

DATE SIGNED:

Date



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

Agency of Human Services

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May 8, 2008

Terry L. Cline, Ph.D.
Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

RE: SAMHSA Grant Application for a Veterans Jail Diversion and Trauma Recovery Program

Dear Dr. Cline:

I am pleased and enthusiastic to have the Vermont Department of Mental Health submit to you a proposal to create a jail diversion and trauma recovery program for Vermont veterans. This is a timely opportunity, as the news carries more and more stories about the plight of veterans returning from Iraq and Afghanistan.

The Vermont Department of Mental Health has already entered into a partnership with Fletcher Allen as our state's academic medical center for providing psychiatrists to the Vermont State Hospital. This exciting grant would build upon our existing contract.

This five-year grant would support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with posttraumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

The Vermont Department of Mental Health commits to fully support this important opportunity, and endorses the goals, objectives and proposed activities and staffing of this proposal. In your review of this application, I hope you will not hesitate to contact me if you need additional information about Vermont's interest in and readiness for advancing our work to improve the lives of individuals, particularly veterans, who have experienced trauma and, as a result, involvement with the criminal justice system.

Sincerely,

Michael Hartman
Commissioner



Participating Organizations and Descriptions

Organization	Description
Attorney General's Office	Has general supervision of criminal prosecutions, and consults with and advises the state's attorneys in matters relating to the duties of their office. Will be provided access to other mental health court leaders and teams in order to maximize comfort in working with pre-arraignment inmates with a broader array of charges. Will also receive training in clinical considerations for the populations being served.
Dept. of Corrections	Oversees state correctional system. Will have robust initial and ongoing contact with project leaders and staff in order to optimize the clinically informed care and treatment of inmates with trauma-spectrum illness, major mental illness, TBI, and substance-related disorders.
Burlington Police Dept.	Burlington arguably has the greatest concentration of persons with mental illness outside a hospital setting in the state of Vermont. Project will build upon the good collaborative work already begun between the BPD and the Chittenden Mental Health Court, the Howard Center, and various other human service provider organizations. The project will particularly focus on helping BPD officers become more knowledgeable regarding trauma-related illness and veteran's issues. The project will provide additional disposition options to the BPD.
State Police	Vermont State Police provide general police service in many parts of unincorporated Vermont
Vermont Coalition of End Homelessness- Chittenden County Continuum of Care	http://www.helpingtohouse.org/meetings.php
NAMI - VT	State-wide family organization that provides education, family support and advocacy re: mental health issues
Vermont Psychiatric Survivors	Statewide consumer/survivor/ex-patient organization that provides peers support, education and advocacy
Howard Center	
Jon Coffin	^MH Outpatient Director at HC and Colonel in National Guard ^Member of National Guard Debriefing team that interviews/assesses every military personnel returning from deployment
Office of the Court Administrator	Responsible for the management of Vermont's trial, probate and environmental courts as well as the Vermont Judicial Bureau. Oversees Vermont Drug and MH courts. Helps to support Chief Justice Task force.
Office of Vermont Health Access	State Medicaid Office
Dept. of Health (VDH)	State's lead agency for public health policy and advocacy.
VDH - Division of Alcohol and Drug Abuse Programs	Oversees public SA prevention and treatment systems
Chief Justice Task Force	
VPQHC	
University of Vermont	The project will be directed through the UVM Public Psychiatry Division The project will be evaluated through the UVM Biostatistics Group Data analysis will also be provided through the UVM College of Mathematics & Engineering Various UVM-affiliated health service providers will be included in the deployment (e.g. inpatient unit, outpatient substance abuse clinics)
Judge Geoffrey Crawford	Presides over HC Treatment Court

VT Office of the Defender General	Provides constitutionally required representation to needy persons charged with serious crimes, as well as persons in the custody of the Commissioner of Corrections and needy persons in extradition, or probation or parole revocation proceedings
Denise Lamoureux State Refugee Coordinator	Coordinates private and public resources for refugee resettlement and delivery of services to refugees.
Chittenden County State's Attorney	Prosecutes cases at HC Treatment court
AHS Trauma Coordinator	Promotes the delivery of all AHS services through a trauma informed system of care. Works with each of its departments and offices, and community partners ensure delivery of trauma-sensitive and informed services to all individuals and families served by the Agency of Human Services.
VT Vet-To-Vet	Statewide peer organization that provides peers support (e.g. WRAP groups) and advocacy for vets
VA	
Vietnam Veteran's Center	
National Guard/ Camp Johnson	
National Guard Outreach Team	
	Manages state benefits for Vermont veterans (there are many benefits: http://www.va.state.vt.us/Downloads/Brochure%20-%20State%20Benefits%20-%20WebVersion.pdf).
	military records of all Vermont Vets
Vermont Veterans, Family & Community Network	



The
UNIVERSITY
of VERMONT

COLLEGE of MEDICINE

DIVISION of PUBLIC PSYCHIATRY

DEPARTMENT of PSYCHIATRY

Michael Hartman
Commissioner of Mental Health
Vermont Agency of Human Services
108 Cherry Street
Burlington, VT

May 6, 2008

RE: SAMHSA Grant Application for a Veterans Jail Diversion and Trauma Recovery Program

Dear Michael,

I enthusiastically agree to serve as the Project Director/Principal Investigator for the SAMHSA grant that would create a jail diversion and trauma recovery program for Vermont veterans. This is a timely resource, as the news carries more and more stories about the plight of veterans returning from Iraq and Afghanistan.

Under this grant, we would implement a jail diversion program in Chittenden County for veterans and other individuals with trauma-related disorders who are in trouble with the law. Our program would operate using the *Sequential Intercept Model*, which envisions a series of "points of interception" at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system. Specifically, this proposed program would:

- 1) Work with different programs/organizations within Chittenden County that may encounter veterans and other individuals with trauma disorders who are experiencing difficulties (e.g. local law enforcement, substance abuse programs, homeless providers, crisis programs, hospital emergency rooms and inpatient psychiatric programs) to enhance the program/organization's ability to identify these individuals and refer them to trauma-specific treatment and supports,
- 2) Enhance the capability of the Howard Center's Mental Health and Drug Treatment Court to assess and work with veterans and other individuals with trauma disorders and divert them into trauma treatment in lieu of incarceration,
- 3) Enhance the existing network and capability of programs that provide treatment and support to veterans and other individuals with trauma disorders (e.g. Veterans Administration, Vietnam Veterans Center, Howard Center, Vermont Vet-to-Vet)

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Equal Opportunity/Affirmative Action Employer

in Chittenden County to ensure these individuals have full access to appropriate treatment and support,

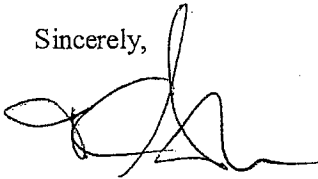
- 4) Enhance Vermont's capacity to collect and analyze data on the number of individuals with trauma disorders involved in the criminal justice system and the treatment outcomes of those receiving treatment and support.

The Vermont Department of Mental Health has already entered into a partnership with Fletcher Allen as our state's academic medical center for providing psychiatrists to the Vermont State Hospital. This exciting grant would build upon our existing contract.

If the funding were approved, it would allow for the expansion of the Division of Public Psychiatry and provides you, as our Director of Public Psychiatry, with the opportunity to broaden the contribution Fletcher Allen is able to make to help those individuals with serious mental illness. This five-year grant would support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with posttraumatic stress disorder (PTSD) and trauma related disorders involved in the justice system. In recognition of the dramatically higher prevalence of trauma related illnesses among veterans, this program will prioritize eligibility for veterans.

In my capacity as Director of UVM Public Psychiatry, I look forward to working with you and DMH to help transform services for persons suffering from mental illnesses, substance abuse, traumatic brain injury, and other forms of psychiatric and neurologic illness. This grant would help bring us down that path.

Sincerely,



Thomas A. Simpatico, M.D.
Professor of Psychiatry
Director of Public Psychiatry
Department of Psychiatry
UVM College of Medicine



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Agency of Human Services
Office of the Secretary
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Cynthia D. LaWare, Secretary

May 7, 2008

Terry L. Cline, Ph.D.
Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Dr. Cline,

On behalf of the Vermont Agency of Human Services (AHS), I am pleased to support Vermont's application for the SAMHSA *Jail Diversion and Trauma Recovery Program – Priority to Veterans* grant.

As described in our application, AHS is currently finalizing an agency-wide policy to ensure we provide comprehensive, compassionate trauma-informed care to the vulnerable Vermonters we serve. Further, each department in the Agency—Health; Mental Health; Corrections; Children and Families; Disabilities, Aging and Independent Living, and our Office of Vermont Health Access—will also need to prioritize efforts to best support the needs of veterans returning from duty overseas. The Agency is committed to ensuring we meet the growing needs of these clients in a welcoming and supportive manner. Each of our departments are working to become “veteran-informed”, in addition to trauma-informed, so that the services we provide to this vulnerable group address the complex familial, personal, and economic challenges that veterans often face upon returning to their home communities in Vermont.

This grant would be a valuable tool in our efforts to rethink, revitalize and reform how we serve Vermonters of every age and all walks of life. Thank you for your consideration.

Sincerely,

Cynthia D. LaWare, Secretary
Agency of Human Services





Date: May 8, 2008
To: Mr. Michael Hartman, Commissioner
Thru: Mr. Nick Nichols
Subj: Support for Federal Grant

I would like to express my full support for the Vermont Department of Mental Health's application for the federal "Jail Diversion and Trauma Recovery Program - Priority to Veterans grant".

I understand that it's a 5 year, recurrent grant that targets individuals with PTSD and especially military veterans. As I understand, there are few jail diversion programs that address the needs of military veterans facing incarceration. A majority of veterans "in trouble with the law" are

As the Team Leader of the Vet Center in South Burlington we work closely with the Vermont Army National Guard (VTANG) and are referred veteran clients for various mental health issues which often focus on PTSD. We often find that legal issues are the initial signal that warrants such referrals. We partner with the Howard Center and Probation and Parole in the service of such veterans. As such, we would welcome additional resources to assist those veterans in our catchments area which encompasses half of Vermont counties to include Chittenden.

Once again, I fully support the grant proposal on behalf of the Vermont Department of Mental Health and welcome any questions or discussion regarding its implementation.

Respectfully

Fred C. Forehand, MSW
Team Leader
South Burlington Vet Center