



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

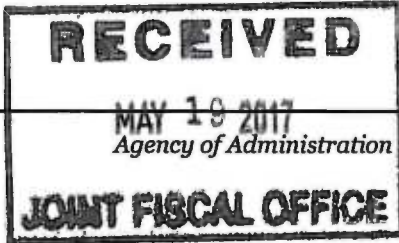
To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: May 26, 2017
Subject: Grant Request #2880, #2881

Enclosed please find two (2) items that the Joint Fiscal Office has received from the administration. **The administration has requested expedited review of JFO #2881.** Members will be contacted by June 2, 2017 for a decision unless the member has responded prior to that time.

JFO #2880 – \$30,000 grant from the Vermont American Legion to the Vermont Veteran’s Home. The grant funds will be used for refurbishment of rooms at the home.
[JFO received 5/19/17]

JFO #2881 - \$2,000,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. The grant funds would be used to provide pilot program funding to increase access to opioid treatment and reduce prescription opioid-related overdose deaths. The funding would be used primarily over the next two State fiscal years and expire on June 30, 2019. The Department would have the option of applying for another year of grant funding in 2018. **The Administration has requested Expedited Review of this grant.** The expedited review has been requested to allow the Department to enter into contractual agreements more quickly.
[JFO received 5/19/17]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by June 2, 2017 we will assume that you consider as final the Governor’s acceptance of these requests.



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

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

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		Grant from Health and Human Services, Substance Abuse & Mental Health Services Administration to increase access to treatment, reduce unmet need, and reduce overdose related deaths related to prescription opioids.			
Date:		5/8/2014			
Department:		VDH			
Legal Title of Grant:		State Targeted Response to the Opioid Crisis			
Federal Catalog #:		93.788			
Grant/Donor Name and Address:		US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, 5600 Fisher Lane, Rockville, MD 20857			
Grant Period:		From:	To:		
		5/1/2017	4/30/2019		
Grant/Donation		\$2,000,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$6,832	\$835,004	\$1,158,164	\$2,000,000	Strategic Plan, Positon
Position Information:		# Positions	Explanation/Comments		
		0	N/A		
Additional Comments:		Expedited review requested. Budget period: 05/01/2017 – 04/30/2018, Project Period: 05/01/2017-4/30/2019. Funding may be available for an additional 1-year budget period.			
Department of Finance & Management		[Signature]		(Initial)	
Secretary of Administration		[Signature]		(Initial)	
Sent To Joint Fiscal Office		5/17/17		Date	



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

Agency of Administration

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

MEMORANDUM

TO: Representative Janet Ancel

FROM: Andrew Pallito, Commissioner of Finance & Management

RE: Request for Expedited Review

DATE: 5/8/2017



The Governor's Office is in receipt of a \$2,000,000 grant award from the US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, to provide pilot program funding to increase access to treatment, reduce unmet need, and reduce overdose related deaths related to prescription opioid. The budget period has already begun (5/1/2017). To enter into contractual agreement(s) acceptance must be authorized. Expedited review would accelerate project start up.

Please consider this a request to have this grants processed through an expedited review process.



MEMORANDUM

May 1, 2017

TO: Al Gobeille, Secretary of Human Services

FROM: Mark Levine, MD, Commissioner, Department of Health
BAJ

RE: 21st Century Cures Act Grant Award – AA-1 for your approval

The Department of Health has received a grant from the Department of Health & Human Services, Substance Abuse & Mental Health Services Administration in the amount of \$2,000,000. This grant has two year budget period, and the federal 21st Century Cures Act authorizes a second round of grant awards next year.

I'm enclosing the Request for Grant Acceptance Form (AA-1) for your approval.

This grant will provide Vermont with the funding needed to increase access to substance use disorder services, reduce unmet need, and reduce overdose related deaths related to prescription opioids. The work plan for this grant was developed by Deputy Commissioner Barbara Cimaglio with input from our partners and stakeholders in the prevention and treatment work.

The grant award will fund these activities:

- A pilot drug disposal project with the Vermont Sheriffs Association.
- Rapid response funding for local prevention projects identified by Vermont's Regional Prevention Partnership (RPP) Grantees; this work will be coordinated with Governor Scott's priorities
- Enhance Vermont's Prescription Monitoring System's data usability.
- Provide workforce development opportunities including Office Based Opioid Treatment training for nurse practitioners and physician's assistants.
- Increase recovery supports in select emergency departments, telephone recovery supports, and community education opportunities through local adult education centers.
- Development of a centralized call center and access management system for treatment services.



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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	ADAP			
4. Legal Title of Grant:	State Targeted Response to the Opioid Crisis			
5. Federal Catalog #:	93.788			
6. Grant/Donor Name and Address:	Department of Health & Human Services, Substance Abuse & Mental Health Services Administration			
7. Grant Period:	From:	5/1/2017	To:	4/30/2019
8. Purpose of Grant:	See attached summary.			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 17	FY 18	FY 19	
Personal Services	\$6,832	\$771,644	\$1,069,804	
Operating Expenses	\$0	\$860	\$860	
Grants	\$0	\$62,500	\$87,500	
Total	\$6,832	\$835,004	\$1,158,164	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$6,832	\$835,004	\$1,158,164	
(Direct Costs)	\$4,449	\$825,849	\$1,149,009	
(Statewide Indirect)	\$143	\$549	\$549	
(Departmental Indirect)	\$2,240	\$8,606	\$8,606	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$6,832	\$835,004	\$1,158,164	
Appropriation No:		Amount:	\$	
	3420010000		\$5,423	
	3420060000		\$836,413	
			\$	
			\$	
			\$	
			\$	
		Total	\$841,836	
Has current fiscal year budget detail been entered into Vantage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

PERSONAL SERVICE INFORMATION		
11. Will monies from this grant be used to fund one or more Personal Service Contracts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy. Appointing Authority Name: Mark Levine, Commissioner of Health Agreed by: <u>BL</u> (initial)		
12. Limited Service Position Information:	# Positions	Title
Total Positions		
12a. Equipment and space for these positions: <input type="checkbox"/> Is presently available. <input type="checkbox"/> 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>Barbara Conroy</u> Title: Commissioner of Health	Date: <u>4-27-17</u>
Signature: <u>Shante Eufor</u> Title: <u>Deputy Secretary, Agency of Human Services</u>	Date: <u>4-27-17</u>	
14. SECRETARY OF ADMINISTRATION		
<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>Brady T. Feld</u>	Date: <u>5/9/17</u>
15. ACTION BY GOVERNOR		
<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Rejected	(Governor's signature) <u>[Signature]</u>	Date: <u>5/17/17</u>
16. DOCUMENTATION REQUIRED		
Required GRANT Documentation		
<input type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)	
End Form AA-1		
(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).		

Request for Grant Acceptance
State Targeted Response (STR) to the Opioid Crisis Program

Summary 4/26/2017

The Department of Health has received a grant from the Department of Health & Human Services, Substance Abuse & Mental Health Services Administration in the amount of \$2,000,000.

The Administration requests expedited review of this grant to accelerate project startup. No contractual commitments can be made before grant acceptance approval.

The purpose of the grant is to increase access to treatment, reduce unmet need, and reduce overdose related deaths related to prescription opioids. The overall population of focus is individuals 18 years or older who are currently experiencing opioid use disorder, with components of this project having special populations of focus such as prevention of opioid use for individuals' 18-25 and individuals 18 years or older who enter an emergency department because of an opioid overdose.

The grant award will fund these activities:

- A pilot drug disposal project with Vermont Sheriffs.
- Rapid response funding for prevention projects identified by Vermont's Regional Prevention Partnership (RPP) Grantees.
- Enhance Vermont's Prescription Monitoring System's usability.
- Provide workforce development opportunities including Office Based Opioid Treatment training.
- Increase recovery supports in select emergency departments and telephone recovery supports, and community education opportunities through local adult education centers.
- Development of a centralized call center and access management system.

The project goals include:

- increasing medication assisted treatment capacity for opioid use disorder;
- increasing workforce capacity to treat substance use disorders;
- improving coordination of care and retention in treatment;
- addressing prescription drug diversion through implementation of a drug disposal program;
- increasing regional capacity to implement community-specific opioid strategies;
- improving access to care;
- and decreasing opioid-related overdose deaths.



Notice of Award

Issue Date: 04/21/2017

Opioid STR
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 1H79TI080230-01
FAIN: TI080230
Program Director: Barbara Cimaglio

Project Title: Vermont Opioid STR

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

Budget Period: 05/01/2017 – 04/30/2018

Project Period: 05/01/2017 – 04/30/2019

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$2,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 1003 of the 21st Century Cures Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI080230-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$27,591
Fringe Benefits	\$11,036
Personnel Costs (Subtotal)	\$38,627
Consortium/Contractual Cost	\$1,788,960
Travel Costs	\$1,720
Other	\$150,000
Direct Cost	\$1,979,307
Indirect Cost	\$20,693
Approved Budget	\$2,000,000
Federal Share	\$2,000,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$2,000,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$2,000,000
2	\$2,000,000

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

Fiscal Information:

CFDA Number: 93.788
 EIN: 1036000264E7
 Document Number: 17TI80230A
 Fiscal Year: 2017

IC	CAN	Amount
TI	C96M001	\$2,000,000

IC	CAN	2017	2018
TI	C96M001	\$2,000,000	\$2,000,000

TI Administrative Data:

PCC: O-STR / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI080230-01

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

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

SECTION III – TERMS AND CONDITIONS – 1H79TI080230-01

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

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

**Treatment of Program Income:
Additional Costs**

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

SECTION IV – TI Special Terms and Conditions – 1H79TI080230-01**REMARKS:**

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the State Targeted Response to the Opioid Crisis Grants, Funding Opportunity TI-17-014, has been selected for funding under the Opioid STR Program, as authorized by Section 1003 of the 21st Century Cures Act, as amended.

SPECIAL TERMS OF AWARD:

DOMA: On June 26, 2013, in *United States v. Windsor*, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in this program. This means that, as a recipient of these funds you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

In accordance with the requirement in the Funding Opportunity Announcement (FOA) Number TI-17-014 State Targeted Response to the Opioid Crisis Grants (Short Title: Opioid STR), the

following Special Terms of Award must be adhered to over the entire project period.

- Opioid STR funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.
- All individuals that are served in Opioid STR funded treatment and recovery support services shall be identified through the standard demographic and clinical reporting requirements of the Treatment Episode Data Set (TEDS).
- Opioid STR funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g. HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale self-pay among others.
- Opioid STR funds for treatment and recovery support services shall only be utilized to provide services to individuals with a primary diagnosis of an opioid use disorder or to individuals with a demonstrated history of opioid overdose problems.
- Grantees are expected to report data as required in the FOA and to fully participate in the cross-site evaluation of this program.

SPECIAL CONDITIONS OF AWARD:

None

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:
<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> Reference the FY17 Standard Terms and Conditions

Key staff is listed below:

Barbara Cimaglio, Project Director

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

REPORTING REQUIREMENTS:

1. A Federal Financial Report (SF-425) must be submitted Annually to the Division of Grants Management, which reflects the federal Program Income, if applicable.

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period. The annual FFR should reflect only cumulative actual federal funds authorized and disbursed, any non-federal matching funds (if identified in the FOA), unliquidated obligations incurred, the unobligated balance of the federal funds for the award, as well as program income generated during the timeframe covered by the report. The SF-425 is available at (<http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>). Additional guidance to complete the FFR can be found: <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Please submit your Federal Financial Report by email to your assigned Grants Management Specialist at wendy.pang@samhsa.hhs.gov, and copy your assigned Program Official. (HARD COPIES SUBMISSION IS NOT REQUIRED).

2. A Programmatic Progress Report is due Semi-Annually to the Division of Grants Management, by the following dates:

1st Report – November 30, 2017

2nd Report – May 30, 2018

Please submit your Programmatic Semi-Annual Report to your assigned Grants Management Specialist at wendy.pang@samhsa.hhs.gov, and copy your assigned Program Official.

Please contact your Government Program Official (GPO) for additional submission information. HARD COPIES SUBMISSION IS NOT REQUIRED).

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

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

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

CONTACTS:

Spencer Clark, Program Official

Phone: 240-276-1027 **Email:** Spencer.Clark@samhsa.hhs.gov

Wendy Pang, Grants Specialist

Phone: (240) 276-1419 **Email:** wendy.pang@samhsa.hhs.gov **Fax:** (240) 276-1430

Project Abstract Summary

Project Summary

Project Name: Vermont's Opioid State Response Project

Applicant: Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP)

The Vermont Opioid STR project will support a pilot drug disposal project with Vermont Sheriffs, rapid response funding for prevention projects identified by Vermont's RPP Grantees, enhance Vermont's Prescription Monitoring System's usability, provide workforce development opportunities including Office Base Opioid Treatment training, increase recovery supports in select emergency departments and telephone recovery supports, and community education opportunities through local adult education centers. The project goals are as follows: increase medication assisted treatment capacity for opioid use disorder; increase workforce capacity to treat substance use disorders; improve coordination of care and retention in treatment; address prescription drug diversion through implementation of a drug disposal program; increase regional capacity to implement community-specific opioid strategies; and decrease opioid-related overdose deaths. The overall population of focus is individuals 18 years or older who are currently experiencing opioid use disorder, with components of this project having special populations of focus such as prevention of opioid use for individuals' 18-25 and individuals 18 years or older who enter an emergency department because of an opioid overdose. The measurable objectives in this project are the following: increase treatment initiation and engagement in opioid use disorder treatment; increase access to medication assisted treatment per 10,000 Vermonters age 18-64; increase the number of Licensed Alcohol and Drug Abuse Counselors; increase percentage of Vermont Counties with at least one permanent drug disposal site; and increase the percentage of Vermont counties with at least one formal team implementing community-specific opioid strategies. Over the project period this project will serve approximately 13,730 Vermonters through the expanded treatment and recovery services. Of those, 1,090 individuals will be served in the first year, with 12,640 being served in the second year of the project period.

The vision of this project is to allow for an increase in the workforce, both in the treatment and recovery fields, enhancements to clinical tools to decrease opioid use and increase access to treatment, and to allow our prevention programs more ability in responding to prevention needs that are identified in Vermont. This project has been constructed in a way that will allow existing programs to adopt the project outcomes and activities to allow for an effective sustainability plan.

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

13730

**Vermont Department of Health (VDH)
Division of Alcohol and Drug Abuse Programs (ADAP)**

Opioid STR

(5/1/2017 – 4/30/2019)

Budget and Justification (No match required)

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) VDH Principle Investigator	Barbara Cimaglio	In-kind cost \$99,819 annually	5%	\$0
(2) VDH/ADAP Division Director/Project Director	Cynthia Thomas, LCMHS, CQIA	In-kind cost \$72,010 annually	15%	\$0
(3) VDH/ADAP Director of Clinical Services	Megan Mitchell, LCSW	In-kind cost \$63,190 annually	20%	\$0
(4) VDH/ADAP Director of Prevention Services	Lori Uerz, MPH	In-kind cost \$63,190 annually	10%	\$0
(5) VDH/ADAP Director of Planning and Community Services	Marcia LaPlante, LADC	In-kind cost \$63,190 annually	10%	\$0
(6) VDH/ADAP Director of Performance Measurement and Evaluation	Anne Van Donsel, BS	In-kind cost \$63,190 annually	10%	\$0
(7) VDH/ADAP Director of Quality	Patricia Breneman, MPA	In-kind cost \$63,190 annually	10%	\$0
(8) VDH/ADAP Manager of Clinical Services	Anthony Folland, SOTA	In-kind cost \$55,994 annually	25%	\$0

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(9) VDH/ADAP Substance Abuse Program Manager (Recovery Services)	Ryan Lane, LADC	In-kind cost \$55,182 annually	20%	\$0
(10) VDH/ADAP Substance Abuse Program Manager (Vermont Prescription Monitoring System)	Hannah Hauser, MSW	In-Kind cost \$55,182 Annually	10%	\$0
(11) VDH Substance Abuse Prevention Consultants	12 Regional Substance Abuse Prevention Consultants	In-kind cost	10% each	\$0
(12) VDH/OLH District Directors	12 VDH District Office Directors	In-kind cost	5% each	\$0
(13) DII IT Project Manager	To be determined	In-kind cost \$55,182 Annually	5%	\$0
(14) ADAP Substance Abuse Program Manager (Project Director)	To be hired	\$55,182 annual salary	50%	\$27,591
TOTAL				\$27,591

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) Barbara Cimaglio, Deputy Commissioner, Alcohol and Drug Abuse Programs, Vermont Department of Health, will serve as Principle Investigator. She has been the director of the Single State Authority for alcohol and drug abuse in Vermont since 2004. She will provide matched executive oversight to the grant at the level of effort of 5%.
- (2) Cynthia Thomas, LCMHC, CQIA, VDH/ADAP Division Director: responsible to administer a comprehensive program for alcohol and drug abuse prevention, intervention, treatment and recovery. Ms. Thomas will oversee the entire project with a focus on the Capacity Management System design and implementation. She has 25+ years of experience in the field.
- (3) Megan Mitchell, LCSW, VDH/ADAP Director of Clinical Services: project oversight and supervision of Opioid STR Substance Abuse Program Manager and oversight of interagency coordination and collaboration and policy development.
- (4) Lori Uerz, MPH, VDH/ADAP Director of Prevention Services: Project oversight and oversight of interagency coordination and collaboration and policy development. Served as project coordinator for SPF-SIG and PFSII grants. Will oversee the prevention programming portion of this grant program. 30 plus years of experience in the substance

- abuse prevention field with expertise in grants management, evaluation, logic model development and strategic planning.
- (5) Marcia LaPlante, LADC, VDH/ADAP Director of Planning and Community Services: oversees the development and monitoring of the ADAP Strategic Plan and other planning related activities (e.g., SABG Plan). Responsible for the workforce development needs assessment and planning. As part of the grant program, Ms. LaPlante will assist with all workforce development related activities.
 - (6) Anne Van Donsel, BS, VDH/ADAP Director of Performance Management and Evaluation: oversees the Vermont Prescription Monitoring System (VPMS) manager and the Substance Abuse Research and Policy Analyst as well as ADAP data collection and evaluation systems. Assure that performance and outcome measures selected are aligned with those of the funding source as well as the state. Over 17 years of experience in the substance abuse field.
 - (7) Patricia Breneman, MPA, VDH/ADAP Director of Quality: oversees to certification and monitoring of Vermont's Substance Abuse Treatment Preferred Provider Network, the Impaired Driver Rehabilitation Program and quality improvement activities. As part of this grant program, Ms. Breneman will participate in the development and implementation of the Capacity Management System.
 - (8) Anthony Folland, SOTA, VDH/ADAP Manager of Clinical Services, Opiate: Opioid Treatment Network representative for Vermont. Mr. Folland has been in the Clinical Services Unit for seven years.
 - (9) Ryan Lane, LADC, VDH ADAP Substance Abuse Program Manager: Mr. Lane oversees Recovery and SBIRT services. As part of this grant program, Mr. Lane will participate in implementing all recovery services activities.
 - (10) Hannah Hauser, VDH/ADAP Substance Abuse Program Manager, Vermont Prescription Monitoring System Manager: manage the PDMP contract with Appriss, coordinate any required PDMP system enhancements, including the insight reports.
 - (11) 10 Regional VDH/ADAP Substance Abuse Prevention Consultants will provide consultation, training, technical assistance, and outreach and mobilization of community partners. As part of this grant program, they will assist communities with the development of their plans.
 - (12) 10 Regional VDH District Directors: supervise the 12 regional Substance Abuse Prevention Consultants. Will assist with the consultation, training, technical assistance, and outreach and mobilization of community partners.
 - (13) To Be Determined, DII IT Project Manager: will provide technical assistance in the development and implementation of the Capacity Management System.
 - (14) To be hired, .5 FTE, VDH/ADAP Opioid STR Substance Abuse Program Manager: Coordination of regional implementation, training and monitoring of grant working closely with the internal and external partners. Will assure all reporting and data collection systems comply with federal requirements. Responsible for all reports SAMHSA.

Key staff positions require prior approval by the Grants Management Officer, after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$27,591**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$27,591	\$2,111
Retirement	9.00%	\$27,591	\$2,483
Medical	80%	Of actual cost	See narrative below
Life Insurance	75%	Of actual cost	See narrative below
Dental	100%	Of actual cost	See narrative below
TOTAL			\$11,036

JUSTIFICATION: Fringe reflects current rate for agency.

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual major components of this cost are FICA at 7.65% of salary, retirement at 9% of salary and a portion – 80% for medical, 75% for life and 100% for dental – of the actual costs of the medical, dental and life insurance coverage selected by the employee. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current cost of fringe benefits for employees in similar programs, we are estimating the cost of these fringe benefits at 40% of salary.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$11,036**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(2) Local travel		Mileage	3213 miles at .535 per mile	\$1,720
TOTAL				\$1,720

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

- (1) Local travel is needed to provide on-site technical assistance to the contractors and relevant state entities, including formal presentations to state agencies, legislators, law enforcement, media, professional associations, educational institutions and patient advocacy groups. Local travel rate for the Vermont Department of Health is .535/mile

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$1,720**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
N/A		
TOTAL		\$0

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

N/A

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$0**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) Champlain Valley Area Health Education Center (AHEC)	OBOT Waiver Training for NPNs and Pas 4 Trainings	Program Planning: \$100/hour x 50 hours = \$5,000 CME/CEUs = \$3,260 Trainers: 2 trainers x \$1000/trainings x 4 trainings = \$8,000 Incentives for participants: \$250/participant x 60 participants = \$15,000		\$31,260
(2) Vermont Association of Mental Health and Addiction Recovery (VAMHAR)	Recovery Coach Academy 20 participants	\$500/registration x 20 participants = \$10,000 Lodging: 20 participants x \$50/night= \$1,000		\$11,000
(3) Vendor TBD	Training for new core competencies the are required for certification/licensure face-to-face and/or electronic	\$100/hour x 250 hours= \$25,000		\$25,000
(4) Vermont State Colleges	Needs assessment, course development and student financial aid for 2 courses	Developer hourly rate: \$100 3 credit tuition: \$900	Needs assessment and course development, data collection and analysis \$100/hour x 150 hours = \$15,000 Tuition: 38 students x \$900 = \$34,200	\$49,200

(5) Vendor TBD	Pilot Sheriff's Office security for DEA Drug Take Back Day	2 officers @\$75/hour x 8 hours x monthly (12) pickups = \$14,400 Use of vehicle/gas = \$10,000		\$24,400
(6) Vendor TBD	Statewide Drug Disposal System Evaluation	Evaluator at \$100/hour 40 hours for design of evaluation 80 hours of data collection 40 hours of analysis	160 hours x \$100 = \$16,000	\$16,000
(7) MedSafe	Statewide MedSafe Collection and Disposal Program	\$68.25/month for annual cost of each receptacle = \$819	\$819 each medication liner x 60 (5/district x 12 districts) = \$49,140 \$819 each medication liner x 1 (VDH/ADAP Central Office) = \$819	\$49,959

(8) Vermont Adult Technical Education Association	Statewide Community education through the 17 Adult Technical Education centers regarding addiction, opiate education, community strategies to prevent and assist those experiencing opiate addiction	<p>Development or purchase of curriculum = \$6,800</p> <p>Duplication of materials or curriculum for 17 sites (\$400 x 17) = \$6,800</p> <p>Trainers (non VDH staff) at \$120/hour x 12 hours x 17 sites = \$24,480</p> <p>Admin for Tech Centers = \$ 1,561</p>		\$39,641
(9) Vermont Parent Child Centers (PCC)	Screening and Substance Abuse/Parent Education	<p>Screening: 10% of \$40,000 (1FTE) x 15 centers = \$60,000</p> <p>Substance Abuse/Parent Education: \$4,000/group x 10 groups = \$40,000</p>		\$100,000
(10) Appriss	Vermont Prescription Monitoring System Enhancement – Insight Reports	Per Vendor – flat fee: \$75,000		\$75,000

(11) Vermont Recovery Network	Telephone Recovery Supports	<p>2 staff x \$25/hour x 360 hours = \$18,000</p> <p>Evaluation: \$50/hour x 40 hours = \$2,000</p> <p>\$4,000 for Purchase of program from CCAR and Develop our version protocols which include some basic training/ supervision for TRS peer support</p>		\$24,000
(12) Vendor TBD	Capacity Management System Development and Implementation	<p>Project Planning and Administration: 308 hours x \$125/hr. = \$38,500</p> <p>Design, System Development and Implementation Plan Development: 1716 hours x \$125/hr. = \$214,500</p> <p>System Branding and Marketing: campaign implementation through digital, social media, and one 6-week television flight = \$150,000</p> <p>Full system implementation: 2376 hours x \$125/hr. = \$297,000</p>		\$700,000

(13) Vermont Recovery Network	Recovery Services in three Vermont Hospital Emergency Rooms	Program Coordinator Salary/Fringe = \$65,000 ER Recovery Coach Salary/Fringe = \$65,000	3 Program coordinators = \$195,000 6 Recovery Coaches = \$390,000 VRN Operations Position 1 FTE Salary/Fringe = \$32,500 VRN Network Coordinator .4 FTE Salary/Fringe = \$26,000	\$643,500
TOTAL				\$1,788,960

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Champlain Valley Area Health Education Center (AHEC) - an in-person Data 2000 Waiver trainings for mid-level medical practitioners, such as nurse practitioners (NP) and physician assistants (PA). Funding will support four 3-day trainings, two trainers per training, CME/CEUs for all participants and a \$250 incentive per participant.
- (2) Vermont Association for Mental Health and Addiction Recovery (VAMHAR) - a 4 day, 32-hour training to prepare an individual to become a Recovery Coach, with an eye towards overall professional development for 20 participants, including lodging as needed.
- (3) Vendors TBD - Vermont has identified the following addiction related trainings be developed by, and/or offered, in conjunction with selected vendors: 12 hours of training on Medication Assisted Treatments, 12 hours of training on Criminal Thinking, 6 hours of training on Human Development, 6 hours of training on Case management and Service Coordination and 12 hours on Relapse Prevention skills training. Funding from this grant would support the development and implementation of these trainings for individuals seeking Vermont ADC certification.
- (4) Vermont State Colleges (VSC) – funds will support partnership with Vermont’s institutions of higher education to develop curricula and provide financial aid for apprentices just entering the field. Through a partnership with the Community Colleges of Vermont a syllabus, learning activities, and assessments for up to two courses will be developed. One (“Substance Abuse: An Introduction to Clinical Skills”) will be targeted to individuals seeking apprenticeship status as alcohol and drug counselors and begin the path to certification and licensure. The second course will be based on the recovery

coach training described below. In addition, funds will support student financial aid (3 credit course a \$900 each).

- (5) Vendor TBD – A pilot program has been designed focusing on local law enforcement that the Vermont Department of Health would like to test for a 3-month period as a pilot program as a part of this grant funding. The pilot will consist of law enforcement officers traveling throughout the state to collect medications dropped off at the Sheriff's Departments, and securely storing the medications until the DEA Take Back Day. Funding will support officer time, vehicle maintenance and gas. If pilot is successful, will fund an additional 9 months of service.
- (6) Vendor TBD – The Vermont Department of Health proposes to use a portion of this grant funding to evaluate the State's Drug Disposal System. Services will include evaluation design, data collection, and data analysis.
- (7) MedSafe - MedSafe Collection and Disposal Program to purchase - The Vermont Department of Health proposes to use a portion of this grant funding to purchase kiosks for sixty pharmacies located in Vermont. Pharmacies interested in the program will apply through an RFP process and will be selected by interest and community need. An additional kiosk will be installed at the Vermont Department of Health Central Office.
- (8) Vermont Adult Technical Education Association - Community education through the 17 Vermont Adult Technical Education Centers that cover the entire state of Vermont. Recent opioid overdose deaths in the community of Bradford VT has led to the Vermont Adult Technical Education Association to come to VDH to request funding to develop or purchase a community education curriculum on addiction, opiate education, community strategies to prevent and assist those experiencing opiate addiction, and to deliver this curriculum through their extensive adult education network. The education class will be 2 hours for 6 weeks for a total of 12 hours. The VDH Prevention Consultant staff will teach or co-teach the curriculum and serve as the technical assistance and training support needed.
- (9) Vermont Parent Child Centers – The Vermont Department of Health is proposing to provide funding to train Parent Child Center staff in how to use evidence based screeners, such as UNCOPE or CRAFFT, to screen individuals and refer them to treatment services if indicated as a need. Once staff are trained, this grant would fund 10% of the staff's FTE time to screen patients.
- (10) Appriss – The Vermont Department of Health has drafted measures to examine prescribers' patterns, and have named them the Prescriber Insight Reports. The measures drafted in the Prescriber Insight Reports were designed with the CDC opioid prescribing guidelines, the recently adopted Vermont Pain Prescribing Rules and the Prescription Drug Monitoring System Training and Technical Assistance's guide to reports of this sort, to ensure the Vermont Prescriber Insight Report is following best practice for prescribing and reporting. The \$75,000 is a flat fee for the enhancing of the Vermont PDMP system to include the insight reporting capability.
- (11) Vermont Recovery Network - Vermont will develop a telephone based peer recovery support service. The service implementation will include the purchase of a program from CCAR, the development of protocols which include some basic training/ supervision for TRS peer support, two (2) recovery support staff and an evaluation of the program.
- (12) Vendor TBD – The Capacity Management System would allow Vermonters to call one number and receive the information they need to find the best level of care for themselves,

as well as where in the state they can find an available spot in that treatment level. The Capacity Management System would be staffed by professionals with oversight from the Director of the Division of Alcohol and Drug Abuse Programs (ADAP), ADAP's Director of Clinical Services and the STR Program Manager. To ensure the development, implementation and maintenance with the Capacity Management System platform vendor, VDH would also assign a VDH IT Project Manager, allowing the VDH clinical and program staff to focus on the clinical program content, and the IT Project Manager to focus on the IT mechanisms needed. Funding will support project planning/administration, system design, implementation, branding and a marketing campaign.

- (13) Vermont Recovery Network - The Vermont Department of Health will provide funding for the Vermont Recovery Network to place two (2) peer recovery support staff in three emergency departments as well as a program coordinator to provide supervision and program management of the recovery staff. The Vermont Recovery Network, utilizing an Operations and a Network Coordinator position, would be responsible to manage these pilot programs, with oversight of the Vermont Department of Health's Recovery Services Program Manager; the Vermont Recovery Network currently works closely with the Vermont Department of Health in a similar program management system for other Vermont Recovery Network programs.

*** Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$1,788,960**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Vendors TBD	15 Community planning grants (\$10,000 each)	\$150,000
TOTAL		\$150,000

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

- (1) Community prevention capacity building – mini grants for up to 15 communities (\$10,000 each) to realize comprehensive community work related to opioids utilizing a team approach to include local government and community leaders, medical/hospital partners, business, school, law enforcement, youth serving agencies, prevention organizations, etc., to be coordinated with efforts currently underway through the federally funded Regional Prevention Partnerships (RPP) grant. Examples of this comprehensive community work include, but are not limited to, collaboration of all community partners similar to Project VISION (<http://projectvisionrutland.com>),

assessment of unmet needs and activities to address them, community education or training/conference.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$150,000**

I. Indirect Cost Rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)
75% of salary (.75 x \$27,591) **\$20,693**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The 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 recent approval letter is attached. 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, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 75% of the direct salary line item.

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$1,979,307**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) **\$20,693**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) **\$2,000,000**

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means. Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	5/1/2017	b. End Date:	4/30/2019
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BUDGET SUMMARY (should include future years and projected total)

Category	Total Project Costs
Personnel	\$27,591
Fringe	\$11,036
Travel	\$1,720
Equip	\$0
Supplies	\$0
Contractual	\$1,788,960
Other	\$150,000
Total Direct Charges	\$1,979,307
Indirect Charges	\$20,693
Total Project Costs	\$2,000,000

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) \$2,000,000

COST ALLOCATION BREAKDOWN- FUNDING RESTRICTIONS

ADMINISTRATION \$100,000 Maximum	Total Administrative Costs
Personnel	\$27,591
Fringe	\$11,036
Travel	\$1,720
Equipment	\$0
Supplies	\$0
Contractual	\$0
Other	\$0
Total Direct Charges	\$40,347
Indirect Charges	\$20,693
Total Administrative Costs	\$61,041

PREVENTION \$380,000 Maximum	Total Prevention Costs
Personnel	\$0
Fringe	\$0
Travel	\$0
Equip	\$0
Supplies	\$0
Contractual	\$230,000
Other	\$150,000
Total Direct Charges	\$380,000
Indirect Charges	\$0
Total Prevention Costs	\$380,000