



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members

From: Daniel Dickerson, Fiscal Analyst

A handwritten signature in red ink, appearing to read "DD", is written over the name "Daniel Dickerson" in the "From:" line.

Date: December 24, 2018

Subject: Grant Request #2941

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **The Department of Mental Health has requested expedited review of this grant by the JFC.** Members will be contacted by December 31, 2018 for a decision unless the member has responded prior to that time.

**JFO #2941** – \$150,000 from the National Association of State Mental Health Program Directors (Association) to the VT Department of Mental Health (DMH). The grant funds have been made available through the Association's Transformation Transfer Initiative. DMH will use the funds to perform an evaluation of Vermont's electronic bed board functionality and a gap analysis of current and future needs. The gap analysis will inform the DMH decision on how to proceed once its existing electronic bed board (website) contract expires next year. The existing electronic bed board serves to assist health and mental health providers in locating availability in mental health facilities so that patients can be referred for care. Most of the grant activities will take place in State FY2019 with some additional work in SFY20. The project is scheduled to be completed by August 15, 2019. DMH will provide in-kind match, in the form of staff time, totaling a value of approximately \$27,000

*[JFO received 12/19/18]*

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 31, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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

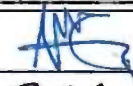
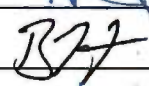
[phone] 802-828-2376  
 [fax] 802-828-2428

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JOINT FISCAL OFFICE

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

<b>Grant Summary:</b>	The Transformation Transfer Initiative grant from NASMHPD will be used to perform an evaluation of Vermont's E-bed board functionality against current and future business needs to provide a gap analysis based on currently available resources to meet the business needs.				
<b>Date:</b>	12/10/2018				
<b>Department:</b>	DMH				
<b>Legal Title of Grant:</b>	Transformation Transfer Initiative				
<b>Federal Catalog #:</b>	N/A				
<b>Grant/Donor Name and Address:</b>	National Association of State Mental Health Program Directors, Alexandria, Virginia				
<b>Grant Period:</b>	<b>From:</b>	12/1/2018	<b>To:</b>	8/15/2019	
<b>Grant/Donation</b>	\$150,000				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$123,529	\$26,471	\$	\$150,000	
<b>Position Information:</b>	<b># Positions</b>	<b>Explanation/Comments</b>			
	0				
<b>Additional Comments:</b>	This grant will be used to fund personal service contracts. Total project cost is \$176,905 - this include \$26,905 of in-kind revenue that will be used towards the personal service contracts. DMH is requesting expedited approval of this grant.				
<b>Department of Finance &amp; Management</b>					(Initial)
<b>Secretary of Administration</b>					(Initial)
<b>Sent To Joint Fiscal Office</b>	12/19/2018				Date






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

## MEMORANDUM

To: Joint Fiscal Committee Members

From: Cara McSherry, Financial Manager, DMH 

Subject: Request for expedited approval of Transformation Transfer Initiative

Date: December 7, 2018

Enclosed please find three items (AA-1 memo, AA-1 form, and Transformation Transfer Initiative Proposal), which the Joint Fiscal Office has received from the Administration. **The Department of Mental Health has requested expedited review of this grant by the JFC.**

The Transformation Transfer Initiative Grant is a fixed price subcontract between the Department of Mental Health (DMH) and the contractor, the National Association of State Mental Health Program Directors (NASMHPD). The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Transformation Transfer Initiative (TTI), which provides modest funding awards to States. The total project is for \$150,000. DMH first submitted a proposal to NASMHPD on October 26, 2018.

If you have any questions, please contact me at 241-0108 or Mourning Fox at 241-0130.



**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:** AA-1 for Transformation Transfer Initiative Grant  
**Date:** October 31, 2018

I am enclosing the documents requesting approval for spending authority for a fixed price subcontract between the Department of Mental Health (DMH) and the contractor, the National Association of State Mental Health Program Directors (NASMHPD). The Substance Abuse and Mental Health Services Administration (SAMHSA) created the Transformation Transfer Initiative (TTI), which provides modest funding awards to States. The total project is for \$150,000. DMH first submitted a proposal to NASMHPD on October 26, 2018.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- Transformation Transfer Initiative Proposal

If you have any questions, please contact me at 241-0118 or Mourning Fox at 241-0130.

NOV 26 2018

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:	Adult Mental Health			
4. Legal Title of Grant:	Transformation Transfer Initiative			
5. Federal Catalog #:				
6. Grant/Donor Name and Address:	National Association of State Mental Health Program Directors, Alexandria, Virginia			
7. Grant Period:	From:	12/1/2018	To:	8/15/2019
8. Purpose of Grant:	<p>The Vermont Department of Mental Health's current contract for an E-bed board expires in the next year. The Department's proposal is to leverage funds offered through the Transformation Transfer Initiative to perform an evaluation of Vermont's E-bed board functionality against current and future business needs and to provide a gap analysis based on currently available resources to meet the business needs. The evaluation results will be the basis for an E-bed board RFP and a determination to perform maintenance, update or replace the current electronic bed board system.</p>			
9. Impact on existing program if grant is not Accepted:	<p>If the contract is not accepted, Vermont would miss a unique opportunity to fund an evaluation of Vermont's E-bed board functionality against current and future business needs.</p>			
BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2019	FY 2020	FY	
Personal Services	\$144,451	\$30,954	\$	
Operating Expenses	\$1,235	\$265	\$	
Grants	\$	\$	\$	
<b>Total</b>	<b>\$145,686</b>	<b>\$31,219</b>	<b>\$</b>	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$22,157	\$4,748	\$	
Federal Funds:	\$123,529	\$26,471	\$	
(Direct Costs)	\$121,336	\$26,001	\$	
(Statewide Indirect)	\$60	\$13	\$	
(Departmental Indirect)	\$2,133	\$457	\$	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	<b>\$145,686</b>	<b>\$31,219</b>	<b>\$</b>	
Appropriation No:	3150070000	Amount:	\$150,000	
			\$	
			\$	
			\$	

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

		\$
		\$
		\$
	<b>Total</b>	\$150,000

**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: Mourning Fox Agreed by: MP (initial)

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

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

**13. AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Mary Fox</u>	Date: <u>11/19/18</u>
	Title: Commissioner, Department of Mental Health	
	Signature: <u>Marta Eustab</u>	Date: <u>11/20/18</u>
	Title: Deputy Secretary, Agency of Human Services	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>Bridget [Signature]</u>	Date: <u>12/12/11</u>
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**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Accepted	(Governor's signature) <u>[Signature]</u>	Date: <u>12/19/18</u>
<input type="checkbox"/> Rejected		

**16. EQUIPMENT MONIES 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                           |   |

(\*) 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).

# Transformation Transfer Initiative

## APPLICATION

(Proposals Due to NASMHPD by October 26, 2018)

### Introduction

In a continued effort to assist states in transforming their mental health systems of care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) created the Transformation Transfer Initiative (TTI). The TTI provides, on a competitive basis, flexible funding awards to states, the District of Columbia, and the Territories to strengthen innovative programs. **For Federal Fiscal Year (FFY) 2019, SAMHSA will award TTI grants of up to \$150,000 to up to twenty (20) states or territories for projects to establish and expand comprehensive, crisis psychiatric bed registry programs. Such efforts should track and monitor the availability of psychiatric beds but can also include the tracking of other crisis service supports such as crisis assessment centers, crisis residential programs, respites, mobile crisis teams, and centralized crisis call centers.** These flexible TTI funds will be used to identify, adopt, and strengthen transformative initiatives and activities that can be implemented in the state, through either a new initiative or expansion of one already underway. *All proposals must focus on SMI and/or SED populations and all states and territories are eligible to apply.*

The December 2017 Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report to Congress identified the goal of assuring that individuals with serious mental illnesses receive critical intensive care in the least restrictive safe settings available that meets their needs:

*“Access to Treatment and Recovery Focus 2.2: Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization. Through partnerships at the federal, state, and local levels, build the capacity of the mental health system to provide a continuum of services that includes inpatient psychiatric care, when needed, with community-based resources also available. Ensure that people with [serious mental illness (SMI)] and [serious emotional distress (SED)] receive care in the least-restrictive safe setting available that meets their mental health service needs.”*

Individuals experiencing a psychiatric crisis can often experience long delays in accessing appropriate services. Delays can result in long waits at home, in emergency departments, or in jails for appropriate available services. Psychiatric bed registries are systems that efficiently allow users to find appropriate inpatient psychiatric treatment for patients in need of such care. These registries should have the ability to collect, aggregate, and display data on the availability of acute beds, including the beds available in public and private inpatient psychiatric facilities, 23-hour observation, and other crisis programs. Without an on-line registry at the state level, searching for available placements is inefficient and people in need of treatment and their families have to wait, unnecessarily. Using a registry not only allows timely access to available inpatient beds, but including crisis and other alternatives in the registry allows a fuller range of options that can best meet the individualized needs of those presenting for services. This can also result in ensuring that inpatient beds are available for those who need them the most. Effectively implemented, registries can help a system ensure that there is no delay in accessing the most appropriate 24/7 emergency, crisis stabilization, inpatient, or recovery services.<sup>1</sup> *When developing your proposal, please keep in mind the TTI requirement for measurable outcomes and the short timeframe from proposal, through implementation to the reporting of initiative outcomes. The TTI funds must not be used for inpatient services.*

Applications for the TTI will be judged on the following criteria:

- Transformation infrastructure, demonstrated by examples of transformative initiatives already underway using state funds, Block Grant funds, other identified public or private resources;
- Existing multi-agency collaboration on transformative initiatives;
- Established partnerships with public and private hospitals, community providers, family and peer organizations;

- Proposed initiatives rooted in systems change with the greatest impact;
- Identification of other state resources and infrastructure that allow for leveraging the TTI funds for the proposed initiative;
- Involvement/collaboration of individuals with lived-experience in the development, review, planning and, when appropriate, the implementation of the initiative;
- Expansion and sustainability plans after the TTI funding is exhausted;
- Realistic timeframes, concrete activities, and measurable outcomes for the proposed initiative.

#### **TTI Timeline**

- *October 26, 2018* - By 5:00pm ET, all proposals are due to NASMHPD. Please see submission details below.
- *Late November 2018* – TTI awardees are selected and announced by CMHS.
- *December 2018* – Subcontracts are initiated, finalized, and signed.
- *August 15, 2019* – All TTI projects will be completed and final reports submitted to NASMHPD.
- *August 24, 2019* – NASMHPD submits comprehensive TTI final report to CMHS.

#### **Submission of Proposal**

By 5:00 p.m. ET of October 26, 2018, all proposals are due electronically or via certified mail to David Miller, NASMHPD Project Director. The proposal must be sent to NASMHPD **by or on behalf of the State Mental Health Commissioner/Director** with the acknowledgement that the proposal has his or her approval. Mr. Miller's contact information is as follows:

David W. Miller  
 Project Director  
 NASMHPD  
 66 Canal Center Plaza, Suite 302  
 Alexandria, VA 22314  
 (703) 399-6892  
[david.miller@nasmhpd.org](mailto:david.miller@nasmhpd.org)

1 Lutterman, T., & Shaw, R. (2018) SAMHSA Technical Assistance Coalition Working Paper: *Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements.*



# Transformation Transfer Initiative Proposal

STATE OF VERMONT, DEPARTMENT OF MENTAL HEALTH

OCTOBER 26, 2018

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**State of Vermont**

*Agency of Human Services*

Department of Mental Health

280 State Drive, NOB 2 North

Waterbury, VT 05671-2010

<http://mentalhealth.vermont.gov/>

## I. INITIATIVE DESCRIPTION AND PROJECTED BUDGET

### INTRODUCTION

The Vermont Department of Mental Health (DMH) is a Department of the Vermont Agency of Human Services whose mission is to promote and improve the mental health of Vermonters. The vision of DMH is that mental health will be a cornerstone of health in Vermont and that people will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental-health needs of all citizens. DMH works to ensure that Vermonters will have access to effective prevention, early intervention, and mental-health treatment and supports as needed to live, work, learn, and participate fully in their communities.

DMH understands the critical role of integrated and actionable data to achieve departmental values. The Vermont Department of Mental Health currently supports a statewide electronic bed board with basic functionality. The current contract is set to expire on 6/30/2019 and the Department must evaluate how and if the current system should be retained, modified or replaced. The Department is also engaged in health care reform efforts spanning multiple state agencies and payers. An evaluation of the bed board will assist the Department to make critical decisions regarding future system modifications needed to capture levels of care and specific service settings that are beyond the current capacity of the state's MMIS and other encounter data collection tools.

### CURRENT SYSTEM AND LIMITATIONS

The Vermont statewide electronic bed board (E-bed board) is designed to assist health and mental health providers to locate potential openings in mental health services so that patients can be referred for care. This system currently locates Adult Inpatient, Crisis, Addiction Recovery, Intensive Residential, and Residential beds as well as Children's Inpatient and Crisis beds within the State of Vermont<sup>1</sup>.

The Vermont statewide E-bed board includes hospitals with inpatient psychiatric care units including the state-operated psychiatric care hospital, residences operated by community mental health agencies including crisis stabilization beds, and one state-operated secure therapeutic residential facility. A Facility Administrative User (FAU) is identified for each program included on the E-Bed Board. The FAU is responsible to update the bed census for their program at established minimum times. Both the FAU and state Administrator receive notices if an update has not been entered within the minimum standard. The program FAU also maintains a comprehensive profile of their programs, admission criteria, referral process, and point of contact that is included on the E- Bed Board. Each program has the option of attaching additional forms/pamphlets to their site. A general "search user" account allows any community clinician to execute a bed search. The search screen will display the name of the facility, number of beds, number of vacant beds, as well as a link to the program description. The screen also displays the time between the last update and when the search was executed. All options are listed geographically starting with the program that is closest to the zip code entered by the user.

A strength of the web site is that it is fast and easy for providers to locate openings for services such as inpatient mental health hospital beds, saving hours that would otherwise be spent calling facilities to

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<sup>1</sup> <https://bedboard.vermont.gov/>

locate openings. Once services are located, essential information including contact names and numbers and directions to the facility are easy to obtain on this site. Another strength of the system is that Vermont providers are actively engaged stakeholders that understand the value of an electronic bed-board and may be easily engaged for determination of future needed functionality.

## PROPOSAL

The Vermont Department of Mental Health's current contract for an E-bed board expires in the next year. The Department's proposal is to leverage funds offered through the Transformation Transfer Initiative to perform an evaluation of Vermont's E-bed board functionality against current and future business needs and to provide a gap analysis based on currently available resources to meet the business needs. The evaluation results will be the basis for an E-bed board RFP and a determination to perform maintenance, update or replace the current electronic bed board system.

One of Vermont's goals for the E-bed board is to expand current functionality so that it can better support individual's transitions in care. The current web site is not designed to manage admissions or transfers of patients. When a service is located on this web site, providers must still contact the facility to discuss potential patient transfers and to make arrangements for services because the system does not capture information regarding the unique individuals residing in each facility, nor does the information in the system link to other state-operated systems that contain information regarding the majority of unique individuals that may reside in each facility. This lack of connection means that time is lost facilitating transitions into and out of psychiatric beds and that the state struggles to effectively analyze certain aspects of facility operations. For example, we may see that a residence maintained a full census throughout the year, but we cannot see from the E-bed board if these were the same or different individuals served during that year. Conversely, service level data stored elsewhere does not indicate the residential setting. This gap in encounter data is not acceptable if we are to analyze the effectiveness of residential treatment.

The Department is also engaged in major health reform initiatives. Vermont and CMS signed a significant All-Payer Model Accountable Care Organization (ACO) Model Agreement<sup>2</sup> in the fall of 2016 that requires a plan for the inclusion of all mental health services in the ACO Total Cost of Care in calendar year 2020. Toward that end, the department of Mental Health is engaged in a major payment reform initiative in cooperation with the Department of Vermont Health Access and the Department for Children and Families that starts in January, 2019. This reform bundles and aligns payments for community mental health services across what were previously multiple Medicaid payment models. Crisis stabilization beds and several intensive residential recovery facilities are included in the bundle. In addition, the evaluation of the current E-bed board will assist with near and long-term planning regarding the collection of additional encounter data about services provided for individuals in residential or crisis bed setting.

Finally, the Department is seeking to align the E-bed board functionality to the extent practicable with planning underway by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs. The Vermont Department of Health will use STR and SOR funds to develop a centralized

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<sup>2</sup> <https://gmcboard.vermont.gov/sites/gmcb/files/files/payment-reform/All%20Payer%20Model%20ACO%20Agreement.pdf>

intake/call center that will support consumers and providers accessing timely care for addiction treatment. The core elements of the system are expected to include a resource website, a call center for information, referral and appointments; education supports, outreach and case management, and marketing. Additional capacity through the TTI grant will assist the Department of Mental Health and others in the State of Vermont to align resources for ease of access to individuals, families, providers and payers.

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#### MEASURABLE OUTCOMES OF THE GRANT

1. Electronic Bed Board Evaluation
  - a. definition of business requirements
  - b. current resource inventory
  - c. gap analysis
  - d. options and recommended core elements of E-bed Board RFP
2. Signed MOU with collaborating Agencies and Organizations

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#### COLLABORATING AGENCIES AND ORGANIZATIONS

Core collaborating Agencies and Organizations are the Vermont Association of Hospitals and Health Systems (VAHHS) and Vermont Care Partners, a trade organization for Designated Mental Health Clinics. Additional collaborating Agencies and Organizations are the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, the Department of Vermont Health Access and the Department for Children and Families.

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#### INVOLVEMENT OF INDIVIDUALS WITH LIVED EXPERIENCE

The Department will receive advice regarding the TTI proposal implementation and outcomes by the State Program Standing Committee<sup>3</sup>, which includes a majority representation of individuals with lived experience and family members of those with lived experience.

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#### EXPANSION AND SUSTAINABILITY PLANS

Vermont's use of TTI funds are for the one-time activity of performing an evaluation that leads to an RFP for replacement, maintenance or improvements to the currently operating E-bed board. The quality of this evaluation is critical because E-bed board functionality directly impacts individuals seeking and receiving services, those providing service and those overseeing and evaluating the effectiveness of services delivered.

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#### PROJECTED BUDGET, RESOURCES AND INFRASTRUCTURE

\$150,000 Total, to cover the following activities in combination with in-kind personnel and resources

.5 FTE, Business Architect- Agency of Digital Services

.25 FTE, Project Manager- contracted

.25 FTE, Initiative Coordinator- in-kind

160 hours, Vermont Care Partners and VAHHS- provider engagement, facilitation, definition of provider business requirements

\$1500, total amount in daily stipends to individuals with lived experience- in-kind

*\*All equipment, space, in-state travel costs provided in-kind by the Department of Mental Health*

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<sup>3</sup> <https://mentalhealth.vermont.gov/state-program-standing-committee>

## II. INITIATIVE TIMELINE

*December 2018* - Subcontracts initiated, finalized, and signed.

*December 2018 - January 2019*

- Employee, stakeholder and contractor onboarding- 4 weeks
- State Program Standing Committee notification

*February 2019*

- Kick off with stakeholders
- Commitment to MOU outlining partnership and intent to collaborate.

*March 2019*

- MOU signed by Agency and Organization Collaborators
- Evaluation activities initiated:
  - Key personnel interviews
  - Key stakeholder interviews
  - Environmental scan of national trends and state options

*April 2019* - Evaluation 1<sup>st</sup> draft- evaluation outline, options for consideration and gap analysis outline submitted for state review

*May 2019* - 2<sup>nd</sup> draft of Evaluation outline, fleshed-out options for consideration and gap analysis submitted for state review.

*June 2019* - Final evaluation submitted to the Department for acceptance.

*August 15, 2019* –TTI project completed and final report submitted to NASMHPD.

### III. INITIATIVE COORDINATOR

Samantha Sweet, LICSW, Care Management Director/Interim Operations Director (~~Resume attached~~)  
Department of Mental Health  
280 State Drive, NOB 2 North  
Waterbury, VT 05671  
[Samantha.Sweet@Vermont.gov](mailto:Samantha.Sweet@Vermont.gov)  
802-560-0605

## IV. FIXED-PRICED SUBCONTRACT

### ISSUE 1

Typically, the State of Vermont contracting process requires authorization of increased spending authority to be requested and authorized by the Agency of Administration. This step can take at least 30 days for approval from the state's Joint Fiscal Office.

### MITIGATION

Vermont believes that this timeframe can be proactively reduced by simultaneous request of authority prior to notification being received. If not awarded, the request can be withdrawn.

### ISSUE 2

If the scope of work is reliant on the addition of state workforce personnel to carry out the activities of the funding and the required deliverables, securing an existing state employee position vacancy for recruitment can take several weeks for authorization if a vacancy can be used.

### MITIGATION

Vermont believes that the workforce capacity necessary to perform grant activities can be provided through a combination of dedicated in-kind oversight by sponsoring department leadership and reallocation of existing project management and information technology personnel time under grant funded work specifications. This will ensure appropriate prioritization for deliverables, for the duration of the project period.

### ISSUE 3

Expectations for a competitive bid process to secure community work partners for system evaluation and collaboration activities to support the project also introduces several weeks for posting, selection, and negotiation of the scope of work in an executed grant or contract. Unless there is sufficient upfront justification provided to "sole source" vendor selection, which is routinely discouraged, the likelihood of process delay exists.

### MITIGATION

For the purposes of this application, DMH believes it can successfully leverage existing community partner funding agreements as some organizations have already demonstrated buy-in with rudimentary processes that exist. Vermont would propose to amend scope of work requirements with added grant resources to secure stronger statewide alliances with the focus of this application and secure greater collaboration and investment in the planned project outcomes. Vermont is confident that establishing deliverable timeframes and written and oral reporting processes, consistent with the subcontracting expectations, can readily be woven into existing grants and contracts with partner organizations.