



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: May 19, 2011
Subject: JFO #2496, #2497, #2498, #2499, #2500, #2503

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

JFO #2496 — \$500,000 grant from the U.S. Department of Justice to the Vermont Department for Children and Families. These funds will be used to support 12 youth delinquency prevention programs.

[JFO received 4/06/11]

JFO #2497 — \$345,100 grant from the University of Massachusetts to the Vermont Department for Disabilities, Aging and Independent Living. These funds will be used to implement a Social Security Administration demonstration project to determine if enhanced work incentives result in increased employment outcomes for Social Security Disability Insurance beneficiaries. **This grant includes establishment of three limited service positions.**

[JFO received 4/06/11]

JFO #2498 — \$220,480 grant from the National Association of State Mental Health Program Directors to the Vermont Department of Mental Health. These funds will be used to create an Evidence-Based Practices Cooperative to support the adoption of evidence-based practices within the state's community mental health system. **An existing position will be used in lieu of requesting a new limited service position.**

[JFO received 4/06/11]

JFO #2499 — \$103,000 grant from the National Association of State Mental Health Program Directors to the Vermont Department of Mental Health. These funds will be used to develop Supported Employment Champions within a Designated Agency's Community Rehabilitation Treatment Program.

[JFO received 4/06/11]

JFO #2500 — \$150,000 grant from the U.S. Department of Education to the Vermont Department of Education. These funds will be used to establish a State Literacy Team that will develop a literacy plan for Vermont.

[JFO received 4/06/11]

JFO #2503 — \$13,168,350 grant from the U.S. Department of the Treasury to the Vermont Economic Development Authority. These funds will be used to allow VEDA to subsidize commercial loans in order to lower the cost of borrowing to Vermont businesses. This funding will support the following programs: Financial Access Program, Commercial Loan Participation Program, Technology Loan Participation Program, and Small Business loan Program.

[JFO received 5/2/11]

The Governor's approval may now be considered final. Please inform the Secretary of Administration and your staff of this action.

cc: Dave Yacovone, Commissioner
Susan Wehry, Commissioner
Christine Oliver, Commissioner
Armando Vilaseca, Commissioner
Lawrence Miller, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: April 22, 2011
Subject: Grant Requests

Enclosed please find seven (7) items that the Joint Fiscal Office has received from the administration, including one fee approval request. Six limited service position requests are associated with these items.

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[JFO received 4/06/11]

JFO #2497 — \$345,100 grant from the University of Massachusetts to the Vermont Department for Disabilities, Aging and Independent Living. These funds will be used to implement a Social Security Administration demonstration project to determine if enhanced work incentives result in increased employment outcomes for Social Security Disability Insurance beneficiaries. **This grant includes establishment of three limited service positions.**

[JFO received 4/06/11]

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[JFO received 4/06/11]

JFO #2500 — \$150,000 grant from the U.S. Department of Education to the Vermont Department of Education. These funds will be used to establish a State Literacy Team that will develop a literacy plan for Vermont.

[JFO received 4/06/11]

JFO #2501 — \$1,000,000 grant from the U.S. Department of Health and Human Services to the Vermont Agency of Human Services. These funds will be used to study the feasibility of coordinating Medicare and Medicaid payment and services for dual eligible recipients. **This grant includes establishment of three limited service positions. Expedited review of this item has been requested. Joint Fiscal Committee members will be contacted by May 6 with a request to waive the remainder of the review period and approve the acceptance of this item.**

[JFO received 4/20/11]

JFO #2502 — Request to establish at 2% fee for each permit purchased on-line with a credit card. Joint Fiscal Committee approval of this fee request is required in accordance with 22 V.S.A. § 953 (c)(2).

[JFO received 4/22/11]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by May 6 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: Dave Yacovone, Commissioner
Susan Wehry, Commissioner
Christine Oliver, Commissioner
Armando Vilaseca, Commissioner
Doug Racine, Secretary
Chuck Ross, Secretary

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JFO 2498

DATE: March 14, 2011

DEPARTMENT: Mental Health

GRANT/DONATION (brief description and purpose): Federal funds, provided through a subcontractor, to research evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.

GRANTOR/DONOR: National Association of State Mental Health Program Directors

GRANT PERIOD: 01/01/11-10/31/11

AMOUNT/VALUE: \$220,480

POSITIONS REQUESTED (LIMITED SERVICE): 1 Full-Time Mental Health Practice Improvement Coordinator. The department will use an existing position instead of requesting a new limited service position.

ANY ON-GOING, LONG-TERM COSTS TO THE STATE:

COMMENTS: They are using the existing employee in the current position.

DEPT. FINANCE AND MANAGEMENT:

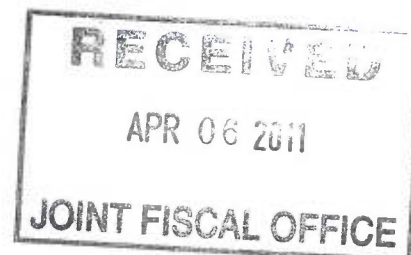
(INITIAL) *AE* *3/14/11*

SECRETARY OF ADMINISTRATION:

(INITIAL) *AE* *3/14/11*

SENT TO JOINT FISCAL OFFICE:

(DATE) *3/25/11*



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:	Transformation Transfer Initiative		
5. Federal Catalog #:	93.243		
6. Grant/Donor Name and Address: National Association of State Mental Health Program Directors, Alexandria, Virginia			
7. Grant Period:	From:	1/1/2011	To: 10/31/2011
8. Purpose of Grant: To create an Evidence-Based Practices (EBP) Cooperative to work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.			
9. Impact on existing program if grant is not Accepted: none			

10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 11	FY 12	FY 13 and beyond	
Personal Services	\$130,488	\$86,992	\$	
Operating Expenses	\$1,800	\$1,200	\$	
Grants	\$	\$	\$	
Total	\$132,288	\$88,192	\$0	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$132,288	\$88,192	\$	
(Direct Costs)	\$124,800	\$83,200	\$0	
(Statewide Indirect)	\$75	\$50	\$	
(Departmental Indirect)	\$7,413	\$4,942	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$132,288	\$88,192	\$0	
Appropriation No:	3150070000	Amount:	\$132,288	
			\$	
			\$	
			\$0	
			\$	
			\$	

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

			\$
		Total	\$132,288

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: Christine Oliver Agreed by: CMD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Mental Health Practice Improvement Coordinator
Total Positions	1	

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>Christine M Oliver</u>	Date: <u>2/16/14</u>
	Title:	
	Signature: <u>Patrick Flood</u>	Date: <u>2/23/11</u>
	Title:	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	<u>[Signature]</u>	
<input type="checkbox"/>	Rejected	(Governor's signature)	Date: <u>5/24/11</u>

15. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Check One Box: Request to JFO	<u>[Signature]</u> <u>Dpty</u>	Date: <u>03/16/14</u>
<input type="checkbox"/>	Information to JFO	(Secretary's signature or designee)	Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input checked="" 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

Vermont Department of Mental Health

Supporting Schedule for Transformation Transfer Initiative SAMHSA Grant AA-1 dated 2/14/2011

Item	Amount in application budget for year one	Amount in AA-1 budget for SFY 2011	Amount in AA-1 budget for SFY 2012
EBP Cooperative Program Coordinator	\$48,750	\$29,250	\$19,500
EBP Cooperative Administrative Assistant	\$16,250	\$9,750	\$6,500
Office Expenses/Supplies/Equipment	\$3,000	\$1,800	\$1,200
Subcontract for development of EBP Cooperative Website	\$10,000	\$6,000	\$4,000
Subcontract for creation of web-based EBP training	\$70,000	\$42,000	\$28,000
Training of Trainers - Purchase of expert trainers	\$40,000	\$24,000	\$16,000
Training of Trainers - Meeting Expenses	\$12,000	\$7,200	\$4,800
EBP Cooperative Steering Committee	\$8,000	\$4,800	\$3,200
Total Direct Costs	\$208,000	\$124,800	\$83,200
Total Indirect Costs - 6%	\$12,480	\$7,488	\$4,992
Total Costs	\$220,480	\$132,288	\$88,192

Allocation factor

Total months of grant	10
Number of months FY 11	6
Amount used in FY 11	60%

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**



This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report **must** be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Mental Health Date: March 2, 2011

Name and Phone (of the person completing this request): Bill Snyder (241-4033)

Request is for:
 Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
 National Association of State Mental Health Project Directors (NASMHPD)
 Transformation Transfer Initiative
 Note: This is a grant from SAMHSA to NASMHPD and a subcontract to DMH

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Title: Mental Health Practice Improvement Coordinator		Division: Adult Mental Health Division	Anticipated End Date: Subcontract end date is October 31, 2011

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:
 This position will oversee and administer a project to develop an independent, cooperative organization focused on mental health practice improvement and workforce development in Vermont's community and inpatient programs. The position will work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Christina M. Oliver 3/2/11
 Signature of Agency or Department Head Date

Molly Paulye 3/10/11
 Approved/Denied by Department of Human Resources Date

[Signature] 3/16/11
 Approved/Denied by Finance and Management Date

[Signature], Deputy 03/16/11
 Approved/Denied by Secretary of Administration Date

Comments: This position request is to use an existing position for this grant, NOT to add a new limited service position - DHR approval is for use of existing position. MOP see attached email



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Classification & Control Section
Dept. of - [illegible]
State of [illegible]
[illegible]
RECEIVED



40

State of Vermont

Agency of Human Services

Department of Mental Health

[phone] 802-652-2000

108 Cherry Street, PO Box 70

[Legal] 802-657-4310

Burlington, VT 05402-0070

[fax] 802-652-2005

healthvermont.gov/mh

[tty] 800-253-0191

To: Shirley Dow, AHS

From: Bill Snyder, DMH Financial Manager *BS*

Re: AA-1 for Transformation Transfer Initiative

Date: February 16, 2011

I am enclosing the documents requesting approval for spending authority for a fixed price subcontract between the Department of Mental Health (DMH) and the contractor, the National Association of State Mental Health Program Directors (NASMHPD). The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Transformation Transfer Initiative (TTI), which provides modest funding awards to States not participating in the Mental Health Transformation State Incentive Grant program. We are enclosing the letter from SAMHSA to the Mental Health Commissioner announcing the funding to Vermont, the original application for funding, a Request for Reclassification (RFR) form of an existing Limited Service Position that will be funded through this contract, and the AA-1 form with an attached Supporting Schedule for the first year's funding.

The CFDA number is 93.243.

Please let me know when the AA-1 has been signed by the Secretary and the packet is on its way to Budget and Management in Montpelier.

If you have any questions, please contact me at 241-4033 or Nick Nichols at 241-4007.

DEC 20 2010

Dear State Mental Health Commissioner:

In the last 3 years, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Transformation Transfer Initiative (TTI) has fostered recovery-based, consumer-driven mental health care by supporting state efforts to develop and implement innovative approaches for transforming the public mental health system. By advancing the concepts of Whole Health /Integration, Whole Health/Peer Support, Criminal Justice/Mental Health, Youth/Children's Mental Health, Recovery and Resiliency, TTI has proven to be a catalyst for the kind of system change needed to support SAMHSA's strategic initiatives. The TTI program specially aligns with the goals and objectives of the SAMHSA strategic initiatives Recovery Support, Data and Outcomes, Prevention of Substance Abuse and Mental Illness, Health Reform and Trauma and Justice.

To continue to support state efforts TTI provides modest funding awards on a competitive basis, in the form of fixed-price subcontracts between the contractor, the National Association of State Mental Health Program Directors (NASMHPD), the States, the District of Columbia, and the Territories. The awards may total up to \$221,000 for each eligible State. This year SAMHSA is pleased to announce the funding of 13 new TTI awards to the following States and Territory:

1. **Delaware** – Building a Statewide consumer network through Peer Support.
2. **Idaho** – Data Development and Collection to result in reports that measure service outcomes and efficiency in an integrated mental health and substance use disorders system.
3. **Kansas** – Health and Wellness Initiative through Whole Health Campaigns within communities.
4. **Kentucky***** – Healthcare Reform Implementation.
5. **Minnesota***** – Integration of Primary Care into Assertive Community Treatment (ACT) teams.
6. **New Hampshire** – Statewide Implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) and Adults Needs and Strengths Assessment (ANSA) to advance client level data and its outcomes.
7. **Pennsylvania***** – Older Adult Peer Support Services.
8. **Rhode Island** – Peer Support Services and Recovery Training at Community Mental Health Centers (CMHC).
9. **South Carolina** – Primary and Behavioral Health Integration.
10. **Tennessee***** – Family Support Providers within Juvenile Courts.
11. **Vermont** – Statewide EBP Cooperative focused on mental health practice improvement and workforce development.
12. **Virgin Islands** – Anti-Stigma Campaign linked to Employment and Housing.

Page 2 - State Mental Health Commissioner

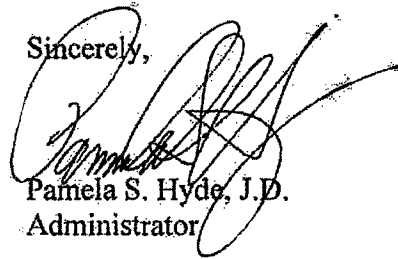
13. **Virginia** – Consumer and Family integration into statewide and local Crisis Intervention Teams (CIT).

*** Previous TTI Awardee competing for an additional \$110,500 award

Previous year initiatives have exemplified the resourcefulness and originality that is characteristic of leaders in our mental health communities. These 13 initiatives promise to do the same as they touch upon significant mental health/system reform needs that demand creative responses, unique to each of the States from which they came. As in previous years, the results of these subcontracts will be provided to SAMHSA and, in turn, will be made available as a resource to all the States and Territories.

Congratulations!

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela S. Hyde', is written over a circular stamp or seal. The signature is fluid and cursive.

Pamela S. Hyde, J.D.
Administrator

Transformation Transfer Initiative Application

Vermont Department of Mental Health

October 2010

I. Initiative Description and Projected Budget

The Vermont Department of Mental Health (DMH) proposes to use TTI grant funds to establish an independent, cooperative organization focused on mental health practice improvement and workforce development. DMH will create an *Evidence-Based Practices (EBP) Cooperative* to work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.

Background

As described by the New Freedom Commission on Mental Health in their 2003 report *Achieving the Promise: Transforming Mental Health Care in America*, "In a transformed mental health system, consistent use of evidence-based, state-of-the art medications and psychotherapies will be standard practice throughout the mental health system." While Vermont has achieved some success in implementing various EBP's over the past decade (Supported Employment, Integrated Dual Disorder Treatment, Dialectical Behavior Therapy), we have yet to establish a consistent, long-term, state-wide model for identifying, implementing, and sustaining EBP's. In recognition of this issue, Vermont has been using funds from the SAMHSA - CMHS *New Freedom Initiative – State Coalitions to Promote Community-Based Care* grant program over the past three years to support a multi-stakeholder (consumers, family-members, mental health providers) panel to review and make recommendations regarding how evidenced-based practices should be implemented in Vermont. The panel has been responsible for 1) evaluating reviews of the scientific and practice literature on specific practices, as well as "lessons learned" from in-state pilots and state-wide implementation of those practices, and 2) creating recommendations about the scope and scale of implementation of those practices in Vermont. The panel has evaluated and produced recommendations for eight EBP's to-date. Based on these recommendations, the panel has also developed a proposal to create an Evidence-based Practices Cooperative (as described in this application) as the primary method for implementing their recommendations. As such, this proposal represents the work of providers, consumers, family members and DMH over a three-year period to develop a sustainable model to ensure the consistent use of evidence-based, state-of-the art mental health services and supports¹. TTI funding will allow Vermont to successfully leverage previous *SAMSHA New Freedom Initiative* funding and implement a sustainable model to ensure the use of EBP's in our mental health system.

Description of the EBP Cooperative

The Evidence-based Practices Cooperative will serve as an independent practice improvement and workforce development organization focused on the adoption of evidence-based, recovery-oriented practices within the state's community mental health system. Membership of the cooperative will include community and inpatient mental health providers, consumer and family support organizations, higher education, and consumer and family members. Each stakeholder group will share responsibility for supporting the work of the cooperative to identify, implement, and sustain EBP's in Vermont. The cooperative will serve in the following functions:

¹ The DMH adult mental health consumer, family, and provider advisory committee and representatives from each of Vermont's community mental health centers have also reviewed and contributed to this proposal.

- 1) Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont,
- 2) Operate as a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP's for consumers and families to support informed consumer choice),
- 3) Develop instate resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP's, web-based training, training materials, consumer and family panels),
- 4) Review and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state,
- 5) Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of best practice,
- 6) Identify state and local implementation barriers (e.g. policies, funding) and facilitate efforts to address barriers,
- 7) Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system.

Components of the cooperative will include:

- A Program coordinator
- Administrative support
- A Steering committee that will oversee activities of the cooperative and perform regular reviews of new evidence-based/promising practices (the steering committee will take over this role from the panel described above)
- A cohort of Vermont clinicians who are available to provide training and consultation on various evidence-based practices
- Flexible funding that can be used for the purchase of trainers/consultants.

During the first 10 months of the project, DMH will use TTI funding to support many of the one-time and start-up costs associated with the establishment of an independent cooperative. The following activities will be completed during the TTI grant funding period:

- 1) Selection of an organization to host the EBP Cooperative
- 2) Hiring staff and setting up office space
- 3) Developing a website to allow the cooperative to act as a state clearinghouse for resources and information on evidence-based and promising practices (e.g. EBP Toolkits and search engines, information for consumers and families on EBP's in Vermont)
- 4) Identifying and developing EBP training resources (e.g. web-based training, training curriculum)
- 5) Establishing a steering committee (see above)
- 6) Recruiting and training, as needed, clinicians, consumers and family members to act as instate expert trainers and consultants on specific EBP's (i.e. training of trainers)
- 7) Creating a business model to secure ongoing funding for the operations of the cooperative.

In light of the passage of the *Affordable Care Act* and its implications for the public mental health system, DMH recognizes that Vermont will need a clear platform and methodology for 1)

rapidly evaluating changes that are occurring through healthcare reform, 2) identifying best practices for provider organizations specific to healthcare reform (e.g. integration of mental health and health), and 3) providing up-to-date information and technical assistance to implement those best practices. As such, the EBP Cooperative will also take responsibility for the ongoing evaluation of health care reform “best practices” and the development of resources to support reform in the public mental health system.

Once the cooperative has successfully established resources specific to the EBP’s that have already been reviewed (see above), the cooperative will also focus on the following practice areas:

- 1) Outreach, screening and early intervention to prevent mental health disorders
- 2) Treatment and support of active duty, guard and reserve members
- 3) Treatment of trauma-related disorders

Sustainability

Once start-up activities have been completed, each participating organization will contribute resources to the cooperative through direct funding and/or staff time to support activities of the cooperative. Once the various EBP resources (web-based training, in-state EBP experts) have been created, ongoing operating costs will be significantly lower. For example, participating organizations that have in-house EBP expert trainers will be allowed to donate the time of these trainers in lieu of financial contributions to the cooperative, eliminating the need to purchase expensive, out-of-state expertise. Those organizations involved in developing this proposal have also identified multiple funding sources to support ongoing operations. These include DMH training funds, contributions from cooperative members, training funds previously used by provider organizations to support training for staff, and additional public and private grant funds that become available for workforce and practice improvement (e.g. Olmstead grant funds, Mental Health Transformation Grants).

Proposed Budget

EBP Cooperative Program Coordinator (1.0 FTE X 10 months) \$ 4,875/month X 10 months	\$ 48,750
EBP Cooperative Administrative Assistant (.5 FTE X 10 months) \$1,625 X 10 months	\$ 16,250
Office Expenses/Supplies/Equipment	\$ 3,000
Subcontract for development of EBP Cooperative Website	\$ 10,000
Subcontract for creation of web-based EBP training	\$ 70,000
Training of Trainers – Purchase of expert trainers: 10 days X 2 trainers X \$2,000/day (includes expenses)	\$ 40,000
Training of Trainers – Meeting Expenses: 30 attendees X 10 days X \$40/day	\$ 12,000
EBP Cooperative Steering Committee (room rental, consumer stipends): \$1,000/mtg X 8 mtgs	\$ 8,000
Subtotal	\$208,000
Indirect: 6%	\$ 12,480
Total	\$220,480

II. Proposed Timeline

December 2010

- Complete selection of organization to host the EBP Cooperative
- Begin recruitment of members for EBP Cooperative steering committee
- Begin recruitment of EBP Cooperative Program Director and Administrative Assistant

January 2010

- Hire Program Director and Administrative Assistant
- First monthly meeting of steering committee

February 2011

- Begin development of sustainability/business plan
- Begin recruitment of in-state clinicians to participate in EBP training of trainers
- Begin subcontract for website development and development of web-based EBP training

March – June 2011

- Complete EBP Cooperative Website
- Complete sustainability/business plan
- Complete beta version of web-based EBP training.
- Pilot web-based training with selected community mental health providers and collect evaluation feedback
- Complete EBP training of trainers

July 2011

- Finalize web-based EBP training
- Begin providing on-site training/technical assistance by instate EBP trainers
- Begin implementing sustainability/business plan

August 2011

- Secure funding for continuation of the EBP Cooperative

September 2011

- Final report submitted to NASMHPD

III. Initiative Coordinator

Nick Nichols, MSW
Department of Mental Health
103 South Main Street
Waterbury, VT 05671
802-241-4007
802-241-4004 (fax)
nick.nichols@ahs.state.vt.us

III. Fixed-Priced Contract

The Department of Mental Health will use a relatively simple process for establishing a fixed price contract with NASHMPD. There will be two steps required to establish the contract:

- 1) review of the proposed NASHMPD contract by the Department of Mental Health's Legal Unit
- 2) review and signature by the Commissioner

DMH anticipates it will take no longer than 3 weeks to review and sign the fixed price contract.

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JFO 2498

DATE: March 14, 2011

DEPARTMENT: Mental Health

GRANT/DONATION (brief description and purpose): Federal funds, provided through a subcontractor, to research evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.

GRANTOR/DONOR: National Association of State Mental Health Program Directors

GRANT PERIOD: 01/01/11-10/31/11

AMOUNT/VALUE: \$220,480

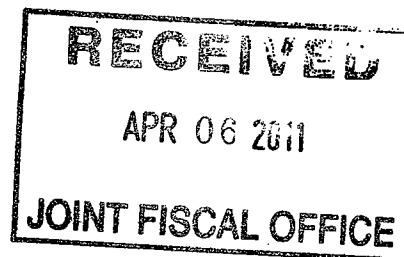
POSITIONS REQUESTED (LIMITED SERVICE): 1 Full-Time Mental Health Practice Improvement Coordinator. The department will use an existing position instead of requesting a new limited service position.

ANY ON-GOING, LONG-TERM COSTS TO THE STATE:

COMMENTS: They are using the existing employee in the current position.

DEPT. FINANCE AND MANAGEMENT:
SECRETARY OF ADMINISTRATION:
SENT TO JOINT FISCAL OFFICE:

(INITIAL) AE 3/14/11
(INITIAL) AE 3/14/11
(DATE) 3/25/11



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:	Transformation Transfer Initiative		
5. Federal Catalog #:	93.243		
6. Grant/Donor Name and Address: National Association of State Mental Health Program Directors, Alexandria, Virginia			
7. Grant Period:	From:	1/1/2011	To: 10/31/2011
8. Purpose of Grant: To create an Evidence-Based Practices (EBP) Cooperative to work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.			
9. Impact on existing program if grant is not Accepted: none			

10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 11	FY 12	FY 13 and beyond	
Personal Services	\$130,488	\$86,992	\$	
Operating Expenses	\$1,800	\$1,200	\$	
Grants	\$	\$	\$	
Total	\$132,288	\$88,192	\$0	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$132,288	\$88,192	\$	
(Direct Costs)	\$124,800	\$83,200	\$0	
(Statewide Indirect)	\$75	\$50	\$	
(Departmental Indirect)	\$7,413	\$4,942	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$132,288	\$88,192	\$0	
Appropriation No:	3150070000	Amount:	\$132,288	
			\$	
			\$	
			\$0	
			\$	
			\$	

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

	\$
Total	\$132,288

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: Christine Oliver Agreed by: CMD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Mental Health Practice Improvement Coordinator
Total Positions	1	

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>Christine M Oliver</u>	Date: <u>2/16/11</u>
Title:	
Signature: <u>Patrick Flood</u>	Date: <u>2/23/11</u>
Title:	

14. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	<u>[Signature]</u>	
<input type="checkbox"/>	Rejected	(Governor's signature)	Date: <u>3/24/11</u>

15. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Check One Box: Request to JFO	<u>[Signature]</u>	
<input type="checkbox"/>	Information to JFO	(Secretary's signature or designee)	Date: <u>03/16/11</u>

16. DOCUMENTATION REQUIRED

- Required GRANT Documentation**
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Request Memo
<input type="checkbox"/> Dept. project approval (if applicable)
<input checked="" type="checkbox"/> Notice of Award
<input type="checkbox"/> Grant Agreement
<input checked="" type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)
<input checked="" 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

Vermont Department of Mental Health

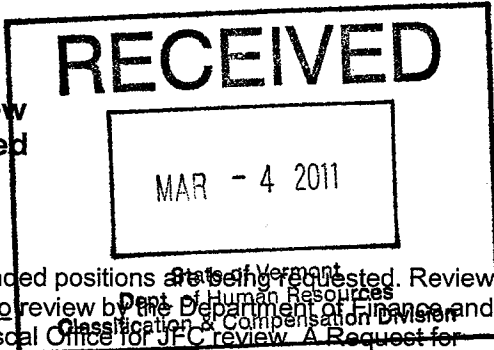
Supporting Schedule for Transformation Transfer Initiative SAMHSA Grant AA-1 dated 2/14/2011

Item	Amount in application budget for year one	Amount in AA-1 budget for SFY 2011	Amount in AA-1 budget for SFY 2012
EBP Cooperative Program Coordinator	\$48,750	\$29,250	\$19,500
EBP Cooperative Administrative Assistant	\$16,250	\$9,750	\$6,500
Office Expenses/Supplies/Equipment	\$3,000	\$1,800	\$1,200
Subcontract for development of EBP Cooperative Website	\$10,000	\$6,000	\$4,000
Subcontract for creation of web-based EBP training	\$70,000	\$42,000	\$28,000
Training of Trainers - Purchase of expert trainers	\$40,000	\$24,000	\$16,000
Training of Trainers - Meeting Expenses	\$12,000	\$7,200	\$4,800
EBP Cooperative Steering Committee	\$8,000	\$4,800	\$3,200
Total Direct Costs	\$208,000	\$124,800	\$83,200
Total Indirect Costs - 6%	\$12,480	\$7,488	\$4,992
Total Costs	\$220,480	\$132,288	\$88,192

Allocation factor

Total months of grant 10
 Number of months FY 11 6
 Amount used in FY 11 60%

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**



This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Mental Health Date: March 2, 2011

Name and Phone (of the person completing this request): Bill Snyder (241-4033)

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

National Association of State Mental Health Project Directors (NASMHPD)
Transformation Transfer Initiative
Note: This is a grant from SAMHSA to NASMHPD and a subcontract to DMH

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Title: Mental Health Practice Improvement Coordinator		Division: Adult Mental Health Division	Anticipated End Date: Subcontract end date is October 31, 2011

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position will oversee and administer a project to develop an independent, cooperative organization focused on mental health practice improvement and workforce development in Vermont's community and inpatient programs. The position will work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Christina M. Davis _____ Date: 3/2/11
Signature of Agency or Department Head

Molly Paul _____ Date: 3/10/11
Approved/Denied by Department of Human Resources

[Signature] _____ Date: 3/16/11
Approved/Denied by Finance and Management

[Signature] Deputy _____ Date: 03/16/11
Approved/Denied by Secretary of Administration

Comments: This position request is to use an existing position for this grant, NOT to add a new limited service position - DHR approval is for use of existing position. MOP

REC'D MAR 14 2011



40

State of Vermont

Agency of Human Services

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

[phone] 802-652-2000
[Legal] 802-657-4310
[fax] 802-652-2005
[tty] 800-253-0191

To: Shirley Dow, AHS
From: Bill Snyder, DMH Financial Manager *BS*
Re: AA-1 for Transformation Transfer Initiative
Date: February 16, 2011

I am enclosing the documents requesting approval for spending authority for a fixed price subcontract between the Department of Mental Health (DMH) and the contractor, the National Association of State Mental Health Program Directors (NASMHPD). The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Transformation Transfer Initiative (TTI), which provides modest funding awards to States not participating in the Mental Health Transformation State Incentive Grant program. We are enclosing the letter from SAMHSA to the Mental Health Commissioner announcing the funding to Vermont, the original application for funding, a Request for Reclassification (RFR) form of an existing Limited Service Position that will be funded through this contract, and the AA-1 form with an attached Supporting Schedule for the first year's funding.

The CFDA number is 93.243.

Please let me know when the AA-1 has been signed by the Secretary and the packet is on its way to Budget and Management in Montpelier.

If you have any questions, please contact me at 241-4033 or Nick Nichols at 241-4007.

DEC 20 2010

Dear State Mental Health Commissioner:

In the last 3 years, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Transformation Transfer Initiative (TTI) has fostered recovery-based, consumer-driven mental health care by supporting state efforts to develop and implement innovative approaches for transforming the public mental health system. By advancing the concepts of Whole Health /Integration, Whole Health/Peer Support, Criminal Justice/Mental Health, Youth/Children's Mental Health, Recovery and Resiliency, TTI has proven to be a catalyst for the kind of system change needed to support SAMHSA's strategic initiatives. The TTI program specially aligns with the goals and objectives of the SAMHSA strategic initiatives Recovery Support, Data and Outcomes, Prevention of Substance Abuse and Mental Illness, Health Reform and Trauma and Justice.

To continue to support state efforts TTI provides modest funding awards on a competitive basis, in the form of fixed-price subcontracts between the contractor, the National Association of State Mental Health Program Directors (NASMHPD), the States, the District of Columbia, and the Territories. The awards may total up to \$221,000 for each eligible State. This year SAMHSA is pleased to announce the funding of 13 new TTI awards to the following States and Territory:

1. **Delaware** – Building a Statewide consumer network through Peer Support.
2. **Idaho** – Data Development and Collection to result in reports that measure service outcomes and efficiency in an integrated mental health and substance use disorders system.
3. **Kansas** – Health and Wellness Initiative through Whole Health Campaigns within communities.
4. **Kentucky***** – Healthcare Reform Implementation.
5. **Minnesota***** – Integration of Primary Care into Assertive Community Treatment (ACT) teams.
6. **New Hampshire** – Statewide Implementation of the Child and Adolescent Needs and Strengths Assessment (CANS) and Adults Needs and Strengths Assessment (ANSA) to advance client level data and its outcomes.
7. **Pennsylvania***** – Older Adult Peer Support Services.
8. **Rhode Island** – Peer Support Services and Recovery Training at Community Mental Health Centers (CMHC).
9. **South Carolina** – Primary and Behavioral Health Integration.
10. **Tennessee***** – Family Support Providers within Juvenile Courts.
11. **Vermont** – Statewide EBP Cooperative focused on mental health practice improvement and workforce development.
12. **Virgin Islands** – Anti-Stigma Campaign linked to Employment and Housing.

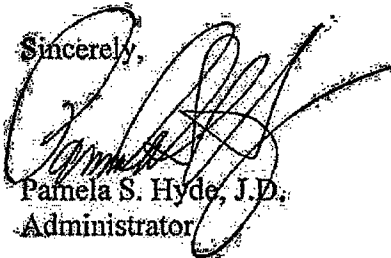
13. **Virginia** – Consumer and Family integration into statewide and local Crisis Intervention Teams (CIT).

*** Previous TTI Awardee competing for an additional \$110,500 award

Previous year initiatives have exemplified the resourcefulness and originality that is characteristic of leaders in our mental health communities. These 13 initiatives promise to do the same as they touch upon significant mental health/system reform needs that demand creative responses, unique to each of the States from which they came. As in previous years, the results of these subcontracts will be provided to SAMHSA and, in turn, will be made available as a resource to all the States and Territories.

Congratulations!

Sincerely,

A handwritten signature in black ink, appearing to read 'Pamela S. Hyde', is written over the typed name and title.

Pamela S. Hyde, J.D.
Administrator

**Transformation Transfer Initiative
Application**

Vermont Department of Mental Health

October 2010

I. Initiative Description and Projected Budget

The Vermont Department of Mental Health (DMH) proposes to use TTI grant funds to establish an independent, cooperative organization focused on mental health practice improvement and workforce development. DMH will create an *Evidence-Based Practices (EBP) Cooperative* to work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices within the state's community mental health system and improve quality of life outcomes for individuals receiving services from that system.

Background

As described by the New Freedom Commission on Mental Health in their 2003 report *Achieving the Promise: Transforming Mental Health Care in America*, "In a transformed mental health system, consistent use of evidence-based, state-of-the art medications and psychotherapies will be standard practice throughout the mental health system." While Vermont has achieved some success in implementing various EBP's over the past decade (Supported Employment, Integrated Dual Disorder Treatment, Dialectical Behavior Therapy), we have yet to establish a consistent, long-term, state-wide model for identifying, implementing, and sustaining EBP's. In recognition of this issue, Vermont has been using funds from the SAMHSA - CMHS *New Freedom Initiative – State Coalitions to Promote Community-Based Care* grant program over the past three years to support a multi-stakeholder (consumers, family-members, mental health providers) panel to review and make recommendations regarding how evidenced-based practices should be implemented in Vermont. The panel has been responsible for 1) evaluating reviews of the scientific and practice literature on specific practices, as well as "lessons learned" from in-state pilots and state-wide implementation of those practices, and 2) creating recommendations about the scope and scale of implementation of those practices in Vermont. The panel has evaluated and produced recommendations for eight EBP's to-date. Based on these recommendations, the panel has also developed a proposal to create an Evidence-based Practices Cooperative (as described in this application) as the primary method for implementing their recommendations. As such, this proposal represents the work of providers, consumers, family members and DMH over a three-year period to develop a sustainable model to ensure the consistent use of evidence-based, state-of-the art mental health services and supports¹. TTI funding will allow Vermont to successfully leverage previous SAMSHA *New Freedom Initiative* funding and implement a sustainable model to ensure the use of EBP's in our mental health system.

Description of the EBP Cooperative

The Evidence-based Practices Cooperative will serve as an independent practice improvement and workforce development organization focused on the adoption of evidence-based, recovery-oriented practices within the state's community mental health system. Membership of the cooperative will include community and inpatient mental health providers, consumer and family support organizations, higher education, and consumer and family members. Each stakeholder group will share responsibility for supporting the work of the cooperative to identify, implement, and sustain EBP's in Vermont. The cooperative will serve in the following functions:

¹ The DMH adult mental health consumer, family, and provider advisory committee and representatives from each of Vermont's community mental health centers have also reviewed and contributed to this proposal.

- 1) Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont,
- 2) Operate as a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP's for consumers and families to support informed consumer choice),
- 3) Develop in-state resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP's, web-based training, training materials, consumer and family panels),
- 4) Review and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state,
- 5) Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of best practice,
- 6) Identify state and local implementation barriers (e.g. policies, funding) and facilitate efforts to address barriers,
- 7) Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system.

Components of the cooperative will include:

- A Program coordinator
- Administrative support
- A Steering committee that will oversee activities of the cooperative and perform regular reviews of new evidence-based/promising practices (the steering committee will take over this role from the panel described above)
- A cohort of Vermont clinicians who are available to provide training and consultation on various evidence-based practices
- Flexible funding that can be used for the purchase of trainers/consultants.

During the first 10 months of the project, DMH will use TTI funding to support many of the one-time and start-up costs associated with the establishment of an independent cooperative. The following activities will be completed during the TTI grant funding period:

- 1) Selection of an organization to host the EBP Cooperative
- 2) Hiring staff and setting up office space
- 3) Developing a website to allow the cooperative to act as a state clearinghouse for resources and information on evidence-based and promising practices (e.g. EBP Toolkits and search engines, information for consumers and families on EBP's in Vermont)
- 4) Identifying and developing EBP training resources (e.g. web-based training, training curriculum)
- 5) Establishing a steering committee (see above)
- 6) Recruiting and training, as needed, clinicians, consumers and family members to act as in-state expert trainers and consultants on specific EBP's (i.e. training of trainers)
- 7) Creating a business model to secure ongoing funding for the operations of the cooperative.

In light of the passage of the *Affordable Care Act* and its implications for the public mental health system, DMH recognizes that Vermont will need a clear platform and methodology for 1)

rapidly evaluating changes that are occurring through healthcare reform, 2) identifying best practices for provider organizations specific to healthcare reform (e.g. integration of mental health and health), and 3) providing up-to-date information and technical assistance to implement those best practices. As such, the EBP Cooperative will also take responsibility for the ongoing evaluation of health care reform “best practices” and the development of resources to support reform in the public mental health system.

Once the cooperative has successfully established resources specific to the EBP’s that have already been reviewed (see above), the cooperative will also focus on the following practice areas:

- 1) Outreach, screening and early intervention to prevent mental health disorders
- 2) Treatment and support of active duty, guard and reserve members
- 3) Treatment of trauma-related disorders

Sustainability

Once start-up activities have been completed, each participating organization will contribute resources to the cooperative through direct funding and/or staff time to support activities of the cooperative. Once the various EBP resources (web-based training, in-state EBP experts) have been created, ongoing operating costs will be significantly lower. For example, participating organizations that have in-house EBP expert trainers will be allowed to donate the time of these trainers in lieu of financial contributions to the cooperative, eliminating the need to purchase expensive, out-of-state expertise. Those organizations involved in developing this proposal have also identified multiple funding sources to support ongoing operations. These include DMH training funds, contributions from cooperative members, training funds previously used by provider organizations to support training for staff, and additional public and private grant funds that become available for workforce and practice improvement (e.g. Olmstead grant funds, Mental Health Transformation Grants).

Proposed Budget

EBP Cooperative Program Coordinator (1.0 FTE X 10 months) \$ 4,875/month X 10 months	\$ 48,750
EBP Cooperative Administrative Assistant (.5 FTE X 10 months) \$1,625 X 10 months	\$ 16,250
Office Expenses/Supplies/Equipment	\$ 3,000
Subcontract for development of EBP Cooperative Website	\$ 10,000
Subcontract for creation of web-based EBP training	\$ 70,000
Training of Trainers – Purchase of expert trainers: 10 days X 2 trainers X \$2,000/day (includes expenses)	\$ 40,000
Training of Trainers – Meeting Expenses: 30 attendees X 10 days X \$40/day	\$ 12,000
EBP Cooperative Steering Committee (room rental, consumer stipends): \$1,000/mtg X 8 mtgs	\$ 8,000
Subtotal	\$208,000
Indirect: 6%	\$ 12,480
Total	\$220,480

II. Proposed Timeline

December 2010

- Complete selection of organization to host the EBP Cooperative
- Begin recruitment of members for EBP Cooperative steering committee
- Begin recruitment of EBP Cooperative Program Director and Administrative Assistant

January 2010

- Hire Program Director and Administrative Assistant
- First monthly meeting of steering committee

February 2011

- Begin development of sustainability/business plan
- Begin recruitment of in-state clinicians to participate in EBP training of trainers
- Begin subcontract for website development and development of web-based EBP training

March – June 2011

- Complete EBP Cooperative Website
- Complete sustainability/business plan
- Complete beta version of web-based EBP training.
- Pilot web-based training with selected community mental health providers and collect evaluation feedback
- Complete EBP training of trainers

July 2011

- Finalize web-based EBP training
- Begin providing on-site training/technical assistance by in-state EBP trainers
- Begin implementing sustainability/business plan

August 2011

- Secure funding for continuation of the EBP Cooperative

September 2011

- Final report submitted to NASMHPD

III. Initiative Coordinator

Nick Nichols, MSW
Department of Mental Health
103 South Main Street
Waterbury, VT 05671
802-241-4007
802-241-4004 (fax)
nick.nichols@ahs.state.vt.us

III. Fixed-Priced Contract

The Department of Mental Health will use a relatively simple process for establishing a fixed price contract with NASHMPD. There will be two steps required to establish the contract:

- 1) review of the proposed NASMHPD contract by the Department of Mental Health's Legal Unit
- 2) review and signature by the Commissioner

DMH anticipates it will take no longer than 3 weeks to review and sign the fixed price contract.

position was originally approved
in 2006 by JFO # 2237 when
Mental Health was part of the Health
Department.

MOP 3/10/11

Paulger, Molly

From: Nichols, Nick [Nick.Nichols@ahs.state.vt.us]
Sent: Thursday, March 10, 2011 9:38 AM
To: Snyder, William; Hall, Heidi; Paulger, Molly
Cc: Hurley, Judy
Subject: RE: Limited Service Position, Joint Fiscal, Request

Hi Molly - The grant is set to expire on October 31st, but our federal grant project officer has indicated that we will be able to extend the use of funds until the end of March 2012 if needed. We will have enough funding for 12 months of the position, and so it's really a 1 year position. I think it was an error on our part to list the end date as October - can we change this to March 31st? Do we need to resubmit the form, or is that something you can change on your end?

As you note in your second email, this is a reclassification of an existing limited service "grant coordinator" position that is already filled by Ed Riddell (hopefully the RFR indicated that), and so we are not requesting a new position. As such, we won't need to recruit - he is ready to transfer his duties as soon as we receive JF approval and DHR reclassifies his position.

Please let me know if you have any other questions.

Nick

From: Paulger, Molly [mailto:Molly.Paulger@state.vt.us]
Sent: Wednesday, March 09, 2011 5:29 PM
To: Hurley, Judy; Snyder, William
Subject: RE: Limited Service Position, Joint Fiscal, Request

In looking at this more closely I find that I have additional questions – are you requesting a new position or are you asking to fund 840160, Seclusion/Restraint Alternatives Coordinator, incumbent Edward Riddell, to the transformation transfer initiative grant, since you are using the RFR for his position with the grant request.

I will not forward this to Finance until I better understand the position request.

Thank you.

From: Paulger, Molly
Sent: Monday, March 07, 2011 11:58 AM
To: 'Hurley, Judy'; 'william.snyder@ahs.state.vt.us'
Subject: Limited Service Position, Joint Fiscal, Request

On Friday I received the position request materials associated with the Transformation Transfer Initiative grant – the position request indicates the anticipated end date for this position is October 31, 2011. Do you anticipate receiving continued funding beyond 1/31/11? If not, does it make sense to create a classified position for 6 months? It seems that given the amount of time it will take to recruit this after it is created there will only be a few months before the position expires.

Thank you.

Molly Paulger
Director, HR Services & Operations
State of Vermont
Department of Human Resources

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp) _____
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat: _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat: _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components: _____	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Incumbent Information:

Employee Name: Edward Riddell Employee Number: 22706

Position Number: 840160 Current Job/Class Title: Seclusion/Restraint Alternatives Coordinator

Agency/Department/Unit: AHS/Mental Health/Vermont State Hospital Work Station: Waterbury Zip Code: 05671

Supervisor's Name, Title, and Phone Number: Tommy Murray, Community Program Specialist, 241-3164

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title and Phone Number:

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

A majority of the current duties for this position will end in Spring 2011 when the current project to implement alternatives to seclusion and restraint expires. The new duties of this position will be based on a new federal grant received by the Department of Mental Health.

This re-classified position will oversee and administer a project to develop an independent, cooperative organization focused on mental health practice improvement and workforce development in Vermont's community and inpatient programs. The position will work with mental health providers and other service organizations to support the adoption of evidence-based, recovery-oriented practices within the state's mental health system and improve quality of life outcomes for individuals receiving services from that system.

Major Job Duties and Responsibilities will include:

- Oversee the planning, implementation and coordination of project activities
- Perform systematic review, evaluation, and analysis of new evidence-based and promising practices for possible implementation in Vermont,
- Develop a state clearinghouse for resources and information on evidence-based practices (this will include specific information on EBP's for consumers and families to support informed consumer choice),
- Develop in-state resources to support the implementation of evidence-based practices (e.g. training of trainers to establish in-state experts on specific EBP's, web-based training, training materials, consumer and family panels),
- Review and perform outreach, evaluations and fidelity assessments of mental health services to determine availability and quality of evidence-based practices in the state,
- Coordinate training, case consultations, technical assistance, and other workforce and program development activities to support adoption of best practice,
- Identify state and local implementation barriers (e.g. policies, funding) and facilitate efforts to address barriers,
- Support the use of data collection, outcomes-monitoring and community-based research to evaluate the effectiveness of practices being provided by the community mental health system.

- Manage reporting obligations to grant funder (SAMHSA) and communication between participating organizations and stakeholders.
- Engage with relevant stakeholder groups and develop collaborative agreements to support the creation and sustainability of an independent practice improvement organization.
- Identify and pursue additional funding opportunities to support sustainability of the practice improvement organization.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

Works closely with key leadership and operations staff (Director of Mental Health, Medical Director, Policy Director) at the Department of Mental Health and the Vermont State Hospital to coordinate implementation of project activities. Works closely with project steering body, multiple community and inpatient providers, consumer and family stakeholders, and expert consultants to oversee and manage the implementation of project activities. Facilitates project steering committee. Collaborates with federal grantors to ensure proper collection and reporting of project outcomes.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Education: Professional degree in mental health or related field (e.g. Master's Degree in Social Work, Psychology or Counseling).

Experience: Experience in operation of inpatient and community services to people with mental illness. Demonstrated experience in successful program development, implementation and management.

Skills and Knowledge:

- Knowledge of and experience with people with acute severe mental illness
- Understanding of data collection and analysis methods
- Effective verbal and written communication skills
- Knowledge of best and evidence-based practices regarding psychiatric treatment
- Knowledge of the principles and practices of public administration
- Knowledge of supervisory principles and practices
- Knowledge and skills in strategic planning and systems change

- Knowledge and skills in project management
- Skills in leadership and multi-stakeholder consensus-building
- Ability to develop and negotiate contracts
- Ability to evaluate program effectiveness
- Ability to communicate effectively orally and in writing.
- Ability to coordinate and provide training
- Ability to establish and maintain effective working relationships.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Works with supervisor and federal grantor to effectively set goals and establish priorities; understand, prepare and adhere to project goals, objectives, tasks, deadlines and time lines.

Effectively solicits, integrates and responds to regular input, consultation and directives from multiple sources, including project steering committee, state leadership, national expert consultants, federal administrators, treatment providers, consumers, families, and community representatives.

Works with supervisor to monitor and adhere to expectations and requirements of federal administration funding the project.

Clearly communicates grant project and departmental expectations, desired outcomes, and effectively delegates responsibilities to project staff, providing necessary supervision and resources to accomplish expectations.

Performs work activities with modest supervision; expected to complete many work projects independently without direct supervision.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

Expected to effectively understand, evaluate, and develop strategies to overcome multiple, complex organizational barriers to implementing and sustaining evidence-based practices.

Expected to oversee implementation of multi-year, systems change initiative involving multiple complex organizations.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Overseeing implementation and management of multi-year federal grant.

Overseeing implementation of new/improved evidence-based interventions for individuals with mental illness.

Improving the Vermont public mental health system through the implementation and improvement of clinical practice.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?

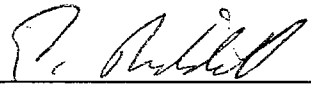
- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

--

Employee's Signature (required):  Date: 2-14-11

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

- Develops strategies, planning and implementation activities for the creation of statewide cooperative organization focused on the implementation of evidence-based practices and the improvement of clinical practice in mental health community and inpatient programs.
- Assesses and identifies training needs throughout community mental health system
- Prioritizes practice improvement needs throughout the community mental health system. Designs, develops, implements and evaluates activities to meet identified needs.
- May personally provide training, or coordinate projects and negotiate training contracts with providers.
- Coordinates training and practice improvement between the Vermont State Hospital, four general hospitals, and community providers.
- Identifies new types of treatment and best practices, tracking research on treatment effectiveness in literature.
- Assesses feasibility of bringing treatment/strategies on-line in Vermont and coordinating efforts to do so.

The scope of work for this position will expand to focus on all of the public mental health system under the Department of Mental Health, and so the position will be moving from Vermont State Hospital to the DMH Central Office. This will require a change in supervisor. The newly classified position will be supervised by the Mental Health Policy Director.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

- Effective verbal and written communication skills
- Knowledge of best and evidence-based practices regarding psychiatric treatment
- Knowledge and skills in strategic planning and systems change
- Knowledge and skills in project management
- Skills in leadership and multi-stakeholder consensus-building
- Ability to evaluate program effectiveness
- Ability to establish and maintain effective working relationships.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Mental Health Practice Improvement Coordinator; PG: 26

Supervisor's Signature (required):

Date:

2/14/11

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Personnel Administrator's Signature (required):

Date:

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Mental Health Practice Improvement Coordinator PG 26

Christina M. Oliver

2/15/11

Appointing Authority or Authorized Representative Signature (**required**)

Date

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