



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: January 3, 2011
Subject: JFO #2478, #2479, #2480, #2481

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

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2479 — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2480 — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

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

cc: Roger Allbee, Secretary
Wendy Davis, Commissioner
Jim Mongeon, Executive Director



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 2, 2010
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

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JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner
Wendy Davis, Commissioner
Jim Mongeon, Executive Director

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

Agency of Administration

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

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

Grant Summary:	This five year grant is to build public health infrastructure and improve the delivery of public health services. It is a federal Affordable Care Act (ACA) related grant.				
Date:	11/5/2010				
Department:	Health Department				
Legal Title of Grant:	Strengthening Public Health Infrastructure for Improved Health Outcomes				
Federal Catalog #:	93.507				
Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services				
Grant Period:	From:	9/30/2010	To:	9/29/2015	
Grant/Donation	\$5,500,000				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$464,089	\$1,100,000	\$1,100,000	\$5,500,000	First three SFYs' total is \$2,664,089. The remainder of \$2,835,911 will be spent in remaining years of grant.

Position Information:	# Positions	Explanation/Comments
	9	All but one of the nine limited service positions are professional positions needed to carry out the requirements of this grant. The remaining position is a support staff position for grant related activities.

Additional Comments: There will also be personal service contracts related to this grant.

Department of Finance & Management (Initial)
 Secretary of Administration *JH* *JH*

RECEIVED
 NOV 30 2010
JOINT FISCAL OFFICE

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

Sent To Joint Fiscal Office

11/29/10

Date

VERMONT GRANT ACCEPTANCE REQUEST
Affordable Care Act (Form AA-1-ACA)

Priority Level (check one box):
 Expedited 14 Days Normal 30 days

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services		
2. Department:	Health		
3. Program:	Public Health Planning		
4. Legal Title of Grant:	Strengthening Public Health Infrastructure for Improved Health Outcomes		
5. Federal Catalog #:	93.507		
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services		
7. Grant Period:	From:	9/30/2010	To: 9/29/2015
8. Purpose of Grant:	(see summary attached)		
9. Impact on existing program if grant is not Accepted:	none		

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
	FY 2011	FY 2012	FY 2013	
Expenditures:				
Personal Services	\$353,260	\$879,065	\$879,065	
Operating Expenses	\$14,430	\$28,857	\$28,857	
Grants	\$96,039	\$192,078	\$192,078	
Total	\$464,089	\$1,100,000	\$1,100,000	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$464,089	\$1,100,000	\$1,100,000	
(Direct Costs)	\$362,975	\$844,902	\$844,902	
(Statewide Indirect)	\$6,067	\$15,306	\$15,306	
(Departmental Indirect)	\$95,047	\$239,792	\$239,792	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$464,089	\$1,100,000	\$1,100,000	

Appropriation No:	Amount:	\$
3420010000		\$258,825
3420021000		\$205,264
		\$
		\$
		\$
		\$
		\$
	Total	\$464,089

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: Wendy Davis, MD Commissioner of Health Agreed by: *DMH Henry* (initial)

12. Limited Service Position Information:	# Positions	Title
	2	Public Health Programs Administrator
	4	Public Health Specialist
	1	Informatics Specialist
	2	one Public Health Analyst and one Administrative Assistant
Total Positions	9	

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: <i>DMH Henry</i>	Date: <i>11/11/10</i> 10/25/2010
	Title: <i>Dep. Sec. for</i> Commissioner of Health	
	Signature: <i>Patrick Flood</i>	Date: <i>11/4/10</i>
	Title: <i>Dep Secretary</i>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <i>Ta</i>	Date: <i>11/15/10</i>
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) <i>[Signature]</i>	Date: <i>11/24/10</i>
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

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

End Form AA-1

Request for Grant Acceptance and Establishment of Positions
Strengthening Public Health Infrastructure
Summary 10/25/2010

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$1,100,000 annually for five years to build public health infrastructure and improve the delivery of public health services. This funding is available through the new Prevention and Public Health Fund created by the Affordable Care Act. The Department proposes to:

- Develop a more systematic use of clinical and public health data to inform public health responses at the community level.
- Implement new integrated approaches to public health programs that focus on prevention through the development of district level prevention teams and a centralized prevention team.
- Strengthen the quality of the public health specific elements of meaningful use and allow for bidirectional data flow between providers and the public health department.
- Roll out across Vermont a CDC recommended best practice to promote healthy retailers and healthier town plans through the leadership of district level prevention teams and community coalitions.
- Build a performance management system based on the priorities outlined in the strategic plan that captures community-level prevention efforts.
- Move the Department toward becoming an accredited public health organization.

Funds will primarily be used to cover the cost of project personnel and underwrite the efforts of community coalitions. Approximately \$192,000 will be available each year to local organizations engaged in the Healthy Retailers and Built Environment projects. Funds will also be used to contract for the development of an evaluation plan and for staff travel and supplies.

Project personnel will include two Public Health Programs Administrators – one to provide technical support to the local teams and one to implement performance improvement measures; an Informatics Specialist to facilitate the electronic exchange of information between disciplines; a Public Health Analyst to bring the Department's Surveillance resources to the project; an Administrative Assistant; and four Public Health Specialists – three as active members of the local teams and one to support the Pediatric component of the project. The Department's Nutrition Chief will oversee the central office team.

The Health Department is hereby requesting acceptance of \$464,089 in new Federal funds in State Fiscal Year 2011 and the establishment of nine limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application, including a revised budget, and award document are included for your information.

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: Agency of Human Services/Department of Health Date: 10/15/2010

Name and Phone (of the person completing this request): Leo Clark (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 # _____

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

Centers for Disease Control and Prevention, United States Department of Health and Human Services
 Strengthening Public Health Infrastructure for Improved Health Outcomes

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>
Public Health Programs Administrator	2	Administration	9/30/2010 thru 9/29/2015
Public Health Specialist	3	Office of Local Health	9/30/2010 thru 9/29/2015
Public Health Specialist	1	Maternal & Child Health	9/30/2010 thru 9/29/2015
Informatics Specialist	1	Administration	9/30/2010 thru 9/29/2015

*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:

continuation of position list

Public Health Analyst	1	Health Surveillance	9/30/2010 thru 9/29/2015
Administrative Assistant	1	Administration	9/30/2010 thru 9/29/2015

These are the positions funded by CDC and necessary to the program as proposed.

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)).

Dr. H. Signature of Agency or Department Head 11/1/10 Date

Molly Paul Approved/Denied by Department of Human Resources 11/5/10 Date

Jim R... Approved/Denied by Finance and Management 11/10/10 Date

Tim R... Approved/Denied by Secretary of Administration 11/5/10 Date

Comments:

24

VERMONT DEPARTMENT OF HEALTH

SFY11 Public Health Infrastructure Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$70,659	\$97,864	\$168,523
Fringe Benefits	\$24,731	\$34,252	\$58,983
3rd Party Contracts	<u>\$25,000</u>	<u>\$0</u>	<u>\$25,000</u>
Total Personal Services	\$120,390	\$132,116	\$252,506
Equipment	\$0	\$0	\$0
Supplies	\$0	\$5,050	\$5,050
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$9,380</u>	\$9,380
Total Operating Expenses	\$0	\$14,430	\$14,430
Subgrants	\$96,039	\$0	\$96,039
Total Direct Costs	\$216,429	\$146,546	\$362,975
Total Indirect Costs	<u>\$42,396</u>	<u>\$58,718</u>	<u>\$101,114</u>
Total SFY11 Grant Costs	\$258,825	\$205,264	\$464,089

Appropriation Summary

Total Personal Services	\$162,786	\$190,834	\$353,620
Total Operating Expenses	\$0	\$14,430	\$14,430
Total Subgrants	<u>\$96,039</u>	<u>\$0</u>	<u>\$96,039</u>
	\$258,825	\$205,264	\$464,089

VERMONT DEPARTMENT OF HEALTH

SFY12 Public Health Infrastructure Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$183,715	\$241,446	\$425,161
Fringe Benefits	\$64,300	\$84,506	\$148,806
3rd Party Contracts	<u>\$50,000</u>	<u>\$0</u>	<u>\$50,000</u>
Total Personal Services	\$298,015	\$325,952	\$623,967
Equipment	\$0	\$0	\$0
Supplies	\$0	\$10,100	\$10,100
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$18,757</u>	<u>\$18,757</u>
Total Operating Expenses	\$0	\$28,857	\$28,857
Subgrants	\$192,078	\$0	\$192,078
Total Direct Costs	\$490,093	\$354,809	\$844,902
Total Indirect Costs	<u>\$110,229</u>	<u>\$144,869</u>	<u>\$255,098</u>
Total SFY12 Grant Costs	\$600,322	\$499,678	\$1,100,000
 <u>Appropriation Summary</u>			
Total Personal Services	\$408,244	\$470,821	\$879,065
Total Operating Expenses	\$0	\$28,857	\$28,857
Total Subgrants	<u>\$192,078</u>	<u>\$0</u>	<u>\$192,078</u>
	\$600,322	\$499,678	\$1,100,000



Grant Number: 1U58CD001302-01

Principal Investigator(s):
TRACY DOLAN

Project Title: CD10-1011 Strengthening Public Health Infrastructure for Improved Health Outcomes

FINANCIAL OFFICER
VERMONT DEPT OF HEALTH
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/30/2010 – 09/29/2011
Project Period: 09/30/2010 – 09/29/2015

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$1,100,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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 the individual(s) referenced in Section IV.

Sincerely yours,

Cheryl Pressley
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

Component 1

ABSTRACT

See Mandatory Attachment – Abstract.

PROJECT NARRATIVE

A. Summary of Funding Request

The Vermont Department of Health (VDH) requests \$100,000 and submits this proposal in response to the FOA, *Strengthening Public Health Infrastructure for Improved Health Outcomes* (CDC-RFA-CD10-1011), *Component 1*. According to the guidance, \$100,000 is the maximum amount available to Vermont with a population of less than 1.5 million. VDH proposes to improve performance measurement across the four key areas identified in the FOA through the hiring of a performance improvement manager and by establishing a performance measurement and reporting process based on the Department's newly adopted Strategic Plan.

B Background

Vermont Department of Health

VHD is the state's lead agency for public health policy, planning, surveillance, intervention and advocacy. Essential public health and disease prevention services are available across Vermont through 12 state-managed district offices. The district offices work in partnership with local health care providers, voluntary agencies, municipalities, schools, businesses and community organizations to improve health and extend statewide initiatives in local communities throughout the state.

As part of the Agency of Human Services, VDH works in concert with the Departments of Mental Health, Children and Families, Disabilities, Aging and Independent Living, Corrections, and the Vermont Health Access to improve and protect the health and well-being of Vermonters.

Goals and Objectives

The overall program goal of this proposal is to increase systemically the performance management capacity of the Vermont Department of Health in order to ensure that public health goals are effectively and efficiently met. As per the guidance, the VDH will apply funding and efforts to the *Performance Management Category* as it is defined in the FOA.

The program sub-goal is to increase the Department's capacity to routinely evaluate and improve the effectiveness of its organization, practices, partnerships and programs' use of resources and measure the impact the systems improvements have on the public's health. In order to contribute to this sub-goal, Vermont will bolster its Planning and Quality Improvement Office with a full-

time dedicated and qualified staff member. This is consistent with its newly adopted strategic plan which states the VDH will: *Increase performance assessment and improvement activities in the public health system using national standards.*

VDH is proposing three objectives to support the program sub-goal:

Objective 1: Establish a performance management system aligned with VDH's strategic plan and measured by national standards such as those associated with Healthy People 2020.

Objective 2: Prepare the Department to meet standards as described by the Public Health Accreditation Board

Objective 3: Support learning collaborative for Region 1 states to learn from each others' experiences in the emerging field of public health performance improvement as well as seek opportunities for joint projects.

Need for Increased Performance Management Capacity

Currently, the Quality Improvement and Performance Management office is understaffed with a ½ time Director. Follow-through on developing work plans that correlate to the strategic plan, selecting quality improvement projects as prioritized by the strategic plan and setting targets for the strategic plan has been challenging due to the lack of staff to lead these efforts. The opportunity to enhance the capacity of the Department to focus on performance improvement and management is welcome and comes at an opportune time as the Strategic Plan is in its first year of implementation. The new Performance Improvement Manager will develop a performance management system based on the priorities set by the VDH Strategic Plan and will move VDH toward accreditation readiness through a series of quality improvement projects aimed at helping VDH meet quality standards as they are described by the Public Health Accreditation Board.

The Department's work is driven in part by Healthy People 2010's leading indicators and it currently tracks and publishes its progress toward these objectives every five years. The information is disseminated publicly, but there is no internal department-wide work plan that guides and tracks the process for improving upon these measures.

The VDH Strategic Plan focuses on several public health programmatic improvements as well as system improvements. The Performance Improvement Manager (PIM) will work in concert with the Director for Planning and Quality Improvement to move the Department toward measurable Public Health outcome improvements as indicated in the strategic plan in areas such as immunization and prevention of chronic disease. In addition, the PIM will also work throughout the department to identify measurable improvements in operations, business practices, communication, workforce development and policy.

Overview of VDH's History in Performance Management

VDH has worked on three major quality improvement initiatives in the past 3-4 years:

Asset Management Inventory

Efforts were made several years ago to develop an Assets Management Inventory (AMI) that would track program objectives and allow them to be queried by demographic and programmatic fields such as age, program setting and gender. The rationale behind the system was to provide more linkages between programs in order to build more seamless and less categorical public health responses. The system was not considered to be facile or user-friendly and, ultimately, did not succeed in its objectives. Nevertheless, the intent survives.

Process for Public Health Excellence Process (PPHE)

From 2006 – 2009, eight of twelve district offices initiated a four year Process for Public Health Excellence process (PPHE) in order to do some of the initial preparation for meeting the standards associated with voluntary accreditation. Each local health office that participated used a combination of data, tools, program performance measures, and input from PPHE program liaisons as the foundation for preparing its District Office Assessment Summary Report. The assessment process included the following tools and/or processes:

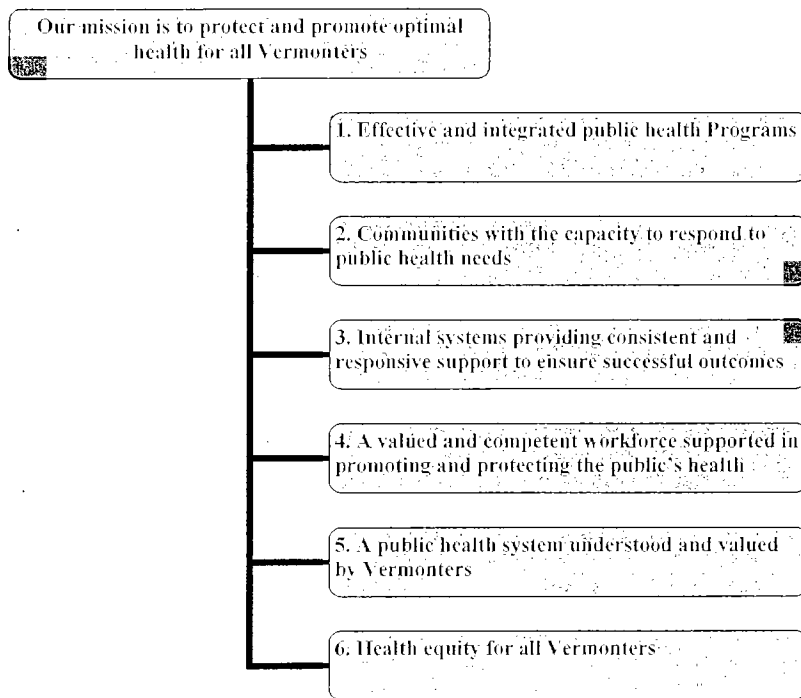
- Work Group Climate Assessment using the Workgroup Climate Assessment Guide for Facilitators (Management Sciences for Health)
- District Office Quality Improvement Checklist which is a compendium of expectations that applies specifically to VDH district offices. The Checklist items were organized under the ten NACCHO-developed standards for local health departments
- Program Measures Assessment whereby programs provide the PPHE local health offices with programmatic data for use in assessing how they are performing relative to the specific program performance measures chosen.
- District Office Quality Improvement Checklist: This tool lists a variety of non-program-specific Local Health Office responsibilities as well as program-specific standards.

Each plan was developed and reviewed by a PPHE Reward and Recognition Team. After responding to input from the team, each Local Health Office submitted an updated Quality Improvement Plan with an accompanying work plan that is intended to be reviewed each year for four years.

Development of a Strategic Plan

In recognition of the importance of ongoing public health performance improvement, VDH recently developed and adopted a Strategic Plan. A team of 20 staff throughout the Department and the Agency of Human Services developed and finalized a strategic plan

during 2009. The Department's Strategic Plan was informed by several national discussions including the framework for Healthy People 2020¹, the promotion of chronic disease integration by the Centers for Disease Control and the National Association of Chronic Disease Directors, and by the opportunities to promote healthy communities as part of the Patient Protection and Affordable Care Act. In addition, the Strategic Plan was guided by the Vermont Prevention Framework which recognizes the continuum of interventions required to improve health ranging from those directed at the individual to those aimed at changing policies and environments. Finally, the Plan was developed based on a review of health status in Vermont with recognition that reducing health disparities for all Vermonters is key to ensuring that Vermonters are living healthy lives in health communities.



The plan has begun to guide practice within the Department of Health but work plans have not yet been developed and a formal process measure the plan's success has not been implemented.

¹ Healthy People 2020 is a national initiative to promote science-based 10-year national objectives for promoting health and preventing disease. The four overarching goals of the framework include:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

C. Activity Plan

1. Infrastructure Investments

VDH will use CDC infrastructure funds to hire a full-time Performance Improvement Manager to enhance the work of the Office of Planning and Quality Improvement.

2. Methods and Activities

Three major activities are proposed for the PH Infrastructure Performance Improvement Project. The first is the development of a performance management system that aligns with the VDH Strategic Plan, the second is the development of core documents and the selection of key national accreditation standards that VDH will work on in order to move toward accreditation readiness, and the third is a New England Public Health Performance Improvement Initiative;

2.1. Performance Management System for VDH Strategic Plan

The Performance Improvement Manager will establish a performance management system for the VDH strategic plan which will involve the following activities over a five year period:

- Establish clear performance measures as they relate to the VDH strategic plan and system for routinely reporting on those measures
- Identify as least 10 quality improvement projects for priorities listed in the Strategic Plan. In the first three years those quality improvements are likely to include the following programs/areas:
 - Increasing immunization rates among young children
 - Increasing fruit and vegetable consumption, particularly among low-income and minority populations
 - Enhancing the use of public health and clinical data to inform community-level public health response
 - Improving business processes as they relate to the provision of grants and contracts
 - Enhancing communication practices
- Work with relevant programs to develop quality circles that relate to the specific quality improvement projects
- Establish work plans that support the quality improvement projects and support teams in tracking their progress

2.2 Selected Standards for Accreditation Readiness

According to the Public Health Accreditation Board, three specific documents will be required for public health departments to apply for national accreditation:

1. A community health assessment, in which a health department assesses the health status and the public health needs in the community.

2. A community health improvement plan, which maps out exactly what the health department, is going to do as it works with partners to improve the health status of its jurisdiction.
3. A strategic plan for the health department, which sets out priorities and plans to accomplish its strategic goals

In addition to working on the preparation of those documents, many of which exist in some form at VDH, the Performance Improvement Manager will work with VDH staff to select standards to be prioritized for accreditation readiness. Activities will include:

- With the support of a student intern, assess VDH's readiness for accreditation through a department-wide process
- Select the priority standards for accreditation as identified in the readiness process and as identified by program divisions

2.3. New England Public Health Performance Improvement Initiative

Region 1 (New England) states applying for the Public Health Infrastructure grant propose convening a region-wide collaborative led by the Principal Investigators of the grant in the funded Region 1 states and overseen by all of the Region 1 State Health Officers. The purpose of such a collaborative is for Region 1 states to learn from each other's experiences in the emerging field of public health performance improvement as well as to seek opportunities for joint projects.

Region 1 states have a successful track record of working together that VDH believes makes the Department ready to collaborate on performance improvement. For instance, the New England State Health Officers initiated a long-standing region-wide asthma collaborative (Asthma Regional Council of New England); addressed H1N1 in common, including coordinating public messages, school-located vaccine campaigns, and surveillance information; and continued weekly conference calls since the spring of 2009 to discuss and address other issues in common such as Eastern Equine Encephalitis outbreaks, radioactive contamination near a nuclear power plant, and national health reform. Other Region 1 public health collaborations that states' public health agencies are actively involved in include the New England Alliance for Public Health Workforce Development; New England Rural Health Roundtable; New England Regional Minority Health Committee; and the New England Coalition for Health Promotion and Disease Prevention (NECON). New England states' public health agencies also have some successful examples of implementing multi-state programs, including the Northern New England Poison Center (ME, NH, and VT) and the U.S. DHHS-funded Improving Health Outcomes for Children's grant (ME and VT).

Since public health performance improvement is an emerging field, we believe there is potential for great benefits from neighboring states learning from each other and collaborating to share resources and work on joint projects. We believe we can build upon our region's track record of success by proposing that the Principal Investigators of the funded New England states, along with all of the New England State Health Officers, convene a New England-wide meeting within the first six months of the grant year to learn from each others' public health performance improvement proposals and to seek opportunities for joint projects. Funded states will use the dedicated funds for this initiative

to convene the meeting as well as follow up conference calls. VDH proposes that at least one joint project be identified by the end of the first grant year.

3 and 4. Key Partners, Cross-jurisdictional relationships

This project will primarily require strong cross jurisdictional relationships with Offices of Local Health (called District Offices), the Office of Health Reform in the Department of Health Access (specifically Vermont's Blueprint for Health), and across divisions within the Department. Other key partners will include the Office of Quality Improvement at the Agency of Human Services of which VDH is a part, and the Agency's Quality Assurance Program Initiative group, on which VDH sits as a member. Finally, VDH hopes to develop stronger relationships with performance management offices in the New England region who are working on similar initiatives.

5 and 6. Staffing and Project Management

This project will be staffed primarily by the Performance Improvement Manager and will be supported through the supervision of the Director of Planning and Quality Improvement. The Director of Planning and Quality Improvement reports to the Deputy Commissioner for Health and sits as a member of the Executive Team. The executive team will play a key role in increasing the Department's commitment to performance improvement and performance management.

Table 1: Activity Plan

Strengthening Public Health Infrastructure for Improved Health Outcomes						
Component 1: Performance Management						
Objective 1: Establish a performance management system aligned with Vermont Department of Health's strategic plan						
Activities	Year					Measure
	1	2	3	4	5	
Hire performance improvement manager	X					Performance improvement manager hired and in place
Conduct a performance gap with key staff based on the Strategic Plan objectives and priorities	X					Performance gap document completed
Establish performance measures for all of the objectives outlined in VDH's strategic plan	X					Strategic plan revised with performance measures
Identify 10 quality improvement projects areas as per the priorities listed in the VDH strategic plan (at least two per year)	X	X	X	X	X	Two QI projects identified to deputies and commissioner as part of PIM work plan
Establish quality improvement teams/circles as per each identified quality improvement project		X	X	X	X	QI project plans written and shared
Establish work plans for each division that support the Strategic Plan, include performance measures and targets in the work plans		X	X			Division-specific work plans posted to intranet each year
Attend performance management meeting in Atlanta Georgia	X	X	X	X	X	Attendance records indicate PI participated
Partners/People Responsible: Performance Improvement Manager, Division Directors, Chief of Public Health Nursing, Executive Team, Business Operations Team						

Objective 2: Prepare Department of Health to meet standards as described by the Public Health Accreditation Board						
Activities	Year					Measure
	1	2	3	4	5	
Review quality of existing completed community assessment and advise on strengthening assessments as needed as per health reform/PHAB standards	X					Community assessment checklist completed for each existing assessment document
In conjunction with the Blueprint and Hospitals, complete assessment for all HSAs as per health reform expectations and accreditation guidelines		X	X			Community assessment documents completed
With partners, develop health improvement plans for each district and/or hospital service area		X	X	X	X	District HIPs completed and shared
Monitor district level quality improvement plans and assess and refine each year.			X	X	X	Districts reporting against measures in HIPs each year
Develop annual department-wide work plans for Strategic Plan implementation		X	X	X	X	Consolidated work plans posted on VDH intranet
Partners/People Responsible: Office of local health, Chief of Public Health Nursing, local health District Directors, Blueprint staff, Hospitals						
Objective 3: Support a learning collaborative for Region 1 states to learn from each other's experiences in the emerging field of public health performance improvement as well as to seek opportunities for joint projects						
Activities	Year					Measure
	1	2	3	4	5	
Meet with other Region 1 performance managers to share best practices	X	X	X	X	X	Meeting held in region 1
Identify one joint project in year one to implement/document over the course of the grant period	X					Joint project identified and described in document
Implement the project		X	X	X	X	Project implementation documented and evaluated
Partners/People Responsible: Region 1 Performance Managers, Deputy Commissioners						

D. Performance Plan

Goal 1

Strategic Direction 1.1

Objectives

1.1.1 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

1.1.2 Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

1.1.3 Increase the contribution of fruits and vegetables to the diets of the populations aged 2 years and older.

1.1.4 Maintain or improve the proportion of Vermont's population served by community water systems with optimally fluoridated water.

1.1.5 Increase the proportion of adolescents and adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.

1.1.6 Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

1.1.7 Reduce the initiation of tobacco use among children, adolescents and young adults.

Performance Measure

% of children 19-35 months of age who have received all 4:3:1:3:3:1 vaccinations

% adults who receive flu vaccine annually
% of adults ever vaccinated for pneumonia

% of persons who consume 5+ fruits and vegetables per day

% of community water systems that are fluoridated

% of person who meet the CDC recommended guidelines for physical activity

% of persons who report binge drinking

Average age of smoking initiation, by age group
% who initiate smoking before age 13

Source of Data

Vermont Immunization Registry
National Immunization Survey

BRFSS (Adults 65+)
National Immunization Survey

BRFSS (Adults 18+)
YRBS (Middle and High School Students)
WIC Data

CDC Water Fluoridating Report System

BRFSS (Adults 18+)
YRBS (Middle and High School Students)

BRFSS (Adults 18+)
YRBS (Middle and High School Students)

Adult Tobacco Survey (18+)

BRFSS (Adults 18+)
YRBS (Middle and High School Students)

Baseline

2007, 63%

Adults, 30%, 2007
Youth, 23%, 2009

56% (12/2009)

Adults, 58%, 2007
Youth, 24%, 2009

Adults, 19%, 2008
Youth, 20%, 2009

2009 ATS, Average age, 15
2009 YRBS, before 13, 12%

Strategic Direction 1.2 Prepare for Emerging Health Threats

1.2.1 Integrate and enhance the existing surveillance systems at the local and state levels to detect, monitor, report, and evaluate public health threats.

TBD

TBD

TBD

1.2.2 Assure an integrated, sustainable, statewide response and recovery capacity to respond to public health threats with a focus on hospital surge capacity and the Strategic National Stockpile.

TBD

TBD

TBD

Strategic Direction 1.3 Promote and Protect Health through Safe and Healthy Home Environments

1.3.1 Reduce elevated blood lead levels in children.

% of 1 year old children tested who show elevated blood lead levels (>5ug/dl)

CLPP Data Base

1.3.2 Increase the proportion of persons who mitigate elevated radon levels in their home.

Number of mitigations per year

Radon Program Data Base

Strategic Direction 1.4 Integrate Health Programs that work across the Prevention Model

1.4.1 Increase the proportion of providers and public health agencies/community organizations that optimize electronic health information exchange to improve individual and population health.

% of providers able to comply with the 3 PH elements of Meaningful Use guidelines
of DocSite Users
of providers who report having an EMR

Doc Site Provider Survey

Not assessed

1.4.2 Increase counseling on health behaviors among persons at risk with a physician visit in the past year.

% of individuals 'at risk' who receive counseling on health behaviors

EMR / Doc Site data base
BRFSS

Not assessed – unreliable data

1.4.3 Increase the number of VDH programs that utilize the Vermont Prevention Model with a focus on policy and environmental change.	Number of programs that cite VT Prevention Model in a program document Number of programs that include 2+ recommended audiences in their strategy	Program reporting and documentation	Not assessed
1.4.4 Increase the exchange of data between healthcare settings and public health settings to increase preventive behaviors.	TBD	TBD	Not assessed
1.4.5 Increase prevention efforts among chronic disease programs with a focus on integrated program settings, populations, workforce development and policies.	Number of program initiatives that include 2 or more chronic disease prevention strategies	Program reporting and documentation	Not assessed
1.4.6 Increase performance assessment and improvement activities in the public health system using national standards.	Number of programs assessing performance with national standards	Program reporting and documentation	

E. Appendices

- Performance Improvement Manager Job Description
- Budget Narrative
- Organizational Chart

Vermont Public Health Infrastructure Grant – Component 1
Detailed Budget Narrative
October 20, 2010

Year 1

Personnel \$49,868

* All personnel positions assume 12 months of salary

Name and Title	Salary	FTE	Funds Requested
Vacant			
Performance Improvement Manager	\$49,868	1.0	\$49,868
<i>The Performance Improvement Manager advises and collaborates with senior management to develop and implement quality/performance measures in the state health agency.</i>			

Fringe \$17,454

49,868 * 0.35

The cost of fringe benefits is estimated at 35% of the personnel total. Fringe benefits include FICA, retirement, and employer portions of medical, dental and life insurance.

Contracts \$0

Travel \$1,757

In-state Travel \$500

In-state travel covers mileage for 1000 miles at \$0.50 per mile.

5 trips x 1 person (Performance Improvement Manager) x 200 miles r/t * .50.mile
= \$500

The Performance Improvement Manager will visit with local offices during regional local office meetings to provide support for local health improvement plans.

Out of State Travel \$1,257

Air travel:

*1 person * r/t flight to Atlanta = \$357*

*1 person * r/t flight within New England = \$200*

Per diem Atlanta: \$50/day x 3 days/trip x 1 person = \$150

Lodging Atlanta: \$150/day x 2 days/trip x 1 person = \$300

Per diem NE: \$50/day x 2 days = \$100

Lodging NE: \$150/day x 1 day = \$150

The Performance Improvement Manager will attend one CDC required meeting in Georgia, Atlanta to support this grant. The Performance Improvement manager will also attend one meeting in New England to meet with other PIMs from New England States to share best practices in Performance Improvement.

Supplies \$1000

Laptops and software

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Total</u>
Laptop with Software	1	\$1000	\$1000

The Performance Improvement Manager will be provided with one laptop and Microsoft office.

Other \$0

Indirect Costs \$29,921

Calculated at 60% of the personnel line.

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent , we would currently estimate these allocated costs at 60% of the direct salary line item.

TOTAL FUNDS REQUESTED (Year1) \$100,000

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

Agency of Administration

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

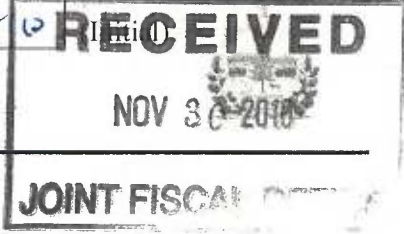
**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:	This five year grant is to build public health infrastructure and improve the delivery of public health services. It is a federal Affordable Care Act (ACA) related grant.				
Date:	11/5/2010				
Department:	Health Department				
Legal Title of Grant:	Strengthening Public Health Infrastructure for Improved Health Outcomes				
Federal Catalog #:	93.507				
Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services				
Grant Period:	From:	9/30/2010	To:	9/29/2015	
Grant/Donation	\$5,500,000				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$464,089	\$1,100,000	\$1,100,000	\$5,500,000	First three SFYs' total is \$2,664,089. The remainder of \$2,835,911 will be spent in remaining years of grant.

Position Information:	# Positions	Explanation/Comments
	9	All but one of the nine limited service positions are professional positions needed to carry out the requirements of this grant. The remaining position is a support staff position for grant related activities.

Additional Comments: There will also be personal service contracts related to this grant.

Department of Finance & Management (Initial)
 Secretary of Administration 11/5/10



STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Sent To Joint Fiscal Office

11/29/10

Date

VERMONT GRANT ACCEPTANCE REQUEST		Priority Level (check one box):		
Affordable Care Act (Form AA-1-ACA)		Expedited 14 Days	Normal 30 days <input checked="" type="checkbox"/>	
BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Public Health Planning			
4. Legal Title of Grant:	Strengthening Public Health Infrastructure for Improved Health Outcomes			
5. Federal Catalog #:	93.507			
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services			
7. Grant Period:	From:	9/30/2010	To: 9/29/2015	
8. Purpose of Grant:	(see summary attached)			
9. Impact on existing program if grant is not Accepted:	none			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2011	FY 2012	FY 2013	
Personal Services	\$353,260	\$879,065	\$879,065	
Operating Expenses	\$14,430	\$28,857	\$28,857	
Grants	\$96,039	\$192,078	\$192,078	
Total	\$464,089	\$1,100,000	\$1,100,000	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$464,089	\$1,100,000	\$1,100,000	
(Direct Costs)	\$362,975	\$844,902	\$844,902	
(Statewide Indirect)	\$6,067	\$15,306	\$15,306	
(Departmental Indirect)	\$95,047	\$239,792	\$239,792	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$464,089	\$1,100,000	\$1,100,000	
Appropriation No:		Amount:	\$	
	3420010000		\$258,825	
	3420021000		\$205,264	
			\$	
			\$	
			\$	
			\$	
		Total	\$464,089	

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: Wendy Davis, MD Commissioner of Health Agreed by: Dixie Henry (initial)

12. Limited Service Position Information:	# Positions	Title
	2	Public Health Programs Administrator
	4	Public Health Specialist
	1	Informatics Specialist
	2	one Public Health Analyst and one Administrative Assistant
Total Positions	9	

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>Dixie Henry</u>	Date: <u>11/11/10</u> <u>10/25/2010</u>
	Title: <u>deputy</u> Commissioner of Health	
	Signature: <u>Patrick Flood</u>	Date: <u>11/4/10</u>
	Title: <u>Dep Secretary</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>TH</u> <u>Tom Bell</u>	Date: <u>11/15/10</u>
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) <u>[Signature]</u>	Date: <u>11/24/10</u>
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

End Form AA-1

Request for Grant Acceptance and Establishment of Positions
Strengthening Public Health Infrastructure
Summary 10/25/2010

The Department of Health has received a grant from the Centers for Disease Control and Prevention, providing \$1,100,000 annually for five years to build public health infrastructure and improve the delivery of public health services. This funding is available through the new Prevention and Public Health Fund created by the Affordable Care Act. The Department proposes to:

- Develop a more systematic use of clinical and public health data to inform public health responses at the community level.
- Implement new integrated approaches to public health programs that focus on prevention through the development of district level prevention teams and a centralized prevention team.
- Strengthen the quality of the public health specific elements of meaningful use and allow for bidirectional data flow between providers and the public health department.
- Roll out across Vermont a CDC recommended best practice to promote healthy retailers and healthier town plans through the leadership of district level prevention teams and community coalitions.
- Build a performance management system based on the priorities outlined in the strategic plan that captures community-level prevention efforts.
- Move the Department toward becoming an accredited public health organization.

Funds will primarily be used to cover the cost of project personnel and underwrite the efforts of community coalitions. Approximately \$192,000 will be available each year to local organizations engaged in the Healthy Retailers and Built Environment projects. Funds will also be used to contract for the development of an evaluation plan and for staff travel and supplies.

Project personnel will include two Public Health Programs Administrators – one to provide technical support to the local teams and one to implement performance improvement measures; an Informatics Specialist to facilitate the electronic exchange of information between disciplines; a Public Health Analyst to bring the Department's Surveillance resources to the project; an Administrative Assistant; and four Public Health Specialists – three as active members of the local teams and one to support the Pediatric component of the project. The Department's Nutrition Chief will oversee the central office team.

The Health Department is hereby requesting acceptance of \$464,089 in new Federal funds in State Fiscal Year 2011 and the establishment of nine limited service positions. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application, including a revised budget, and award document are included for your information.

**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: Agency of Human Services/Department of Health Date: 10/15/2010

Name and Phone (of the person completing this request): Leo Clark (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 # _____

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

Centers for Disease Control and Prevention, United States Department of Health and Human Services
 Strengthening Public Health Infrastructure for Improved Health Outcomes

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>
Public Health Programs Administrator	2	Administration	9/30/2010 thru 9/29/2015
Public Health Specialist	3	Office of Local Health	9/30/2010 thru 9/29/2015
Public Health Specialist	1	Maternal & Child Health	9/30/2010 thru 9/29/2015
Informatics Specialist	1	Administration	9/30/2010 thru 9/29/2015

*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:

continuation of position list

Public Health Analyst 1 Health Surveillance 9/30/2010 thru 9/29/2015
 Administrative Assistant 1 Administration 9/30/2010 thru 9/29/2015

These are the positions funded by CDC and necessary to the program as proposed.

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)).

Doree H. 11/1/10
 Signature of Agency or Department Head Date

Mohy Paul 11/5/10
 Approved/Denied by Department of Human Resources Date

Jim Rich 11/10/10
 Approved/Denied by Finance and Management Date

Tom Rich 11/5/10
 Approved/Denied by Secretary of Administration Date

Comments:

2H

VERMONT DEPARTMENT OF HEALTH

SFY11 Public Health Infrastructure Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$70,659	\$97,864	\$168,523
Fringe Benefits	\$24,731	\$34,252	\$58,983
3rd Party Contracts	<u>\$25,000</u>	<u>\$0</u>	<u>\$25,000</u>
Total Personal Services	\$120,390	\$132,116	\$252,506
Equipment	\$0	\$0	\$0
Supplies	\$0	\$5,050	\$5,050
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$9,380</u>	<u>\$9,380</u>
Total Operating Expenses	\$0	\$14,430	\$14,430
Subgrants	\$96,039	\$0	\$96,039
Total Direct Costs	\$216,429	\$146,546	\$362,975
Total Indirect Costs	<u>\$42,396</u>	<u>\$58,718</u>	<u>\$101,114</u>
Total SFY11 Grant Costs	\$258,825	\$205,264	\$464,089
<u>Appropriation Summary</u>			
Total Personal Services	\$162,786	\$190,834	\$353,620
Total Operating Expenses	\$0	\$14,430	\$14,430
Total Subgrants	<u>\$96,039</u>	<u>\$0</u>	<u>\$96,039</u>
	\$258,825	\$205,264	\$464,089

VERMONT DEPARTMENT OF HEALTH

SFY12 Public Health Infrastructure Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$183,715	\$241,446	\$425,161
Fringe Benefits	\$64,300	\$84,506	\$148,806
3rd Party Contracts	<u>\$50,000</u>	<u>\$0</u>	<u>\$50,000</u>
Total Personal Services	\$298,015	\$325,952	\$623,967
Equipment	\$0	\$0	\$0
Supplies	\$0	\$10,100	\$10,100
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$18,757</u>	<u>\$18,757</u>
Total Operating Expenses	\$0	\$28,857	\$28,857
Subgrants	\$192,078	\$0	\$192,078
Total Direct Costs	\$490,093	\$354,809	\$844,902
Total Indirect Costs	<u>\$110,229</u>	<u>\$144,869</u>	<u>\$255,098</u>
Total SFY12 Grant Costs	\$600,322	\$499,678	\$1,100,000

Appropriation Summary

Total Personal Services	\$408,244	\$470,821	\$879,065
Total Operating Expenses	\$0	\$28,857	\$28,857
Total Subgrants	<u>\$192,078</u>	<u>\$0</u>	<u>\$192,078</u>
	\$600,322	\$499,678	\$1,100,000



Grant Number: 1U58CD001302-01

Principal Investigator(s):
TRACY DOLAN

Project Title: CD10-1011 Strengthening Public Health Infrastructure for Improved Health Outcomes

FINANCIAL OFFICER
VERMONT DEPT OF HEALTH
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/30/2010 – 09/29/2011
Project Period: 09/30/2010 – 09/29/2015

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$1,100,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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 the individual(s) referenced in Section IV.

Sincerely yours,

Cheryl Pressley
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

Component 1

ABSTRACT

See Mandatory Attachment – Abstract.

PROJECT NARRATIVE

A. Summary of Funding Request

The Vermont Department of Health (VDH) requests \$100,000 and submits this proposal in response to the FOA, *Strengthening Public Health Infrastructure for Improved Health Outcomes* (CDC-RFA-CD10-1011), **Component 1**. According to the guidance, \$100,000 is the maximum amount available to Vermont with a population of less than 1.5 million. VDH proposes to improve performance measurement across the four key areas identified in the FOA through the hiring of a performance improvement manager and by establishing a performance measurement and reporting process based on the Department's newly adopted Strategic Plan.

B Background

Vermont Department of Health

VHD is the state's lead agency for public health policy, planning, surveillance, intervention and advocacy. Essential public health and disease prevention services are available across Vermont through 12 state-managed district offices. The district offices work in partnership with local health care providers, voluntary agencies, municipalities, schools, businesses and community organizations to improve health and extend statewide initiatives in local communities throughout the state.

As part of the Agency of Human Services, VDH works in concert with the Departments of Mental Health, Children and Families, Disabilities, Aging and Independent Living, Corrections, and the Vermont Health Access to improve and protect the health and well-being of Vermonters.

Goals and Objectives

The overall program goal of this proposal is to increase systemically the performance management capacity of the Vermont Department of Health in order to ensure that public health goals are effectively and efficiently met. As per the guidance, the VDH will apply funding and efforts to the **Performance Management Category** as it is defined in the FOA.

The program sub-goal is to increase the Department's capacity to routinely evaluate and improve the effectiveness of its organization, practices, partnerships and programs' use of resources and measure the impact the systems improvements have on the public's health. In order to contribute to this sub-goal, Vermont will bolster its Planning and Quality Improvement Office with a full-

time dedicated and qualified staff member. This is consistent with its newly adopted strategic plan which states the VDH will: *Increase performance assessment and improvement activities in the public health system using national standards.*

VDH is proposing three objectives to support the program sub-goal:

Objective 1: Establish a performance management system aligned with VDH's strategic plan and measured by national standards such as those associated with Healthy People 2020.

Objective 2: Prepare the Department to meet standards as described by the Public Health Accreditation Board

Objective 3: Support learning collaborative for Region 1 states to learn from each others' experiences in the emerging field of public health performance improvement as well as seek opportunities for joint projects.

Need for Increased Performance Management Capacity

Currently, the Quality Improvement and Performance Management office is understaffed with a ½ time Director. Follow-through on developing work plans that correlate to the strategic plan, selecting quality improvement projects as prioritized by the strategic plan and setting targets for the strategic plan has been challenging due to the lack of staff to lead these efforts. The opportunity to enhance the capacity of the Department to focus on performance improvement and management is welcome and comes at an opportune time as the Strategic Plan is in its first year of implementation. The new Performance Improvement Manager will develop a performance management system based on the priorities set by the VDH Strategic Plan and will move VDH toward accreditation readiness through a series of quality improvement projects aimed at helping VDH meet quality standards as they are described by the Public Health Accreditation Board.

The Department's work is driven in part by Healthy People 2010's leading indicators and it currently tracks and publishes its progress toward these objectives every five years. The information is disseminated publicly, but there is no internal department-wide work plan that guides and tracks the process for improving upon these measures.

The VDH Strategic Plan focuses on several public health programmatic improvements as well as system improvements. The Performance Improvement Manager (PIM) will work in concert with the Director for Planning and Quality Improvement to move the Department toward measurable Public Health outcome improvements as indicated in the strategic plan in areas such as immunization and prevention of chronic disease. In addition, the PIM will also work throughout the department to identify measurable improvements in operations, business practices, communication, workforce development and policy.

Overview of VDH's History in Performance Management

VDH has worked on three major quality improvement initiatives in the past 3-4 years:

Asset Management Inventory

Efforts were made several years ago to develop an Assets Management Inventory (AMI) that would track program objectives and allow them to be queried by demographic and programmatic fields such as age, program setting and gender. The rationale behind the system was to provide more linkages between programs in order to build more seamless and less categorical public health responses. The system was not considered to be facile or user-friendly and, ultimately, did not succeed in its objectives. Nevertheless, the intent survives.

Process for Public Health Excellence Process (PPHE)

From 2006 – 2009, eight of twelve district offices initiated a four year Process for Public Health Excellence process (PPHE) in order to do some of the initial preparation for meeting the standards associated with voluntary accreditation. Each local health office that participated used a combination of data, tools, program performance measures, and input from PPHE program liaisons as the foundation for preparing its District Office Assessment Summary Report. The assessment process included the following tools and/or processes:

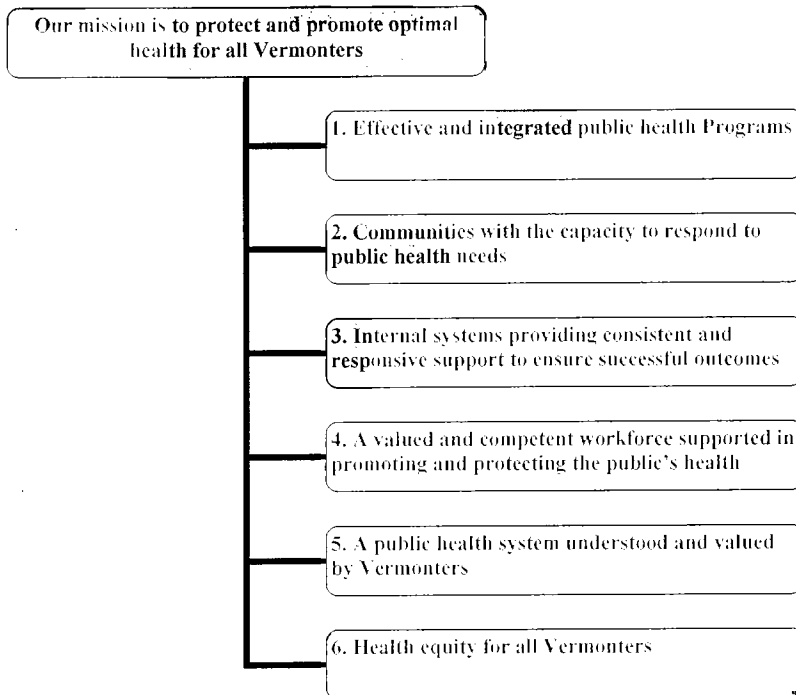
- Work Group Climate Assessment using the Workgroup Climate Assessment Guide for Facilitators (Management Sciences for Health)
- District Office Quality Improvement Checklist which is a compendium of expectations that applies specifically to VDH district offices. The Checklist items were organized under the ten NACCHO-developed standards for local health departments
- Program Measures Assessment whereby programs provide the PPHE local health offices with programmatic data for use in assessing how they are performing relative to the specific program performance measures chosen.
- District Office Quality Improvement Checklist: This tool lists a variety of non-program-specific Local Health Office responsibilities as well as program-specific standards.

Each plan was developed and reviewed by a PPHE Reward and Recognition Team. After responding to input from the team, each Local Health Office submitted an updated Quality Improvement Plan with an accompanying work plan that is intended to be reviewed each year for four years.

Development of a Strategic Plan

In recognition of the importance of ongoing public health performance improvement, VDH recently developed and adopted a Strategic Plan. A team of 20 staff throughout the Department and the Agency of Human Services developed and finalized a strategic plan

during 2009. The Department's Strategic Plan was informed by several national discussions including the framework for Healthy People 2020¹, the promotion of chronic disease integration by the Centers for Disease Control and the National Association of Chronic Disease Directors, and by the opportunities to promote healthy communities as part of the Patient Protection and Affordable Care Act. In addition, the Strategic Plan was guided by the Vermont Prevention Framework which recognizes the continuum of interventions required to improve health ranging from those directed at the individual to those aimed at changing policies and environments. Finally, the Plan was developed based on a review of health status in Vermont with recognition that reducing health disparities for all Vermonters is key to ensuring that Vermonters are living healthy lives in health communities.



The plan has begun to guide practice within the Department of Health but work plans have not yet been developed and a formal process measure the plan's success has not been implemented.

¹ Healthy People 2020 is a national initiative to promote science-based 10-year national objectives for promoting health and preventing disease. The four overarching goals of the framework include:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

C. Activity Plan

1. Infrastructure Investments

VDH will use CDC infrastructure funds to hire a full-time Performance Improvement Manager to enhance the work of the Office of Planning and Quality Improvement.

2. Methods and Activities

Three major activities are proposed for the PH Infrastructure Performance Improvement Project. The first is the development of a performance management system that aligns with the VDH Strategic Plan, the second is the development of core documents and the selection of key national accreditation standards that VDH will work on in order to move toward accreditation readiness, and the third is a New England Public Health Performance Improvement Initiative;

2.1. Performance Management System for VDH Strategic Plan

The Performance Improvement Manager will establish a performance management system for the VDH strategic plan which will involve the following activities over a five year period:

- Establish clear performance measures as they relate to the VDH strategic plan and system for routinely reporting on those measures
- Identify as least 10 quality improvement projects for priorities listed in the Strategic Plan. In the first three years those quality improvements are likely to include the following programs/areas:
 - Increasing immunization rates among young children
 - Increasing fruit and vegetable consumption, particularly among low-income and minority populations
 - Enhancing the use of public health and clinical data to inform community-level public health response
 - Improving business processes as they relate to the provision of grants and contracts
 - Enhancing communication practices
- Work with relevant programs to develop quality circles that relate to the specific quality improvement projects
- Establish work plans that support the quality improvement projects and support teams in tracking their progress

2.2 Selected Standards for Accreditation Readiness

According to the Public Health Accreditation Board, three specific documents will be required for public health departments to apply for national accreditation:

1. A community health assessment, in which a health department assesses the health status and the public health needs in the community.

2. A community health improvement plan, which maps out exactly what the health department, is going to do as it works with partners to improve the health status of its jurisdiction.
3. A strategic plan for the health department, which sets out priorities and plans to accomplish its strategic goals

In addition to working on the preparation of those documents, many of which exist in some form at VDH, the Performance Improvement Manager will work with VDH staff to select standards to be prioritized for accreditation readiness. Activities will include:

- With the support of a student intern, assess VDH's readiness for accreditation through a department-wide process
- Select the priority standards for accreditation as identified in the readiness process and as identified by program divisions

2.3. New England Public Health Performance Improvement Initiative

Region 1 (New England) states applying for the Public Health Infrastructure grant propose convening a region-wide collaborative led by the Principal Investigators of the grant in the funded Region 1 states and overseen by all of the Region 1 State Health Officers. The purpose of such a collaborative is for Region 1 states to learn from each other's experiences in the emerging field of public health performance improvement as well as to seek opportunities for joint projects.

Region 1 states have a successful track record of working together that VDH believes makes the Department ready to collaborate on performance improvement. For instance, the New England State Health Officers initiated a long-standing region-wide asthma collaborative (Asthma Regional Council of New England); addressed H1N1 in common, including coordinating public messages, school-located vaccine campaigns, and surveillance information; and continued weekly conference calls since the spring of 2009 to discuss and address other issues in common such as Eastern Equine Encephalitis outbreaks, radioactive contamination near a nuclear power plant, and national health reform. Other Region 1 public health collaborations that states' public health agencies are actively involved in include the New England Alliance for Public Health Workforce Development; New England Rural Health Roundtable; New England Regional Minority Health Committee; and the New England Coalition for Health Promotion and Disease Prevention (NECON). New England states' public health agencies also have some successful examples of implementing multi-state programs, including the Northern New England Poison Center (ME, NH, and VT) and the U.S. DHHS-funded Improving Health Outcomes for Children's grant (ME and VT).

Since public health performance improvement is an emerging field, we believe there is potential for great benefits from neighboring states learning from each other and collaborating to share resources and work on joint projects. We believe we can build upon our region's track record of success by proposing that the Principal Investigators of the funded New England states, along with all of the New England State Health Officers, convene a New England-wide meeting within the first six months of the grant year to learn from each others' public health performance improvement proposals and to seek opportunities for joint projects. Funded states will use the dedicated funds for this initiative

to convene the meeting as well as follow up conference calls. VDH proposes that at least one joint project be identified by the end of the first grant year.

3 and 4. Key Partners, Cross-jurisdictional relationships

This project will primarily require strong cross jurisdictional relationships with Offices of Local Health (called District Offices), the Office of Health Reform in the Department of Health Access (specifically Vermont's Blueprint for Health), and across divisions within the Department. Other key partners will include the Office of Quality Improvement at the Agency of Human Services of which VDH is a part, and the Agency's Quality Assurance Program Initiative group, on which VDH sits as a member. Finally, VDH hopes to develop stronger relationships with performance management offices in the New England region who are working on similar initiatives.

5 and 6. Staffing and Project Management

This project will be staffed primarily by the Performance Improvement Manager and will be supported through the supervision of the Director of Planning and Quality Improvement. The Director of Planning and Quality Improvement reports to the Deputy Commissioner for Health and sits as a member of the Executive Team. The executive team will play a key role in increasing the Department's commitment to performance improvement and performance management.

Table 1: Activity Plan

Strengthening Public Health Infrastructure for Improved Health Outcomes						
Component 1: Performance Management						
Objective 1: Establish a performance management system aligned with Vermont Department of Health's strategic plan						
Activities	Year					Measure
	1	2	3	4	5	
Hire performance improvement manager	X					Performance improvement manager hired and in place
Conduct a performance gap with key staff based on the Strategic Plan objectives and priorities	X					Performance gap document completed
Establish performance measures for all of the objectives outlined in VDH's strategic plan	X					Strategic plan revised with performance measures
Identify 10 quality improvement projects areas as per the priorities listed in the VDH strategic plan (at least two per year)	X	X	X	X	X	Two QI projects identified to deputies and commissioner as part of PIM work plan
Establish quality improvement teams/circles as per each identified quality improvement project		X	X	X	X	QI project plans written and shared
Establish work plans for each division that support the Strategic Plan, include performance measures and targets in the work plans		X	X			Division-specific work plans posted to intranet each year
Attend performance management meeting in Atlanta Georgia	X	X	X	X	X	Attendance records indicate PI participated
Partners/People Responsible: Performance Improvement Manager, Division Directors, Chief of Public Health Nursing, Executive Team, Business Operations Team						

Objective 2: Prepare Department of Health to meet standards as described by the Public Health Accreditation Board						
Activities	Year					Measure
	1	2	3	4	5	
Review quality of existing completed community assessment and advise on strengthening assessments as needed as per health reform/PHAB standards	X					Community assessment checklist completed for each existing assessment document
In conjunction with the Blueprint and Hospitals, complete assessment for all HSAs as per health reform expectations and accreditation guidelines		X	X			Community assessment documents completed
With partners, develop health improvement plans for each district and/or hospital service area		X	X	X	X	District HIPs completed and shared
Monitor district level quality improvement plans and assess and refine each year.			X	X	X	Districts reporting against measures in HIPs each year
Develop annual department-wide work plans for Strategic Plan implementation		X	X	X	X	Consolidated work plans posted on VDH intranet
Partners/People Responsible: Office of local health, Chief of Public Health Nursing, local health District Directors, Blueprint staff, Hospitals						
Objective 3: Support a learning collaborative for Region 1 states to learn from each other's experiences in the emerging field of public health performance improvement as well as to seek opportunities for joint projects						
Activities	Year					Measure
	1	2	3	4	5	
Meet with other Region 1 performance managers to share best practices	X	X	X	X	X	Meeting held in region 1
Identify one joint project in year one to implement/document over the course of the grant period	X					Joint project identified and described in document
Implement the project		X	X	X	X	Project implementation documented and evaluated
Partners/People Responsible: Region 1 Performance Managers, Deputy Commissioners						

D. Performance Plan

Goal 1

Strategic Direction 1.1

Objectives

1.1.1 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

Performance Measure

% of children 19-35 months of age who have received all 4:3:1:3:3:1 vaccinations

Source of Data

Vermont Immunization Registry
National Immunization Survey

Baseline

2007, 63%

1.1.2 Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

% adults who receive flu vaccine annually
% of adults ever vaccinated for pneumonia

BRFSS (Adults 65+)
National Immunization Survey

1.1.3 Increase the contribution of fruits and vegetables to the diets of the populations aged 2 years and older.

% of persons who consume 5+ fruits and vegetables per day

BRFSS (Adults 18+)
YRBS (Middle and High School Students)
WIC Data

Adults, 30%, 2007
Youth, 23%, 2009

1.1.4 Maintain or improve the proportion of Vermont's population served by community water systems with optimally fluoridated water.

% of community water systems that are fluoridated

CDC Water Fluoridating Report System

56% (12/2009)

1.1.5 Increase the proportion of adolescents and adults who meet current federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.

% of person who meet the CDC recommended guidelines for physical activity

BRFSS (Adults 18+)
YRBS (Middle and High School Students)

Adults, 58%, 2007
Youth, 24%, 2009

1.1.6 Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

% of persons who report binge drinking

BRFSS (Adults 18+)
YRBS (Middle and High School Students)

Adults, 19%, 2008
Youth, 20%, 2009

1.1.7 Reduce the initiation of tobacco use among children, adolescents and young adults.

Average age of smoking initiation, by age group
% who initiate smoking before age 13

Adult Tobacco Survey (18+)
BRFSS (Adults 18+)
YRBS (Middle and High School Students)

2009 ATS, Average age, 15
2009 YRBS, before 13, 12%

Strategic Direction 1.2 Prepare for Emerging Health Threats

1.2.1 Integrate and enhance the existing surveillance systems at the local and state levels to detect, monitor, report, and evaluate public health threats.

TBD

TBD

TBD

1.2.2 Assure an integrated, sustainable, statewide response and recovery capacity to respond to public health threats with a focus on hospital surge capacity and the Strategic National Stockpile.

TBD

TBD

TBD

Strategic Direction 1.3 Promote and Protect Health through Safe and Healthy Home Environments

1.3.1 Reduce elevated blood lead levels in children.

% of 1 year old children tested who show elevated blood lead levels (>5ug/dl)

CLPP Data Base

1.3.2 Increase the proportion of persons who mitigate elevated radon levels in their home.

Number of mitigations per year

Radon Program Data Base

Strategic Direction 1.4 Integrate Health Programs that work across the Prevention Model

1.4.1 Increase the proportion of providers and public health agencies/community organizations that optimize electronic health information exchange to improve individual and population health.

% of providers able to comply with the 3 PH elements of Meaningful Use guidelines
of DocSite Users
of providers who report having an EMR

Doc Site Provider Survey

Not assessed

1.4.2 Increase counseling on health behaviors among persons at risk with a physician visit in the past year.

% of individuals 'at risk' who receive counseling on health behaviors

EMR / Doc Site data base
BRFSS

Not assessed – unreliable data

1.4.3 Increase the number of VDH programs that utilize the Vermont Prevention Model with a focus on policy and environmental change.	Number of programs that cite VT Prevention Model in a program document Number of programs that include 2+ recommended audiences in their strategy	Program reporting and documentation	Not assessed
1.4.4 Increase the exchange of data between healthcare settings and public health settings to increase preventive behaviors.	TBD	TBD	Not assessed
1.4.5 Increase prevention efforts among chronic disease programs with a focus on integrated program settings, populations, workforce development and policies.	Number of program initiatives that include 2 or more chronic disease prevention strategies	Program reporting and documentation	Not assessed
1.4.6 Increase performance assessment and improvement activities in the public health system using national standards.	Number of programs assessing performance with national standards	Program reporting and documentation	

E. Appendices

- Performance Improvement Manager Job Description
- Budget Narrative
- Organizational Chart

Vermont Public Health Infrastructure Grant – Component 1
 Detailed Budget Narrative
 October 20, 2010

Year 1

Personnel \$49,868

* All personnel positions assume 12 months of salary

Name and Title	Salary	FTE	Funds Requested
Vacant			
Performance Improvement Manager	\$49,868	1.0	\$49,868
<i>The Performance Improvement Manager advises and collaborates with senior management to develop and implement quality/performance measures in the state health agency.</i>			

Fringe \$17,454

49,868 * 0.35

The cost of fringe benefits is estimated at 35% of the personnel total. Fringe benefits include FICA, retirement, and employer portions of medical, dental and life insurance.

Contracts \$0

Travel \$1,757

In-state Travel \$500

In-state travel covers mileage for 1000 miles at \$0.50 per mile.

5 trips x 1 person (Performance Improvement Manager) x 200 miles r/t * .50.mile
 = \$500

The Performance Improvement Manager will visit with local offices during regional local office meetings to provide support for local health improvement plans.

Out of State Travel \$1,257

Air travel:

*1 person * r/t flight to Atlanta = \$357*

*1 person * r/t flight within New England = \$200*

Per diem Atlanta: \$50/day x 3 days/trip x 1 person = \$150

Lodging Atlanta: \$150/day x 2 days/trip x 1 person = \$300

Per diem NE: \$50/day x 2 days = \$100

Lodging NE: \$150/day x 1 day = \$150

The Performance Improvement Manager will attend one CDC required meeting in Georgia, Atlanta to support this grant. The Performance Improvement manager will also attend one meeting in New England to meet with other PIMs from New England States to share best practices in Performance Improvement.

Supplies **\$1000**

Laptops and software

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Total</u>
Laptop with Software	1	\$1000	\$1000

The Performance Improvement Manager will be provided with one laptop and Microsoft office.

Other **\$0**

Indirect Costs **\$29,921**

Calculated at 60% of the personnel line.

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent , we would currently estimate these allocated costs at 60% of the direct salary line item.

TOTAL FUNDS REQUESTED (Year1) **\$100,000**



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: January 3, 2011
Subject: JFO #2478, #2479, #2480, #2481

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

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2479 — \$5,500,000 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build public health infrastructure and improve the delivery of public health services. **Nine limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2480 — \$864,642 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to support efforts to address oral health program deficiencies and disparities. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

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

cc: Roger Allbee, Secretary
Wendy Davis, Commissioner
Jim Mongeon, Executive Director



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 2, 2010
Subject: Grant Request

Enclosed please find four (4) request that the Joint Fiscal Office has received from the administration. Fifteen (15) limited service positions are associated with these items.

JFO #2478 — \$639,466 grant from the Center for Disease Control and Prevention to the Department of Health. This grant will be used to build the capacities of the Health Department's epidemiology, laboratory, and health information systems. **Three limited service positions are associated with this request.**

[JFO received 11/30/10]

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JFO #2481 — \$100,000 grant from the U.S. Department of Justice to State's Attorneys and Sheriffs. This grant will be used create a Model Special Investigation Unit/Child Advocacy Center in Lamoille County.

[JFO received 12/2/10]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at 802-828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review.

cc: James Reardon, Commissioner
Wendy Davis, Commissioner
Jim Mongeon, Executive Director

Hartrich,Toni

From: Clark, Leo [Leo.Clark@ahs.state.vt.us]
Sent: Friday, November 05, 2010 9:30 AM
To: Hartrich,Toni
Subject: FW: Your expedited ACA grant requests

FYI Toni,

I spoke to the grant managers this morning and they both agreed that they will not need the JFC review to be "expedited". They were also very pleased to hear that the DHR position review process will proceed on an expedited basis while the JFC review moves forward.

So would you please white-out the "X" in the 14-day box for me and put it in the Normal 30-day Process box?

Thanks for your help, Toni, and again my apologies for the confusion.

Leo Clark CFO
VT Department of Health
(802) 863-7284(O)/(802)578-8510 (C)
leo.clark@ahs.state.vt.us

Please note new email address as of 5/3/10. Thanks.

State of Vermont

Department of Health

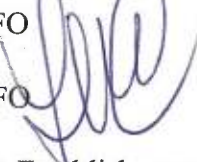
108 Cherry Street, PO Box 70

Burlington, VT 05402

[phone] 802-863-7200

[fax] 802-865-7754

MEMORANDUM

To: Jim Giffin, AHS CFO 

From: Leo Clark, VDH CFO

Re: Grant Acceptance & Establishment of Positions Packet
Public Health Infrastructure ACA

Date: 10/25/10

.....

The Department of Health has received a grant from the Centers for Disease Control & Prevention of \$1,100,000 annually for five years to build public health infrastructure. The funds were awarded under the Affordable Care Act (ACA).

We are requesting expedited approval to receive these funds and to establish nine limited service positions. We are enclosing the Grant Acceptance Request (AA1-ACA) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, including the revised budget, and the Request for Review forms, with organization charts, for each of the nine positions.

It is our understanding, based on the advice of Tammie Ellison at the Department of Human Resources (DHR), that this packet, once approved by the Secretary, should be forwarded in its entirety to DHR, as usual. They will hold the RFR's and begin the classification process immediately, while transmitting the remaining documents to Budget and Management.

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

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 _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

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

Supervisor's Name, Title, and Phone Number:

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.*

What: Plans and leads the performance and quality programs at the Department of Health.

How: Establish a performance improvement system through the development of department-wide performance measures including those associated with Healthy People 2020. Tie the indicators to the strategic plan and develop a regular monitoring system to determine performance against both the strategic plan and more broadly toward the Healthy People 2020 measures. Utilize performance improvement tools to streamline Vermont Department of Health processes, improve customer service, and enhance agency effectiveness and efficiency. Develop a timeline for accreditation. Ensure that that VDH has completed the pre-requisites for accreditation including a health improvement plan and community assessments. Work with central and district offices to reach the standards laid out through the accreditation process. Contribute to proposal development across the department as it relates to performance improvement. Seek opportunities and write proposals as required to expand VDH's efforts to improve performance and quality. Represent VDH at New England Regional performance improvement fora. Utilize and provide training to other staff for the database that will be used for the performance improvement system.

Why: To improve performance department-wide, to increase quality and efficiency, to comply with CDC requirements related to the public health infrastructure grant and to move the Department of Health toward voluntary public health department accreditation. This position is required as part of the CDC funded Public Health Infrastructure Grant (award valued at 5.5 million dollars over a five year period).

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*.

Collaborate with Division Directors to determine performance measures and to assess performance as it relates to the strategic plan

Collaborate with Program Managers to seek input on performance measures

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:

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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*.

Collaborate with Division Directors to determine performance measures and to assess performance as it relates to the strategic plan

Collaborate with Program Managers to seek input on performance measures

Facilitate community assessments where required along with District staff
Seek in input from quality staff within AHS
Represent Vermont's performance improvement initiative as part of the New England Regional efforts to share practices and establish common performance improvement goals.
Represent Vermont at CDC required annual performance improvement meetings
Meet with CDC officials to get input on performance improvement framework
Facilitate quality improvement among senior staff at VDH

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.

Familiarity with use and management of databases
Experience in performance improvement, planning, project management
Experience in helping a public health department reach accreditation standards

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.

The supervisor will provide a broad framework for the performance improvement initiatives which will also be guided by the project documentation that was submitted to and approved by the CDC. The supervisor will develop a workplan with the Performance Improvement Manager (PIM) and performance will be measured against the plan. The supervisor will meet with the Performance Improvement Manager on a bi-weekly basis and will also assess the quality of the work by how many divisions/programs are correctly utilizing and/or benefiting from the performance improvement system. In addition, the supervisor will attend meetings jointly with the Performance Improvement Manager, particularly those meetings that occur outside of VDH but will also attend some of the senior level meetings within VDH. Finally, the PIM will be assessed by the level of accreditation readiness that VDH achieves.

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.*

In developing a performance improvement system, the PIM will have to 'sell' staff on the value of contributing and participating in such a system as some staff may see little immediate value in a performance improvement initiative

Understanding the IT/database intricacies associated with a performance improvement system and moving such a system forward will be challenging as it requires negotiations across divisions and possibly outside of VDH

Accreditation often creates anxiety among staff and so the PIM will need to work to allay those concerns and at the same time push staff toward a higher quality work

Developing funding proposals for expanded work associated with quality improvement and performance improvement

Creating consensus across divisions in the Health Department.

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.*

To establish a performance improvement system from scratch that will allow someone to see a snapshot of VDH's performance across a range of measures at any given time

To ensure that VDH keeps pace with other states in moving toward voluntary public health accreditation

To create a culture of quality improvement and performance improvement throughout the organization that permeates into all sectors of VDH and is embraced by all levels of staff

To ensure that VDH complies with CDC grant requirements (1.1 million per year in funding) related to the performance improvement component of the Public Health Infrastructure grant.

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?
NA	NA

- 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?
NA	NA	NA

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

Type	How Much of the Time?
Sitting/Walking to other offices	90%
Driving	10%

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.

Ideally, VDH will benefit from someone who has had experience both establishing and maintaining a performance improvement system.

Employee's Signature (**required**): _____ Date: _____

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?

Establishing a performance improvement system that links with the strategic plan
Determining the measures that help VDH evaluate itself
Implementing accreditation readiness activities throughout the Department through increasing quality
Facilitating a New England region-wide performance improvement initiative
Complying with grant requirements including report writing, budget monitoring

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?

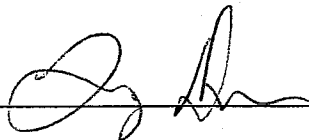
Significant experience in performance improvement and quality improvement
Familiar with database use/management
Knowledge of the accreditation standards for public health

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

4. Suggested Title and/or Pay Grade:

Performance Improvement Manager Grade 26

Supervisor's Signature (required):



Date:

Oct 19 2016

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.

Pay Group 74A, GUC 74005

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).

No - New position under Health care Reform

Suggested Title and/or Pay Grade:

as requested

Personnel Administrator's Signature (required): Hail Bushford Date: 10/20/10

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:

Michelle H.
Appointing Authority or Authorized Representative Signature (required)

10/27/10
Date

PERFORMANCE IMPROVEMENT MANAGER

Job Code:

Pay Plan: Classified

Pay Grade: 26

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date:

Class Definition:

Developmental, administrative, coordinating and monitoring work for the Department of Health (VDH) to establish a performance improvement system in coordination with the VDH strategic plan. Duties include identifying performance measures, development of a monitoring system to evaluate performance, implementation of accreditation readiness activities throughout VDH, facilitation of a New England regional performance initiative and compliance with grant requirements including report writing and budget monitoring. Duties are performed under the general direction of the DMH Operations Director. All employees of the Agency of Human Services perform their respective functions adhering to four key practices: customer service, holistic service, strengths-based relationships and results orientation.

Examples of Work:

Collaborates with the Director of Public Health Planning to plan and lead the performance and quality programs at the Department of Health. Utilizes performance improvement tools to streamline Department of Health processes, improve customer service and enhance agency efficiency and effectiveness. Ensures all performance, accountability and quality assessments are regularly completed and comprehensively reported to senior management. Advises and collaborates with senior management to develop and implement quality/performance measures in the state health agency. Readies VDH for Public Health Department accreditation including assuring that community health assessments are health improvement plans are completed. Has primary responsibility for coordination and oversight of health assessments, state health improvement planning, and health improvement plans. Identifies gaps and implements quality initiatives to ensure continuous quality improvement. Defines and monitors health status indicators and identifies performance areas. Integrates QI/PI activities into agency culture through marketing and promotion. Coordinates quality education and training programs for state health agency staff. Participates in intra-agency planning and goal setting. Collaborates with national, state, and community partners on various quality and performance focused workgroups and learning communities. Seeks diverse funding opportunities to participate in state-wide and national performance and quality initiatives. Assures that VDH is complying with CDC grant requirements including annual report writing. Represents Vermont in New England Performance Improvement Collaborative

Environmental Factors:

Duties are typically performed in a standard office setting. Some travel is required for which private means of transportation should be available. Incumbents may need to work evenings or weekends and speak before public groups.

Minimum Qualifications

Knowledge, Skills and Abilities:

Considerable knowledge of the principles of program planning, evaluation and performance improvement.

Knowledge of public health management practices, policy, programs, initiatives, and functions.

Knowledge of quality initiatives and methodologies, such as: PDSA, Kaizen, Baldrige, National Public Health Performance Standards, Balanced Scorecard, Lean, Six Sigma.

Knowledge of public health infrastructure and policy issues.

Knowledge of administrative and management principles, practices and procedures.

Knowledge of databases to track performance.

Ability to train staff in various quality improvement and performance improvement methodologies.

Ability to engage local, regional and national partners in dialog to foster improved organizational performance.

Skills in leadership and multi-stakeholder consensus building.

Advanced written and oral communication skills; to include presentations and comprehensive analysis reporting on public health issues.

Ability to establish and maintain effective working relationships.

Ability to provide leadership and accountability within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience:

Bachelor's degree in public health, public administration, health or community planning or a health field.

Five years of progressively responsible experience in public health management, quality/performance improvement, and strategic planning within a government, clinical, or educational environment.

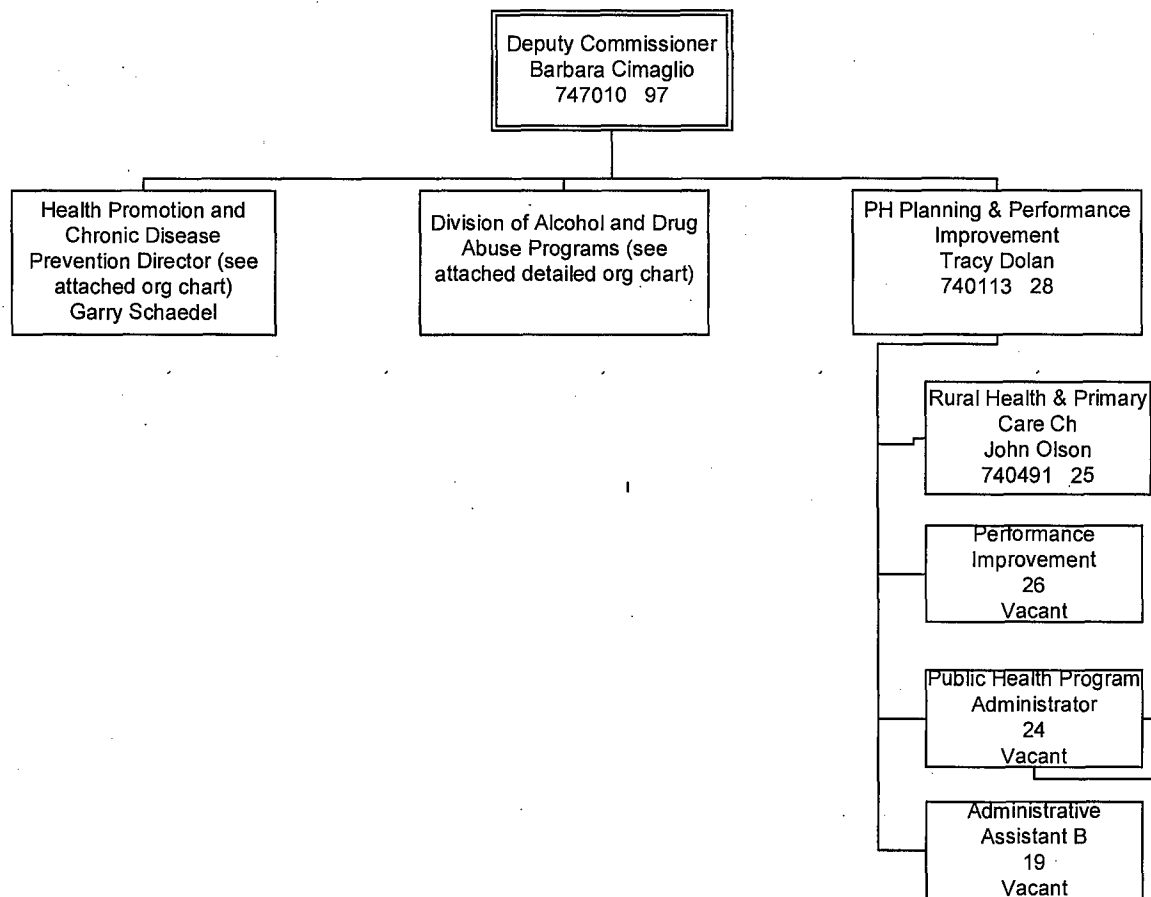
Special Requirements:

Candidates must pass any level of background investigation applicable to the position. In accordance with AHS Policy 4.02, Hiring Standards, Vermont and/or national criminal record checks, as well as DMV and adult and child abuse registry checks, as appropriate to the position under recruitment, will be conducted on candidates, with the exception of those who are current classified

state employees seeking transfer, promotion or demotion into an AHS classified position or are persons exercising re-employment (RIF) rights.

Deputy Commissioner of Alcohol & Drug Abuse Programs

Proposed PH Infrastructure Positions October 25, 2010



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: Administrative Assistant B

Agency/Department/Unit: AHS/VDH/Commissioner's Office, Planning Unit GUC: *7400T*

Pay Group: 74A Work Station: VDH 108 Cherry Street, Burlington Zip Code: 05401 *74005*

Position Type: Permanent Limited Service (end date) September 29th, 2015

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

Supervisor's Name, Title and Phone Number: Tracy Dolan, Director PH Planning, 862-7288

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

- New Position(s):**
 - a. **REQUIRED:** Allocation requested: Existing Class Code 050200 Existing Job/Class Title: Administrative Assistant B
 - b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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: A. Assist with the administration of sub-grants to community coalitions B. Assist Planning Director and other staff with planning, designing, developing, editing, producing, and disseminating reports, including public outreach materials (brochures, newsletters, flyers, posters, etc.), training materials and guides, website content C. Prepare agendas and make arrangements for meetings D. Meet with the business office to review budget and advise grant-supported staff and planning director on status of expenditures E. Attend meetings, take minutes, draft correspondence, collect and compile information, and serve as liaison between project stakeholders associated with the Public Health Infrastructure grant. F. Input data into performance management system F. Track implementation of grant activities G. Act as liaison for day to day financial matters with the business office as those matters relate to the public health infrastructure grant H. Facilitate, coordinate and track personnel administration matters for staff connected to the Public Health Infrastructure grant I. Maintain office calendar to coordinate work flow and meetings J. File and retrieve organizational documents, records and reports.

2. Provide a brief justification/explanation of this request: The Public Health Infrastructure grant will require additional program activity at the Department of Health including more coordination and outreach at the community, hospital and provider level. This increased activity, along with the new staff associated with the grant, will create a need for more administrative support to meet grant reporting and accountability requirements.

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: Tracy Dolan 863-7288

6. Who should be contacted if there are questions about this position (provide name and phone number):
Tracy Dolan 863-7288

7. How many other positions are allocated to the requested class title in the department: 16

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. *Submitted w/ AA1 pgs*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Maura Barnes
Personnel Administrator's Signature (required)*

10/27/10
Date

[Signature]
Supervisor's Signature (required)*

Oct 25 2010
Date

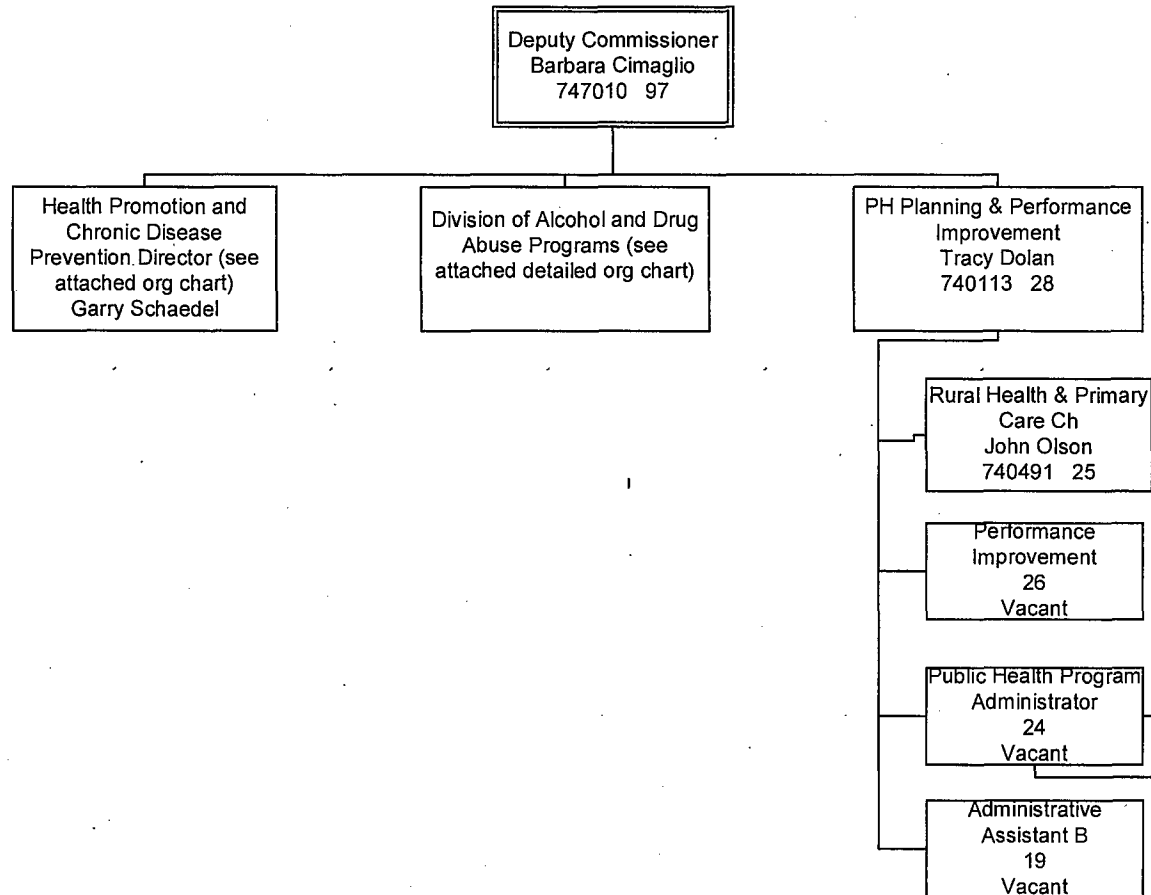
Dixie H.
Appointing Authority or Authorized Representative Signature (required)*

10/27/10
Date

* Note: Attach additional information or comments if appropriate.

Deputy Commissioner of Alcohol & Drug Abuse Programs

Proposed PH Infrastructure Positions October 25, 2010



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: Public Health Programs Administrator

Agency/Department/Unit: AHS/VDH/Commissioner's Office, Planning Unit GUC: **74005**

Pay Group: 74A Work Station: VDH 108 Cherry Street, Burlington Zip Code: 05401

Position Type: Permanent Limited Service (end date) September 29th, 2015

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

Supervisor's Name, Title and Phone Number: Tracy Dolan, Director of Planning, 863-7288

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code 444900 Existing Job/Class Title: Public Health Programs Administrator - Grade 24

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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: The Public Health Programs Administrator will coordinate and provide technical assistance to all aspects of the integrated prevention team concept that is being developed by the Department of Health. A) At the central office, the Programs Administrator will develop the scope of work for the Central Office Prevention Team and will work with the team to devise a communication strategy between that team and the District Prevention Teams (total of 10 teams) and an annual workplan with projected deliverables. B) Within local health, the Programs Administrator will work with the district offices in developing their prevention teams, help them develop workplans, facilitate meetings, document practices and projects, share best practices across districts, and facilitate linkages with the central office team and with Blueprint teams at hospitals and in the community. C) The Programs Administrator will also develop and guide the implementation of an integrated workforce development plan for community staff and will identify training resources and schedule trainings. D) The administrator will develop a resource 'library' of recommended tools for specific cross programmatic programs such as the healthy retailers initiative and the healthy town policy initiative and will provide presentations and training on said resources at central and local health offices. E) The Administrator will develop measures for determining the success of the projects identified by the Prevention Teams and will develop reports bi-annually outlining progress of the integrated prevention initiatives throughout the department. F) The Administrator will play a key role in linking the Department of Health to the Blueprint for the Health and will contribute to defining that role as the work of the Prevention Specialists (key members of the District Prevention Teams) evolve. In addition, the Programs Administrator will ensure that community grants are coordinated and consistent across the Department. G) The Programs Administrator will also link the work of the local health prevention teams at the district level to the central office Prevention Team and to technical resources within the division of Health Promotion and Disease Prevention along with other divisions as required.
2. Provide a brief justification/explanation of this request: This position is funded through the new ACA funded Public Health Infrastructure grant from the CDC. The position plays a central role in ensuring that our innovative integrated prevention team concept is supported at all levels and will be coordinated and

members who can dedicated the time necessary to provide this kind of programmatic support to districts and the coordination support to the central office.

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: Tracy Dolan 863-7288

6. Who should be contacted if there are questions about this position (provide name and phone number):
Tracy Dolan 863-7288

7. How many other positions are allocated to the requested class title in the department: 4

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. *Submitted w/ AA1 PKg*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Yail Rushford

Personnel Administrator's Signature (required)*

10/20/10

Date

[Signature]

Supervisor's Signature (required)*

Oct 19, 2010

Date

[Signature]

Appointing Authority or Authorized Representative Signature (required)*

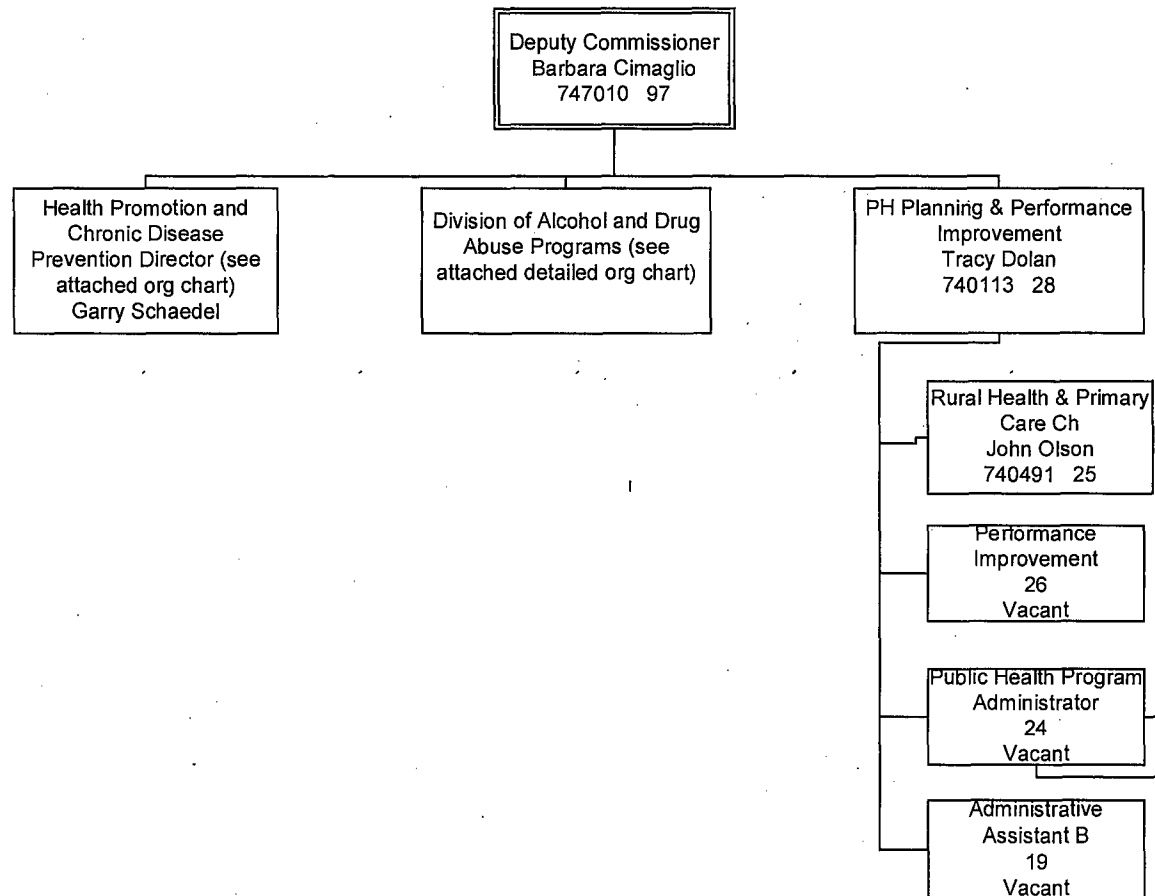
10/25/10

Date

* Note: Attach additional information or comments if appropriate.

Deputy Commissioner of Alcohol & Drug Abuse Programs

Proposed PH Infrastructure Positions October 25, 2010



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: Public Health Specialist-Generalist

Agency/Department/Unit: AHS/Health/MCH GUC: 74701

Pay Group: 74a Work Station: Central Office Zip Code: 05402

Position Type: Permanent Limited Service (end date) September 29, 2015

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

Supervisor's Name, Title and Phone Number: Breana Holmes, MCH Director

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

New Position(s):

a. REQUIRED: Allocation requested: Existing Class Code 441200 Existing Job/Class Title:

b. Position authorized by: -

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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: 1. Assessment, Planning, Implementation and Evaluation: Facilitates community initiatives related to prevention. Develops and mobilizes community partners and resources including health care providers, non-profit organizations and community groups. 2. Health Education and Outreach: Promoting healthy behaviors and prevention models. Works with District Offices to identify partners for coalitions and collaborations. Reviews, analyzes and presents data on prevention and health disparities. 3. Community Organization: Develops community capacity for implementing Vermont Prevention Model. 4. Public Policy and Environmental Change: Examines opportunities for and advocates for potential policy, systems and environmental change initiatives to support health communities. Shares federal and state legislation and local policy change with community partners and district office staff

Specific Activities

- Conduct a readiness assessment in collaboration with DVHA, VCHIP, AAP-VT, AAFP-VT and others to ascertain pediatric practices' interest in joining the Blueprint for Health as well as their knowledge of Blueprint goals and activities and their potential timeline for participation
- Participate in discussions about the identification of a common evaluation platform across pediatric practices
- Orient new staff to Advanced Primary Care Practice (APCP) model
- Assist in providing coaching, tools, and support to practices as they prepare for participation in the Blueprint for Health and its associated practice-based activities
- Assist with the collection, adaptation, and creation of tools, policies, and procedures to support pediatric practices' readiness to begin NCQA evaluation processes

2. Provide a brief justification/explanation of this request: This position is essential part of a 5 year public health infrastructure grant through VDH and is a critical role for the pediatric components of this work.

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 N/A
5. The name and title of the person who completed this form: Breena Holmes, MCN Director
6. Who should be contacted if there are questions about this position (provide name and phone number):
 Gail Rushford, 828-3270
7. How many other positions are allocated to the requested class title in the department: 11
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 - New position under Health Care Reform

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. Submitted w/ AA1 PKG
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Gail Rushford
Personnel Administrator's Signature (required)*

12/20/10
Date

Breena Holmes
Supervisor's Signature (required)*

10/19/2010
Date

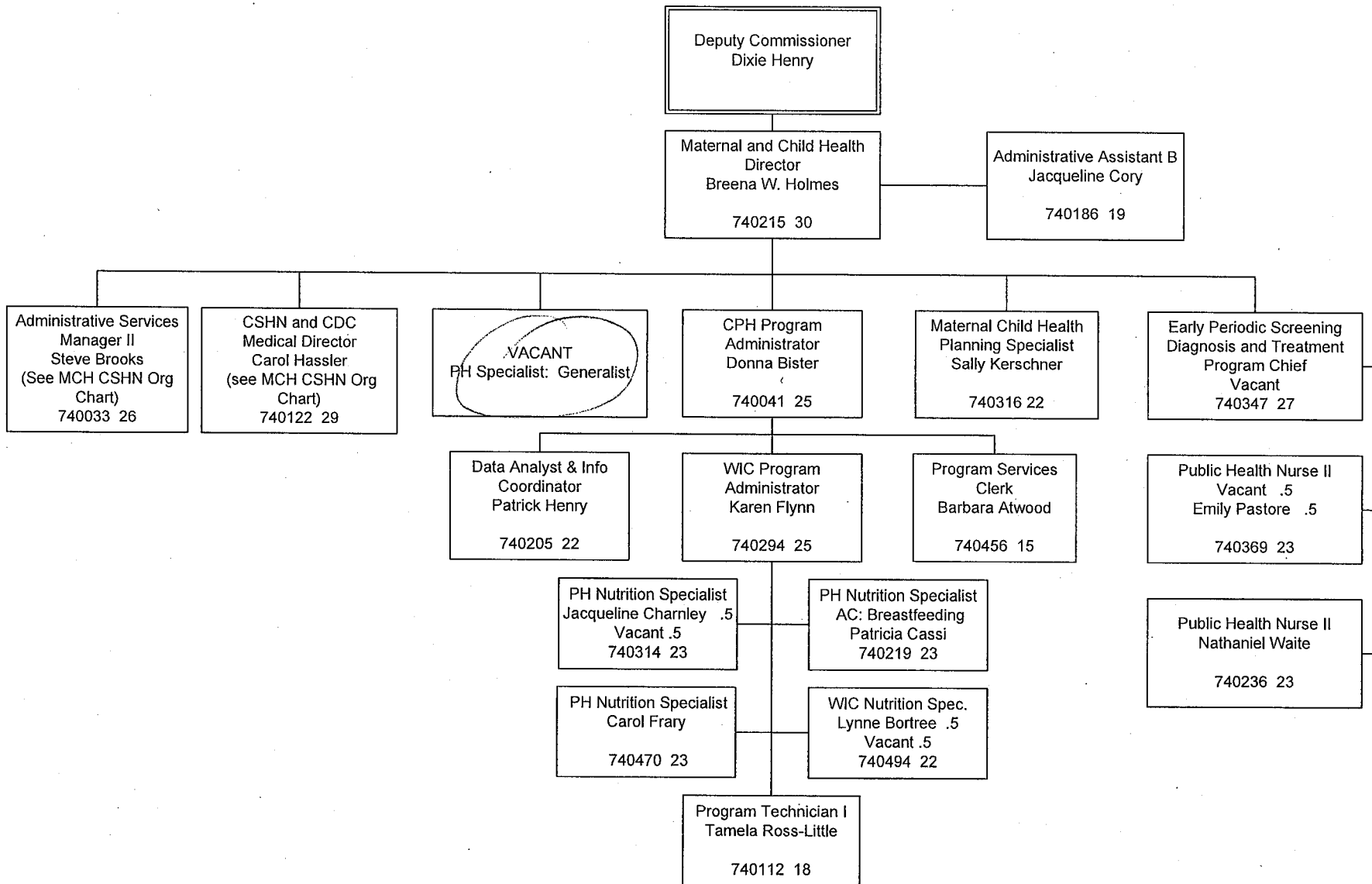
Dixie H
Appointing Authority or Authorized Representative Signature (required)*

10/25/10
Date

* Note: Attach additional information or comments if appropriate.

Division of Maternal and Child Health

October 1, 2010



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:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

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

Supervisor's Name, Title and Phone Number:

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

- 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: This particular position is supported by the recent award in response to FOA "Strengthening Public Health Infrastructure for Improved Health Outcomes" grant. This position will be responsible for all public health surveillance work related to the grant and will serve as the VDH surveillance representative to Public Health Prevention teams at the state and community level. The work of the position includes:

•Analysis and reporting of data by geographic region of the State;

•Providing technical assistance to local communities regarding the utility and meaning of the data;

•Providing the Department and local District Office with internal technical assistance for program evaluation and performance outcome measurement;

•Assisting in the development and implementation of evaluation plans in local communities;

•Assisting with the development of Community Assessments;

•Serving on State and local public health prevention teams;

•Web site publication of data by county, district office and hospital service area;

•Responding to data requests regarding sub-state level data and chronic disease and risk factors.

2. Provide a brief justification/explanation of this request: The new grant award is the "Strengthening Public Health Infrastructure for Improved Health Outcomes" grant issued by the CDC. The proposed project period for the grant is 9/30/2010 to 9/30/2015. Awardees were recently notified of their grant awards. This grant-related work that is expected over the next five years necessitates a Public Health Analyst III as part of the program team, and provides full funding (100%) for the position. Without this position, the work noted above would not be able to be completed and would require returning the grant funds to the CDC.

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: Jennifer Hicks, Research & Statistics Chief

6. Who should be contacted if there are questions about this position (provide name and phone number):
Jennifer Hicks, 863-7264

7. How many other positions are allocated to the requested class title in the department: 11

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. *Submitted w/ NAI pkg*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Mari Rushford

Personnel Administrator's Signature (required)*

10/20/10

Date

JRH Hicks

Supervisor's Signature (required)*

10/8/2010

Date

Dixie H

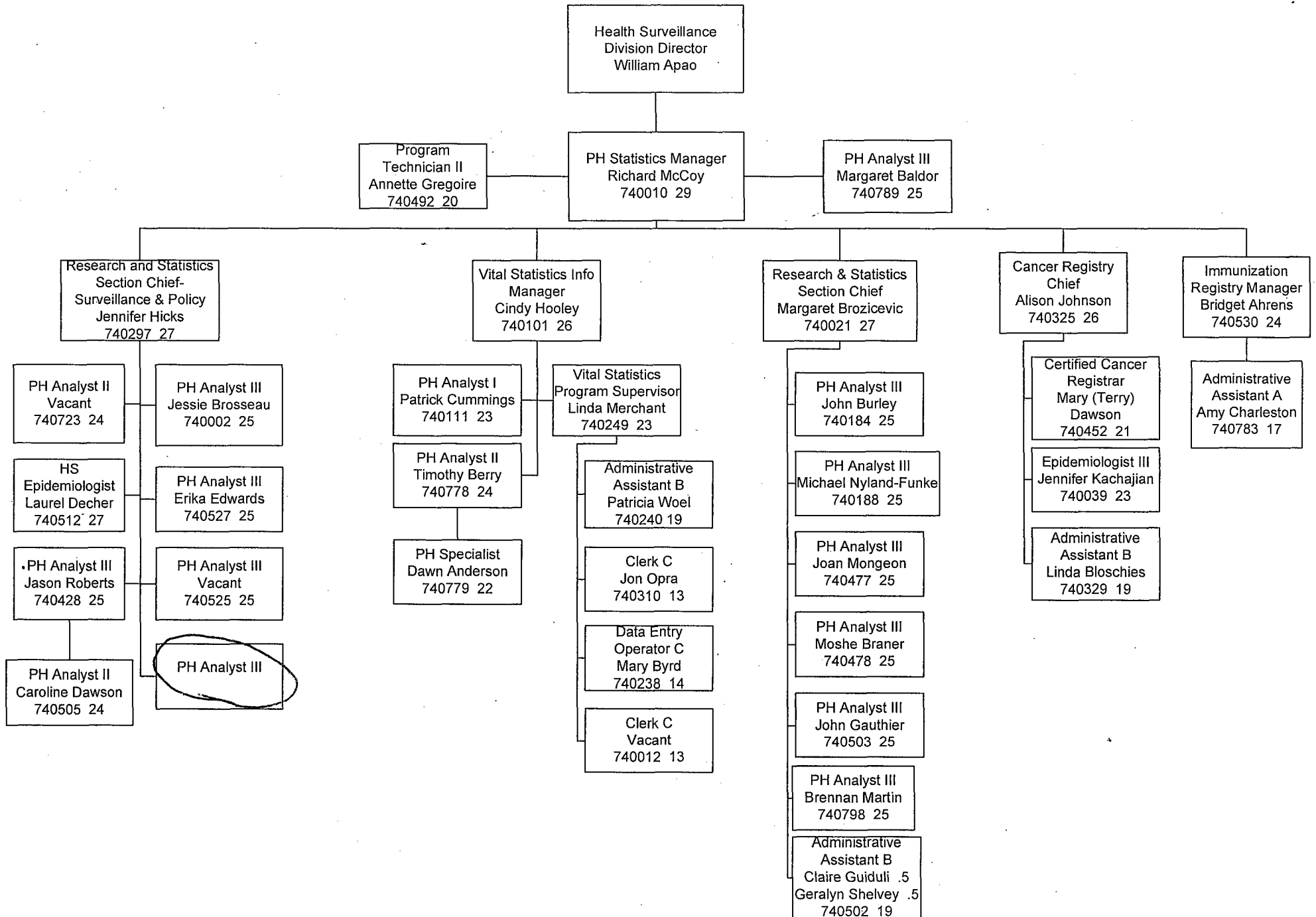
Appointing Authority or Authorized Representative Signature (required)*

10/25/10

Date

* Note: Attach additional information or comments if appropriate.

October 1, 2010



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: _____ Accountability: _____ Working Conditions: _____ Total: _____	

Incumbent Information:

Employee Name: Employee Number:
Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title, and Phone Number:
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.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

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.*

Responsible for meeting the Information Technology objectives of the Strengthening Public Health Infrastructure for Improved Health Outcomes grant, i.e. develop a system that allows for bidirectional flow of information between healthcare providers, the public health department and clinical registry systems.

This will be achieved by:

Translating between the disciplines of clinical medicine, public health, and information technology and systems; aligning system vocabulary state-wide.

Analyzing the business and clinical requirements and the population health information needed by public health agencies and health system users

Helping to set standards for health informatics to promote faster, more efficient data exchange

Integrating the department's information systems with the Health Information Exchange to support the Public Health elements of meaning use certification criteria established by the Department of Health and Human Services (HHS).

Communicating with cross-disciplinary team members (IT staff, Public Health staff, healthcare providers, laboratory professionals, vendors) using effective oral and writing skills to ensure that the knowledge, information, and data needs of stakeholders are met.

Supporting information system development, procurement, and implementation that are interoperable with other relevant information systems through the use of standard vocabularies in order to facilitate bi-directional data exchange.

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*.

Contacts include:

Senior VDH program directors - establish priorities

Clinical and Information Technology staff within the medical community - develop opportunities for electronic data exchange between Public Health and the medical community and establish data mappings between systems

VDH and AHS Information Technology staff

Staff at Vermont's Health Information Exchange (HIE) - collaborate to establish secure electronic data exchange

Vendors of electronic health records (EHR) - collaborate to ensure that EHRs capture necessary public health data in addition to clinical data.

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.

Knowledge of clinical data representation methods including coding systems (e.e., ICD-9, LOINC, SNOMED) and data models (e.g. XML, relational databases).

Knowledge of the HL7 data interchange standards and HL7 interface development.

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.

The position will have a high degree of individual responsibility. Assignments may be given by the supervisor or the grant administrator. The supervisor will meet regularly to review completed work.

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.*

The position will have considerable latitude to set priorities, define objectives and determine the course of action to meet the IT goals of the grant. The work entails a broad scope of responsibility and complexity requiring planning, collaboration, research, and a clear understanding of technology.

It will be important to communicate regularly with a large variety of people and groups both within and outside state government with a goal of achieving consensus between those with differing points of view

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.*

It is expected that the position will be responsible for meeting the Information Technology objectives of the Strengthening Public Health Infrastructure grant (award: \$1 million for each of the next 5 years).

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?
sitting	mostly
driving	occasionally

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):

N/A

Date:

1/1

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?

The most important duties will be the translation between the disciplines of clinical medicine, public health, and information technology and systems; aligning system vocabulary state-wide. It will be impossible to achieve a bi-directional flow of information between Public Health and healthcare providers unless the incumbent can translate between the different disciplines and align their unique vocabularies.

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?

Extensive working knowledge of medical vocabularies such as LOINC, SNOMED and ICD-9.
Thorough knowledge of best practices for Information Technology and electronic data exchange is important in order to eliminate duplicate data entry and paper-based exchange of information.
Ability to effectively communicate, both orally and in writing.
Excellent organization and computational skills.

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

concur

4. Suggested Title and/or Pay Grade:

Public Health Informaticist / PG27

Supervisor's Signature (required):

Allen Underwood

Date:

10/10/10

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.

Paygroup 74A, GUC 7400a

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).

No - new position under Health Care Reform

Suggested Title and/or Pay Grade:

as requested

Personnel Administrator's Signature (required): Mari Ruskford Date: 10/20/10

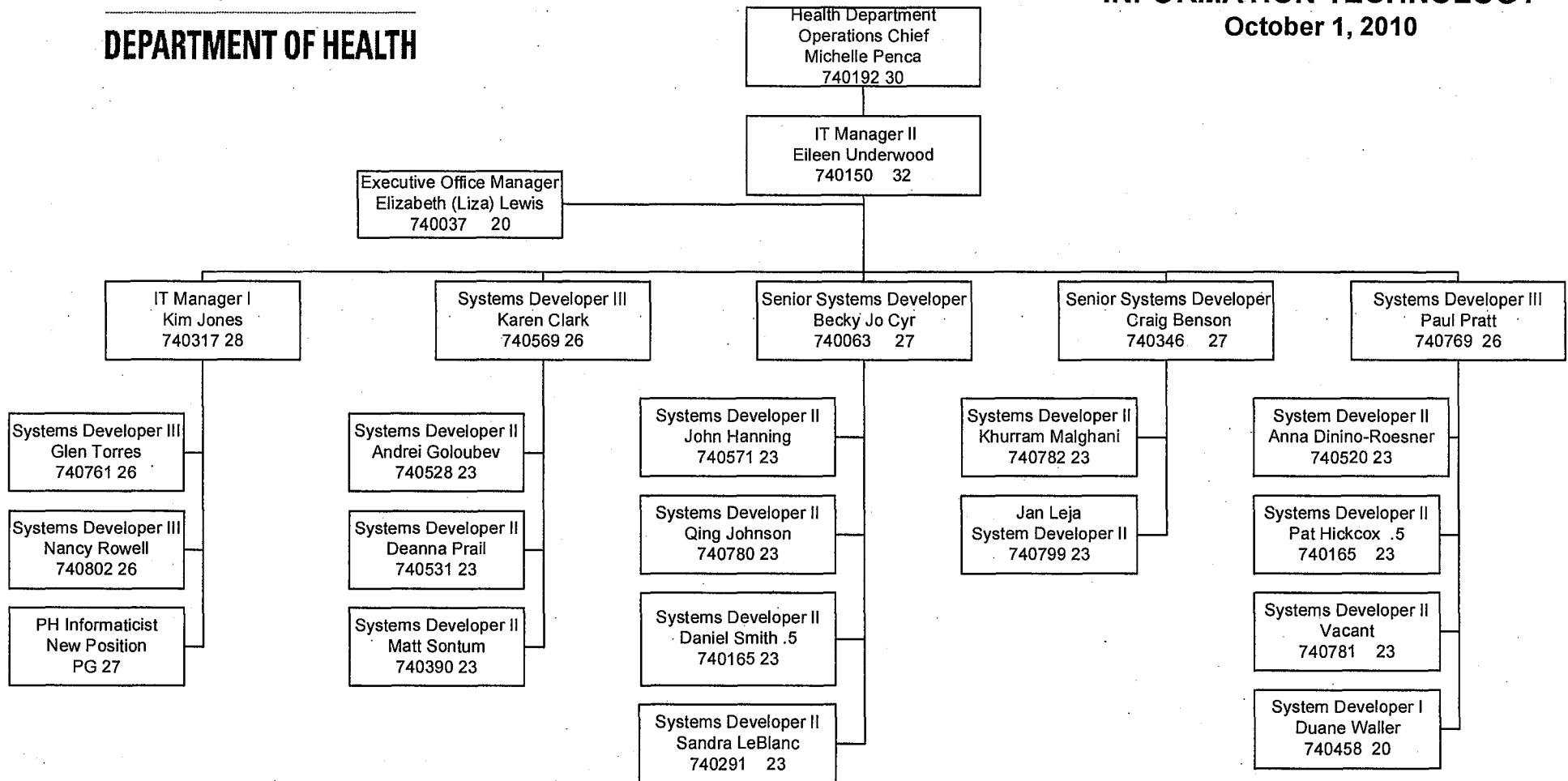
Appointing Authority's Section:

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:

Dixie H
Appointing Authority or Authorized Representative Signature (required)

10/25/10
Date



Job Specifications**Public Health Informatics Specialist (or PH Informatician)****Class Code:****Proposed Grade: 27****Occupational Category:** Information Technology & Statistics**Class Definition:**

Planning, development and administration of information and computer science and technology to improve population health. Plans, directs, administers and develops resources to support the exchange of critical health information. Develops and promulgates requirements, standards, and specifications of a public health technology architecture to exchange public health and medical record data. Defines system and application architecture. Provides vision, problem anticipation, and problem solving ability to the organization. Provides expert consultation in one or more areas for the design, development, and implementation of technical products and systems. Work is performed under the general direction of an agency or department manager. All employees of the Agency of Human Services perform their respective functions adhering to four key practices: customer service, holistic service, strengths-based relationships and results orientation.

Examples of Work:

Supports the development of strategic direction for public health informatics in collaboration with the IT Chief. Translates between the disciplines of clinical medicine, public health, and information technology and systems. Integrates the department's information systems with the Health Information Exchange to support the Public Health elements of meaningful use certification criteria established by the Department of Health and Human Services (HHS). Supports information system development, procurement, and implementation that meet public health programs needs. Communicates with cross-disciplinary leaders and team members (Public Health program staff, IT staff, healthcare providers, laboratory professionals, vendors). Contributes to the development of public health information systems that are interoperable with other relevant information systems, promotes faster, more efficient data exchange and facilitates bi-directional data exchange. Supports the use of informatics to integrate clinical health and population health. Implements solutions that ensure confidentiality, security, and integrity while maximizing availability. Uses informatics standards to align system vocabularies state-wide. Ensures that the knowledge, information, and data needs of stakeholders are met.

Environmental Factors:

Work is performed in a standard office setting. Considerable interaction with users and members of project teams requires tact and diplomacy to balance competing views. Some travel may be required. Work outside of regular work schedule may be anticipated.

Minimum Qualifications

Knowledge, Skills and Abilities

- Thorough knowledge of principals and practice of health informatics and scientific data formats
 - Thorough knowledge of clinical data representation methods including coding systems (e.g. ICD-9, LOINC, and SNOMED) and data models (e.g. XML, relational databases)
 - Thorough knowledge of HL7 data standards and HL7 interface development
 - Knowledge of the operations, programming techniques and capabilities of a computer platform, software, networks, telecommunications, and its peripheral equipment
 - Thorough knowledge of systems analysis, system design, and data base architecture
 - Knowledge of principles and practice of project management
 - Knowledge of data communications security and privacy techniques; legal and ethical issues regarding confidentiality and use of individually identifiable public health and medical record data
 - Knowledge of health information exchange standards and protocols
 - Ability to effectively communicate the capabilities and limitations of information technology to a broad audience
 - Ability to analyze information, assess its relevance, and recommend strategies
 - Ability to plan, design and develop information systems that meet the needs of public health practice and research
 - Ability to communicate effectively, both orally and in writing
 - Ability to establish and maintain effective working relationships.
- Ability to provide leadership and accountability within the framework of the four key practices of the Agency of Human Services: customer service, holistic service, strengths-based relationships and results orientation.

Education and Experience

Bachelor's Degree or higher in public health informatics, health care informatics, biomedical informatics, information technology, or a related field

AND

one year experience in health-related informatics;

OR

Associate's degree or comparable coursework/certification in health-related informatics

AND

two years experience in health-related informatics

Special Requirements:

Candidates must pass any level of background investigation applicable to the position. In accordance with AHS Policy 4.02, Hiring Standards, Vermont and/or national criminal record checks, as well as DMV and adult and child abuse registry checks, as appropriate to the position under recruitment, will be conducted on candidates, with the exception of those who are current classified state employees seeking transfer, promotion or demotion into an AHS classified position or are persons exercising re-employment (RIF) rights.

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:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

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

Supervisor's Name, Title and Phone Number:

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

- New Position(s):**
- a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:
- b. Position authorized by: _____

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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: 1.Assessment, Planning, Implementation, & Evaluation

a.Leads data-based community health assessments to address prevention and management using the Vermont Prevention Model and the Strategic Prevention Framework.

b.Conducts environmental surveys of community resources, services which may include needs, resources and readiness assessment for alcohol and other drug prevention, self-management support, tobacco cessation, physical activity, and nutrition programs

c.Shares evidence-based, substance abuse prevention, chronic disease prevention and self-management initiatives including policy, system, and environmental strategies with community partners and community coalitions.

d.Provides support and guidance to communities in prioritizing local health issues, developing interventions, and establishing outcome evaluation measures.

e.Assists the Community Health Team identifying emerging health issues and priorities.

f.Participates as part of a regional collaborative to expand evidenced-based prevention programming.

g.Explores opportunities for VDH program integration, collaboration and coordination within the context of the District Office Prevention Team.

2.Health Education and Outreach

a.Conveys information on emerging health issues, health statistics and relevant research findings to community partners, community coalitions and district office staff.

b.Reviews, analyzes and presents data on prevalence of substance use and related consequences, chronic disease, risk factors, and health disparities as requested.

c.Represents local perspective on statewide workgroups or committees.

d. Provides updates on locally-based prevention activities and initiatives as requested.

e. Responds to questions from the general public and community agencies related to prevention and management.

f. Provides community education on the prevention of alcohol, tobacco & other drug misuse, obesity and chronic disease management.

3. Community Organization

a. Works with District Office leadership to identify and/or maintain internal and external partners for potential coalitions or collaboration.

b. Assists in the development to enhance community capacity for assessing, planning, and implementing sustainable prevention initiatives at all levels of the Vermont Prevention Model.

c. Work with the Community Health Team, ADAP treatment providers, agencies and recovery centers to support a system of seamless referrals to VDH programs and services.

d. Enhances coordination and partnership between various systems (e.g., medical, hospitals, schools, community coalitions, work sites, etc).

e. May represent VDH on local coalitions and other groups addressing prevention of substance abuse and chronic disease prevention and management.

4. Public Policy & Environmental Change

a. Examines opportunities for and advocates for potential policy, systems and environmental change initiatives such as the healthy retailer project to support healthy communities.

b. Shares federal and state legislation and local policy changes with community partners and district office staff (e.g. Federal Menu Labeling Bill, U.S. Department of Transportation Bicycle and Pedestrian Guidance, and the Family Smoking Prevention and Tobacco Control Act, and CDC policy recommendations for prevention of alcohol - related health consequences).

5. Professional Growth & Development

a. Develop and maintain knowledge, skills and abilities related to current ATOD prevention and chronic disease prevention theory and practice. Participates in prevention training, conference calls and statewide meetings.

b. Provides leadership and support for the District Office Prevention Team.

c. Completes AHS mandatory trainings as requested.

6. Emergency Preparedness

a. Demonstrates a commitment to Emergency Readiness and Response for a variety of events, including natural disasters, infectious disease outbreaks and other confirmed or potential threats.

b. Attends assigned training and other educational programs related to emergency readiness and response, including Incident Command training.

c. Articulates the chain of command in the event of a natural or manmade/intentional public health disaster(s) or emergency.

d. Prepares for and articulate public health's role in emergency response; has a personal readiness plan in place for unexpected emergencies.

e. Participates in and evaluates required drills and/or exercises.

f. Responds as indicated and directed in the event of a public health related emergency or situation.

2. Provide a brief justification/explanation of this request: This position is being requested as part of a five year public health infrastructure grant. This position is critical to support the grant funded activities.

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: Allison Reagan, Director of the Office of Local Health

6. Who should be contacted if there are questions about this position (provide name and phone number): Allison Reagan 652-4190

7. How many other positions are allocated to the requested class title in the department: 11

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.) N/A

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. *submitted w/ NA 1*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate). *PKG*

Mail Rushford

Personnel Administrator's Signature (required)*

10/20/10

Date

Allison Reagan

Supervisor's Signature (required)*

10/25/10

Date

Dixie H

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

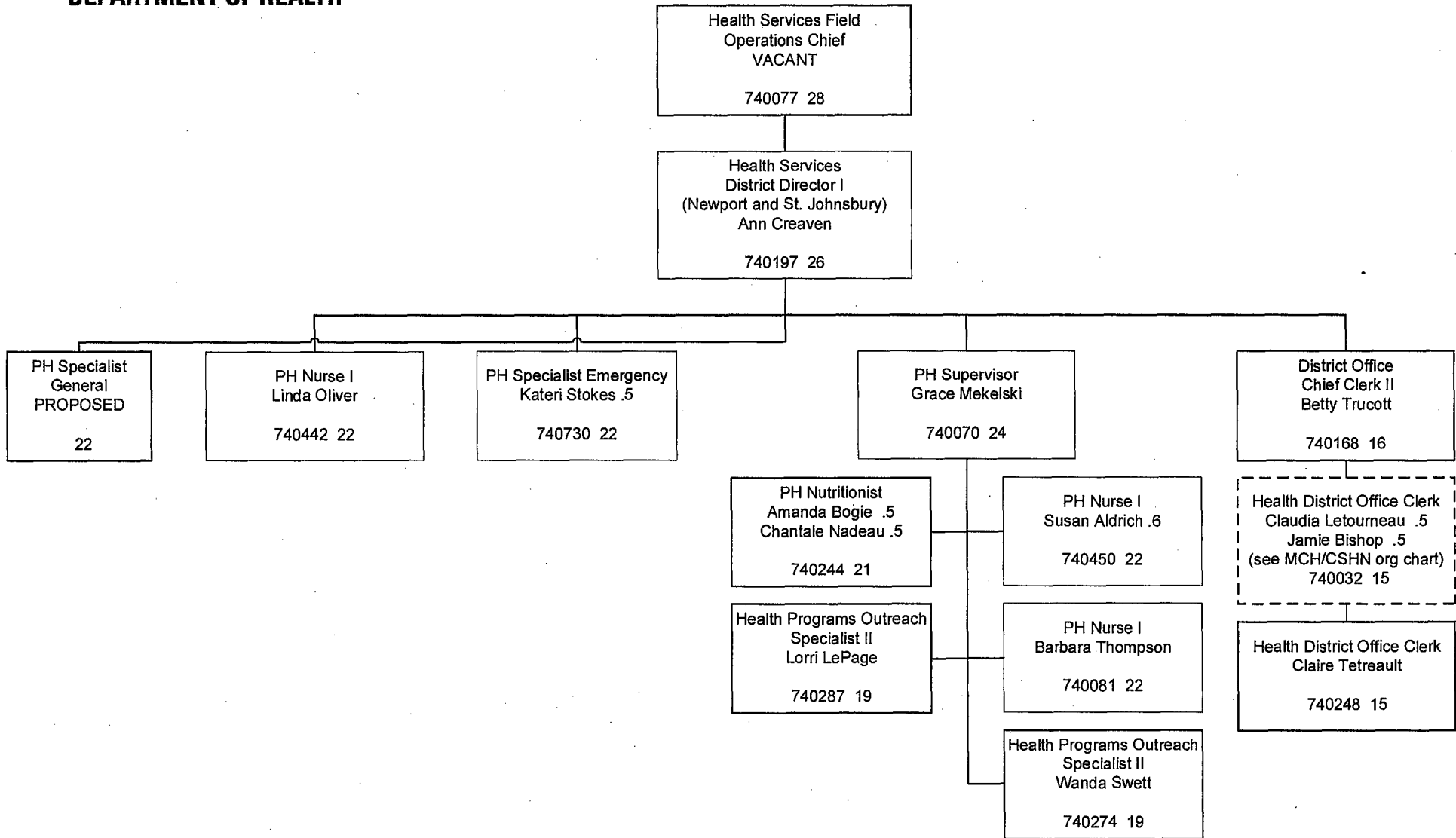
10/25/10

Date

* Note: Attach additional information or comments if appropriate.

Newport District Office

October 1, 2010



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: Public Health Specialist-Generalist

Agency/Department/Unit: AHS/Health/Local Health GUC: 174503

Pay Group: 74A Work Station: District Office Zip Code: 05201

Position Type: Permanent Limited Service (end date) September 2015

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

Supervisor's Name, Title and Phone Number: Health Service District Director

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



New Position(s):

441200

a. REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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: 1.Assessment, Planning, Implementation, & Evaluation

a.Leads data-based community health assessments to address prevention and management using the Vermont Prevention Model and the Strategic Prevention Framework.

b.Conducts environmental surveys of community resources, services which may include needs, resources and readiness assessment for alcohol and other drug prevention, self-management support, tobacco cessation, physical activity, and nutrition programs

c.Shares evidence-based, substance abuse prevention, chronic disease prevention and self-management initiatives including policy, system, and environmental strategies with community partners and community coalitions.

d.Provides support and guidance to communities in prioritizing local health issues, developing interventions, and establishing outcome evaluation measures.

e.Assists the Community Health Team identifying emerging health issues and priorities.

f.Participates as part of a regional collaborative to expand evidenced-based prevention programming.

g.Explores opportunities for VDH program integration, collaboration and coordination within the context of the District Office Prevention Team.

2.Health Education and Outreach

a.Conveys information on emerging health issues, health statistics and relevant research findings to community partners, community coalitions and district office staff.

b.Reviews, analyzes and presents data on prevalence of substance use and related consequences, chronic disease, risk factors, and health disparities as requested.

c.Represents local perspective on statewide workgroups or committees.

d. Provides updates on locally-based prevention activities and initiatives as requested.

e. Responds to questions from the general public and community agencies related to prevention and management.

f. Provides community education on the prevention of alcohol, tobacco & other drug misuse, obesity and chronic disease management.

3. Community Organization

a. Works with District Office leadership to identify and/or maintain internal and external partners for potential coalitions or collaboration.

b. Assists in the development to enhance community capacity for assessing, planning, and implementing sustainable prevention initiatives at all levels of the Vermont Prevention Model.

c. Work with the Community Health Team, ADAP treatment providers, agencies and recovery centers to support a system of seamless referrals to VDH programs and services.

d. Enhances coordination and partnership between various systems (e.g., medical, hospitals, schools, community coalitions, work sites, etc).

e. May represents VDH on local coalitions and other groups addressing prevention of substance abuse and chronic disease prevention and management.

4. Public Policy & Environmental Change

a. Examines opportunities for and advocates for potential policy, systems and environmental change initiatives such as the healthy retailer project to support healthy communities.

b. Shares federal and state legislation and local policy changes with community partners and district office staff (e.g. Federal Menu Labeling Bill, U.S. Department of Transportation Bicycle and Pedestrian Guidance, and the Family Smoking Prevention and Tobacco Control Act, and CDC policy recommendations for prevention of alcohol - related health consequences.

5. Professional Growth & Development

a. Develop and maintain knowledge, skills and abilities related to current ATOD prevention and chronic disease prevention theory and practice. Participates in prevention training, conference calls and statewide meetings.

b. Provides leadership and support for the District Office Prevention Team.

c. Completes AHS mandatory trainings as requested.

6. Emergency Preparedness

a. Demonstrates a commitment to Emergency Readiness and Response for a variety of events, including natural disasters, infectious disease outbreaks and other confirmed or potential threats.

b. Attends assigned training and other educational programs related to emergency readiness and response, including Incident Command training.

c. Articulates the chain of command in the event of a natural or manmade/intentional public health disaster(s) or emergency.

d. Prepares for and articulate public health's role in emergency response; has a personal readiness plan in place for unexpected emergencies.

e. Participates in and evaluates required drills and/or exercises.

f. Responds as indicated and directed in the event of a public health related emergency or situation.

2. Provide a brief justification/explanation of this request: This position is being requested as part of a five year public health infrastructure grant. This position is critical to support the grant funded activities.

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: Allison Reagan, Director of the Office of Local Health

6. Who should be contacted if there are questions about this position (provide name and phone-number): Allison Reagan 652-4190

7. How many other positions are allocated to the requested class title in the department: 8 / 11

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.) N/A

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. *Submitted w/ NA 2 PKG*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Mel Rustford

Personnel Administrator's Signature (required)*

10/20/10

Date

Allison Reagan

Supervisor's Signature (required)*

10/25/10

Date

Dixie H.

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

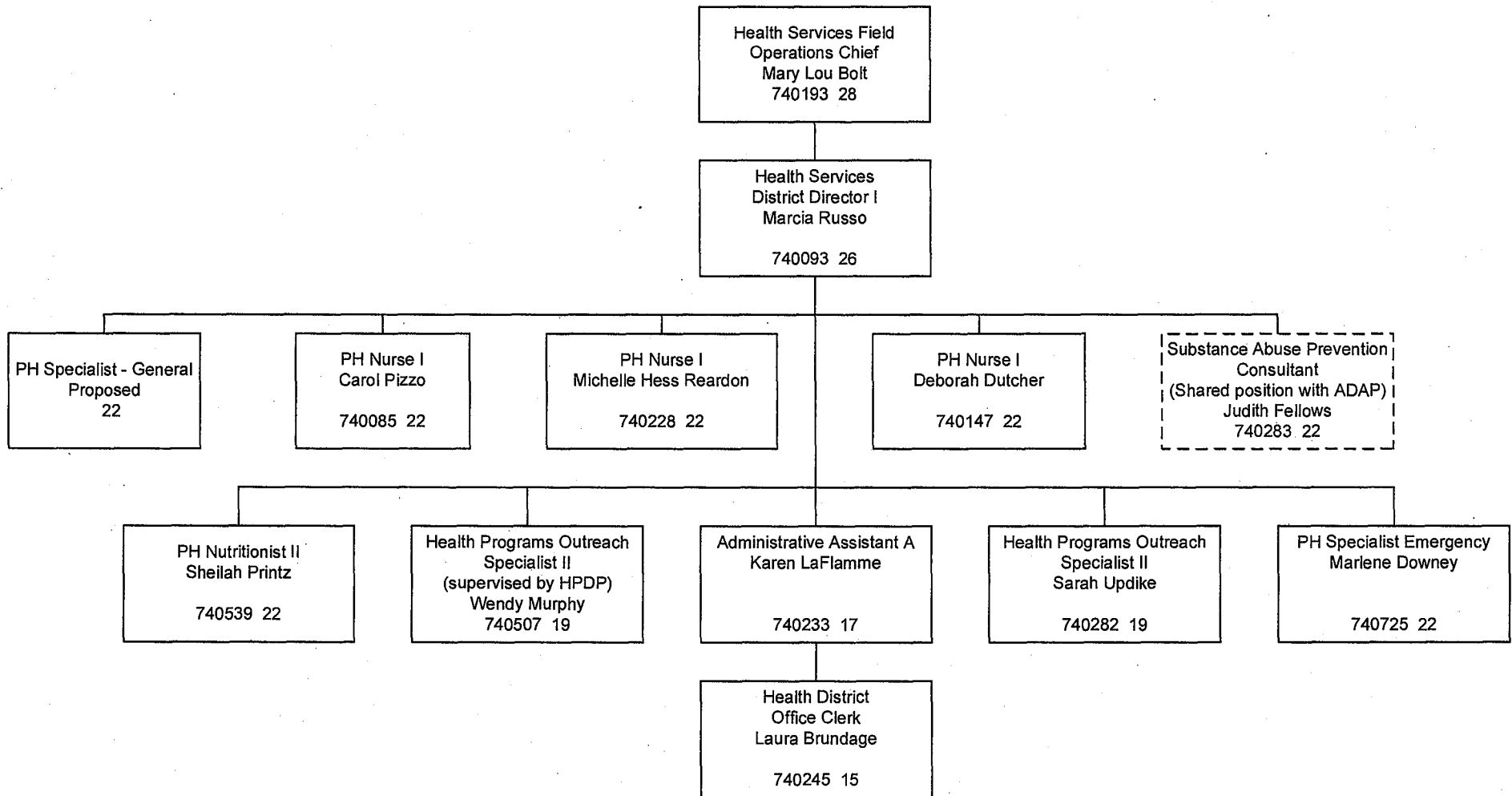
10/25/10

Date

* Note: Attach additional information or comments if appropriate.

Bennington District Office

October 1, 2010



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: Public Health Specialist-Generalist

Agency/Department/Unit: AHS/Health/Local Health GUC: 74509

Pay Group: 74A Work Station: District Office Zip Code: 05701

Position Type: Permanent Limited Service (end date) September 2015

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

Supervisor's Name, Title and Phone Number: Health Service District Director

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title: 441200

b. Position authorized by: _____

- Joint Fiscal Office – JFO # Approval Date: *pending*
- 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:

a. Leads data-based community health assessments to address prevention and management using the Vermont Prevention Model and the Strategic Prevention Framework.

b. Conducts environmental surveys of community resources, services which may include needs, resources and readiness assessment for alcohol and other drug prevention, self-management support, tobacco cessation, physical activity, and nutrition programs

c. Shares evidence-based, substance abuse prevention, chronic disease prevention and self-management initiatives including policy, system, and environmental strategies with community partners and community coalitions.

d. Provides support and guidance to communities in prioritizing local health issues, developing interventions, and establishing outcome evaluation measures.

e. Assists the Community Health Team identifying emerging health issues and priorities.

f. Participates as part of a regional collaborative to expand evidenced-based prevention programming.

g. Explores opportunities for VDH program integration, collaboration and coordination within the context of the District Office Prevention Team.

2. Health Education and Outreach

a. Conveys information on emerging health issues, health statistics and relevant research findings to community partners, community coalitions and district office staff.

b. Reviews, analyzes and presents data on prevalence of substance use and related consequences, chronic disease, risk factors, and health disparities as requested.

c. Represents local perspective on statewide workgroups or committees.

d. Provides updates on locally-based prevention activities and initiatives as requested.

e. Responds to questions from the general public and community agencies related to prevention and management.

f. Provides community education on the prevention of alcohol, tobacco & other drug misuse, obesity and chronic disease management.

3. Community Organization

a. Works with District Office leadership to identify and/or maintain internal and external partners for potential coalitions or collaboration.

b. Assists in the development to enhance community capacity for assessing, planning, and implementing sustainable prevention initiatives at all levels of the Vermont Prevention Model.

c. Work with the Community Health Team, ADAP treatment providers, agencies and recovery centers to support a system of seamless referrals to VDH programs and services.

d. Enhances coordination and partnership between various systems (e.g., medical, hospitals, schools, community coalitions, work sites, etc).

e. May represents VDH on local coalitions and other groups addressing prevention of substance abuse and chronic disease prevention and management.

4. Public Policy & Environmental Change

a. Examines opportunities for and advocates for potential policy, systems and environmental change initiatives such as the healthy retailer project to support healthy communities.

b. Shares federal and state legislation and local policy changes with community partners and district office staff (e.g. Federal Menu Labeling Bill, U.S. Department of Transportation Bicycle and Pedestrian Guidance, and the Family Smoking Prevention and Tobacco Control Act, and CDC policy recommendations for prevention of alcohol - related health consequences.

5. Professional Growth & Development

a. Develop and maintain knowledge, skills and abilities related to current ATOD prevention and chronic disease prevention theory and practice. Participates in prevention training, conference calls and statewide meetings.

b. Provides leadership and support for the District Office Prevention Team.

c. Completes AHS mandatory trainings as requested.

6. Emergency Preparedness

a. Demonstrates a commitment to Emergency Readiness and Response for a variety of events, including natural disasters, infectious disease outbreaks and other confirmed or potential threats.

b. Attends assigned training and other educational programs related to emergency readiness and response, including Incident Command training.

c. Articulates the chain of command in the event of a natural or manmade/intentional public health disaster(s) or emergency.

d. Prepares for and articulate public health's role in emergency response; has a personal readiness plan in place for unexpected emergencies.

e. Participates in and evaluates required drills and/or exercises.

f. Responds as indicated and directed in the event of a public health related emergency or situation.

2. Provide a brief justification/explanation of this request: This position is being requested as part of a five year public health infrastructure grant. This position is critical to support the grant funded activities.

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: Allison Reagan, Director of the Office of Local Health

6. Who should be contacted if there are questions about this position (provide name and phone number): Allison Reagan 652-4190

7. How many other positions are allocated to the requested class title in the department: 8 //

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.) N/A

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. *submitted w/ AA1 PKG*
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

Mair Rushford

Personnel Administrator's Signature (required)*

10/20/10

Date

Allison Reagan

Supervisor's Signature (required)*

10/25/10

Date

Dixie H

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

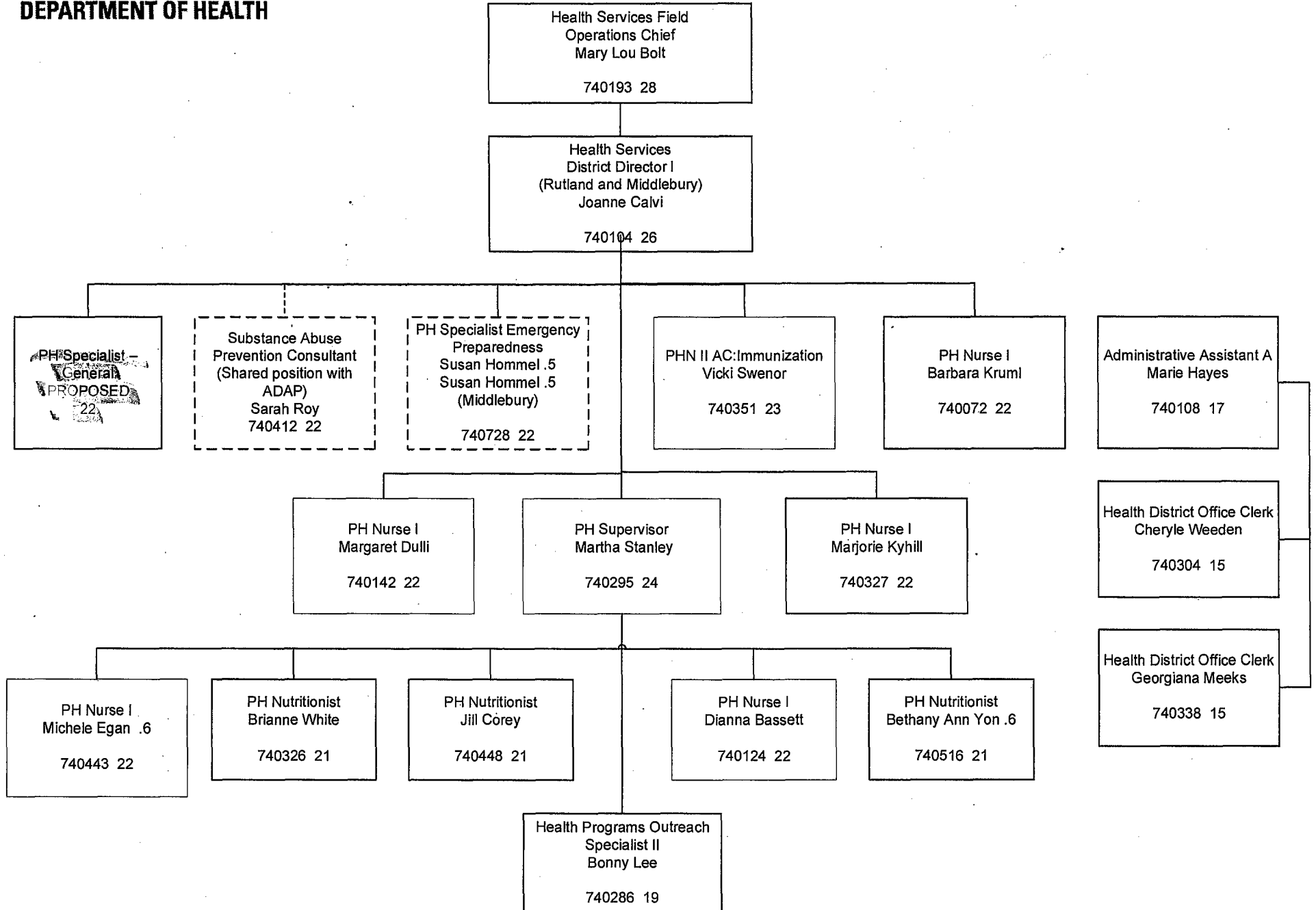
10/25/10

Date

* Note: Attach additional information or comments if appropriate.

Rutland District Office

October 1, 2010



SECTION I – AWARD DATA – 1U58CD001302-01**Award Calculation (U.S. Dollars)**

Other Costs \$1,100,000

Federal Direct Costs \$1,100,000
Approved Budget \$1,100,000
Federal Share \$1,100,000
TOTAL FEDERAL AWARD AMOUNT \$1,100,000

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$1,100,000

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

02 \$1,100,000
03 \$1,100,000
04 \$1,100,000
05 \$1,100,000

Fiscal Information:

CFDA Number: 93.507
EIN: 1036000274B8
Document Number: UCD001302A

IC	CAN	2010	2011	2012	2013	2014
CD	939ZDNJ	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$1,100,000	\$1,100,000
2	\$1,100,000	\$1,100,000
3	\$1,100,000	\$1,100,000
4	\$1,100,000	\$1,100,000
5	\$1,100,000	\$1,100,000

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

CDC Administrative Data:

PCC: / OC: 4151 / **Processed:** PRESSLEYC 09/20/2010

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U58CD001302-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1U58CD001302-01

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

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

Treatment of Program Income:
Additional Costs

SECTION IV – CD Special Terms and Conditions – 1U58CD001302-01

Funding Opportunity Announcement Number (FOA): CD10-1011
Award Number: 1 U58 CD 001302 - 01

TERMS AND CONDITIONS OF THIS AWARD

Note 1: INCORPORATION. This program is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended. Funding is appropriated under the Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund) for expanded and sustained national investment in prevention and public health programs. Funding Opportunity Announcement Number CD10-1011 entitled, Strengthening Public Health Infrastructure for Improved Outcomes, as amended is made a part of this award by reference, along with the application dated August 9, 2010.

Note 2.a. RESPONSE TO THE SUMMARY STATEMENT COMPONENT II. Attached to this Notice of Award is a Summary Statement of the application. A response to the Recommendations and Weaknesses within the Summary Statement must be submitted to the Grants Management Specialist no later than October 30, 2010. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 2.b. RESPONSE TO TECHNICAL REVIEW COMPONENT I: Attached to this Notice of Award is a Technical Review of the application. A response to the Recommendations and Weaknesses within the Technical Review must be submitted to the Grants Management Specialist no later than October 30, 2010. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

NOTE 3: APPROVED FUNDING. Funding in the amount of \$100,000 for Component I and \$1,000,000 for Component II are approved for the Year 01 budget period, which is September 30, 2010, through September 29, 2011. All funding for future years is based on satisfactory programmatic progress and subject to the availability of funds.

NOTE 3a: RESTRICTED FUNDS. Total approved funding in the amount of \$1,100,000 has been placed in the "Other" budget category. These funds are restricted pending budget discussions that will take place from October 4 through 8, 2010 between the grantee organization and CDC staff.

NOTE 3.b REVISED BUDGET. The grantee is required to submit revised budgets due 30 days after the budget discussion date. The revised budgets should be submitted to the PGO Grants Management Specialist indicated on your Notice of Grant Award.

Note 4. INDIRECT COSTS. Indirect costs are approved based on the Vermont Department of Health Cost Allocation Plan and calculates indirect costs at a rate of 39.65 percent of salaries and wages.

Note 5. REPORTING REQUIREMENTS.

a.) Annual Financial Status Report (FSR, SF 269 or SF 269A), The FSR for this budget period is due to the Grants Management Specialist by December 30, 2011. Reporting timeframe is September 30, 2010 through September 29, 2011. The FSR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked not final, and an amount of unliquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be

downloaded into Adobe Acrobat and completed on-line by visiting, <http://www.whitehouse.gov/omb/grants/sf269a.pdf> (short form) or <http://www.whitehouse.gov/omb/grants/sf269.pdf> (long form).

Failure to submit the required information in a timely manner may adversely effect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Officer will receive the information.

ANNUAL PROGRESS REPORTING. Annual progress reports are a requirement of this program, due 90 days following the end of each budget period.

i. The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is September 30, 2010 through March 31, 2011. A due date and specific IPR guidance will be provided at a later date.

ii. The Annual Progress Report (APR) will be due 90 days after the end of the budget period, December 30, 2010. APR programmatic guidance will be provided at a later date. Reporting timeframe is September 30, 2010 through September 29, 2011.

Note 6. CORRESPONDENCE. ALL correspondence (including emails and faxes) regarding this award must be dated and, identified with the AWARD NUMBER.

Note 7. PRIOR APPROVAL. All requests, that require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request. Refer to the HHS Grants Policy Statement, <http://www.hhs.gov/grantsnet/adminis/gpd/>

Note 8. INVENTIONS. Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 9. PUBLICATIONS. Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 10. CONFERENCE DISCLAIMER AND USE OF LOGOS.

Disclaimer. Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites,

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a

complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 11. EQUIPMENT AND PRODUCTS. To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments.
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

Note 12. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Note 13. ACKNOWLEDGMENT OF FEDERAL SUPPORT, When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 14. PAYMENT INFORMATION:

Automatic Drawdown:

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management; Program Support Center, administers PMS, HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533

Fax Numbers:

University and Non-Profit Payment Branch (301) 443-2672

Governmental and Tribal Payment Branch (301) 443-2569

Cross Servicing Payment Branch: (301) 443-0377

General Fax: (301) 443-8362

Email PMSSupport@psc.gov Website:

http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management
FMS/PSC/HHS
Rockwall Building #1, Suite 700
11400 Rockville Pike
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note 15. CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

Note 16. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 17. CDC CONTACT NAMES

Business and Grants Policy Contact

Kaleema Muhammad, Grants Management Specialist
Centers for Disease Control, PGO, Branch VI
2920 Brandywine Road, Mail Stop K69
Atlanta, GA 30341-4146
Telephone: (770) 488-2742
Fax: (770) 488-2670
Email: FYA3@cdc.gov

Programmatic and Technical Contact

Bobbie Erlwein, Project Officer
CDC Senior Management Official
Ohio Department of Health
246 North High Street

Columbus, OH 43215
Telephone: (614) 644-9933
Fax: (614) 644-0085
bobbie.erlwein@odh.ohio.gov

STAFF CONTACTS

Grants Management Specialist: Kaleema Muhammad
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, MS K-69
Atlanta, GA 30341
Email: fya3@cdc.gov **Phone:** 770-488-2742 **Fax:** 770-488-2778

Grants Management Officer: Cheryl Pressley
Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Email: cam6@cdc.gov **Phone:** 770-488-2834 **Fax:** 770-488-2868

SPREADSHEET SUMMARY

GRANT NUMBER: 1U58CD001302-01

INSTITUTION: VERMONT DEPARTMENT OF HEALTH

Budget	Year 1	Year 2	Year 3	Year 4	Year 5
Other Costs	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000
TOTAL FEDERAL DC	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000
TOTAL FEDERAL F&A					
TOTAL COST	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,100,000

Opportunity Title:	Strengthening Public Health Infrastructure for Improved
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.507
CFDA Description:	Strengthening Public Health Infrastructure for Improved
Opportunity Number:	CDC-RFA-CD10-1011
Competition ID:	OD-OSTLTS-NR
Opportunity Open Date:	07/08/2010
Opportunity Close Date:	08/09/2010
Agency Contact:	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) E-mail: pgotim@cdc.gov Phone: 770-488-2700

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

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

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

* **Application Filing Name:** PH Infrastructure Component 1

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
Disclosure of Lobbying Activities (SF-LLL)
Budget Narrative Attachment Form
Budget Information for Non-Construction Program
HHS Checklist Form PHS-5161
Project Abstract Summary
Project Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Other Attachments Form

Instructions

1

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

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2

Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3

Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

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

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

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

State Use Only:

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

8. APPLICANT INFORMATION:

* a. Legal Name: Vermont Department of Health	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000274	* c. Organizational DUNS: 809376155

d. Address:

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

e. Organizational Unit:

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

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

Prefix: <input type="text"/>	* First Name: Tracy
Middle Name: <input type="text"/>	
* Last Name: Dolan	
Suffix: <input type="text"/>	

Title: Acting Director Rural Health
--

Organizational Affiliation: <input type="text"/>
--

* Telephone Number: 802-863-7288	Fax Number: <input type="text"/>
---	---

* Email: tracy.dolan@ahs.state.vt.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.507

CFDA Title:

Strengthening Public Health Infrastructure for Improved Health Outcomes

*** 12. Funding Opportunity Number:**

CDC-RFA-CD10-1011

* Title:

Strengthening Public Health Infrastructure for Improved Health Outcomes

13. Competition Identification Number:

OD-OSTLTS-NR

Title:

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

Vermont

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

Component 1 Public Health Infrastructure

Attach supporting documents as specified in agency instructions.

Add Attachments

Open Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="100,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="100,000.00"/>

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

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

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

Yes No

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

** I AGREE

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

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

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

Project Abstract Summary

Program Announcement (CFDA)

93.507

*** Program Announcement (Funding Opportunity Number)**

CDC-RFA-CD10-1011

*** Closing Date**

08/09/2010

*** Applicant Name**

Vermont Department of Health

*** Length of Proposed Project**

60

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 100,000

*** Federal Share 2nd Year**

\$ 100,000

*** Federal Share 3rd Year**

\$ 100,000

*** Federal Share 4th Year**

\$ 100,000

*** Federal Share 5th Year**

\$ 100,000

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Component 1 Public Health Infrastructure

Project Abstract Summary

* Project Summary

The Vermont Department of Health proposes to improve performance measurement across the four key areas identified by the CDC through the establishment of a performance improvement manager and by establishing a performance measurement and reporting process based on its Strategic Plan. The overall program goal of this proposal is to systemically increase the performance management capacity of the Vermont Department of Health in order to ensure that public health goals are effectively and efficiently met. As per the guidance, the Vermont Department of Health will apply funding and efforts to the Performance Management Category as it is defined in the FOA.

The program sub-goal is to increase the health department's capacity to routinely evaluate and improve the effectiveness of our organization, practices, partnerships and programs use of resources and the impact the systems improvements have on the public's health.

In order to contribute to this sub-goal, Vermont will bolster its Planning and Quality Improvement Office with a full-time dedicated staff member. This is consistent with our current strategic plan which states the VDH will: Increase performance assessment and improvement activities in the public health system using national standards.

VDH is proposing three objectives to support the program sub-goal:

Objective 1: Establish a performance management system aligned with Vermont Department of Health's strategic plan and measured by national standards such as those associated with Healthy People 2020.

Objective 2: Prepare Department of Health to meet standards as described by the Public Health Accreditation Board

Objective 3: Support learning collaborative for Region 1 states to learn from each other's experiences in the emerging field of public health performance improvement as well as to seek opportunities for joint projects.

* Estimated number of people to be served as a result of the award of this grant.

621760

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: N/A * Street 1: N/A Street 2: _____ * City: N/A State: _____ Zip: _____ Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: 		
6. * Federal Department/Agency: CDC	7. * Federal Program Name/Description: Strengthening Public Health Infrastructure for Improved Health Outcomes CFDA Number, if applicable: 93.507	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name Vermont Department of Health Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Completed on submission to Grants.gov *Name: Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ Title: _____ Telephone No.: _____ Date: Completed on submission to Grants.gov		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. PH Infrastructure Strengthening Component 1	93.507	\$	\$	\$	\$ 100,000.00	\$ 100,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$ 100,000.00	\$ 100,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PH Infrastructure Strengthening Component 1	(2)	(3)	(4)	
a. Personnel	\$ 49,868.00	\$	\$	\$	\$ 49,868.00
b. Fringe Benefits	17,454.00				17,454.00
c. Travel	1,757.00				1,757.00
d. Equipment					
e. Supplies	1,000.00				1,000.00
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	70,079.00				\$ 70,079.00
j. Indirect Charges	29,921.00				\$ 29,921.00
k. TOTALS (sum of 6i and 6j)	\$ 100,000.00	\$	\$	\$	\$ 100,000.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
14. Non-Federal	\$ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 95%;" type="text"/>		22. Indirect Charges: <input style="width: 95%;" type="text"/>			
23. Remarks: <input style="width: 95%;" type="text"/>					

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested.

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

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

- 1. Proper Signature and Date [X]
2. Proper Signature and Date on PHS-5161-1 "Certifications" page. [X]
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) [X]
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[X] Civil Rights Assurance (45 CFR 80) 08/15/2009
[X] Assurance Concerning the Handicapped (45 CFR 84) 08/15/2009
[X] Assurance Concerning Sex Discrimination (45 CFR 86) 08/15/2009
[X] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) 08/15/2009
5. Human Subjects Certification, when applicable (45 CFR 46) [] [X]

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

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] [X]
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X]
3. Has the entire proposed project period been identified on the SF-424? [X]
4. Have biographical sketch(es) with job description(s) been attached, when required? [X] []
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X]
6. Has the 12 month detailed budget been provided? [X] []
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] []
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] [X]
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] [X]

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

Business Official to be notified if an award is to be made

Name: Prefix: [] * First Name: Gary Middle Name: []
* Last Name: Leach Suffix: []
Title: []
Organization: []
Address: * Street1: 108 Cherry Street
Street 2: []
* City: Burlington
* State: VT: Vermont Province: []
* Country: USA: UNITED STATES * Zip / Postal Code: 05402
* Telephone Number: 802-863-7384
E-mail Address: gary.leach@ahs.state.vt.us
Fax Number: []

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

[] - 03-6000274 - []

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

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
Title:
Organization:
Address: * Street1:
 Street2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
*** Telephone Number:**
E-mail Address:
Fax Number:

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

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

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

Previously Filed with: *(Agency)

on *(Date)

INVENTIONS

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

EXECUTIVE ORDER 12372

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

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

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

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

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