



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Senior Staff Associate  
Date: November 17, 2021  
Subject: Grant Request – JFO #3075

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **The VT Department of Mental Health has requested an expedited review of JFO #3075. Please respond by Tuesday, November 23, 2021.**

**JFO #3075** - \$3,170,514 over 5 years to the VT Department of Mental Health from the U.S. Department of Health and Human Services (ARRA). Funds to expand the Pediatric Mental Health Care Access program into Vermont. Newly expanded state or regional networks of pediatric mental health care teams will provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions. Includes one (1) limited-service position, Program Manager, at .5 FTE to coordinate the program. Matching funds are required and are being provided through a grant from VT Community Foundation to the Community Health Center of Burlington. *[Received 11/15/2021]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Members will be polled on Tuesday, November 23, 2021 if they have not responded before then.

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

<b>Grant Summary:</b>		This grant expands the Pediatric Mental Health Care Access Program into Vermont. Pediatric mental health care teams will provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions.			
<b>Date:</b>		10/25/2021			
<b>Department:</b>		Department of Mental Health			
<b>Legal Title of Grant:</b>		American Rescue Plan Act - Pediatric Mental Health Care Access New Area Expansion			
<b>Federal Catalog #:</b>		93.110			
<b>Grant/Donor Name and Address:</b>		Department of Health and Human Services 200 Independence Ave SW Washington, DC 20201			
<b>Grant Period:</b>		<b>From:</b>	<b>To:</b>		
		9/30/2021	9/29/2026		
<b>Grant/Donation</b>		\$3,170,541			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$634,130	\$634,096	\$634,132	\$3,170,541	Total amount over a 5 year period including state match, only 1 <sup>st</sup> year awarded now
<b>Position Information:</b>		<b># Positions</b>	<b>Explanation/Comments</b>		
		1	This grant will fund one new LTS position, Program Manager. State match from VCF will support existing DMH contract for Children's Medical Director and a doctor at CHCB.		
<b>Additional Comments:</b>		Support for this grant expressed by VCHIP, CHCB, VCCYF, and VDH-MCH.			



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

<b>Department of Finance &amp; Management</b>	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2021.10.25 11:11:47 -04'00'</small>	(Initial)
<b>Secretary of Administration</b>	Kristin L. Clouser <small>Digitally signed by Kristin L. Clouser Date: 2021.10.29 09:50:15 -04'00'</small>	(Initial)
<b>Sent To Joint Fiscal Office</b>	Anna Reinold <small>Digitally signed by Anna Reinold Date: 2021.10.29 11:09:27 -04'00'</small>	<b>Date</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: Dept of Mental Health Date: 9/3/2021

Name and Phone (of the person completing this request): Laurel Omland, Child, Adolescent & Family Unit Director 802-279-5012

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):

US DHHS, Health Resources & Services Administration, Pediatric Mental Health Care Access – New Area Expansion grant from the American Rescue Plan Act

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:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
PMHCA Program Manager	1@ 0.5 FTE	Child, Adolescent & Family Unit	Project Start Date 09/30/2021 - End Date 09/29/2026

\*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 Project Manager will be responsible for the day-to-day management of the project and will collaborate with key personnel within the project and external entities (HRSA Project Managers, MCH, Advisory Committee). This person will schedule and facilitate regular meetings, prepare progress reports, and ensure that data for the evaluation plan is being collected as planned. This person will also work with DMH's business and grants division to properly account for federal funds and document costs so to minimize the chances of any audit findings and comply with all state and federal regulations.

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)).

Emily Hawes Digitally signed by Emily Hawes  
Date: 2021.09.08 16:04:41 -04'00' DocuSigned by:  
Jenny S...  
9/30/2021

---

Signature of Agency or Department Head Date

Aimee Pope Digitally signed by Aimee Pope  
Date: 2021.10.25 09:07:36 -04'00'

Approved/Denied by Department of Human Resources Date

Adam Greshin Digitally signed by Adam Greshin  
Date: 2021.10.25 11:12:40 -04'00'

Approved/Denied by Finance and Management Date

Kristin L. Clouser Digitally signed by Kristin L. Clouser  
Date: 2021.10.29 09:48:38 -04'00'

Approved/Denied by Secretary of Administration Date

*[Signature]* 11/10/21

Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date

*[Signature]*

Comments:

Candace Elmquist Digitally signed by Candace Elmquist  
Date: 2021.10.25 09:54:00 -04'00'

DocuSigned by:  
Tracy O...  
9/30/2021  
E30932098A6F482 DHR – 08/12/2019

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


BASIC GRANT INFORMATION				
1. Agency:		Agency of Human Services		
2. Department:		Department of Mental Health		
3. Program:		Children's Mental Health		
4. Legal Title of Grant:		American Rescue Plan Act - Pediatric Mental Health Care Access New Area Expansion		
5. Federal Catalog #:		93.110		
6. Grant/Donor Name and Address: Department of Health and Human Services, 200 Independence Ave, SW, Washington, DC 20201				
7. Grant Period:		From:	9/30/2021	To: 9/29/2026
8. Purpose of Grant: This funding opportunity will expand the Pediatric Mental Health Care Access Program into new states and geographic areas. Newly expanded state or regional networks of pediatric mental health care teams will provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions. For the purposes of this funding opportunity, telehealth is defined as the use of electronic information and telecommunication technologies to support and promote clinical consultation, patient and professional health-related education, public health, and health administration activities.				
9. Impact on existing program if grant is not Accepted: If the contract is not accepted, Vermont would miss a unique opportunity to expand the Pediatric Mental Health Care Access Program into new states and geographic areas.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2022	FY 2023	FY 2024	
Personal Services	\$38,564	\$45,616	\$47,213	
Operating Expenses	\$60,586	\$12,664	\$13,103	
Grants	\$534,980	\$575,816	\$573,816	
<b>Total</b>	<b>\$634,130</b>	<b>\$634,096</b>	<b>\$634,132</b>	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$444,990	\$444,956	\$444,992	
(Direct Costs)	\$436,350	\$436,317	\$436,352	
(Statewide Indirect)	\$17	\$17	\$17	
(Departmental Indirect)	\$8,623	\$8,622	\$8,623	
Other Funds:	\$	\$	\$	
Grant (source Private Donor)	\$189,140	\$189,140	\$189,140	
<b>Total</b>	<b>\$634,130</b>	<b>\$634,096</b>	<b>\$634,132</b>	
Appropriation No:	3150070000	Amount:	\$444,990	
			\$	

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

			\$
			\$
			\$
			\$
			\$
		<b>Total</b>	\$3,170,541

**PERSONAL SERVICE INFORMATION**

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

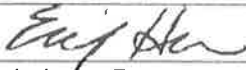
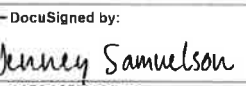
Appointing Authority Name: Emily Hawes Agreed by:  (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Project Manager
<b>Total Positions</b>	1	

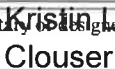
12a. Equipment and space for these positions:  Is presently available.  Can be obtained with available funds.

**13. AUTHORIZATION AGENCY/DEPARTMENT**

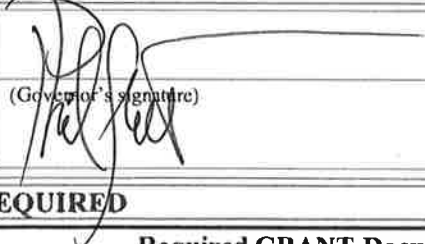
I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: 	Date: 9/27/21
Title: Commissioner, Department of Mental Health	
Signature:  <small>DocuSigned by: C3FDC5F53361483</small>	Date: 10/20/2021
Title: Deputy Secretary	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary of State signature)  Kristin Clouser	Digitally signed by Kristin Clouser Date: 2021.10.29 09:49:08 -04'00'	Date:
---	---	--	-------

**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Accepted		Date: 11/10/21
<input type="checkbox"/> Rejected		

**16. DOCUMENTATION REQUIRED**

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

End Form AA-1

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

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).



**Department of Mental Health**  
280 State Drive  
Building NOB2 North  
Waterbury, VT 05671-2010

## MEMORANDUM

**To:** Susanne Young, Secretary of Administration  
**From:** Shannon Thompson, Finance Director, DMH  
**Subject:** American Rescue Plan Act – Pediatric Mental Health Care Access New Area Expansion  
**Date:** September 1, 2021

Enclosed please find the documentation requesting approval for a new Pediatric Mental Health Care Access New Area Expansion Grant for the Department of Mental Health. The grant is for approximately \$634,130 per year for 5 years for a total of approximately \$3,170,541, subject to availability of federal funds and project progress. The grant also has a limited-service position budgeted in it.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- Notice of grant award and grant terms and conditions

If you have any questions, please contact me at 241-0118.





**Department of Health and Human Services**  
 Health Resources and Services Administration

Notice of Award  
 FAIN# U4A44254  
 Federal Award Date: 08/18/2021

**Recipient Information**

- 1. Recipient Name**  
 Human Services, Vermont Agency Of  
 280 State Drive Nob 2 North  
 Waterbury, VT 05671-0001
- 2. Congressional District of Recipient**  
 00
- 3. Payment System Identifier (ID)**  
 103600027488
- 4. Employer Identification Number (EIN)**  
 036000264
- 5. Data Universal Numbering System (DUNS)**  
 809376155
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**  
 David C Rettew  
 Medical Director  
 david.rettew@partner.vermont.gov  
 (802)241-0137
- 8. Authorized Official**  
 Sarah Squirrel  
 Commissioner of Mental Health  
 sarah.squirrel@vermont.gov  
 (802)241-0137

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
 Leon L Harrison  
 Grants Management Specialist  
 Office of Federal Assistance Management (OFAM)  
 Division of Grants Management Office (DGMO)  
 lharrison@hrsa.gov  
 (301) 443-5809
- 10. Program Official Contact Information**  
 Jordanna Snyder  
 Maternal and Child Health Bureau (MCHB)  
 jsnyder1@hrsa.gov  
 (301) 945-9482

**Federal Award Information**

- 11. Award Number**  
 1 U4AMC44254-01-00
- 12. Unique Federal Award Identification Number (FAIN)**  
 U4A44254
- 13. Statutory Authority**  
 Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended, using funding provided by Section 2712 of the American Rescue Plan Act of 2021 (P.L. 117-2)  
 42 U.S.C. § 254c-19 (Title III, § 330M of the Public Health Service Act), using funding provided by Section 2712 of the American Rescue Plan Act of 2021 (P.L. 117-2)
- 14. Federal Award Project Title**  
 American Rescue Plan Act – Pediatric Mental Health Care Access New Area Expansion
- 15. Assistance Listing Number**  
 93.110
- 16. Assistance Listing Program Title**  
 Maternal and Child Health Federal Consolidated Programs
- 17. Award Action Type**  
 New
- 18. Is the Award R&D?**  
 No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date 09/30/2021 - End Date 09/29/2022</b>	
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	<b>\$444,990.00</b>
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$444,990.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	<b>\$189,140.00</b>
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	<b>\$634,130.00</b>
<b>26. Project Period Start Date 09/30/2021 - End Date 09/29/2026</b>	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$634,130.00

- 28. Authorized Treatment of Program Income**  
 Addition
- 29. Grants Management Officer – Signature**  
 Tammy Ponton on 08/18/2021

**30. Remarks**

## Project Abstract Summary

*This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.*

### Funding Opportunity Number

HRSA-21-122

### CFDA(s)

93.110

### Applicant Name

Vermont Agency of Human Services-Department of Mental Health

### Descriptive Title of Applicant's Project

Vermont Pediatric Mental Health Care Access Program

### Project Abstract

**Problem:** While the state of Vermont has shown good commitment and innovation when it comes to integrated mental health care, these efforts have lacked coordination and even coverage across the state.

**Goals and Objectives:** This grant proposal aims to create a centralized hub for integrated care, called the Center for Pediatric Integrated Care (CPIC). The center will serve as a statewide resource to coordinate and enhance existing integrated care projects and to expand integrated care to underserved communities.

**Methodology:** Once the basic infrastructure of CPIC is created and a needs assessment completed, enhanced and expanded integrated care will be achieved through a number of mechanisms including: 1) telemedicine/email/telephone consultation to all enrolled primary care clinicians in the state for pediatric mental health questions and referral assistance through a full-time clinically trained therapist/care coordinator and an on-duty child and adolescent psychiatrist, 2) the building and then implementation of training programs for clinicians interested in integrated care with provisions for ongoing supervision, 3) the collection, creation, and distribution of technical assistance and referral materials that can be used to improve care of those already in need and prevent the onset of emerging psychiatric conditions, 4) synchronous and asynchronous educational programs to help primary care clinicians gain knowledge, skill, and comfort in addressing the mental health needs of their patients. Expected mechanisms for improved care include 1) increased engagement with families regarding brain building measures (positive parenting, reduction of adverse childhood experiences, etc.) that can improve overall mental health and prevent psychopathology from developing in the first place; 2) employment of mental health screening tools according to best practice guidelines; 3) effective assessments and treatments within the medical home for common mental health problems and conditions; and 4) targeted and timely referrals to the proper mental health specialist for more severely affected youth.

**Coordination:** While the state's Department of Mental Health will take the lead for this project, its success will be accomplished through collaboration and partnership with a number of other organizations including Maternal Child Health, the Community Health Center of Burlington, the Vermont Child Health Improvement Program, the University of Vermont's Division of Child and Adolescent Psychiatry, and various family advocacy organizations. Regular contact with HRSA Project Managers will also occur to ensure compliance with all regulations and policies. Ongoing feedback will also be sought through diversity, equity and inclusion groups representing BIPOC, LGBTQ, rural healthcare, and other underserved communities. This collaboration will occur through regular meetings and presentations as well as membership in this project's Advisory Committee.

**Evaluation:** A robust evaluation program is planned that will combine required elements as part of this project's participation in a network of similar programs being enacted around the nation with data collection and analysis of innovative metrics unique to this individual program. Data collection and analysis will be aided through the use of a specific software package and managed through a subcontract with an organization with substantial experience with outcomes analyses and quality improvement in pediatric health care settings.

**Vermont Department of Mental Health  
Pediatric Mental Health Care Access Cooperative Agreement  
Budget Narrative**

	HRSA	State Match/ In-Kind
<p><b>a. Personnel</b> Program Manager: TBN, DMH <i>Responsibilities:</i> The Project Manager will be responsible for the day-to-day administration of the grant. This person will also be the primary liaison with the budget and grants office of DMH and HRSA program officials. Duties will include being the primary author of regular progress reports and review of the evaluation data. This individual will schedule and facilitate meeting of CPIC staff both internally and with partner organizations. The TBN Project Manager will dedicate 50% effort for all years of the project. Funded the first year for 10.5 months, anticipating start-up timeline.</p>	<b>\$27,546</b>	\$0
<p><b>b. Fringe Benefits</b> 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 Program Manager.</p>	<b>\$11,018</b>	\$0
<p><b>c. Travel</b></p>	<b>\$2,985</b>	\$0
<p>Travel for two staff to attend grantee meeting twice.</p> <ul style="list-style-type: none"> <li>• Airfare: 2 persons x \$400 per airfare (\$800)</li> <li>• Hotel: 2 persons x 3 nights x \$200 per night, including taxes (\$1,200)</li> <li>• Subsistence allowance: 2 persons x 3 days x \$75 per diem (\$450)</li> <li>• Ground transportation (\$100)</li> </ul>	\$2,550	\$0
<p>In-state travel for Program Manager to attend community-based meetings, site visits for program implementation duties and subrecipient oversight.</p> <ul style="list-style-type: none"> <li>• Mileage reimbursement: 750 miles per year x \$0.58 per mile</li> </ul>	\$493	\$0
<p><b>d. Equipment</b></p>	<b>\$0</b>	\$0
<p><b>e. Supplies:</b></p>	<b>\$57,601</b>	\$0

	HRSA	State Match/ In-Kind
Computer and other equipment for new DMH Program Manager	\$2,000	\$0
Phone and service for new DMH Program Manager	\$81	\$0
Promotional <ul style="list-style-type: none"> <li>• Outreach materials for primary care providers, website development (\$5,000)</li> <li>• Educational materials and practice resources for primary care providers, including proprietary mental health scales (\$7,415)</li> </ul>	\$12,415	\$0
Data system to manage the clinical consultations using a HIPAA complaint data management system that ideally will also offer efficient mechanisms to collect the variables described in the Evaluation Plan. Startup costs in Year 1 are expected for this function and will decrease in Years 2-5. A total of \$43,105 is expected in year 1 dropping to \$8,000 in years 2-5.	\$43,105	\$0
<b>f. Contractual</b>	<b>\$337,200</b>	<b>\$189,140</b>
Project Director: David Rettew, MD: Medical Director, Child, Adolescent, and Family Unit, DMH. <i>Responsibilities:</i> Dr. Rettew will oversee the program and ensure delivery of the program as described in this application. Dr. Rettew will be part of the leadership of this program, working collaboratively with the Medical Director, Practice Specialist, Program Manager, and Liaison Consultant to ensure quality and delivery of all aspects of the described program. He will participate in regular meetings with leadership and the advisory committee as well as the evaluation team. Dr. Rettew's role as the DMH children's Medical Director is through an existing contract with the University of Vermont. Dr. Rettew will dedicate 10% effort for all years of the project for this role. Dr. Rettew's salary, UVM fringe @ 25%, and UVM indirect rate @ 26% are funded in-kind from DMH.	\$0	\$31,390 In-kind from DMH
Outreach and engagement: <ul style="list-style-type: none"> <li>• BIPOC Liaison (\$3,500 HRSA, \$6,500 in-kind): To be named. The BIPOC Liaison will support outreach and engagement strategies for the BIPOC population, member of project advisory committee (\$10,000 total)</li> <li>• LGBTQ Liaison (\$3,500 HRSA, \$6,500 in-kind): To be named. The LGBTQ Liaison will support outreach and engagement strategies for the LGBTQ population, member of project advisory committee (\$10,000 total)</li> </ul>	\$7,000	\$13,000 In-kind through existing and forthcoming grants (VDH & DMH)

<p>Community Health Center of Burlington (CHCB)</p> <ul style="list-style-type: none"> <li>• Staffing <ul style="list-style-type: none"> <li>○ Medical Director: Dr. Spottswood will serve as the Medical Director of the CPAP consultation program. She will dedicate 33% effort in years 1-5 on this project with 23% being devoted to clinical responsibilities as one of the child psychiatry consultants, and 10% effort for administrative duties. Funding for 11 months in year 1, anticipating start-up timeline. (\$53,364 towards HRSA funding)</li> <li>○ Child Psychiatrist(s): To be named. The consulting child psychiatrists will work with the Medical Director as the on-duty consult psychiatrist to respond to clinical questions from primary care clinicians. These positions are at 62% FTE. These will be a contract position(s). (\$137,313 towards HRSA funding)</li> <li>○ Liaison Consultant: To be named. The Liaison Consultant will be the first line responder to the consultation line from primary care clinicians. This person will set up the on-duty consultation schedule and be available for questions coming into the program. This individual will consult with the on-duty child psychiatrist as needed and will also help schedule any telemedicine appointments directly with families with themselves or with a child psychiatrist. This person will also conduct regular supervision sessions with other state IC professionals, as availability permits. The position is full-time for all years of the project, budget for 10 months in year 1, anticipating start-up timeline. (\$82,233 towards HRSA funding)</li> <li>○ Clinical Research &amp; Administrative Assistant: 0.5 FTE Schedules in-person/video consultations, administrative support to the team, communicates with families about the service. Assists families/PCPs once consultations are complete if they have follow-up questions or need further assistance. Organize educational sessions for specific practices. Communicate with referring practices, track and organize CPAP quality improvement data using the data system. Interfaces with PCP offices to assist with enrolling and educating providers on the new CPAP process. (Funded in-kind)</li> </ul> </li> <li>• Supplies: <ul style="list-style-type: none"> <li>○ CPAP Promotional Video: Educational/promotional video about synchronous CPAP support for PCP practices in caring for children with mental health needs (Funded in-kind)</li> </ul> </li> <li>• Training/PCP Educational Series: <ul style="list-style-type: none"> <li>○ ECHO telemedicine training to primary care clinicians: 10 statewide educational sessions yearly, and 10 individual clinic skills reinforcement sessions yearly. (Funded in-kind)</li> <li>○ PCP educational series: University of Vermont Continuing Medical Education costs for organizing and providing CME credit for the annual “Child Psychiatry for the Primary Care Clinician” conference. These funds will allow for reduced registration fees and greater participation in the conference (Funded in-kind)</li> </ul> </li> <li>• Vermont Child Health Improvement Program (subcontract) <ul style="list-style-type: none"> <li>○ Practice Specialist: Will have a number of responsibilities in this project. Their primary role will be to encourage participation and enrollment of primary care clinicians into this project. They will participate in the marketing and outreach of CPIC and also be involved in some of the evaluation components of the project, particularly interviews with primary care clinicians. Will dedicate 40% effort for all years of the project. (Funded in-kind)</li> </ul> </li> </ul>	<p>\$300,200</p>	<p>\$144,750</p>
--	------------------	------------------

	HRSA	State Match/ In-Kind
<ul style="list-style-type: none"> <li>○ Fringe: 27</li> <li>○ Indirect: 35% of direct costs</li> <li>• CHCB Fringe: 27% of salaries</li> <li>• CHCB Indirect: 10% of direct costs (\$27,291 towards HRSA funding)</li> </ul>		
Resource Hub: Funds to support development/expansion of resource hub (to be named)	\$10,000	\$0
<p>Program evaluation (to be named)</p> <p>A request for proposals will be sent out through DMH to find a subcontractor that could take the lead role in implementing the Evaluation Plan. CPIC leadership will look to hire an individual or group with a proven track record in quality improvement and outcomes research in healthcare settings. In partnership with our Practice Specialist and senior advisors, they will lead the data collection efforts and present the data for review to CPIC leadership, the Advisory Committee, and HRSA Program Officers in regular reports.</p>	\$20,000	\$0
<b>g. Construction</b> (not applicable)	\$0	\$0
<b>h. Other</b> (not applicable)	\$0	\$0
<b>i. Total Direct Charges</b>	<b>\$436,350</b>	<b>\$189,140</b>
<p><b>j. Indirect Charges:</b> The Vermont Department of Mental Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987 and is available at <a href="http://humanservices.vermont.gov/departments/office-of-the-secretary/cost-allocation-plan">http://humanservices.vermont.gov/departments/office-of-the-secretary/cost-allocation-plan</a>. The Cost Allocation Plan summarizes and allocates actual, allowable costs incurred in the operation of the program. These costs include items often shown as direct costs, such as telephone and general office supply expenses, as well as items usually 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 sub grants paid in the program relative to the total sub grants paid in the department overall. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. For the purposes of this grant application, we are estimating an average rate of 1.98% for year one of the grant based on historical data.</p>	<b>\$8,640</b>	<b>Included in contract line</b>
<b>k. Total Direct/Indirect</b>	<b>\$444,990</b>	<b>\$189,140</b>

**State of Vermont**

Department of Mental Health  
280 State Drive, NOB 2 North  
Waterbury, VT 05671-2010  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

[phone] 802-241-0090  
[fax] 802-241-0100  
[tty] 800-253-0191

**MEMORANDUM**

**TO:** Susanne Young, Secretary of Administration

**FROM:** Emily Hawes, Commissioner, Department of Mental Health **Emily Hawes**

**DATE:** October 27, 2021

**RE:** Expedited Review of American Rescue Plan Act for Pediatric Mental Health Grant

Digitally signed by Emily  
Hawes  
Date: 2021.10.27  
15:55:03 -04'00'

The Department of Mental Health [DMH] is requesting an expedited review of the grant received from American Rescue Plan Act for Pediatric Mental Health Care Access New Area Expansion.

The Health Resources and Services Administration (HRSA) project officer for this grant cited the crisis of children's mental health as the primary need for this to be expedited – it was what allowed HRSA to expedite their release of the RFP, short period for proposal submissions and quick turn-around of funding awards. DMH wholly concurs that Vermont is experiencing tremendous pressures in our pediatric health and mental health care system and this project will bring the needed resource of access to child psychiatry and brief intervention for the pediatric primary care providers. Delaying this funding is delaying mental health supports for children and youth in need.

Additionally, the HRSA funding required a state/local match of funds. Those matching funds are provided through a grant from VT Community Foundation to Community Health Center of Burlington and VCF is expecting that this project would begin in mid-November. We don't want to put that matching fund source at risk by delaying the implementation of the core activities funded through these federal funds.

There are also reports due in January and having the grant manager position filled and fully onboarded will allow DMH to free up time to attend to the other systems needs to address the mental health crisis.

Thank you for your consideration.

