



STATE OF VERMONT
LEGISLATIVE JOINT FISCAL OFFICE

MEMORANDUM

TO: Joint Fiscal Committee Members

FROM: Maria Belliveau, Associate Fiscal Officer

MB

DATE: October 14, 2015

SUBJECT: JFO #2787 – Request from the Health Department for One New Limited Service Position

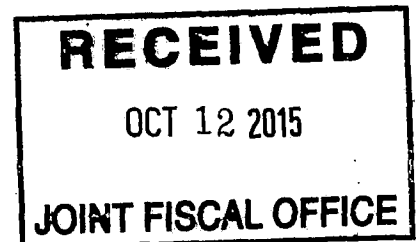
The Department of Health is requesting authority to establish one new limited service position, Substance Abuse Program Manager, funded with an existing federal grant. The grant that will fund the position was approved by the Joint Fiscal Committee in 2013 and provides funding for five years.

The requested position will serve as Program Manager for the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, Regional Prevention Partnership (RPP) grant initiative. This is a 5-year initiative that started on 9/30/15 and ends on 9/29/20 with the goal of reducing alcohol, marijuana and prescription drug use among Vermont's youth and young adult population.

Please review the enclosed materials and notify the Joint Fiscal Office (Maria Belliveau at (802) 828-5971; mbelliveau@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless you respond to the contrary by October 28, 2015 it will be assumed that you agree to consider as final the Governor's acceptance of this grant.


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

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



MEMORANDUM

To: Sarah Clark, AHS CFO

From: Paul Daley, Financial Director 

Re: Limited Service Position Request for the Strategic Prevention Framework (SPF) / Partnerships for Success (PFS) III Grant

Date: 9/11/15

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The Health Department is requesting approval of a new limited service position to be funded from the Strategic Prevention Framework (SPF) / Partnerships for Success (PFS) III initiative, a grant we've just received. The funding source for this grant was originally approved in 2013 through JFO #2606. One limited service position was authorized.

The project period of this grant is 9/30/15 thru 9/29/20. The goal of the grant is to apply the Strategic Prevention Framework (SPF) model to reduce underage drinking, prescription drug misuse and abuse, and marijuana use among 12-25 year olds across the state of Vermont. The purpose of the grant is to strengthen the prevention infrastructure at the state, regional and community levels using VDH's existing health district structure as the primary mechanism to implement activities. With half of VT's District Office regions currently implementing the SPF model for underage drinking and prescription drug misuse, the PFS III will extend that capacity to all areas of the state for the priority substance use targets and add the priority area of youth and young adult marijuana use. Funding for the Substance Abuse Program Manager is authorized in the current year's grant budget, with funding expected to continue through the balance of the project period.

Please find enclosed a Position Request Form, an RFR with Organization Chart, and a copy of the grant award document.

After review by your office and approval from the Secretary's Office, please forward to Molly Paulger at DHR.

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

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: AHS / Health Date: 9/11/15

Name and Phone (of the person completing this request): Paul Daley, 802-863-7284

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # 2606 (1/17/13)

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

Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA); Strategic Prevention Framework (SPF) / Partnerships for Success (PFS) grant; grant # 1U79SP020787-01.

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>
Substance Abuse Program Manager	1	ADAP	10/1/15 - 9/30/20

*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 provide grant management to the new Strategic Prevention Framework (SPF) / Partnerships for Success (PFS) funding as described in the budget justification submitted as part of the federal application and approved by the granting Agency.

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)).

Signature of Agency or Department Head [Signature] Date 9/14/15 SL 9/16/15
JDA 9/28/15

Approved/Denied by Department of Human Resources [Signature] Date 9/30/15

Approved/Denied by Finance and Management [Signature] Date 10/8/15

Approved/Denied by Secretary of Administration [Signature] Date 10/9/15

Comments:

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

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: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: Substance Abuse Program Manager

Agency/Department/Unit: AHS/VDH/ADAP GUC: 74603

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

Position Type: Permanent Limited Service (end date) 9/30/2020

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% federally funded

Supervisor's Name, Title and Phone Number: Lori Uerz, Manager of Prevention Services 802-652-4149

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code 526301 Existing Job/Class Title: Substance Abuse Program Manager

b. Position authorized by:

Joint Fiscal Office – JFO # Approval Date:

Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)

Other (explain) – Provide statutory citation if appropriate.

Vacant Position:

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Serve as program manager for the Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP), Regional Prevention Partnership (RPP) grant initiative which is a 5-year grant starting on 9/30/15 and ending on 9/29/20 to reduce alcohol, marijuana and prescription drug use among Vermont's youth and young adult population. While this position will be directly supervised by the Manager of Prevention Services in ADAP, the position will work at a high level with ADAP's Deputy Commissioner, Division Director and Director of Planning and Community Services. In addition, this position will be required to work collaboratively and plan with VDH's Health Surveillance Division, Office of Local Health (OLH) and OLH's District Directors, Department of Vermont Health Care Access Blueprint for Health, Department of Liquor Control, Department of Public Safety, Governor's Highway Safety and the Agency of Education and Higher Education.
2. Responsible for the management of all aspects of the grant including, but not limited to, the following: manage a \$2.4 million dollar/year annual budget, develop RPP's project workplan to comply with federal funding milestones and funding guidelines; develop a guidance document and toolkit for District Office and community to produce regional strategic substance abuse plans; lead development of regional strategic plan; convene and lead evidence-based work group to oversee development of menu of evidence-based strategies to address goals and objectives of the grant; write 6-12 sub-grants, including development of the scope of work, performance measures and monitoring deliverables; monitor sub-grants through conducting site visits, review of quarterly progress reports and data; complete and submit federally required quarterly and yearly reports; and coordinate and write the yearly reapplication, including budget and work plan for submission.
3. The RPP Manager is accountable to assure the success of the grant goals and objectives through the implementation of strategies to obtain population level outcomes of reducing 30-day alcohol use and abuse among 12-20 year olds, reducing 30-day marijuana use and prescription drug misuse and abuse among 12-25 year olds through implementation of evidence-based environmental and individual substance abuse prevention strategies in 6-12 VDH district health offices. Community agencies serving youth and young adults will come together to develop a regional system of prevention services aimed at preventing and reducing alcohol, marijuana and prescription drug misuse and abuse and

implement with fidelity evidence-based strategies and this position is responsible for ensuring programs are implemented with fidelity, evaluation of said programs are conducted, training and technical assistance needs are identified and met, monthly status updates extracted from OLH District Director or designee, and that grant deliverables are met.

4. RPP Program Manager will develop training and technical assistance (TTA) plan in collaboration with OLH staff, grantees and VDH/ADAP Workforce development goals and objectives. Responsible for oversight of training grant deliverables for RPP, coordination of TTA within VDH, AHS, and Agency of Education (AOE). Oversight of TTA planning work group, evaluation of TTA and recommendations for improvements and development of written summary of trainings provided.
5. RPP Program Manager will be representing the Department in all public speaking engagements, including formal presentations to state agencies, law enforcement, professional associations, educational institutions, and other audiences, that request information.
6. RPP Program Manager will participate as a member of the Communications Work Group and oversee the development of a marijuana education campaign, which is a required product of the approved grant application. RPP Program Manager will be responsible to ensure all content is accurate and specific to the goals and objectives of the grant.
7. RPP Program Manager will be responsible to ensure the evaluation contractor's work plan deliverables are being met in a timely manner and will meet monthly with the evaluation contractor to oversee evaluation plan, writing of reports and ongoing planning and assessment of the progress of the grant.

2. Provide a brief justification/explanation of this request: The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs has received a \$12.4 million/5 year federal grant award from the Substance Abuse and Mental Health Services Administration. This position was requested as part of the application. The year 1 notice of grant award is attached.

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

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Lori Uerz, Manager of Prevention Services

6. Who should be contacted if there are questions about this position (provide name and phone number): Lori Uerz 802-652-4149

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

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

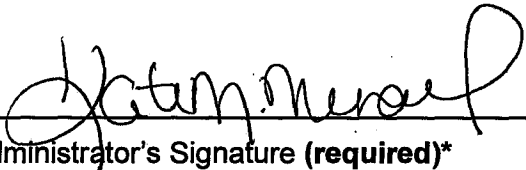
Attachments:

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

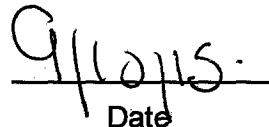
Class specification (optional).

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

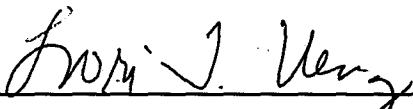
Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (required)*



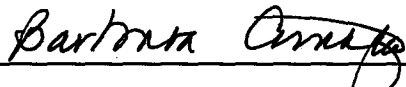
Date




Supervisor's Signature (required)*



Date



Appointing Authority or Authorized Representative Signature (required)*

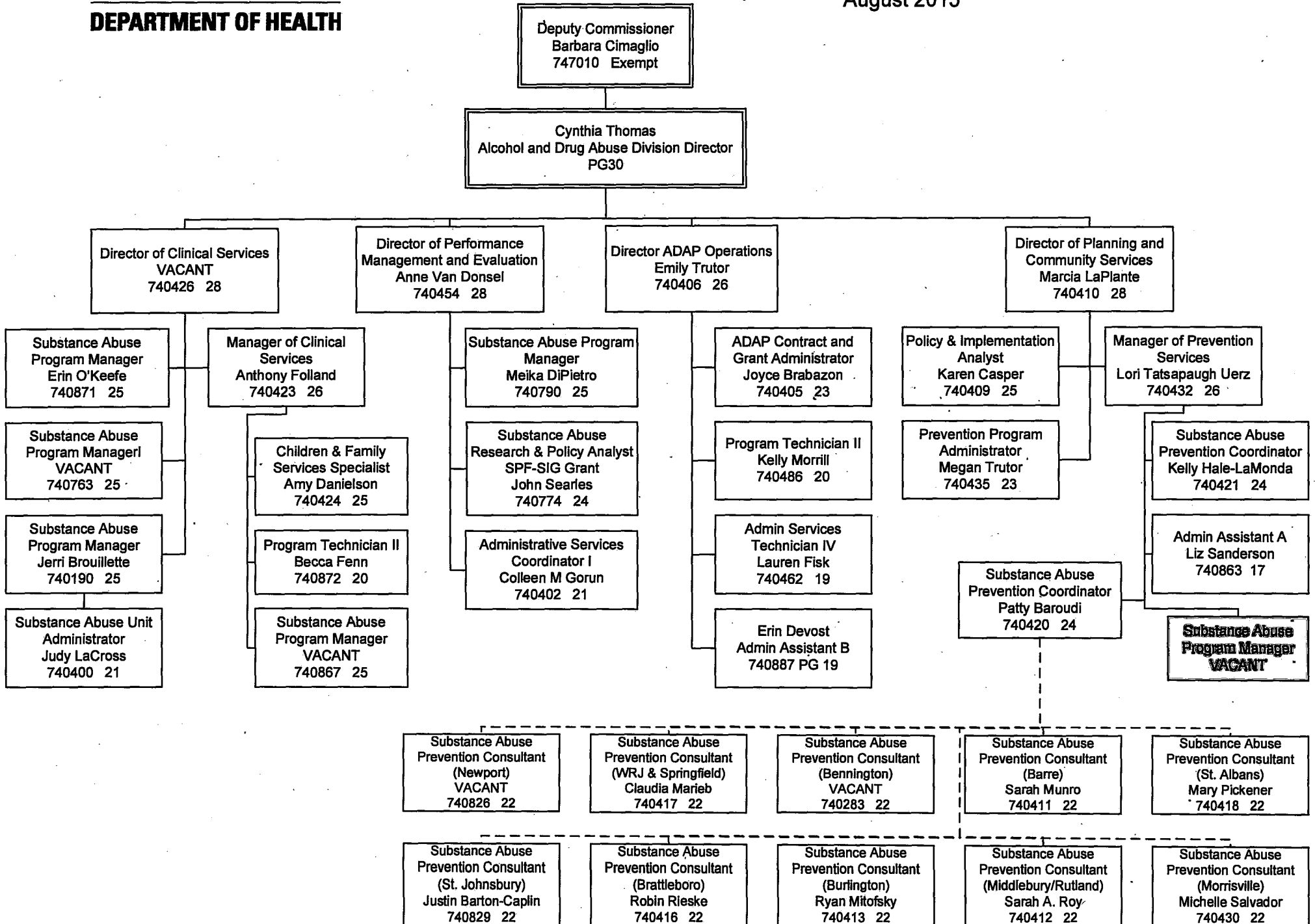


Date

* Note: Attach additional information or comments if appropriate.

Division of Alcohol & Drug Abuse Programs

August 2015





Notice of Award

SPF-PFS
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Issue Date: 06/18/2015

Grant Number: 1U79SP020787-01
FAIN: SP020787

Program Director:
Barbara Cimaglio

Project Title: Vermont Regional Prevention Partnerships (RPP)

Grantee Address	Business Address
VERMONT STATE DEPARTMENT OF HEALTH Vermont Department of Health 108 Cherry Street P.O. Box 70 Burlington, VT 054020070	Financial Administrator II Vermont Department of Health 108 Cherry Street P.O. Box 70 Burlington, VT 054020070

Budget Period: 09/30/2015 – 09/29/2016

Project Period: 09/30/2015 – 09/29/2020

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$2,472,608 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 516 of the Public Health Service 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,

Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1U79SP020787-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$59,894
Fringe Benefits	\$23,958
Personnel Costs (Subtotal)	\$83,852
Supplies	\$1,364
Consortium/Contractual Cost	\$2,335,145
Travel Costs	\$7,326
Direct Cost	\$2,427,687
Indirect Cost	\$44,921
Approved Budget	\$2,472,608
Federal Share	\$2,472,608
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$2,472,608

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$2,472,608
2	\$2,472,608
3	\$2,472,608
4	\$2,472,608
5	\$2,472,608

*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: 1036000264D4
 Document Number: 15SP20787A
 Fiscal Year: 2015

IC	CAN	Amount
SP	C96V014	\$2,472,608

IC	CAN	2015	2016	2017	2018	2019
SP	C96V014	\$2,472,608	\$2,472,608	\$2,472,608	\$2,472,608	\$2,472,608

SP Administrative Data:

PCC: PFS 2015 / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U79SP020787-01

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 – 1U79SP020787-01

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 75 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 – SP Special Terms and Conditions – 1U79SP020787-01

REMARKS:

As a reminder all SAMHSA official notifications will be electronically mailed to your organization's Business Official address as identified in the HHS Checklist, Part C.

This award reflects approval of the budget submitted on March 9, 2015 as part of the application. Funds in the amount of \$2,122,123 budgeted under 'Other' have been moved to the 'Contractual' budget category.

SPECIAL TERM(S) OF AWARD:

DISPARITY IMPACT STATEMENT (DIS)

By November 30, 2015, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training and/or technical assistance activities.

The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be [choose either: served, reached or trained] by subpopulations in the grant implementation area should be provided in a table that covers the

entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

PROGRAMMATIC TERMS OF AWARD

1. Eighty-five percent of the total grant award per year (direct and indirect) less SEOW dollars must be used for community level organization prevention sub-recipient contracts. States may use up to 15 percent of the total award per year (direct and indirect) for administrative purposes. These funds may also be used to enhance the state's prevention data infrastructure and the capacity to collect and analyze prevention data.

2. Seventy percent of the total grant award per year (direct and indirect) less SEOW dollars must be used for tribal community level organization prevention sub-recipient contracts. Tribal organizations and Tribal consortia must set aside 70 percent of funds for program implementation. Tribes and Tribal consortia may use 30 percent of the total grant award per year (direct and indirect) for administrative purposes. These funds may also be used to enhance the tribe's prevention data infrastructure and the capacity to collect and analyze prevention data.

3. The grantee is required to confirm that the epidemiological outcomes workgroup (SEOW) activities, including the grantee wide needs assessment, will be funded at the following levels: \$150,000 for States, \$75,000 for Pacific Jurisdictions and territories, and \$50,000 for tribal organizations. Grantees must subtract the SEOW funds listed above from the total award per year and split the balance between the 85/15 (States) or 70/30 (Tribes).

Tier 2 State Example:

Grant Award \$1,648,188 - \$150,000 SEOW = \$1,498,188. Grantees then divide remaining funds of \$1,498,188 into community and administrative allotments. Eighty-five percent = \$1,273,459 and 15 percent = \$224,728.

Tier 2 Tribal example:

Grant Award \$837,583 - \$50,000 SEOW = \$787,583. Grantees then divide remaining funds of \$787,583 into community and administrative allotments. 70 percent = \$551,308 and 30 percent = \$236,274.

4. No more than 20 percent of the total grant award (less SEOW funds) may be used for evaluation and data collection. No more than 20 percent of administrative and community dollars can be spent toward evaluation and data collection.

State Example:

Administrative - \$224,728 x 20 percent = \$44,945 may be used for evaluation and data collection.
Community - \$1,273,459 x 20 percent = \$254,691 may be used for evaluation and data collection.

Tribal Example:

Administrative - \$236,274 x 20 percent = \$47,254 may be used for evaluation and data collection.
Community - \$551,308 x 20 percent = \$110,261 may be used for evaluation and data collection.

SPECIAL CONDITIONS OF AWARD:

Programmatic Special Conditions of Award

Special Condition for Participation in the Cross Site for PFS 2015

All SAMHSA grantees are required to participate in the PFS cross site evaluation. This includes using the cross site evaluation common measures and instruments in the collection and reporting of certain data so that SAMHSA can monitor performance, evaluate its programs and meet its obligations under the Government Performance and Reporting Modernization Act of 2010 (GPRAMA). The collection of these data will enable CSAP to report on the National Outcome Measures (NOMs) and other priority indicators, and help identify best practices in terms of improved outcomes and cost, which SAMHSA/CSAP has defined as key priority areas relating to the prevention of substance use.

Survey Data Response Rate Special Condition

In an effort to improve the validity and reliability of data required by SAMHSA for discretionary grant programs, **SAMHSA is requiring grantees with a state/tribal and /or community survey response rate of less than 70 percent to receive technical assistance***. The TA will be designed to assist states/tribes in improving their survey response rates, and in turn, to improve their data overall.

**SAMHSA document, May 1998: -- "How to Write and Submit Requests for OMB Review and Approval Under the Paperwork Reduction Act and 5 CFR 1320", p19, first sentence: "for most data collections, OMB requires that response rates be at least 75-80%."*

PFS 2015 Recipients are to meet the following milestones:

By October 30, 2015, Grantees must contact their Government Project Officer with the actual response rates and the challenges they face in obtaining a response rate of 70 percent or higher for both community and state level surveys. Response rates should be based on each individual location where the survey is administered (i.e. if a grantee has 10 communities and 7 have a response rate of 70 percent but 3 have a response rate of 50 percent, the grantee is required to obtain technical assistance to improve the response rates in the 3 communities at 50 percent.)

By November 27, 2015, if the survey response rate is less than 70 percent or unknown, grantees must work with their Government Project Officer to obtain technical assistance in developing a plan to increase survey response rates.

By December 31, 2015, grantees are required to submit one evaluation plan containing a sampling methodology and, if rates are less than 70 percent, a plan to increase response rates to 70 percent.

SAMHSA/CSAP will provide grantees an evaluation plan checklist containing criteria to be considered in developing their evaluation plans.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:
<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> (COOPERATIVE AGREEMENT)

Key staff (or key staff positions, if staff has not been selected) are listed below:

Barbara Cimaglio, Project Director @ 5% level of effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

Submission of a Programmatic Quarterly Report is due no later than the dates as follows:

1st Report - January 31, 2016
2nd Report - April 30, 2016
3rd Report - July 31, 2016
4th Report - October 31, 2016

**Please submit your Programmatic Quarterly Report to
DGMPProgressReports@samhsa.hhs.gov and copy your Program Official.
(HARD COPIES SUBMISSION IS NOT REQUIRED)**

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.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Andrea Harris, Program Official
Phone: (240) 276-2441 Email: andrea.harris@samhsa.hhs.gov Fax: (240) 276-2595

Tomara Baker, Grants Specialist
Phone: (240) 276-1407 Email: Tomara.Baker@samhsa.hhs.gov