



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst *DD*  
Date: December 3, 2018  
Subject: Position and Grant Requests – JFO #2936 - #2940

Enclosed please find five (5) items, including seven (7) limited-service positions, which the Joint Fiscal Office has received from the Administration.

**JFO #2936 – Four (4) limited-service positions** within the VT Dept. of Health. The respective position titles would be Substance Abuse Program Manager (2), Program Evaluation & Quality Assurance Specialist (1) and Program Technician II (1). The positions would be created to oversee an existing grant program aimed at combating the opioid crisis in Vermont. The existing grant was approved by the Joint Fiscal Committee in 2017 (JFO #2881). However, the grant has grown from \$2 million to \$4 million. The grant was also extended through September 2020 and the positions would be authorized for that period of time as well.

[JFO received 11/28/18]

**JFO #2937 – \$535,000** from the U.S. Dept. of Justice (DOJ) to the VT Dept. of Public Safety. This is a partner grant to one previously sent to the Joint Fiscal Committee for approval (JFO #2935). The funds are to be used to develop and enhance anti-human trafficking prevention and intervention strategies to stop trafficking statewide. **One (1) limited-service position, titled Law Enforcement Liaison, is associated with this request.** The position would be created to work with the VT Center for Crime Victim Services. The grant funds and position are authorized for a three-year period. State in-kind match would be required in the amount of approximately \$163,000 over three years, which will be in the form of existing staff time. Additionally, approximately \$5,000 in general fund dollars would be required per year for a data analysis contract, totaling \$15,000 over the life of the grant.

[JFO received 11/30/18]

**JFO #2938 – \$173,780** from the U.S. Dept. of Justice (DOJ) to the VT Dept. of Public Safety. These grant funds would be utilized to update the technology utilized for the anonymous reporting of potential and/or actual threats to the safety of students and personnel in schools. The new technology is needed due to limited functionality and general outdatedness of the existing software. The grant funds would be used over three state fiscal years.

[JFO received 11/30/18]

**JFO #2939 – \$231,464** from the U.S. Dept. of Justice (DOJ) to the VT Dept. of Public Safety. These grant funds would be utilized to enhance the SURVIVermont initiative aimed at educating the public on active shooter response best practices. Specifically, this funding would be used to 1) provide

training to personnel and students to prevent school violence, 2) develop and operate anonymous reporting systems for threats of school violence, to include mobile apps, hotlines and websites, and 3) develop and operate school threat assessment and crisis intervention teams that may coordinate with law enforcement agencies and be trained to intervene and respond to individuals with mental health issues before they potentially become a threat to school safety. State funds would be utilized over the two years of the grant project in the amount of approximately \$38,000 per year to cover the costs of training and marketing materials relating to the SURVIVermont program.

[JFO received 11/30/18]

**JFO #2940 – Two (2) limited-service positions**, one within the VT Dept. of Health (VDH) and one within the VT Dept. of Mental Health (DMH). This is a joint request for staffing necessary to oversee a project to expand early identification of maternal depression and provide access to mental health and substance use disorder screening, referral and treatment. The respective position titles would be Public Health Programs Administrator (VDH) and Grant Program Administrator (DMH). The positions would be funded through an ongoing federal grant from the U.S. Health Resources & Services Administration. The existing grant was approved by the Joint Fiscal Committee in 2014 (JFO #2708), however, the grant activities are changing from what was previously approved. This is a five-year project with an end-date of 9/29/2023.

[JFO received 11/30/18]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto: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 December 17, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.

**Department of Health  
Business Office**

108 Cherry Street – PO Box 70  
Burlington, VT 05402-0070  
HealthVermont.gov

[phone] 802-863-7736

Agency of Human Services

**RECEIVED**

NOV 30 2018

**JOINT FISCAL OFFICE**

## MEMORANDUM

31 October 2018

TO: Sarah Clark, Chief Fiscal Officer  
Agency of Human Services

FR: Paul Daley, Financial Director  
Vermont Department of Health



Re: Limited Service Position Request for AHS Approval

I'm enclosing two limited service position requests for signature by the Secretary or Deputy. One position is being requested by the Health Department, the other by the Department of Mental Health. The two limited service positions will work on a project to expand early identification of maternal depression and provide access to mental health and substance use disorder screening, treatment and referral. This project is funded by the Health Resources and Services Administration (HRSA) through a grant program approved by the Joint Fiscal Committee via JFO # 2708.

The Health Department will collaborate with the Department of Mental Health on this five year project. The Health Department is the federal grantee, and Department of Mental Health costs will be funded through a transfer of grant funding. The project will require new positions in Health and Mental Health. Funding for both positions is included in the first year grant award, and is expected to continue for the full five year project period.

After approval by AHS, the next destination for this package is:

Aimee Pope, Classification and Compensation Manager  
DHR Classification  
120 State Street-5th Fl  
Montpelier, VT, 05620-2505

NOV 30 2018





**Department of Health  
Business Office**  
108 Cherry Street - PO Box 70  
Burlington, VT 05402-0070  
**HealthVermont.gov**

[phone] 802-863-7736

*Agency of Human Services*

**MEMORANDUM**

31 October 2018

**TO:** Representative Janet Ancel, Chair  
Joint Fiscal Committee

**FR:** Paul Daley, Financial Director  
Vermont Department of Health

A handwritten signature in black ink, appearing to read "Paul Daley".

**Re:** Limited Service Position Request

The Department of Health has received funding for a project to expand early identification of maternal depression and provide access to mental health and substance use disorder screening, treatment and referral. This project is funded by the Health Resources and Services Administration (HRSA) through a grant program approved by the Joint Fiscal Committee via JFO # 2708.

The Health Department will collaborate with the Department of Mental Health on this five year project. The Health Department is the federal grantee, and Department of Mental Health costs will be funded through a transfer of grant funding. The project will require new positions in Health and Mental Health. Funding for both positions is included in the first year grant award, and is expected to continue for the full five year project period. The administration is requesting authorization to establish two limited service positions, one each in the Health Department and the Department of Mental Health.

Please find the following items enclosed:

1. Notice of Grant Award
2. First year approved budget
3. Limited Service Position Request (2)
4. Classification review request (2)



| <b>1. DATE ISSUED:</b><br>09/10/2018   |              | <b>2. PROGRAM CFDA:</b> 93.110      |                        |  <p><b>NOTICE OF AWARD</b><br/>AUTHORIZATION (Legislation/Regulation)<br/>Public Health Service Act, Title III, Part B, Sec. 317L-1, as amended<br/>by the 21st Century Cures Act (2018)</p> |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
|--|--------------|-------------------------------------|------------------------|---|-------------------------|--------------------------------|-------------|---|--------------|---|--------------|--|--------------|---------------|--------------|-------------|------------|---|--------|------------|--------|-----------------------------------|--------------|-------------------------------|--------|-----------------------|--------|-------------------------------|--------|---------------------|--------|-------------------------|--------------|---|-------------|----------------------------|--------------|-----------------------------|--------|---------------------|--------------|---|--|--|--------------|---|--|-------------------------|--------|------------|--------|--|--------|---|--------|---|--------------|
| <b>3. SUPERSEDES AWARD NOTICE dated:</b><br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.   |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>4a. AWARD NO.:</b><br>1 UK3MC32245-01-00  |              | <b>4b. GRANT NO.:</b><br>UK3MC32245 |                        |   |                         |                                |             | <b>5. FORMER GRANT NO.:</b>                       |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>6. PROJECT PERIOD:</b><br>FROM: 09/30/2018 THROUGH: 09/29/2023  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>7. BUDGET PERIOD:</b><br>FROM: 09/30/2018 THROUGH: 09/29/2019   |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> Safeguarding Two Lives: Expanding Early Identification & Access to Perinatal Mental Health & Substan  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>Human Services, Vermont Agency Of<br>280 State Dr<br>Waterbury, VT 05671-9501<br><b>DUNS NUMBER:</b><br>809376155   |              |                                     |                        | <b>10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)</b><br>Ilisa Stalberg<br>Human Services, Vermont Agency Of<br>280 State Drive<br>Waterbury, VT 05671-1000  |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>11. APPROVED BUDGET: (Excludes Direct Assistance)</b><br><input checked="" type="checkbox"/> Grant Funds Only<br><input type="checkbox"/> Total project costs including grant funds and all other financial participation   |              |                                     |                        | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>  |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <table border="0"> <tr><td>a. Salaries and Wages :</td><td>\$79,872.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$31,949.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$111,821.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$3,000.00</td></tr> <tr><td>g. Travel :</td><td>\$4,781.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$0.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$460,000.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$579,602.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td>\$47,923.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$627,525.00</td></tr> <tr><td>    i. Less Non-Federal Share :</td><td>\$0.00</td></tr> <tr><td>    ii. Federal Share :</td><td>\$627,525.00</td></tr> </table> |              |                                     |                        | a. Salaries and Wages :   | \$79,872.00             | b. Fringe Benefits :           | \$31,949.00 | c. Total Personnel Costs :                        | \$111,821.00 | d. Consultant Costs :                                 | \$0.00       | e. Equipment :                             | \$0.00       | f. Supplies : | \$3,000.00   | g. Travel : | \$4,781.00 | h. Construction/Alteration and Renovation : | \$0.00 | i. Other : | \$0.00 | j. Consortium/Contractual Costs : | \$460,000.00 | k. Trainee Related Expenses : | \$0.00 | l. Trainee Stipends : | \$0.00 | m. Trainee Tuition and Fees : | \$0.00 | n. Trainee Travel : | \$0.00 | o. TOTAL DIRECT COSTS : | \$579,602.00 | p. INDIRECT COSTS (Rate: % of S&W/TADC) : | \$47,923.00 | q. TOTAL APPROVED BUDGET : | \$627,525.00 | i. Less Non-Federal Share : | \$0.00 | ii. Federal Share : | \$627,525.00 | <table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$627,525.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td>\$0.00</td></tr> <tr><td>    ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$627,525.00</td></tr> </table> |  | a. Authorized Financial Assistance This Period | \$627,525.00 | b. Less Unobligated Balance from Prior Budget Periods |  | i. Additional Authority | \$0.00 | ii. Offset | \$0.00 | c. Unawarded Balance of Current Year's Funds | \$0.00 | d. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$627,525.00 |
| a. Salaries and Wages :  | \$79,872.00  |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| b. Fringe Benefits :   | \$31,949.00  |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| c. Total Personnel Costs :   | \$111,821.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| d. Consultant Costs :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| e. Equipment :   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| f. Supplies :  | \$3,000.00   |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| g. Travel :  | \$4,781.00   |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| h. Construction/Alteration and Renovation :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| i. Other :   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| j. Consortium/Contractual Costs :  | \$460,000.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| k. Trainee Related Expenses :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| l. Trainee Stipends :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| m. Trainee Tuition and Fees :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| n. Trainee Travel :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| o. TOTAL DIRECT COSTS :  | \$579,602.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| p. INDIRECT COSTS (Rate: % of S&W/TADC) :  | \$47,923.00  |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| q. TOTAL APPROVED BUDGET :   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| i. Less Non-Federal Share :  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| ii. Federal Share :  | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| a. Authorized Financial Assistance This Period   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| b. Less Unobligated Balance from Prior Budget Periods  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| i. Additional Authority  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| ii. Offset   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| c. Unawarded Balance of Current Year's Funds   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| d. Less Cumulative Prior Awards(s) This Budget Period  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION  | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)</b>   |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td>02</td><td>\$627,525.00</td></tr> <tr><td>03</td><td>\$627,525.00</td></tr> <tr><td>04</td><td>\$627,525.00</td></tr> <tr><td>05</td><td>\$627,525.00</td></tr> </tbody> </table>  |              |                                     |                        |   |                         | YEAR                           | TOTAL COSTS | 02  | \$627,525.00 | 03  | \$627,525.00 | 04   | \$627,525.00 | 05            | \$627,525.00 |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| YEAR   | TOTAL COSTS  |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| 02   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| 03   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| 04   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| 05   | \$627,525.00 |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</b>  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <table border="0"> <tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr> </table>  |              |                                     |                        |   |                         | a. Amount of Direct Assistance | \$0.00      | b. Less Unawarded Balance of Current Year's Funds | \$0.00       | c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00       | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00       |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| a. Amount of Direct Assistance   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| b. Less Unawarded Balance of Current Year's Funds  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| c. Less Cumulative Prior Awards(s) This Budget Period  | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION   | \$0.00       |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR 76.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b><br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[A]</span><br>Estimated Program Income: \$0.00   |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b><br>a. The grant program legislation cited above, b. The grant program regulation cited above, c. This award notice including terms and conditions, if any, noted below under REMARKS, d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)</b>   |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <i>Electronically signed by Shonda Gosnell, Grants Management Officer on : 09/10/2018</i>  |              |                                     |                        |   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>17. OBJ. CLASS:</b> 41.45   |              | <b>18. CRS-EIN:</b><br>1036000264D4 |                        | <b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00   |                         |                                |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| <b>FY-CAN</b>  | <b>CFDA</b>  | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b> | <b>AMT. DIR. ASST.</b>  | <b>SUB PROGRAM CODE</b> | <b>SUB ACCOUNT CODE</b>        |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |
| 18 - 3893600   | 93.110       | 18UK3MC32245                        | \$627,525.00           | \$0.00  |                         | 18-S2L                         |             |   |              |   |              |  |              |               |              |             |            |   |        |            |        |                                   |              |                               |        |                       |        |                               |        |                     |        |                         |              |   |             |                            |              |                             |        |                     |              |   |  |  |              |   |  |                         |        |            |        |  |        |   |        |   |              |

Vermont Department of Health  
**Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program**  
 Budget Narrative

This grant is managed by the Vermont Department of Health, a state government department under the Vermont Agency of Human Services. The project director is Illsa Stalberg, Deputy Director of the Health Department Division of Maternal and Child Health, who oversees the general operation of the project and whose time is in-kind funded by the Title V MCH Block Grant. The budget below reflects that annual budget for each year of the five-year grant period, although years two through five are expected to change based on planning and evaluation in subsequent years.

| BUDGET LINE  | AMOUNT          |
|--|-----------------|
| <b>a. Personnel (excluding salaries in-kind)</b>   | <b>\$79,872</b> |
| MCH Director: Dr. Breena Homes MD, Director of the Division of Maternal and Child Health, Vermont Department of Health. Responsible for collaboration and policy development with other family service systems statewide. Salary is in-kind from the Title V MCH Block Grant, 0.05 FTE.  | In-kind         |
| Project Director (Principal Investigator): Illsa Stalberg, Deputy MCH Director of the Division of Maternal and Child Health, Vermont Department of Health. Responsible for general oversight of the project, provide programmatic and operational support to the program; supports coordination of program with other MCH programming, statewide MCH and Title V strategic planning, workforce development, and communications. Salary is in-kind from the Title V MCH Block Grant, 0.1 FTE.                     | In-kind         |
| Kim Swartz, Director of Preventive Reproductive Health, Vermont Department of Health. Will provide supervision to the Public Health Programs Administrator. Salary is in-kind from the Title V MCH Block Grant, 0.1 FTE.   | In-kind         |
| Public Health Programs Administrator (vacant), Division of Maternal and Child Health, Vermont Department of Health. Responsible for day-to-day activities of all program components, including facilitation of project steering and advisory committees, coordination of criteria and selection of subrecipient awards, subrecipient monitoring, coordination of training for partners/ subrecipient agencies, ongoing TA to subrecipients, reporting requirements to MCHB; 1.0 FTE, pay grade 24 (\$25.60/hour) | \$53,248        |
| Laurel Omland, Director of the Child, Adolescent & Family Unit, Department of Mental Health. Responsible for collaboration and policy development with other family service systems statewide. Salary is in-kind from DMH budget, 0.1 FTE.   | In-kind         |
| Program Administrator (vacant), Vermont Department of Mental Health. Responsible for coordination of the treatment system of care, specifically focused on building capacity within Vermont's Designated Mental Health Agencies and telepsychiatry; 0.5 FTE, pay grade 24 (\$25.60/hour)   | \$26,624        |
| Laurin Kasehagen, Senior MCH Epidemiologist / CDC Assignee to Vermont, Vermont Departments of Health and Mental Health. Lead for program evaluation and consultation on needs assessment and data analysis.  | In-kind         |

| BUDGET LINE   | AMOUNT           |
|---|------------------|
| Communications: Shari Levine, MCH Information Director, Vermont Department of Health. Lead for communications research and materials development.   | In-kind          |
| <b>b. Fringe Benefits (excluding salaries in-kind)</b><br>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 approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. 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 current, average cost of fringe benefits for employees, we are estimating the cost of fringe benefits at 40% of salary. This is reflected in the fringe benefit estimate for the Public Health Programs Administrator (Health Department) and Program Administrator (Department of Mental Health). | <b>\$31,949</b>  |
| <b>c. Travel</b>  | <b>\$4,781</b>   |
| Travel for two staff to attend annual national meeting.<br>Airfare: 2 persons x \$350 per airfare<br>Hotel: 2 persons x 4 nights x \$250 per night, including taxes<br>Subsistence allowance: 2 persons x 4 days x \$32 per diem<br>Ground transportation: 2 persons x \$25 each way<br>Airport parking: 2 persons x 4 days x \$15 per day  | \$3,176          |
| In-state travel for Program Administrators to attend community-based meetings, site visits for program implementation duties and subrecipient oversight<br>Mileage reimbursement: 3,000 miles per year x \$0.535 per mile   | \$1,605          |
| <b>d. Equipment:</b> (not applicable)   | <b>\$0</b>       |
| <b>e. Supplies:</b> Computers and cell phones for new positions   | <b>\$3,000</b>   |
| <b>f. Contractual</b>   | <b>\$460,000</b> |
| Grant agreement to Vermont Child Health Improvement Program: Lead on quality improvement in medical settings (pediatrics, family medicine, obstetrics). Funding supports staffing to expand Child Health Advances Measured in Practice (CHAMP) project, conduct pilot screening and wellness coaching in pilot OB practice, and offer training in Screening, Brief Intervention, and Referral to Treatment (SBIRT).   | \$200,000        |

| BUDGET LINE   | AMOUNT           |
|---|------------------|
| Grant agreements to Designated Mental Health Agencies (DAs): increase capacity of mental health clinicians in Vermont's community health system to screen for and treat maternal depression and other related behavioral health issues; provide pilot funding to four (4) DAs to improve their internal systems and test new and innovative strategies (\$50,000 for each agency)   | \$200,000        |
| Training contract: Contract (determined through state bidding process) to provide annual training to mental health and human service organizations to increase knowledge and skill of professionals working with pregnant and parenting women/families  | \$10,000         |
| Communications: Contract (determined through state bidding process) to conduct formative research to assess current provider practice and educational materials for future development of new, high impact materials for the audience with a Vermont perspective  | \$50,000         |
| <b>g. Construction</b> (not applicable)   | \$0              |
| <b>h. Other</b> (not applicable)  | \$0              |
| <b>i. Total Direct Charges</b> (does not include in-kind time of project personnel)   | <b>\$579,602</b> |
| <b>j. Indirect Charges:</b> 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 a 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, the ratio of allocated costs to salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item. | <b>\$47,923</b>  |
| <b>k. Total Direct/Indirect</b>   | <b>\$627,525</b> |



**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: 10/24/18

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

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2708

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):  
U.S. Department of Health and Human Services; Health Resources & Services Administration. Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program.

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:<br>General | 1                     | MCH                     | 9/30/2018 thru 9/29/2023                         |

\*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:  
The position is required to perform the activities of the grant as described in the Federal grant application budget.

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)).

e-Signed by Mark Levine  
Signature of Agency or Department Head \_\_\_\_\_ Date \_\_\_\_\_

  
Approved/Denied by Department of Human Resources \_\_\_\_\_ Date 11/30/18

  
Approved/Denied by Finance and Management \_\_\_\_\_ Date 30 Nov 18

  
Approved/Denied by Secretary of Administration \_\_\_\_\_ Date 11/30/18

Comments:

**NOV 30 2018**

**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 Mental Health Date: 10/18/18

Name and Phone (of the person completing this request): Cara McSherry 802-241-0108

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):  
 U.S. Department of Health and Human Services; Health Resources & Services Administration. Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program.

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> |
|--|-----------------------|-------------------------|--|
| Grant Program Administrator            | 1                     | CAFU                    | 9/30/2018 thru 9/29/2023                         |

\*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:  
 The position is required to perform the activities of the grant as described in the Federal grant application budget.

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)).

Melina Barley 10/18/18  
 Signature of Agency or Department Head Date

[Signature] 11/30/18  
 Approved/Denied by Department of Human Resources Date

[Signature] 30 Nov 18  
 Approved/Denied by Finance and Management Date

[Signature] 11/20/18  
 Approved/Denied by Secretary of Administration Date

Comments:

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

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

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title: Public Health Programs Administrator: General

Agency/Department/Unit: AHS/VDH/MCH GUC:

Pay Group: 24 Work Station: Burlington Zip Code: 05402

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: Kim Swartz, Preventive Reproductive Health Dir, 652-4184

**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: Public Health Programs Administrator: General

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Day-to-day activities of all program components including: • Facilitation of project steering and advisory committees • Coordination of criteria and selection of subrecipient awards • Monitoring subrecipient; oversight for subrecipient award payment, award budget, and liaison with the Health Department business office • Coordination of training for partners/ subrecipient agencies • Ongoing technical assistance to subrecipients, through collaborative meetings, 1:1 site visits, and regular telephone/email check-in • Review of monthly/quarterly narrative and data reports by subrecipients; monitoring goals and objectives and requirements • Develop and sustain partnerships with organizations and individuals providing services and supports to target population • Develop and carryout CQI plans, in partnership with evaluator and subrecipient agencies • Reporting requirements to Maternal and Child Health Bureau (funding agency)

2. Provide a brief justification/explanation of this request: VDH received a new grant. Screening and Treatment for Maternal Depression and Related Behavioral Disorders. The Public Health Programs Administrator will manage this grant.

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). No

**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:

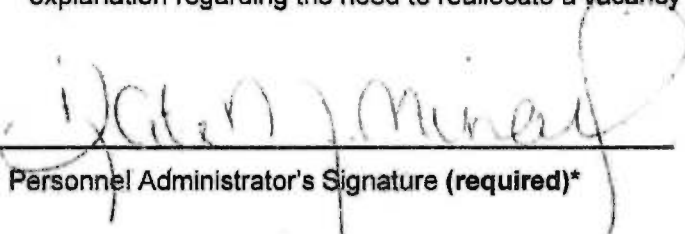
6. Who should be contacted if there are questions about this position (provide name and phone number):

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

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.)

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

  
\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature (required)\*

\_\_\_\_\_  
Date

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

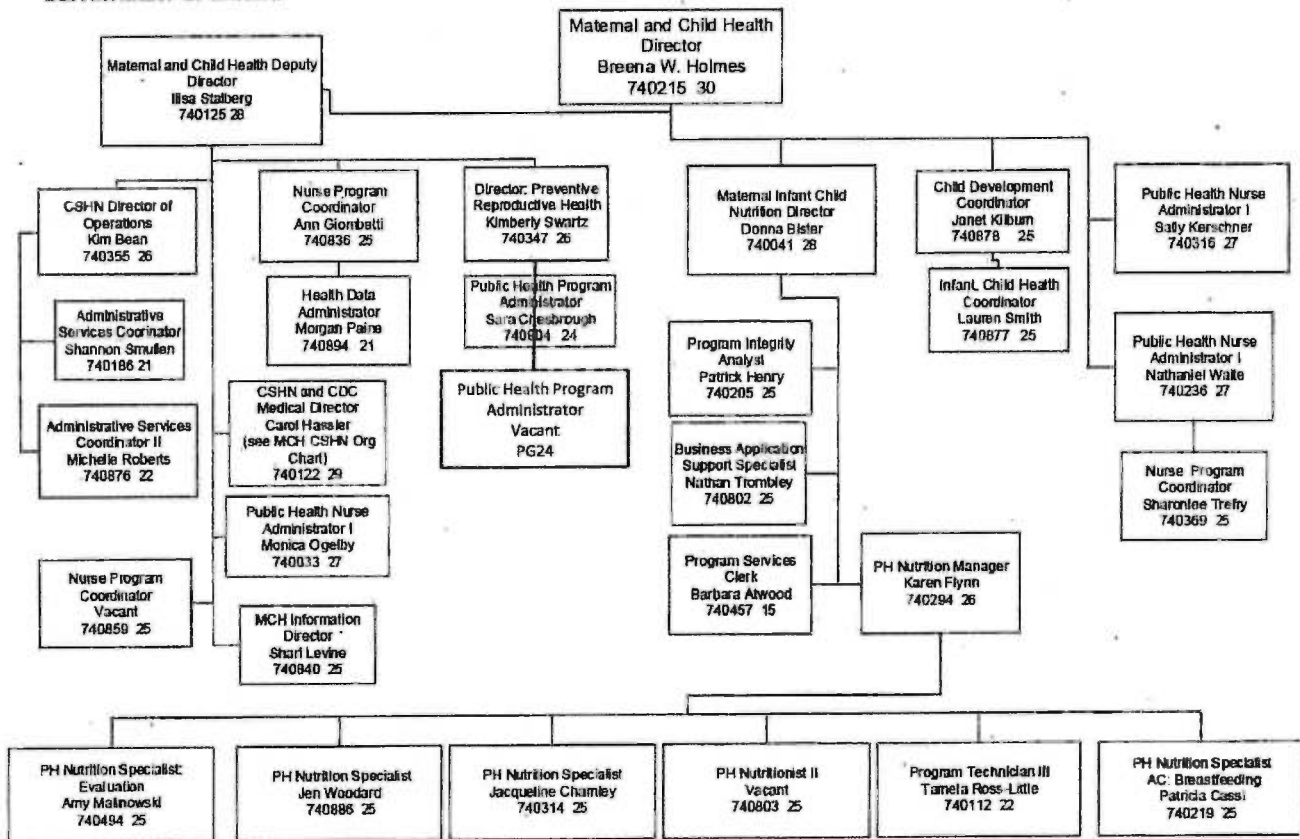
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Date

\* Note: Attach additional information or comments if appropriate.



# Division of Maternal and Child Health

August 1, 2018



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.**

## Request for Classification Review Position Description Form A

For Department of Personnel Use Only

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

### Incumbent Information:

Employee Name:  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: Grant Program Administrator

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

Vacant Position Number:  Current Job/Class Title:

Agency/Department/Unit: AHS/DMH/CAFU Work Station: Waterbury Zip Code: 05671

Supervisor's Name, Title and Phone Number: Dana Robson, CAFU Operations Chief, 241-0164

### 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.

Project administration of federal grant funded initiative to improve the mental health and well-being of pregnant and postpartum women and their children and families, by developing and sustaining a coordinated system of mental health supports for pregnant and postpartum women.

Federal grant awarded to VDH-Maternal & Child Health Division in collaboration with Department of Mental Health. The DMH project administrator will work in partnership with the VDH-MCH Public Health Programs Administrator.

- Will be liaison to mental health system, community mental health, and existing mental health initiatives:
- Support the development of pilot projects at the Designated Agencies to advance, expand upon and replicate successful strategies and develop and test new strategies at 4 DAs. Share lessons learned across the state.
- Lead community of practice across the mental health system to increase ability to screen, assess and treat perinatal and post-partum depression and related behavioral health difficulties. Identify, contract for and organize professional development opportunities in effective therapeutic interventions, peer support on case examples, and opportunities for networking and problem solving
- Work collaboratively to design and implement telehealth; explore and implement a telehealth pilot that would make use of existing technology and Vermont law to increase treatment options for patients that require psychiatric and pharmacologic interventions. Research and explore other technology innovations (online/Apps) that would allow women and families experiencing maternal depression, anxiety or other behavioral disorders timely and customized access to therapeutic supports.
- Develop pathways for screening, assessment, brief intervention, and referral and access to treatment and other support services; distribute, and embed into practice in the PCP/OB and DA early childhood and family mental health systems for effective care coordination.

Supervises project sub-contractors to deliver measurable, cost-effective results.

## 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.

SOV Director and Assistant Director of VDH Maternal Child Health, DVHA Medical Policy Director, DCF-Child Development Division Deputy Commissioner and CDD-Children's Integrated Services Director; Designated Agencies, pediatric primary care practices, UVMHC, federal funding oversight Health Resources and Services Administration (HRSA); key stakeholders including women and their families, early childhood service system providers, advocates.

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

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

Education: Master's degree in social work, psychology, counseling, education, public health or a related field. Experience: Three years at an administrative or supervisory level of responsibility, including programs which provide direct services to children or adolescents with behavioral health needs.

A license in social work, psychology, counseling or related field adds credibility to the leadership provided by this role regarding the early childhood and family mental health system of care.

**4. Do you supervise?**

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

No.

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

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

Works independently under the general direction of CAFU Operations Chief and Director, and in collaboration with MCH Public Health Programs Administrator. Responsibilities are driven by the federally funded grant activities with guidance on operationalization and implementation by CAFU and MCH. Responsible to carry out goals and objectives of HRSA grant, align with DMH/VDH vision, and create sustainable change in the system of care. Completion of tasks must align with grant timelines.

## 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.*

Significant work on system development to create partnerships, establish processes and policies, and shift practices that will last beyond the terms of the federal project. Must understand the current system structure for service delivery, payment and policies, and effectively bring together the right entities to create changes to support project goals. Skills must span project management; federal grant management; contracting and oversight; engagement of a wide variety of community partners; assessment/ planning/ implementing/ and evaluating changes; communication; facilitation;

Overall, complex systems issues which cross multiple Departments and necessitate tact, clear communication, ability to manage activities in collaborative and facilitative role. This role must have the ability to communicate decisions clearly and thoroughly, including rationale for decisions that may conflict with other opinions; and the ability to look at patterns of performance by service providers and provide clear and appropriate evaluation/feedback to effect change toward desired outcomes.

## 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.*

Project administration of federal grant \$627,000 per year for 5 years, in collaboration with VDH-MCH. Oversee sub-recipient funding agreements with Designated Agencies and technical assistance providers. Accountable to federal project activities, reporting, and management of related funding contracts. Assist MCH project administrator in completion of required grant activities, participate and support Vermont's response to federal oversight including site visits, quarterly and annual reporting, and other requirements as identified.

**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? |
|--|-----------------------|
| Office work, including meetings, computer time | 60                    |
| driving to site visits, off-site meetings      | 40                    |

**Additional Information:**

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

Employee's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**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.

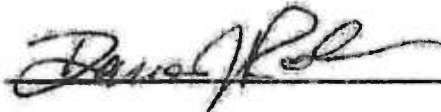
1. What do you consider the most important duties of this job and why?

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?

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:

Supervisor's Signature (required):



Date:

10/18/18

**Personnel Administrator's Section:**

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

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

Yes  No If yes, please provide detailed information.

Attachments:

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

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

Suggested Title and/or Pay Grade:

[Empty box for Suggested Title and/or Pay Grade]

Personnel Administrator's Signature (required): Tommy Elbert Date: 10/18/18

**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.

[Empty box for Appointing Authority's Section]

Suggested Title and/or Pay Grade:

PG 24

Melissa Bailey  
Appointing Authority or Authorized Representative Signature (required)

10/18/18  
Date