



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: April 18, 2012
Subject: JFO #2555, #2559, #2560

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

JFO #2555 – \$790,018 grant from the U.S. Department of Health and Human Services to the Vermont Department of Mental Health. This grant will be used to provide regular crisis counseling services to survivors of Tropical Storm Irene in Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Rutland, Washington, Windham and Windsor Counties.
[JFO received 3/19/12]

JFO #2559 – \$503,055 grant from the U.S. Department of Agriculture, passing through six Vermont farms, to the Vermont Agency of Agriculture, Food and Markets. This grant will be used to purchase water quality monitoring equipment for use in evaluating the effectiveness of agricultural best management practices for controlling runoff. Funding for the design of water quality monitoring stations was previously approved by the Joint Fiscal Committee (JFO #2537).
[JFO received 4/04/12]

JFO #2560 – \$350,000 grant from the Lake Champlain Basin Program to the Vermont Agency of Agriculture, Food and Markets. This grant will be used as matching funds for the water quality monitoring program to evaluate the effectiveness of agricultural best management practices for controlling runoff. Funding for the design of water quality monitoring stations was previously approved by the Joint Fiscal Committee (JFO #2537).
[JFO received 4/04/12]

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

cc: Patrick Flood, Commissioner
Chuck Ross, Secretary



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: March 23, 2012
Subject: Grant Requests

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration.

JFO #2555 – \$790,018 grant from the U.S. Department of Health and Human Services to the Vermont Department of Mental Health. This grant will be used to provide regular crisis counseling services to survivors of Tropical Storm Irene in Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Rutland, Washington, Windham and Windsor Counties.
[JFO received 3/19/12]

JFO #2556 – \$159,776 grant from the Federal Emergency Management Agency (FEMA) to the Vermont Department of Public Safety. This grant is pass-through funding for hazard mitigation projects in the towns of Pawlet and Waitsfield in response to the December 2010 ice storm.
[JFO received 3/22/12]

JFO #2557 – \$10,000 grant from National Alcohol Beverage Control Association to the Vermont Department of Liquor Control. This grant will be used to create, produce and purchase community outreach and educational materials designed to prevent underage drinking.
[JFO received 3/22/12]

JFO #2558 – \$15,000 grant from National Historic Publications and Records Commission to the Vermont Secretary of State. This grant will be used to establish a program support local officials and other archives in the state to preserve and make accessible Vermont's historical records.
[JFO received 3/22/12]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by April 9 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

Agency of Administration

JFO 2555

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

Grant Summary:		This grant is to provide regular crisis counseling services to survivors of the severe storms and flooding in Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Rutland, Washington, Windham and Windsor Counties. Washington County Mental Health will provide these services for the Department of Mental Health.			
Date:		3/5/2012			
Department:		Department of Mental Health			
Legal Title of Grant:		Crisis Counseling			
Federal Catalog #:		93.982			
Grant/Donor Name and Address:		U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services			
Grant Period:		From:	To:		
		1/30/2012	10/29/2012		
Grant/Donation		\$790,018			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$493,761	\$296,257	\$0	\$790,018	
Position Information:		# Positions	Explanation/Comments		
		0			
Additional Comments:		This federal grant is matched by \$52,285 in-kind from the State.			
Department of Finance & Management		<i>3/5/12</i>		(Initial)	
Secretary of Administration		<i>03/07/12</i>		(Initial)	
Sent To Joint Fiscal Office				Date <i>3/14/12</i>	

RECEIVED
 MAR 19 2012
 JOINT FISCAL OFFICE



MAR 02 2012

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:	Regular Services Program			
4. Legal Title of Grant:	Crisis Counseling			
5. Federal Catalog #:	93.982			
6. Grant/Donor Name and Address:	U. S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services			
7. Grant Period:	From:	1/30/2012	To:	10/29/2012
8. Purpose of Grant:	To provide Regular Crisis Counseling services to survivors of severe storms and flooding in Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Rutland, Washington, Windham and Windsor Counties			
9. Impact on existing program if grant is not Accepted:	Eleven of the fourteen counties in the state have been declared in the flooding disaster. It is not possible for existing resources at the Designated Agencies to reach all those affected by the flooding who remain in need of crisis counseling services.			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 12	FY 13	FY	
Personal Services	\$32,678	\$19,607	\$	
Operating Expenses	\$	\$	\$	
Grants	\$493,761	\$296,257	\$	
Total	\$526,439	\$315,864	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$32,678	\$19,607	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$493,761	\$296,257	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$526,439	\$315,864	\$	
Appropriation No:	3150070000	Amount:	\$493,761	
			\$	
			\$	
			\$	

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

		\$
		\$
		\$
	Total	\$493,761

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.

PF 3/6/12

Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

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: *Patrick Flood* Date: 2/17/2012
 Title: Commissioner, Department of Mental Health

Signature: *Christen M. O'Neil* Date: 2/29/12
 Title: *Deputy Secretary*

14. SECRETARY OF ADMINISTRATION

Approved: *[Signature]* (Secretary or designee signature) *Deputy* Date: 03/01/12

15. ACTION BY GOVERNOR

Check One Box: Accepted *[Signature]* Date: 3/13/12
 Rejected (Governor's signature) Date: _____

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

(*) 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).

Executive Summary

In just one day, Tropical Storm Irene cut a path of destruction through the state Vermont on Sunday, August 28th, 2011. Governor Peter Shumlin declared a state of emergency on August 27th, in anticipation of the storm. The storm caused flooding in the state that was described as the worst since the flooding of 1927. The extent of the flooding was widespread and severe. The Vermont Emergency Management Center, with its headquarters in Waterbury, Vermont had had to be evacuated to the FEMA Joint Field Office in Burlington during the height of the storm, as flood waters from the Mad River encroached upon the facility. Waterbury, which was the home to a majority of Departments for the State of Vermont, is situated on a flood plain.

The same evacuation scenario was played out at the Vermont State Hospital, which was also housed in a building at the State Office Complex in Waterbury. The State Hospital was the only state run inpatient psychiatric facility in the state, and 51 patients from the hospital had to be evacuated from the hospital as the first floor was flooded, and relocated to other facilities around the state. This writer was herself displaced from her office at the Department of Mental Health in Waterbury and did not have office space until September 6th, which was 5 days after the Presidential disaster declaration, which was on September 1st, 2011. All counties in the state were declared, which is unusual, but demonstrates the wide reach of damage and devastation to the state.

The flood waters destroyed over 2,000 homes and 120 homes were completely damaged. There were three reported deaths with the storm, and one person reported missing. In the initial period after the storm, it was difficult to move around the state, as there was extensive damage to the state highway infrastructure. Dozens of towns were isolated as a result of roads being washed out, making it necessary to have the National Guard from Vermont and other towns to fly in food, water and other supplies to communities that found themselves cut off from the rest of the state. Despite the extensive damage to roads and bridges, the state's 10 Designated Agencies, (Community Mental Health Centers) began immediately providing crisis counseling services to survivors in affected communities.

For the Regular Services Program, the Department of Mental Health will contract with one community provider, Washington County Mental Health (WCMH). WCMH will continue to develop and establish the crisis counseling program's presence throughout affected communities by providing services to individuals and groups, distributing Starting Over Strong (SOS) brochures and literature, networking with town and community leaders (VT 211, United Way, Red Cross, for example), and respond to media requests and develop media campaigns.

C. Summary of Geographic Areas and Needs Assessment

Use the following steps to complete the chart below:

1. Complete a CMHS Needs Assessment Formula Table for each designated service area (see Part II.A.).
2. Complete the Table of Estimated Number of People To Be Served Through Primary and Secondary Services for each designated service area (see Part II.B.).
3. Using the information from each CMHS Needs Assessment Formula Table, fill in the first two columns of the chart below.
4. Using the totals from the Table of Estimated Number of People To Be Served Through Primary and Secondary Services, fill in the last two columns of the following chart. These totals should reflect the sum of the estimated number of people to be served through primary and secondary services in each designated service area.

Designated Service Area Name	Total Number of People Who Would Benefit from Services	Estimated Number of People To Be Served	
		Through Primary Services	Through Secondary Services
Addison	180	126	126
Bennington	453	317	317
Caledonia	153	107	107
Chittenden	127	89	89
Franklin	31	22	22
Lamoille	46	32	32
Orange	257	180	180
Orleans	46	32	32
Rutland	1081	757	757
Washington	1055	739	739
Windham	1382	967	967
Windsor	1771	1240	1240
TOTAL:	6582	4607	4607

Additional comments, if any

Part III. Response Activities from Date of Incident

A. Description of Response Activities from Date of Incident

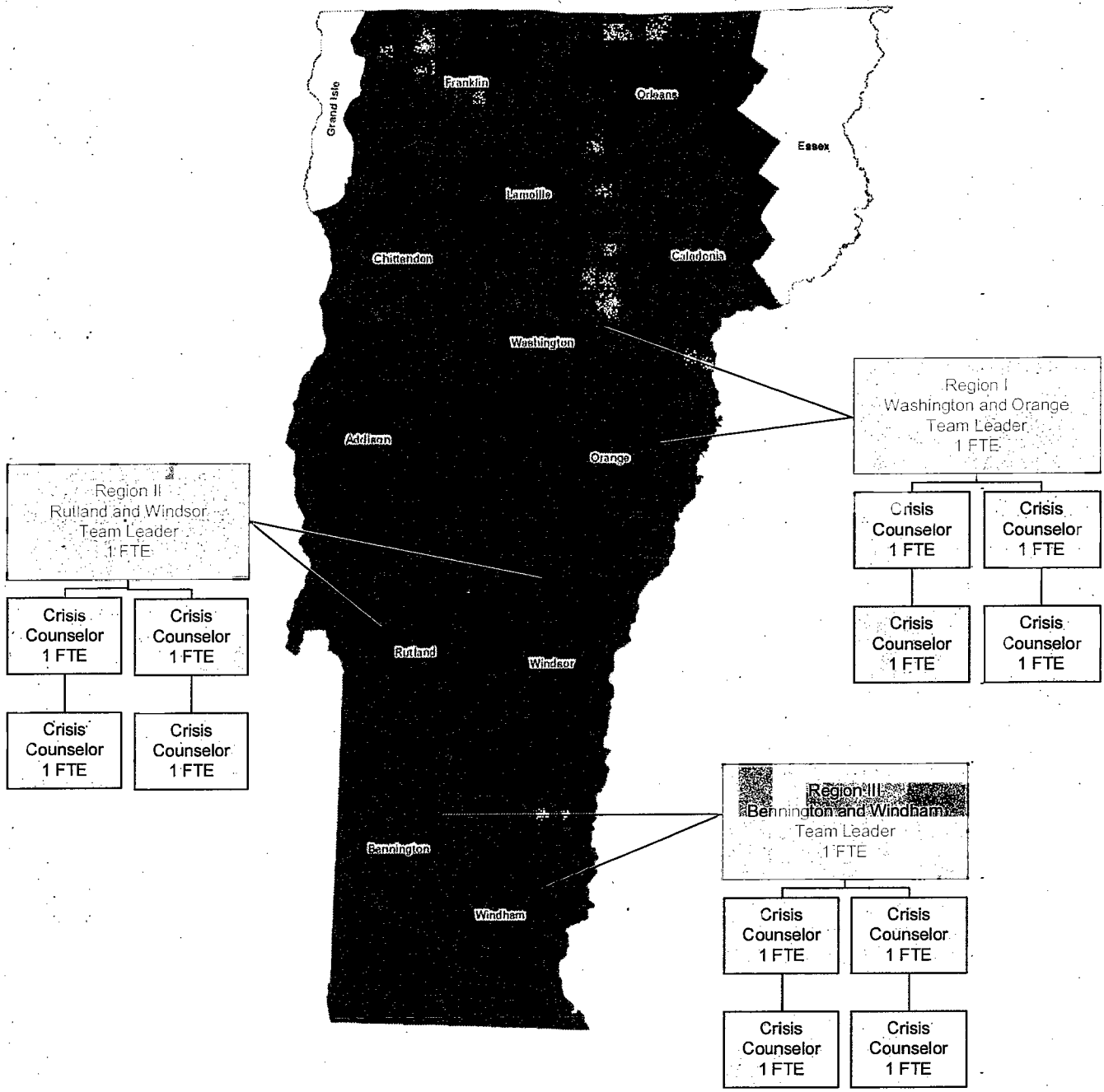
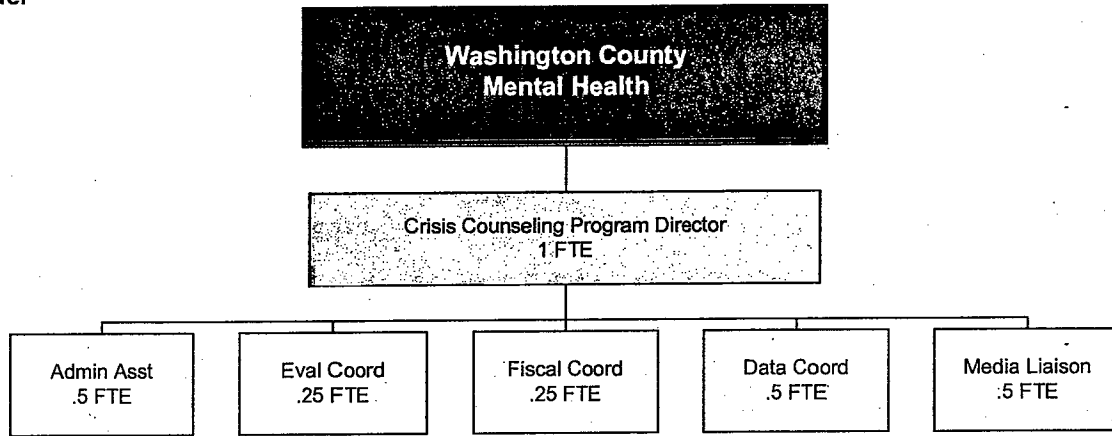
Describe State and local crisis counseling activities from the date of the incident to the date of this application. Enter "none" if no activities have been conducted to date.

Prior to and following TS Irene, eight out of the ten Designated Agencies have been providing crisis counseling services. Washington County Mental Health has staffed an American Red Cross shelter; assisted with evacuation of people living in a trailer park; and patients from the Vermont State Hospital; helped set up a shelter in Waterbury for residents of a group home who were displaced by the flooding.

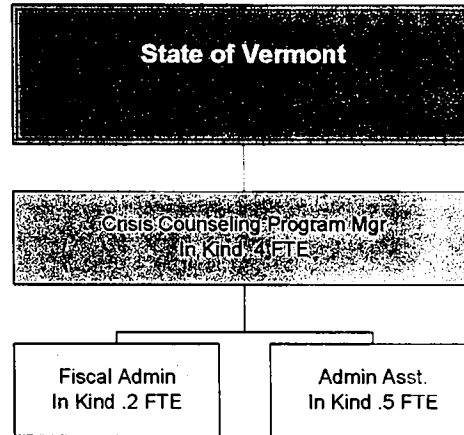
In addition, these agencies have distributed brochures to people living in trailer parks and other affected areas; conducted an education session for the Waterbury community; organized a parent's night for parents in the Waterbury community; and made contact with first responders, at their request. It is estimated that Washington County Mental Health staff have reached out to over 150 people so far.

United Counseling Services staff was isolated for the first few days after the incident. The Emergency Services Director had no power or phone initially and many roads in the area were "gone". Wilmington, Vermont was an "island". The National Guard brought in food and water. United Counseling Services set up 8 debriefings throughout the Labor Day weekend for people in the affected area. There were/are many people who can not be reached because they were not accessible due to roads being washed out.

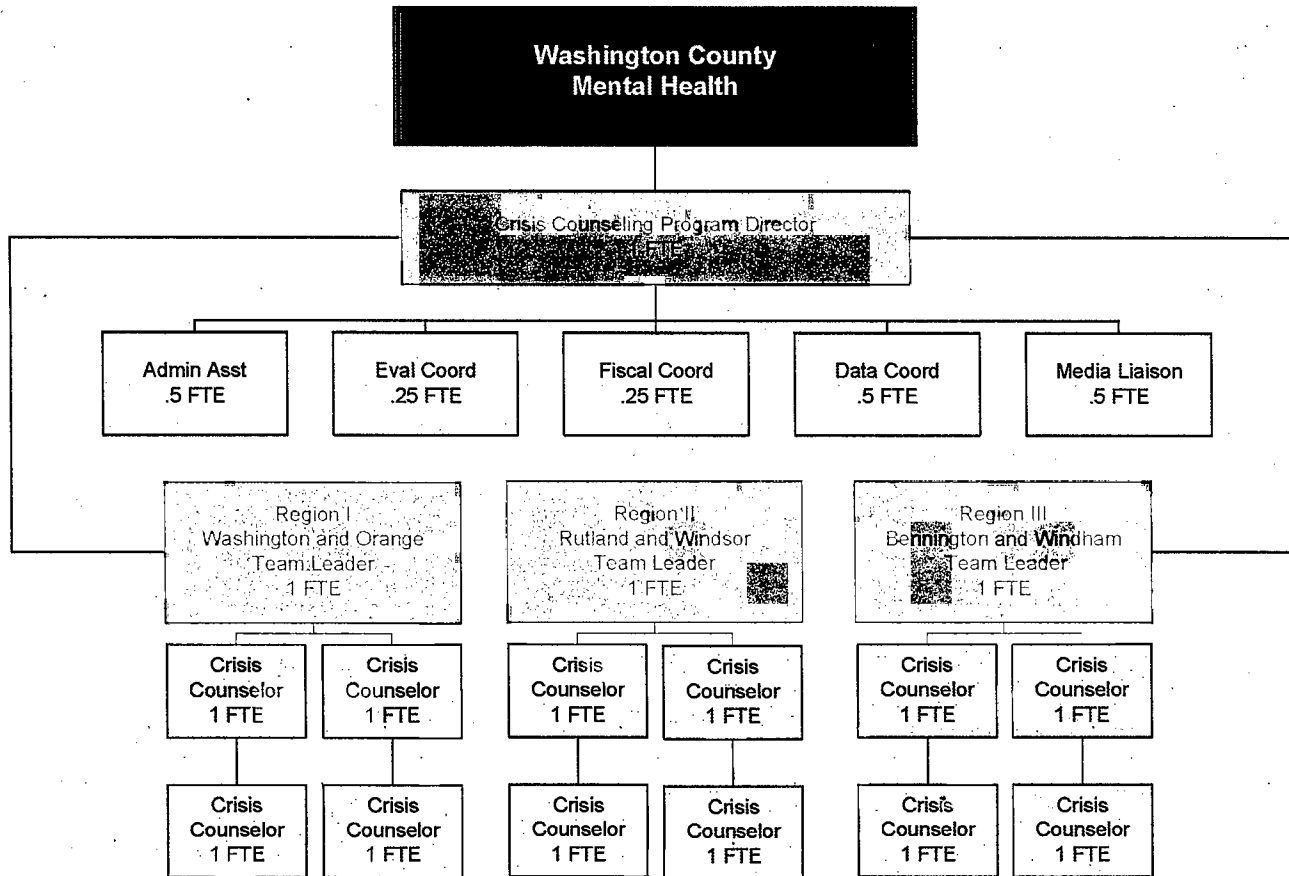
B. Provider



A. State of Vermont Organizational Chart



B. Provider



February 17, 2012

Frank Reed, LICSW
Director Mental Health Services
Vermont Department of Mental Health
26 Terrace Street
Montpelier, VT 05609

RE: FEMA-4022-DR-VT Regular Services Program (RSP) Notice of Award
SAMHSA Grant Number SM000340-01 (REVISED)

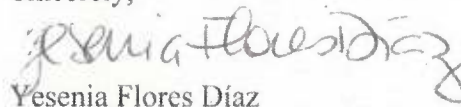
Dear Mr. Reed,

Attached please find a revised Notice of Award (NoA) issued on February 15, 2012. The NoA was updated to correct the RSP end date for FEMA-4022-DR-VT. Your State's RSP began on January 30, 2012, and is scheduled to end on October 29, 2012. If identified needs are met before the end of October, your State may have the opportunity to close the program earlier. Please be reminded that the reporting requirements for this grant are as follows:

<u>REPORT</u>	<u>REPORTING PERIOD</u>	<u>DUE DATE</u>
First Quarter Program/Fiscal/Data	01/30/12 to 04/30/12	05/30/12
Second Quarter Program/Fiscal/Data	05/01/12 to 07/31/12	08/31/12
Final Program/Fiscal/Data	01/30/12 to 10/29/12	01/30/13

Should you have any questions or concerns related to program requirements, please contact me at (240) 276-1858. My colleague Gwendolyn Simpson may be reached at (240) 276-1408 regarding financial and grants management issues.

Sincerely,


Yesenia Flores Díaz
Project Officer
Emergency Mental Health and
Traumatic Stress Services Branch
Center for Mental Health Services

CC: James Russo, FEMA Region I
Bonnie Furey, FEMA HQ
Gwendolyn Simpson, SAMHSA GMO
File: FEMA-4022-DR-VT RSP

Enclosures: Revised NoA FEMA-4022-DR-VT RSP



Agency of Human Services

Department of Mental Health
26 Terrace Street
Redstone Building
Montpelier, VT 05602
www.healthvermont.gov/mh/index.aspx

[phone] 802-828-1721

MAR 02 2012

MEMORANDUM

To: Jeb Spaulding, Secretary of Administration

From: Heidi Hall, Finance Director, DMH *Hall*

Subject: AA-1 for FEMA Crisis Counseling Assistance and Training Program, Regular Services Program Grant

Date: February 17, 2012

Enclosed please find the documentation requesting approval for a new Federal Emergency Management Agency Crisis Counseling Assistance and Training Program, Regular Services Program Grant for the Department of Mental Health. The CFDA # is 93.982, funding under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended), for FEMA-4022-DR-VT.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- DMH application with forms 424 and 424a
- Application approval letter with attached notice of grant award and grant terms and conditions
- Email from SAMHSA correcting the end date shown on the notice of grant award
- DMH response to the terms and conditions with revised forms 424 and 424a
- Revised Notice of Award letter and revised Notice of Award to correct end date to 10/29/2012
- SAMHSA notice that the terms and conditions for the grant have been met

If you have any questions, please contact me at 828-1721 or Frank Reed at 828-3809.

MAR 02 2012

**Crisis Counseling Assistance and Training Program
Regular Services Program
Application
Version 3.0**



FEMA



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Attention Grant Preparer

Please refer to the Regular Services Program (RSP) Supplemental Instructions for detailed information for completing this application. You can find the RSP Supplemental Instructions in the Crisis Counseling Assistance and Training Program (CCP) Application Toolkit or by calling the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (SAMHSA DTAC) at 1-800-308-3515.

Please complete all footer notes with the corresponding disaster information.


Application Signature

Federal Emergency Management Agency (FEMA) disaster declaration number: DR 4022 VT__

Director, State Mental Health Authority (SMHA): The following individual is responsible for coordinating the mental health response to this disaster. This person will also have oversight authority for the application process for Federal funds to provide disaster-related mental health services.

Name: Christine M. Oliver
Title: Commissioner
Agency: Department of Mental Health
Address: 26 Terrace Street Montpelier, VT 05609
Phone: 802-828-3808
Fax: 802-828-3256
E-Mail: Christine.oliver@ahs.state.vt.us

10/27/11
Date


Signature, Director, SMHA

Governor's Authorized Representative (GAR): The GAR is the State official authorized to represent the Governor and apply for Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) funding.

Name: Jeb Spaulding
Title: Secretary of Administration
Agency: Governor's Office
Address: 109 State Street, Montpelier, VT 05609
Phone: 802-828-3333
Fax: 802-828-3339
E-Mail: jeb.spaulding@state.vt.us

This application represents the Governor's agreement or certification of the following:

The requirements are beyond the State and local governments' capabilities.

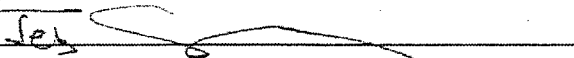
The program, if approved, will be implemented according to the plan contained in the application approved by the FEMA Disaster Recovery Manager (DRM).

The Governor will maintain close coordination with and provide reports to the FEMA regional director or the DRM as the delegate of the regional director.

The State's emergency plan, prepared under Title II of the Stafford Act, will include mental health disaster planning.

The State requests \$ 802,070.00 for regular services.

10/26/11
Date


Signature, GAR

Attach the Health and Human Services 5161-1 (HHS-5161-1, revised 8-07) form, which includes Standard Form 424 Request for Federal Assistance (SF-424) and Standard Form 424a Budget Information: Non-Construction Programs (SF-424a), to the signature sheet.

Note: Throughout the RSP Application, the terms "State" and "SMHA" are intended to include all qualified applicants (i.e., States, U.S. Territories, and federally recognized Tribes).

Contact Information

Preparer Information

Ms. Michelle J. Lavallee
Prefix First Name Middle Initial Last Name
Agency/Organization Name: Agency of Human Service, Department of Mental Health
Address Line 1: 312 Hurricane Lane
Address Line 2: _____
City: Williston State: VT Zip: 05495
Phone: 802-879-5925 Fax: 802-879-5651
E-Mail: michelle.lavallee@ahs.state.vt.us

Is the application preparer the point of contact? Yes No

Point of Contact Information

If the application preparer is not the point of contact, please complete the information below.

Mr. Frank Reed
Prefix First Name Middle Initial Last Name
Agency/Organization Name: Agency of Human Service, Department of Mental Health
Address Line 1: 26 Terrace Street
Address Line 2: _____
City: Montpelier State: VT Zip: 05609
Phone: 802-279-6415 Fax: 802-828-3256
E-Mail: frank.reed@ahs.state.vt.us

Alternate Point of Contact Information

To add an alternate point of contact, please complete the information below.

Prefix First Name Middle Initial Last Name
Agency/Organization Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Part I. Disaster Description

A. Narrative Description

Please answer the following questions that describe the disaster and its impact on survivors and communities.

What was the timeframe during which the disaster occurred?

Tropical Storm Irene was a one day wind and rain event that occurred on Sunday afternoon and in to the evening, August 28, 2011.

What was the date of the Presidential disaster declaration?

The Presidential disaster declaration was on September 1, 2011.

Was the disaster the result of natural causes (e.g., hurricane, tornado, earthquake, wildfire, flood), the result of an accident (e.g., accidental fire), or a deliberate criminal act (e.g., bombing)?

The disaster was the result of flooding due to the heavy rains associated with Tropical Storm Irene. NASA's website described the rains associated with Tropical Storm Irene as "relentless", and "epic". The website went on to say, "Vermont fared worse than other states along the east coast, and it was the worst hit the state has ever had from a hurricane. About a foot of rain fell in the entire state, destroying four to six of the iconic covered bridges, and washing out or damaging over 260 roads. The Governor proclaimed: "this is the worst flooding in the history of the state."

How much warning did disaster victims or survivors have?

Weather forecasters had been keeping a close eye on Tropical Storm Irene for many days previous to the actual event. The storm was categorized as a major Hurricane on August 24th, as it passed over the Bahamas. On August 25th, the Hurricane was approximately one third the size of the entire East Coast of the United States. The Hurricane made landfall in North Carolina on August 27th. As the storm moved up the Eastern seaboard, the New York metropolitan and Tri-State area was on high alert. The storm hit New York City at approximately 9 a.m. on Sunday, August 28th. The track of the storm, according to most computer models, had Irene moving --north and directly over Vermont. People who were forecasting the storm in Vermont were not unified in their opinion of how severe things would become.

On August 26th, two days before Irene struck Vermont, Roger Hill (VT Digger website) was quoted as saying that the storm was likely to be "historic". On the eve of the storm, August 27th, 2011, Matt Sutkoski (Burlington Free Press) was quoted as stating that "...it will at least fall short of the very worst disaster the state has ever seen". Unfortunately, Tropical Storm Irene turned out to be the exact opposite -- one of the very worst disasters in the state of Vermont. Because there were conflicting and contradictory forecasts and opinions of how strong a storm Irene was, Vermonters had no way to know beforehand just how devastating the storm would turn out to be, or how quickly flood waters would rise. Many people were caught off guard, including Vermont Emergency Management. Vermont Emergency Management's central offices were stationed at the State Office Complex in Waterbury. The State Emergency Operations Center had to be evacuated and relocated to the FEMA Joint Field Office in Burlington due to the quickly rising flood waters of the Winooski River, which abut the State Office Complex. "The loss of power and continued rising floodwaters, as well as concern for the safety of our personnel, contributed to the decision to relocate." (Robert Stirewalt, State EOC, Burlington Free Press)

How long did the actual disaster last?

In hindsight, given the widespread and severe damage that resulted from the storm, it seems difficult to comprehend that the disaster itself lasted only one day. The storm hit Vermont in the afternoon and into the evening of August 28th, 2011, and by Monday, the 29th of August, the storm had passed, the sun was shining and blue skies ensued. The storm dumped as much as 11 inches of rainfall on the Green Mountains in a 24-hour period.

Overnight, the deluge turned small brooks, roads and even open fields into raging rivers of water. The White, Dog and Winooski Rivers and feeder tributaries flooded mountain towns in the state's interior. In the light of day on the 29th, Vermonters were able to get outside and assess the damage that the storm had visited on the state. The results of the flooding are still being felt today by survivors of the disaster, nearly two months after Irene passed over Vermont.

Was disaster damage concentrated in small areas or widely dispersed?

Land wise, Hurricane Irene was a massive storm, covering an area that spanned from Cape Hatteras to New England, bringing heavy rains from August 27th through August 28th. Thirteen states were directly affected by this storm. In Vermont, the damage was widespread in the wake of Irene. All 13 counties in the state were ultimately declared. It is rare that a disaster will encompass an entire state, but that is precisely what occurred in Vermont with Tropical Storm Irene. Every county in the state was declared, effectively effecting the entire population.

Provide examples of major damage caused by the disaster and the overall impact on survivors.

Vermont is still primarily a rural state. There are few pockets of condensed population, ie, urban areas. Burlington is Vermont's largest city with a population of approximately 42,417 people. Chittenden County, where Burlington is located, has a population of approximately 153,000 people. That accounts for roughly 1/6 of the population of the state, which is a little over 625,741 people (Rural Assistance Center website).

Vermont's rural population (414,480 people, Rural Assistance Center website) outside of Chittenden County resides in small towns and villages scattered throughout the considerable length and relatively small width of the state. People have settled along streams and rivers. There are myriad farms, dairy and otherwise, that have grown up alongside these waterways. One of these farms, Kingsbury Farm, which is in the city of Warren, was overtaken by the Mad River which runs through the town. Three of the four fields which comprise the farm were inundated with water from the flooded river, which deposited a layer of toxic silt onto the land and crops. The owners estimate the loss that they will realize as a result of the flooding is \$100,000.

This scenario is one being played out on farms all across the state, with farmers not only losing produce, but losing livestock as well, seeing cows and sheep being swept downstream by swift moving flood waters. (7 Days website) First responders were not immune to the devastating effects of the flood. The firehouse in Wilmington had been inundated with over 4 feet of water at the height of the storm. Eleven town halls, seven fire stations, and five libraries were completely damaged by the flood.

The flood waters damaged over 2,000 homes and 120 homes were completely damaged. (September 29, 2011, VTDigger.com) Ninety schools delayed the opening of the first day of school. One of the venerable symbols of the state, the covered bridge, did not escape the damage from the storm. Eight of the iconic structures were completely damaged as a result of the flood waters from Irene. The State Office Complex, a 500,000 square foot facility that sits on a flood plain and that served as a place of work for more than 1,500 state workers was evacuated due to rising flood waters from the Winooski River, which is directly behind the office complex. State workers have been displaced scattered in new work settings around the state.

The State Office Complex housed The Agency of Natural Resources and the Agency of Human Services, the two largest Agencies in State government, as well as the Vermont State Hospital. The co-hort of patients once housed at the Vermont State Hospital has been admitted to other hospital settings throughout the state. However, 54 inpatient psychiatric beds were immediately taken off line due to the sudden closing of the only state run psychiatric facility.

Describe the social, economic, and demographic characteristics of the affected communities and whether the communities are primarily rural, suburban, or urban.

Vermont is ranked as the 9th hungriest state in the nation, where 14% of all Vermont households are food insecure, and 20% of children under the age of 18 live in households that are food insecure (Hunger Free Vermont website). These statistics on hunger in the state pre-date Irene. With so many people having lost their homes as a result of Irene, the aftermath of the disaster will only help to deepen the food insecurity that so many in Vermont were already struggling with. Vermont is a rural state, and there are pockets of people living in poverty scattered throughout the state.

A Rockefeller Center Report, "Poverty in Vermont: What We Know and What We Don't Know" cited that unique factors to people in Vermont who are living in deep poverty are that they are White, More Educated, and Rural than their national counterparts. The same report went on to state that 40% of people in Vermont lack transportation, and that improvements to transportation are helpful in alleviating poverty. Irene severely damaged the highway infrastructure in the state, and road repair will likely take place over several years, which in turn will prove to be a barrier to helping to alleviate poverty in the state in both the near and long term.

Did disaster response organizations encounter any particular challenges in reaching specific communities?

Over 260 roads were damaged in the wake of Tropical Storm Irene. The severely damaged infrastructure posed great challenges to those who were involved in the disaster response outreach. Roads that were washed out prevented anyone from getting out, or from getting in to towns that were for all intents and purposes, completely isolated from the rest of the state. Route 4, located in the southern part of the state and partly destroyed by TS Irene, is the major east to west corridor in central Vermont. This road connects Rutland in the west, to White River Junction in the east

In the immediate aftermath of Irene, 13 communities were totally isolated from the rest of the state. 500 miles of roadway were impassable. There were widespread power outages which served to compound the sense of isolation that communities were struggling with. The Vermont National Guard was called upon to airlift food, water, and other supplies to people in the stranded communities in the days immediately after the flood. National Guard members from Virginia, Illinois and Ohio were called upon to assist their Vermont counterparts. (New York Times)

There was a wedding party at Killington resort that had to be evacuated by helicopter. Pittsfield was another town that found itself cut off from the rest of the state due to roads being washed away by raging flood waters. Five houses were destroyed there and three bridges were completely ruined. One section of road in Cavendish now has a 200 foot drop off. Route 107 in Stockbridge became part of the White River. 238 town bridges across the state sustained damage from the flood and 99 are currently closed.

Additional comments, if any:

For each designated service area, complete the table of estimated number of people to be served (below). Use the following steps to complete the table:

1. For each Loss Category, list the Total Number of People Who Would Benefit from Services based on the CMHS Needs Assessment Formula table.
2. Identify a percent multiplier for primary services and a percent multiplier for secondary services. These multipliers indicate the percentage of people the program expects to actually serve out of the total number of people who would benefit from services in the designated area. Note that individuals may receive both primary and secondary services. Primary and secondary percent multipliers may vary according to the loss category. Please see the Needs Assessment Guidance on page 6 of this application for information on identifying Primary and Secondary Percent Multipliers.
3. To determine the estimated number of people to be served through primary services for each loss category, multiply the total number of people for each loss category by the primary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Primary Percent Multiplier) = (Number of People To Be Served Through Primary Services).
4. To determine the estimated number of people to be served through secondary services for each loss category, multiply the total number of people for each loss category by the secondary percent multiplier: (Total Number of People Who Would Benefit from Services) X (Secondary Percent Multiplier) = (Number of People To Be Served Through Secondary Services).
5. Sum the column items of Number of People To Be Served to identify a total for each designated service area.

To determine the total number of people to be served, add all columns below.

Loss Category	Total Number of People Who Would Benefit from Services	Estimated Number of People To Be Served			
		Through Primary Services		Through Secondary Services	
		Primary Percent Multiplier	Number of People To Be Served	Secondary Percent Multiplier	Number of People To Be Served
Dead					
Hospitalized					
Nonhospitalized Injured					
Homes Destroyed					
Homes Major Damage					
Homes Minor Damage					
Disaster Unemployed					
Other 1 (Specify)	6582	70%	4607	70%	4607
Other 2 (Specify)					
TOTAL:	6582		4607		4607

Primary Services: Individual crisis counseling; group crisis counseling; assessment, referral, and resource linkage; community networking; basic supportive/educational contacts; and public education presentation/groups.

Secondary Services: Media/public service announcements, distribution of educational materials (including e-mail and Web sites).

Provide a rationale for estimating the total number of people to be served through primary and secondary services.

✂✂END: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂✂

B. Map of the Disaster Area

Include or attach a map of the State, highlighting the counties or service areas included in the Presidential disaster declaration. (See attachments)

Part II. Geographic Areas and Needs Assessment

Needs Assessment Guidance

Use the Needs Assessment Formula Table to develop an estimate of the number of people who would benefit from services. Please refer to the following guidelines when completing the table:

1. Consult with your FEMA Program Specialist and CMHS Project Officer prior to completing the Needs Assessment Table.
2. Preliminary Damage Assessment (PDA):
 - a. When available, you must use the PDA data in the table.
3. FEMA Individual Assistance (IA) Registration Numbers:
 - a. IA data should be used only when PDA data are unavailable and requires prior approval from FEMA and CMHS.
 - b. Use the "other" category to supply the IA data.
 - c. Additional data should not be included when using IA numbers.
 - d. Capture additional supporting information in the narrative.
 - e. The Average Number of People per Household (ANH) multiplier is not to be used with IA numbers.
 - f. The Traumatic Impact Risk Ratio to be used in the table should be 100%.
4. Estimated Number to be Served
 - a. *Primary Services*—to determine the estimated number of people to be served through PRIMARY services, you may use a multiplier "between 20% and 80%." This number should be based on the nature and scope of the disaster and the capacity to address the need.
 - b. *Secondary Services*—To determine the estimated number of people to be served through SECONDARY services, you may use a multiplier of "up to 100%."

✂✂START: COPY AND PASTE SECTION FOR EACH DESIGNATED SERVICE AREA✂✂

A. CMHS Needs Assessment Formula—Estimated Crisis Counseling Needs

This is an estimate for the following designated service area: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor

Date completed: October 21, 2011

Complete a CMHS Needs Assessment Formula Table for each designated area to be covered by the grant. Use the following steps to complete the table:

1. Identify the number of people for each loss category from collected needs assessment information.
2. Identify any disaster- or region-specific "other"¹ loss categories, and establish a traumatic impact risk ratio for any other loss categories. Note that other loss categories are not multiplied by the household size multiplier.
3. Determine the total number of people who would benefit from services for each loss category by multiplying across each row as follows: (Number of People) X (Household Size Multiplier) X (Traumatic Impact Risk Ratio) = (Total Number of People Who Would Benefit from Services).
4. Add all of the results in the column of Total Number of People Who Would Benefit from Services to determine a sum for the number of people who would benefit from crisis counseling services.

Loss Category	Number of People	Household Size Multiplier ² (ANH = 2.5)	Traumatic Impact Risk Ratio ³	Total Number of People Who Would Benefit from Services
Dead		x ANH x 4	x 100%	=
Hospitalized		x ANH x 1	x 100%	=
Nonhospitalized Injured		x ANH x 1	x 50%	=
Homes Destroyed		x ANH x 1	x 100%	=
Homes Major Damage		x ANH x 1	x 20%	=
Homes Minor Damage		x ANH x 1	x 10%	=
Disaster Unemployed		x ANH x 1	x 10%	=
Other 1 (Specify) ¹	6582		x 100%	= 6582
Other 2 (Specify) ¹			x	=
			TOTAL:	= 6582

¹If appropriate, the State may identify other loss category groups related to the disaster. These categories are not multiplied by a Household Size Multiplier. The State should also identify a Traumatic Impact Risk Ratio for each additional loss category specified. Add rows as necessary.

²Household Size Multiplier means the average number of people per household (ANH). The national average is 2.5, but applicants should consult U.S. Census information for State or county averages.

³The Traumatic Impact Risk Ratio assesses the likelihood of individual and community adverse reactions to this disaster. In previous versions of this application, the term "at-risk multiplier" was used.

Identify the sources of data for the number of people identified in each loss category. If FEMA preliminary damage assessment data have not been collected for this disaster or were not used in specifying the number of people for each category, please clearly identify alternate sources of data used (e.g., American Red Cross, State Emergency Management Agency, media reports).

The source data is based off of the number of FEMA registrants with the State as of October 20, 2011.

Describe any special circumstances not captured in the CMHS Needs Assessment Formula that will affect the need for crisis counseling services.

Since 2009, poverty has risen in 49 of 50 states in the US as a result of the continued recession. From 2009 to 2010, household income in Vermont dropped 4%, and the poverty rate rose from 11.4% in 2009 to 12.7% in 2010. What is even a more alarming statistic is that poverty among Vermont's children rose from 13.3% in 2009 to 16.7% in 2010. (Vermont Affordable Housing Coalition). The Rockefeller Center report on "Poverty in Vermont" cited three items that compound factors of people in Vermont living in deep poverty: Sexual Violence and Child Abuse; Substance Abuse; and Mental Illness.

According to the World Health Organization (WHO), "Violence is an important issue facing communities affected by natural disasters..." (who.int/violence-injury-prevention) The WHO publication continues by stating that child abuse and neglect, and sexual violence, abuse and exploitation are some of the forms of violence likely to increase after a disaster. Prior to Irene, Vermont was plagued by very high rates of opiate addiction among the populace. The problem is so severe that it has become known as the greatest drug problem in the state since the heroin epidemic the state experienced in the last decade. (prescription-drug-abuse.com) As we move into winter, which is a typically harsh season in Vermont and Vermonters struggled to rebuild, the most vulnerable survivors of the flooding will be faced with continued stressful living situations.

Lives have been disrupted and anything resembling normalcy most likely seems a distant memory for those affected by the flooding. It is likely and probable that there will be an increase in substance abuse, sexual violence, and child abuse. The delivery of crisis counseling services to disaster survivors in Vermont will be an important and integral part of the recovery from Irene. Special priority and focus needs to be given to children and families, as prior to Irene, statistics demonstrate that Vermont's children were disproportionately living lives of poverty and hunger. In the Orange County area of Vermont, schools are reporting that many children are not showing up to school, a result of having been displaced from their homes and living in transient, temporary situations. These are the children that need to be located and families need to be focused on and outreach made to through the crisis counselors in affected areas.

Specify any high-risk groups or populations of special concern identified through the State's initial needs assessment process (e.g., children, adolescents, older adults, ethnic and cultural groups, lower income populations).

Vermont has a very low housing vacancy rate. Mobile homes make up a large portion of the housing sector in the state. A total of 13 mobile home parks in the state were damaged, affecting 203 homes on 662 lots, according to Jennifer Hollar, Deputy Commissioner of the Department of Housing and Community Affairs. Across the state, there were 700 homes damaged by flooding. 141 of those were mobile homes, representing 20% of the total homes damaged beyond repair – a significant number. (September 14, 2011, VT Digger website)

Many mobile home park residents have felt as though there has been a lack of disaster assistance which addresses their specific and unique needs. Sandra Gaffney, a displaced resident of Weston's Mobile Home Park in Berlin explains: "We lived in these parks because they are affordable and we don't have a lot of money, but now they are destroyed and we are ultimately responsible for either the disposal of the home or extensive repairs, costly guidelines that need to be met before even being able to return to the park, which we simply cannot afford on a fixed income." (Vermontbiz.com website) "When you're just little people like us and are living from paycheck to paycheck -- even a little recognition would be nice, because we can only do this on our own for so long.

"No matter whether you're wealthy or poor -- we're all in the same boat now," said Mike Lavigne, whose home was also destroyed by the flood. Mr. Lavigne lived at the Patterson Trailer Park in Waterbury. This trailer park was completely destroyed by the Winooski River which overflowed its banks. (September 2, 2011, 7 Days website) Special attention and outreach efforts will need to be made to locate residents of these trailer parks that were so heavily affected throughout the state.

If "other" categories were added to the CMHS Needs Assessment Formula Table, please describe the rationale for including these loss categories and how the Traumatic Impact Risk Ratios were determined.

The FEMA registration numbers were used due to the wide spread nature of the disaster, which effected all counties in the state.

Additional comments, if any:

B. Estimated Number of People to Be Served Through Primary and Secondary Services

This is an estimate for the following designated service area: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor_

Date completed: October 21, 2011 _____

Rutland Mental Health Services staffed a shelter of 283 people with 5 staff for 48 hours. Initially, after the incident, roads were shut down coming into Rutland. Things have “quieted down” now, but it is important to note that Rutland’s water treatment plant suffered damage during the storm and as of this writing, there are 15 days left of treated drinking water for the town.

For Clara Martin Center, it was noted that the areas hardest hit by the storm were also isolated due to storm damage. Clara Martin Center staff has been in touch with school staff and students in affected areas. They are also working with staff in schools, skilled nursing facilities and community care homes, providing outreach and education, and distributing literature. In addition, they are conducting outreach to law enforcement.

Health Care and Rehabilitation Services has been sending people into Wilmington, a town that has been particularly hard hit. People are being sent out daily to respond and make outreach efforts. A local fire department in Cavendish has approached the agency, as they are organizing a drop in center at the fire house. Glenn Koshar, the Emergency Services director for Health Care and Rehabilitation Services was quoted as saying, “Some people are still in shock.”

B. Immediate Services Program Activities

This section should be completed only if the State received an Immediate Services Program (ISP) grant for the disaster. Skip this section if the State did not receive an ISP grant.

This section fulfills the requirement for an ISP midprogram report. ISP grants must provide a midprogram report when an RSP grant application is being prepared and submitted.

1. Summary of ISP Activities

Please answer the following questions to summarize ISP activities for the program as a whole.

Describe the primary emphasis of outreach and services during the immediate services phase (e.g., individual or high-intensity services to survivors and the most heavily impacted communities or at-risk populations).

Starting Over Strong, S.O.S., Vermont leadership has been actively working to address the mental health needs of Vermonters affected by this flood. As will be reviewed in more detail in the following narrative and data-based sections, this team, first supported by responders from local designated agencies who volunteered their time, and then providing this support directly, began working immediately following the disaster to provide psychological first aid to those affected by the flood through evacuation support, door-to-door canvassing, individual contacts at current or displaced residences.

Volunteers and S.O.S. staff providing targeted support at Disaster Recovery Centers, participation in community events, facilitation of parent education nights and community education nights, and participation in select-board and other town and city sponsored events. Follow-up with identified individuals and groups are on-going. And, as new individuals and groups are identified in need of contact, staff is being identified to connect with them.

Concurrent with this outreach effort, leadership for S.O.S. Vermont was hired and began immediately working diligently to set up the staffing and infra-structure for the project. Washington County Mental Health Services (WCMHS) has provided extensive human resource, administrative, and supervisory support to S.O.S. leadership. To expedite the hiring process which normally can

take up to one month, the WCMHS human resources department has dedicated staff and hired S.O.S. staff, in some cases, in less than 2 weeks in all areas of the State targeted for support.

Training has been arranged for staff and as this document is being prepared S.O.S. employees are participating in the 2nd day of a 2 day FEMA training about crisis responding for disaster responders. Follow-up trainings are already planned as is ongoing administrative and clinical support for S.O.S. staff that will be out in the community.

Outreach to publicize S.O.S. Vermont is also in progress as also noted later in this document. As lead staff members engage their regional community partners, targeted publicity efforts will ensue through local papers, electronic forums, and networked organizations

Describe the services provided during the ISP, including a discussion of any trends or key issues based on analysis of the ISP data.

While variation in responses to the flooding varied some by region, basic responses across the State included the following primary levels of support:

1. direct support of evacuees to provide information, referral and psychological first aide at varied locations in their communities (e.g., disaster recovery centers, evacuation sites, community meetings and gathering sites, school settings, private homes, etc.),
2. 24/7 response lines,
3. coordination and networking with response efforts from the formal service network (e.g., first responders, designated agency crisis response teams, community developed response groups, etc.) as well as with the grass-roots groups that developed in direct response to the flood event, and,
4. public education forums for both flood survivors and for those who supported them offered at schools and other community settings.

Secondary support responses included outreach to the broader community through dissemination of brochures about the effects of disaster immediately following the event, as well as contacts with the media through press releases to major media outlets via the Vermont Agency of Human Services to promote S.O.S. Vermont and the services it provides.

In addition to these primary and secondary responses, region and town-specific responses also emerged depending upon the resources available in the community and how well organized these resources were to respond to a disaster of this magnitude. For instance, in 8 of the 10 counties affected by the disaster, established teams were deployed from the designated agencies immediately following the disaster to support community members as they were being evacuated from their homes.

This support continued well-past the initial evacuation and, in some cases, continues to date. In the Waterbury and Montpelier areas, teams focused upon coordinating with first responders to initially support evacuees, followed by coordinated efforts to provide informational sessions to groups in varied venues (e.g., parent nights, community dinners, etc.), outreach to identified individuals in their homes, and through individual check-in's by S.O.S. staff placed at the Disaster Recovery Center in Waterbury.

Significant effort was placed upon networking with several grass roots groups that were emerging in Waterbury in particular to include local private therapists who were offering their services to survivors, H.O.P.E. International, a group interested in supporting housing for survivors, town incident command posts, the United Way, Area Office on Aging, the American Red Cross, case managers from human serving agencies, and participation in community dinners. Finally, since

Waterbury has housed many former residents of the Vermont State Hospital, support was given to the residents and staff of a group home who were displaced to the basement of a church while their home was restored.

In nearby Chittenden County, efforts surrounded supporting one community that was heavily affected. Support teams attended a town meeting to provide information and education, as well as provided individual responses where indicated. In Orange, Windham and Windsor Counties, several school meetings were held to provide education and informational sessions to community members about the effects of disaster upon psychological functioning.

In the more isolated towns, door-to-door outreach occurred to reach individuals who had been most affected by the flooding and staff were provided to the Disaster Recovery Centers. In one town, families were provided support as they worked with the Medical Examiner to manage the cemetery that was significantly disturbed due to the flooding. Finally, in Rutland and Bennington Counties, staff set up and staffed a shelter to support evacuees. Support groups were set up in the most isolated counties and supports were positioned at community centers frequented by those affected by the flooding.

Data from community contacts under the current ISP are currently being collated. We are expecting more data for contacts that have been made since September 1, 2011, but evaluation of the current data set indicates that the greatest number of individuals were seen at community meetings (e.g., community suppers and parent nights), as well as through direct contacts such as door-to-door check-ins and interaction at Disaster Recovery Centers and community evacuation sites.

Designated Agencies were also reporting an increased number of calls to their 24/7 lines in response to increasing stress several weeks after the flood event. Given this, it is anticipated that the need for the direct door-to-door canvassing will significantly increase, coinciding well with current hiring of S.O.S. staff in the affected regions of Vermont.

In addition to outreach to individuals, it has also become clear that team leads will need to spend significant time upfront and throughout the project towards identifying key networks and resources that are developing to support individual and community recovery efforts. While some clear contacts exist through existing community agencies, many communities and neighborhoods have developed their own support and advocacy groups to assist their own in recovering from the flood. For example, in Waterbury a case manager has been hired by the town to assist displaced families in connecting with alternate homes and financial supports.

It will be imperative to identify and coordinate with these groups to assure that all those affected are well-supported in their mental and emotional recovery. S.O.S. Vermont leadership is in the process of networking within all affected regions to determine the leadership of these groups so as to make contact with them to (a) educate them about the services provided by S.O.S. Vermont, and (b) to obtain information about how best to reach the individuals they represent.

Additionally, the nature of interactions between staff and flood survivors has been qualitatively changing since the initial disaster. As would be expected, initial contacts focused entirely upon support of life and emergent needs. Quickly, this focus turned to concerns about housing and recovery of any salvageable property. Over time, we have begun to hear from parents and caretakers who were concerned about their children. In fact, upon further discussion, staff quickly learned that the adults and caregivers are the individuals in need of the most support followed closely by those in their care.

Highlight any prevalent or key issues or disaster reactions encountered during the first 2 months of services.

As would be expected, families with children with exceptionalities were experiencing increased symptoms and were struggling with how best to support their children. In one family, a child with obsessive compulsive disorder has been rendered almost non-functional because of the transient nature of his family's living situation. While they are working diligently to create order in their temporary situation, their child is significantly struggling to maintain at school and at home. Individuals caring for the elderly and other vulnerable populations also report increased concerns for their well-being due to the chaos the uprooting has caused.

One elderly couple noted that their "retirement income" resided in the second home they owned, which was destroyed. They now live with family members as they struggle to pay for the repairs now required on their damaged property.

Further, while individuals and families quickly found emergent housing, several weeks after the disaster, families are experiencing a second wave of significant stress about housing. Temporary housing obtained immediately following the disaster with friends, relatives, or charitable donations are ending or are becoming untenable, and permanent housing in home communities is scarce, unaffordable, or simply unavailable. Many individuals and families are paying mortgages on homes that no longer exist with little income left to pay for substitute housing.

While individuals work with individual banks to work out these issues and the increase in Section 8 housing vouchers has helped other families, limited housing continues to be a major source of stress for many families. The stress of limited or non-existent housing is further exacerbated by the quickly approaching winter months and associated inclement weather. In fact, residents whose losses were not covered by flood insurance were counting on these funds to pay for furnace installation for heating.

Describe any issues or disaster reactions unique to specific communities or at-risk populations.

Business owners are also struggling with the decision of whether to re-establish or curtail business endeavors. One restaurant owner expressed severe stress in determining whether to financially extend to the level of financial outlay for growing her business when the renovations she had just completed had expended all the money she had. This, along with damage to her home, was causing severe stress and sleeplessness.

Farmers, a group which often remains within its own realm of cultural supports, have experienced damaged crops and loss of "organic status" due to river water contamination, thus threatening the viability of their business. At an October Vermont Agricultural Conference, information regarding trauma and resiliency related to disaster was delivered by one of Vermont's Behavioral Health Disaster Response trainers, Margaret Joyal, MA. This stimulated requests for information on the ISP and written educational materials, which will be delivered to the Vermont Agency of Agriculture and the UVM Center for Sustainable Agriculture for dissemination to farmers throughout the state.

Describe any issues or disaster reactions related to the type of disaster that occurred.

Vermont continues to struggle with how best to support its most vulnerable mentally ill citizens. To date, the Vermont State Hospital continues to be unavailable and individuals in need are being supported through other creative alternatives (e.g., a wing of the Springfield Prison, community settings, alternative hospital diversion programs, etc.). While this issue is being actively addressed, individuals with needs continue to present in the community and emergency screeners struggle with how best to find suitable secure services for this very needy population.

For all Vermonters, this has been a particularly rainy fall, and many of the individuals supported have reported increased stress during these periods of inclement weather. In addition, the

continued wet weather has made recovery efforts difficult as individual's battle with mold and other issues related to water saturated homes.

Stressors to individuals and families also continue to rise as the affects of the disaster upon individual livelihoods are realized. Immediately following the flood, over 1,500 State Employees were displaced from the Waterbury State Complex and have been moved to varied locations around the State at varied convenience to the individual.

Much of the affected area is rural and agrarian. As sited in the original ISP application, many farmers lost crops and livestock, with some affected permanently by this disaster (e.g., organic farms losing their designation, whole fields lost rendering them unusable, etc.). Due to the destruction of records at the State Complex, individuals who had applications in process for economic services at the time of the disaster have had to reapply for these services.

Highlight any public education, media messaging, or educational materials distribution.

The need is great in our State. S.O.S. Vermont, in collaboration with many community partners, is actively working to address the mental health needs of those affected by the flood around the State. S.O.S. leadership is currently hiring staff for outreach and is actively promoting the program State-wide. As mentioned previously, a press release describing S.O.S. Vermont and the 1-800 contact numbers was disseminated through mass media and State Agency channels on October 7, 2011.

The Project Director was interviewed by WCAX on October 10th to further publicize the program. Information obtained from FEMA and the National Child Traumatic Stress Network about psychological responses to flood disasters, affects of disaster upon children and other vulnerable populations, ways for parents and teachers to support children, and self-care in response to disasters was provided as appropriate at all community contacts. A brochure specific to S.O.S. Vermont is being developed along with region-specific fact sheets to offer individuals specific information about all types of resources that might be needed for disaster recovery.

Additional comments, if any:

2. ISP Data Tables

Data Collection Totals: Please complete the following data tables, including total numbers for the entire ISP to date. The State may replace these tables by inserting or attaching database reports from the CCP Online Data Collection and Evaluation System, as long as all required indicators are included.

The following includes data from the start of the ISP (15 days after Presidential Declaration) to 10/20/11 (enter end date).

Individual Crisis Counseling Contacts (characteristics of encounter)	
Location	Number of Service Contacts
School	--
Community center	9 (18%)

Provider site			--
Workplace			--
Disaster recovery center			8 (16%)
Place of worship			--
Individual's home			17 (34%)
Retail			--
Phone Counseling (15 minutes or longer)			9 (18%)
Medical center			--
Public place			3 (6%)
Other:			--
Visit Type		Number of Service Contacts	
Individual			27 (55%)
Family			21 (42%)
Visit Number		Number of Service Contacts	
First visit			33 (67%)
Second visit			6 (12%)
Third visit			2 (4%)
Fourth visit			1 (2%)
Fifth visit or more			--
Individual Crisis Counseling Contacts (characteristics of encounter)			
Duration		Number of Service Contacts	
15–29 minutes			18 (36%)
30–44 minutes			14 (28%)
45–59 minutes			1 (2%)
60 minutes or more			14 (28%)
Individual Crisis Counseling Contacts (risk categories)			
Risk Category	Number of Service Contacts	Risk Category	Number of Service Contacts
Injured or physically harmed	2 (1%)	Disaster unemployed	1 (1%)
Life was threatened	--	Other financial loss	6 (3%)
Family missing or dead	--	Assisted with rescue or recovery	7 (4%)
Friend missing or dead	--	Evacuated quickly with little time to prepare	34 (22%)
Witnessed death or injury	--	Witnessed community destruction	--
Prolonged separation from family	--	Past substance abuse or mental health problem	4 (2%)
Home had damage	39 (25%)	Pre-existing physical disability	6 (3%)
Displaced from home 1 week or more	28 (18%)	Past trauma	9 (5%)
Had to change schools	--	Vehicle or major property loss	14 (9%)

Individual Crisis Counseling Contacts (demographic information)			
Age	Number of Service Contacts	Ethnicity	Number of Service Contacts
Preschool (0–5 years)	--	Hispanic or Latino	--
Child (6–11 years)	1 (1%)	Not Hispanic or Latino	--
		Race	Number of Service Contacts
Adolescent (12–17 years)	--		
Adult (18–39 years)	16 (32%)	American Indian/Alaska Native	--
Adult (40–64 years)	22 (44%)	Asian	--
Adult (65 years or older)	10 (20%)	Black or African-American	--
		Native Hawaiian/Pacific Islander	--
		White	48 (99%)
Primary Language of Contact	Number of Service Contacts	Gender	Number of Service Contacts
English	48 (87%)	Male	17 (35%)
Spanish		Female	31 (63%)
Other (N/A)	6 (12%)		N/A 1

Individual Crisis Counseling Contacts (event reactions)			
Behavioral	Number of Service Contacts	Emotional	Number of Service Contacts
Extreme change in activity level	5 (8%)	Sadness, tearful	19 (20%)
Excessive drug or alcohol use	--	Irritable, angry	15 (16%)
Isolation/withdrawal	1 (1%)	Anxious, fearful	20 (21%)
On guard/hyper vigilant	5 (8%)	Despair, hopeless	12 (13%)
Agitated/jittery/shaky	15 (26%)	Guilt/shame	3 (3%)
Violent or dangerous	--	Numb, disconnected	1 (1%)
Acts younger than age	1 (1%)		
Physical	Number of Service Contacts	Cognitive	Number of Service Contacts
Headaches	1 (1%)	Distressing dreams, nightmares	--
Stomach problems	2 (2%)	Intrusive thoughts, images	4 (6%)
Difficulty falling or staying asleep	6 (8%)	Difficulty concentrating	9 (14%)
Eating problems	2 (2%)	Difficulty remembering things	4 (6%)
Worsening of health problems	12 (17%)	Difficulty making decisions	10 (16%)
Fatigue, exhaustion	21 (30%)	Preoccupied with death/destruction	1 (1%)
Individual Crisis Counseling Contacts (referral)			
Source		Number of Referrals	
Other crisis counseling program services		13 (22%)	
Other disaster community services (e.g., FEMA loans, housing)		--	
Mental health services		7 (12%)	
Substance abuse services		--	
Other services:		8 (14%)	

Group Encounter Contacts (characteristics of encounter)	
Location	Number of Group Encounters
School	145 (24.2%)
Community center	233 (38.9%)
CCP provider site	17 (2.8%)
Workplace	12 (2.9%)
Disaster recovery center	30 (5.0%)
Place of worship	124 (20.7%)
Individual's home	24 (4.0%)
Retail	--
Medical center	--
Public place/event	14 (2.3%)
Other:	TOTAL - 599

3. ISP Service Providers

In the following table, list the service provider agencies that participated in the ISP. Include the estimated number of people to be served through Primary Services, identified in the ISP application, for each service provider. Then, include the total actually served to date in the ISP for each provider. List actual full-time equivalent (FTE) staff for each provider and the designated service areas served by each provider. If the State provided direct crisis counseling services, complete the State line of the table.

Service Provider Name	Estimated Number of People to be served through Primary Services	Total Served to Date in ISP	FTEs		Designated Service Area
			Grant Funded	In Kind	
State	0	0	.5	.6	
Service Provider 1 Washington County Mental Health	3331	599	16	0	Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor
Service Provider 2					
Service Provider 3					
Service Provider 4					
Service Provider 5					
ISP TOTAL:	3331	599	16.5	.6	

Explain why any service providers not included in the ISP application were added. Explain why any service providers included in the ISP application were deleted or discontinued.
 There was no new service providers added.

Explain the reasons for variations in rates of service delivery (i.e., why providers are significantly above or below total estimated service targets or why there is significant variation in service delivery rates among service providers of similar size).

The State was not able to begin work on the ISP until September 6th, even though the disaster was declared on September 1st due to the fact that this writer was one of the 1500 state workers who were displaced as a result of the State Office Complex in Waterbury being flooded. This writer did not have an office space to work out of until September 6th. The ISP was due on September 15th, and staff who may have otherwise been able to provide assistance during the application process, were not available to this writer as they were still at home as office space was being identified for them by the Department of Mental Health Commissioner.

On September 22nd, this writer submitted a corrected 424 form to the Joint Field Office in Burlington, VT. On September 27th, the condition letter was received by the JFO in Burlington, VT. From September 30 through October 3, this writer coordinated the contracting process for the CCP provider. On September 26th, the CCP community program manager was hired by Washington County Mental Health and on October 4th, the State of Vermont Joint Fiscal Committee approved the contract between the state and Washington County Mental Health. On October 17th and 18th, there were 10 crisis counselors who attended the official core content training at the Woodstock Inn with Paul Deignan. Since then WCMH has been actively recruiting staff to fill the rest of the crisis counseling positions.

The community provider was not able to being program development until the contracting period had been finalized, which lead to the delay in hiring of staff as well as the delay in program development. These are the series of reasons why the rates of service delivery are below targeted estimates.

Additional comments, if any:

4. ISP Training Provided

In the following table, include all trainings proposed in the ISP application. Indicate whether the trainings were provided, the type of training, dates, trainers, locations, and target audiences. List any additional training that were provided but not included in the ISP application.

Provided	Type of Training	Date	Trainer	Location	Target Audience
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Core Content Training (mandatory)	10/17/11 10/18/11	Paul Deignan	Woodstock Inn, Woodstock, VT	Crisis Counselors, FEMA staff
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:				

If applicable, briefly explain why any training proposed in the ISP application was not provided.

Part IV. State and Local Resources and Capabilities

Describe State and local mental health systems and the clients they serve. Explain why these resources cannot meet the disaster-related mental health needs.

The Department of Mental Health contracts work out to 10 Designated Agencies (DA's) to provide mental health services throughout the state. The State does not provide direct service. The DA's are mandated by law to provide services to Severely Mentally Ill adult population and Severely Emotionally Disturbed children. The DA's are also mandated to provide emergency services to people who are experiencing a mental health crisis.

Does the SMHA set aside funds for disaster response? If so, how are these funds used?

The State does not set aside any funds for disaster response. Up until August of 2010, the Department of Mental Health had been a pass through for CDC (The Center for Disease Control) Bio-Terrorism grant dollars. The Vermont Department of Health contracted with Washington County Mental Health, one of the 10 DA's, to provide behavioral disaster response. The Department of Mental Health was the conduit for the funds. WCMH trained people around the state to be able provide disaster mental health response.

Are crisis counseling services beyond the SMHA's and local providers' scope and capacity of services?

The ability of the DA's to provide crisis counseling services is beyond their current capacities and the scope of what they would be able to provide to communities affected by the flooding. DA's do not have staff resource or capacity to bring to bear on communities that were affected by the flood, beyond the work that they are currently doing and populations that they are currently serving. DA's do not have additional staff that could be dedicated to provide the level of service that crisis counselors would provide to affected communities.

If the State has existing resources that can be used for disaster mental health services, describe these resources. These resources should be outlined as in-kind contributions in the program plan.

The State will be providing in-kind contributions to the program in the form of staff. There will be a Program Director, Administrative Assistant and Fiscal Coordination positions that the State will contribute on in-kind bases.

Additional comments, if any:

Part V. Plan of Services

Complete the following Staffing Summary Table by entering information from the State and Provider Staffing Tables.

A. Staffing Summary Table

1. The State must complete a State Staffing Table (see Part V.B.1.).
2. Each Provider must complete a Provider Staffing Table (see Part V.C.2.).
3. Fill in the chart below with FTE totals from the Staffing Plan Tables.
4. Identify the designated service areas that each provider will serve.

Note: The total Estimated Number of People To Be Served Through Primary Services in this table should equal the total identified in Part I.C. Summary of Geographic Areas and Initial Needs Assessment.

Service Provider Name	Estimated Number of People to be served through Primary Services	FTEs		Designated Service Areas
		Grant Funded	In-Kind	
State	0	0	1.1	0
Service Provider 1 Washington County Mental Health	4607	18	0	Addison, Bennington, Chittenden, Caledonia, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor
Service Provider 2				
Service Provider 3				
Service Provider 4				
Service Provider 5				
TOTAL:	4607	18	1.1	

In the spaces below, all applicants should do the following:

- Attach an organizational chart. This chart must include the program management, fiscal, administrative, data/evaluation, and all direct and support services staff positions at the State and provider levels. The staff positions and FTEs in the organizational chart should correspond with the information included in the Staffing Plan Tables. The number of FTEs must also be included in each box, as well as the identification of any in-kind staff.
- Describe the organizational structure.

Attach an organizational chart for this project. (see attachments)

Describe the rationale for determining the number of FTEs for the program based on the total estimated number of people to be served through primary services.

The overall scope of the disaster was so far reaching that the entire state of Vermont was affected. All thirteen counties in the state were ultimately declared. The areas affected are so vast that it is unreasonable to expect that no less than six teams would be able to safely, efficiently and effectively deliver even secondary, let alone primary services to every location that was in need of service.

The CCP will focus on the most damaged counties which include Washington, Orange, Rutland, Windsor, Windham and Bennington counties. These counties will be provided primary and secondary services. The remaining counties, which also received damage from the flooding (Addison, Chittenden, Franklin, Lamoille, Orleans counties) will receive secondary services, primarily. The six most affected counties had 91% of the overall registrants. These counties will receive the majority of services throughout the RSP period. The FTE's for the RSP will be 1:300 as the RSP will run for a longer period of time than the ISP, which had a staffing profile of 1:200.

There is one town in Bennington, County, Reedsboro that up until 3 weeks ago, was still inaccessible to the rest of the state. Many of those affected lived in trailer parks around the state, and those residents have been displaced. They are a special population that needs service and it will take considerable effort, on a primary service basis to locate and provide outreach to this group of displaced people. There are counties (Addison, Chittenden, Caledonia, Lamoille, Franklin, and Orleans) that have fewer than 200 registrants. Although the number of registrants appears to be low, there are isolated pockets of need. These people will be served by secondary services and the six most affected counties will be receiving primary services. Team leaders will assess the need and allocate staff to counties under 200 registrants on an as needed basis.

Provide a brief description of the organizational and supervisory plan for the program.

Washington County Mental Health will be the community provider for the CCP. WCMH has been the state subcontractor for the CDC Bio-Terrorism grant and as an agency has seasoned and experienced staff in the focus area of providing disaster mental health services around the state. The program will be structured in the following way. There will be three teams with one team leader for four crisis counselors. Team leaders will be supervising crisis counselors and will also provide direct service in the field.

Additional comments, if any:

B. State Staffing Plan

Please provide information on the State staffing plan. Include State leadership positions and include State service staff if the State is directly providing Primary services.

1. State Staffing Table

This is an estimate for the following designated service area: Addison, Bennington, Chittenden, Caledonia, Essex, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor

Date completed: October 21, 2011

Type of State Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40 hours per week)	Number of Staff Members	Number of FTEs (based on 40 hours per week)
CCP Program Manager			1	.4
Fiscal Administrator			1	.2
Admin/Data Entry			1	.5
TOTAL:			3	1.1

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the ISP Supplemental Instructions and may be modified and inserted here.

The **CCP Program Manager** for the State will have primary oversight and responsibility for CCP grant and will be the main point of contact for internal and external stakeholders, to include FEMA, SAMHSA DTAC, WCMH (community provider), Department of Mental Health leadership, and the Governor's Office. The CCP program manager will have general oversight of training, reporting and fiscal monitoring of the RSP.

The **Provider Project Manager** will report directly to the **State CCP Program Manager**. The **State CCP Program Manager** will have routine contact with the provider counterpart. **The State Program Manager** will make regular site visits to the community provider in order to ensure that the quality of the service delivery is consistent and to monitor the appropriateness of the program administration.

The **Fiscal Administrator** will have the primary responsibility for ensuring that the transfer of funds from FEMA to the Department of Mental Health is timely, and that funds are available to the

provider. This team member will work closely with the community provider and review and process invoices as they are submitted. The staff will be responsible for submitting financial reports to FEMA.

The **Administrative and Data Entry** staff will have primary oversight for entering the data required under the terms of the grant. This position will work closely with WCMH staff in ensuring that data is entered in a timely and correct manner to conform to OMB requirements.

2. Services and Strategies

Select the types of services furnished by the State. Please select Primary services only if the State is directly providing Primary services.

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- Distribution of educational materials
- Media and public service announcements

How will you organize and deploy crisis counseling teams?

The State will not be providing any direct service under the terms of this RSP grant. The State will be contracting this work out to the community provider.

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment.

The state will be contracting with the community provider, who in turn will be delivering crisis counseling and all related services.

Describe the staff support mechanisms that will be available.

The State CCP director will be providing support and oversight to the community provider.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network?

Additional comments, if any:

C. Provider Staffing Plan

1. Contact Information

Please provide information on each service provider and the project manager or point of contact for the provider.

Service Provider

Agency/Organization Name: Washington County Mental Health _____
 Address Line 1: 9 Heaton Street _____
 Address Line 2: _____
 City: Montpelier _____ State: VT__ Zip: 05601 _____
 Phone: 802-229-0591 _____ Fax: _____
 E-Mail: marym@wcmhs.org _____
 Director's Name: Mary Moulton _____

CCP Provider Contact/Manager

Ms. Mary Moulton
 Prefix First Name Middle Initial Last Name
 Agency/Organization Name: Washington County Mental Health _____
 Address Line 1: 9 Heaton Street _____
 Address Line 2: _____
 City: Montpelier _____ State: VT Zip: 05601 _____
 Phone: 802-229-0591 _____ Fax: _____
 E-Mail: marym@wcmhs.org _____

2. Provider Staffing Table

Service provider name: Washington County Mental Health _____

This is an estimate for the following designated service area: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, and Windsor_

Date completed: October 21, 2011 _____

Type of Staff	Grant Funded		Projected In-Kind	
	Number of Staff Members	Number of FTEs (based on 40 hours per week)	Number of Staff Members	Number of FTEs (based on 40 hours per week)
Program Director	1	1.0		
Admin. Asst	1	.5		
Data Entry	1	.5		
Fiscal Administrator	1	.25		
Evaluation Coordinator	1	.25		
Media Liaison	1	.50		
Team Leaders	3	3.0		

Crisis counselors	12	12.0		
TOTAL:	21	18		

Provide a brief job description (one paragraph) for each staff position included in the program. Sample job descriptions for typical positions are available in the RSP Supplemental Instructions and may be modified and inserted here.

There will be one **Project Manager** (FTE 1.0) at the provider level. This position will be the main point of contact for the State CCP Program Manager. This position will have primary responsibility and oversight for hiring CCP program staff; for staff training and orientation; fiscal monitoring and reporting of the program's activities; and ensuring overall program integrity. This position will also have primary oversight for the supervision of CCP staff.

There will be an **Administrative Assistant** (FTE .5) position which will provide administrative support to the CCP program manager and other program staff.

There will be a **Data Entry Coordinator** (FTE .5) position that will be responsible for entering program evaluation data.

There will be an **Evaluation Coordinator** (FTE .25) position that will be responsible for collecting data that is generated by the Crisis Counselors. This position will have oversight responsibility for supervising the Administrative Assistant and reporting data to FEMA as well as providing data analysis and reports to the State.

There will be a **Fiscal Coordinator** (FTE .25) who will have primary oversight for tracking and monitoring funds, preparing financial reports, and reviewing the submission of budget requests for the program. This position will work closely with the CCP leadership in order to ensure that funds are readily accessible.

There will be a **Media Liaison** (FTE .5) who will provide coordination to the program in the form of press releases, developing public relations information, collaborating with media outlets, Governor's office, etc, developing literature and other materials which highlight CCP program services.

There will be **Team Leaders** (FTE 3.0) who will be out in the field, managing crisis counselors' work assignments, providing supervision, and providing direct outreach to affected Vermonters. The Team Leaders will function as a liaison to the Program Manager. The Team Leaders will be leading teams consisting of 4 crisis counselors each.

The **Crisis Counselors** (FTE 15.0) will deliver a broad array of services to affected Vermonters. Crisis counselors will provide outreach and referral to individuals and groups in the form of psych-educational groups and trainings to individuals, families and communities.

3. Services and Strategies

Select the types of services furnished by the service provider.

Primary services provided:

- Brief educational or supportive contact
- Individual crisis counseling
- Group crisis counseling
- Public education
- Assessment, referral, and resource linkage
- Community networking/support

Secondary services provided:

- x Distribution of educational materials
- x Media and public service announcements

How will you organize and deploy crisis counseling teams?

For this program, there will be 15 total crisis counselors, organized in the following way: There will be three teams, covering three regions. Region I will cover Washington and Orange counties and will consist of 1 team leader, and 2 teams of 2 crisis counselors; Region II will cover Windsor and Rutland counties and will consist of 1 team leader and 2 teams of 2 crisis counselors; Region III will cover Bennington and Windham counties and will consist of 1 team leader and 2 teams of 2 crisis counselors.

Describe your plan to reach those identified as in need of services. Include any special population groups that are identified in the needs assessment.

WCMH has been doing outreach door to door. Due to the nature of this disaster, that is exactly the type of outreach to communities that needs to be done. This will present many challenges due to the rugged condition of many of the roads in Vermont that were severely damaged as a result of the storm. Farmers can be reached through the University of Vermont extension programs.

Approximately one year ago, this writer had invited a staff from the UVM extension program to speak to the DA emergency Services directors as dairy farmers in the state were struggling as a result of falling milk prices. Many farms were going under and farmers were experiencing a tremendous amount of stress.

This contact at UVM is still in place and can be called upon now. CCP staff will travel to food banks and make outreach there. CCP staff will also visit local housing authorities as the need there will likely be great for guidance and support. CCP will continue to visit schools as children are vulnerable to stress and the effects of the disaster.

First responders are an important group to target and CCP staff will make outreach to this group as well. WCMH held an informational meeting in the town of Waterbury on Friday evening at 6 o'clock on September 10th. Mary Moulton said 60 people attended and received education on how to deal with the emotional effects of the flood. There will be continued need for these types of services in the coming weeks as the losses that people have incurred become more real and the disillusionment phase of the disaster sets in.

State workers who have been displaced are also a special needs population to be focused on. Over 1500 state workers were displaced due to flooding of the State Office Complex in Waterbury. State Hospital workers have to travel great distances in order to care for a cohort of patients that were evacuated from the state hospital and relocated to other hospitals around the state.

Describe the staff support mechanisms that will be available.

WCMH has developed training around self-care and stress reduction for those who provide direct service in the wake of disasters. This training will be offered during the course of the ISP by WCMH staff. Mary Moulton, a senior staff at WCMH who has many years of disaster behavioral health response experience, will be available to offer support to staff who are involved in the grant.

WCMH is aware that the next level of communication with the greater population of Vermont is through the media. Plans will be underway to communicate this both electronically with PSA's and in print in local newspapers.

Community stakeholders often include community mental health and substance abuse centers, schools, faith-based organizations, first responders, law enforcement, community-based cultural organizations, and local elected officials. With what organizations and community stakeholders will you network?

Working directly with towns will be an important way to network and assess the ongoing needs of communities. The CCP teams will be working closely with the American Red Cross as well and will serve an important function of liaison between the ARC and the DA's. VT211 and the United Way are other organizations that will be partnered with in order to develop outreach efforts. Physician's offices will be important community partners as people often present with mental health needs in those settings. Brochures and literature will be distributed to these venues.

It will be important to make contact and distribute literature with local hospitals as well. The Cavendish fire department has already made outreach to HCRS to set up an informational table there for the community. One of the strengths about Vermont is that the DA's are already an integral part of the fabric of the community and are a known entity. Community stakeholders largely know how to contact them and have a solid working relationship with them, which will help in ensuring that outreach is directed to the people who need it.

In addition, the ISP Program Director will work closely with FEMA's Voluntary Agency Liaison (VAL) team in the development and implementation of a more targeted and effective service delivery system. We expect that the VAL personnel will provide both contact and special needs information to assist in this regard.

Additional comments, if any:

D. Program Management Plan

The following section should be used by the State to describe the SMHA's overall plan for program administration, monitoring, and oversight.

If the State received an ISP grant, describe what administrative and programmatic activity will take place to ensure a smooth transition from the ISP to RSP phase.

WCMH has started to build the programmatic infrastructure for the RSP, which will continue to be built upon during the roll out of the RSP. The same personnel who staffed the ISP at both the State and provider level will be held over to staff the RSP. This will provide a level of continuity and stability for the RSP as it transitions from the ISP.

The provider had a late start to the ISP and there is little concern that funds will not be available during the transition from the ISP to the RSP. The State has pre-existing contracting mechanisms in place and in force that were used to contract with WCMH during the ISP. These same contracting mechanisms will be used for the RSP. It is not anticipated that there will be any new providers added to the RSP application and that the service delivery will continue to be maintained by WCMH.

Describe the State's plan for oversight of the entire program.

During the ISP phase of the CCP, the State Program Manager had frequent (several times per week) electronic (email and phone) contact with WCMH ISP team, in addition to weekly face to face visits. It is anticipated that this level of contact will continue into the RSP phase of the program.

Describe the State's plan for monitoring fiscal activity and fiscal accountability. Include financial documentation procedures.

There is an identified State Department of Mental Health staff member who is dedicated to working on the fiscal monitoring of the program as it moves into the RSP phase. The Department of Mental Health has pre-existing mechanisms in place to track grants and contracts and the RSP grant would fall into those existing procedures. There are codes already set up in order to track grant activity and payment procedures in place in order to track invoices and authorize payments to the community provider.

Describe the State's plan for quality control methods to ensure appropriate services reach disaster survivors.

The State is legislatively mandated to perform quality reviews of all 10 Designated Agencies. The work that WCMH performs during the course of the crisis counseling program will be included in their next designation and program review of services to ensure that the appropriate services were rendered at the appropriate time and in the appropriate measures and frequency. The State CCP Program Manager will review data entry from the provider side and meet with WCMH staff on a regular basis to elicit feedback regarding quality of service delivery.

Data collection and evaluation activities must be consistent with the guidelines provided by FEMA and CMHS. Data should be collected using the data collection tools approved by the Office of Management and Budget (OMB). These tools are available in *Evaluating and Monitoring the Reach, Quality, and Consistency of Crisis Counseling Programs Manual and Toolkit*, which is included with the application materials packet that SAMHSA DTAC sends to States, and through the CCP Online Data Collection and Evaluation System.

By checking the box, the State agrees to use the OMB-approved data collection tools and conduct evaluation activities consistent with FEMA and CMHS guidelines.

Describe and justify any additional process or program evaluation that may be conducted during the RSP.

If an evaluation consultant will be used for other evaluation activities, explain why this consultant was selected and attach a résumé to the application.

The state will not be hiring an evaluation consultant for the program.

Describe the State's plan to ensure clear program identity and market the program so survivors can easily access services (e.g., program identification materials, use of media, Web sites). Also, specifically identify how survivors will access program services and whether the program is putting into place a hotline or referral phone numbers.

WCMH will be providing the branding of the program, Starting Over Strong (SOS) Vermont by the purchase of hats, shirts and jackets that will bear the logo of the program.

Describe the State's plan to ensure that appropriate educational materials and wellness messages are available to assist both communities and individual survivors (e.g., public service announcements, partnering with media or community organizations).

The Media Liaison through WCMH will be responsible for carrying out this function.

Describe the State's plan to partner with disaster relief, community, faith-based, traditional mental health and substance abuse services, and other human service organizations to promote community recovery, ensure appropriate mechanisms for referral, and promote unduplicated, comprehensive services.

The State will oversee the work of WCMH in this domain. WCMH will partner with United Way, VT 211, faith based communities, VT Department of Health, in order to ensure and promote comprehensive services.

Will the State be providing, in addition to oversight, direct crisis counseling services to survivors?

Yes No

If yes, the State must include in Part V.B.1-2. detailed information concerning the direct services it will provide.

Additional comments, if any:

E. Consultants (Excluding Trainers)

Please provide a list of consultants you intend to use. Complete a consultant information sheet for each consultant. Do not include any trainers.

Consultants

Consultant Name	Agency/Organization	Phone	Role
Consultant 1			
Consultant 2			
Consultant 3			

Additional comments, if any:

Consultant Information

Please provide the following information. If the consultant is self-employed, enter his or her name in the agency/organization field in addition to the name fields. The address of the consultant should be the address of the agency/organization applying for FEMA funds. Résumés are required for all consultants.

Consultant

Prefix _____ First Name _____ Middle Initial _____ Last Name _____
 Agency/Organization Name: _____
 Address Line 1: _____
 Address Line 2: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

E-Mail: _____

Types of Services Provided:

F. Training

Note: Enter only people who are trainers; list consultants in the previous section (E). All program staff must receive training in the FEMA crisis counseling requirements.

Does the State have trainers experienced in the CCP who can provide training on the CCP model?
 Yes No

- If yes, list these trainers in the table below.
- If no, contact SAMHSA DTAC for technical assistance or referrals for approved trainers (SAMHSA DTAC: 1-800-308-3515, DTAC@samhsa.hhs.gov). The approved trainers must then be listed in the table below.

Trainers

Trainer Name	Agency/Organization Affiliation	FEMA/CMHS Approved	Attended CCP Training of State Trainers
Trainer 1 Paul Deignan		Yes	Yes
Trainer 2			
Trainer 3			

Training Schedule

Type of Training	Date	Trainer	Location	Target Audience
¹ Core Content Training	10/18,10/19	Paul Deignan	Woodstock Inn, Woodstock, VT	CCP staff and FEMA staff
Transition to RSP Training	TBD	Paul Deignan	TBD	
Midprogram training	TBD	Paul Deignan	TBD	
Anniversary Training	TBD	Paul Deignan	TBD	
Phase down Training	TBD	Paul Deignan	TBD	
Other: Compassion Fatigue	TBD	Paul Deignan/Mary Moulton	TBD	
Other: Bridges to Poverty	TBD	TBD	TBD	

¹All crisis counselors must receive the Core Content Training during their tenure with a CCP. This is typically provided in the ISP phase. In this case, it does not need to be repeated in the RSP (the Transition to RSP Training will be sufficient). RSP grants that did not have an ISP phase must provide the Core Content Training (in place of the Transition to RSP Training).

Attach résumés for any proposed trainers who have not been FEMA/CMHS approved.
(See attachments)

Describe who will be trained, and note if training will be offered to other human service or disaster relief workers who are not employed through the CCP grant.

Trainings will be held for public and private mental health providers, social workers and other staff from hospitals, community and town leaders, first responders, FEMA staff if available.

Describe and provide a rationale for other trainings to be offered.

There were pre-existing issues of increased rates of food insecurity, childhood poverty, substance abuse and decrease in household income prior to the disaster, which have only been compounded due to the stresses experienced by those affected by the flooding. It is important to provide trainings on issues of poverty to those involved in direct service to flood victims in order for people to be sensitive to the distress signs that survivors may be expressing, and more importantly, what to do and how to work with people exhibiting such signals and behaviors.

Describe how staff stress management opportunities will be incorporated into the CCP training.

Mary Moulton, senior staff at WCMH will provide training on compassion fatigue with Paul Deignan in order to address the very real issue of line staff who provide direct service feeling the strain of working with many people who are suffering as a result of the disaster, and hearing multiple stories of loss. There is also an EAP that staff can avail them too. Staff will also be closely supervised and there will be check-ins with staff delivering direct service in order to address any stress related issues that they may be experiencing.

Additional comments, if any

G. Facilities

Is the State or are service providers providing office space as an in-kind contribution to the project?

Yes No

If no, please provide justification for leasing office space.

Part VI. Budget

The budget must be integrated with the needs assessment and the program plan. A separate budget must be provided for the SMHA and each service provider. A line-item budget narrative justifying costs is required for both State and service provider budgets.

- **Note that the SF-424a is a required form and represents the total budget for the program.**
- The applicant should review the detailed guidance on budgeting in the RSP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance*.

A. Budget Summary Table (Includes State and Provider Costs)

RSP Budget Summary		
Budget Line Item	Total Costs	In-Kind (funds contributed by the SMHA)
Salaries and Wages (a.) ¹		\$39,312
Fringe <u>33</u> % (b.) ¹		\$12,973
Subtotal Personnel Costs		\$52,285
Travel (c.) ¹		
Equipment (d.) ¹		
Budget Line Item	Total Costs	In-Kind (funds contributed by the SMHA)
Supplies (e.) ¹		
Contractual Consultant/Trainer Costs		

Contractual Media/Public Information Costs		
Provider Contractual Costs	\$802,070	
Subtotal Contractual Costs (f.) ¹	\$802,070	
Other Direct State Costs (h.) ¹		
Total Contractual and Direct Costs:	\$802,070	\$52,285

¹ Letters in parentheses indicate the corresponding budget category on the SF-424a. Costs covered directly by the State, and not contracted must be included in Other Direct State Costs (h.)

B. Budget Narrative Table (Includes State and Provider Costs)

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative						
Budget Line Item	Item Description					Total Cost
DIRECT COSTS						
Direct Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.B.1. here. Add rows as needed. Key staffs are expected at .5 FTEs and above.)					
<i>Subtotal Salaries and Wages</i>						
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)					
<i>Subtotal Direct Personnel Costs</i>						
Direct Travel Costs			Miles	Weeks	Rate	

(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem rates. Provide RSP Application Page 38 of 42
 The State assures that the mileage rate is usual and

	customary. Do not include consultant/trainer travel costs. Add rows as needed.)			
Subtotal Direct Travel Costs				
Direct Equipment Costs		Unit Cost	No. of Units	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)			
Subtotal Direct Equipment Costs				
Budget Line Item	Item Description			Total Cost
Direct Supplies Costs		Unit Cost	No. of Units	
	(Itemize supply costs here. Add rows as needed.)			
	Clothing (hooded sweatshirts, wool hats, jackets)			
	Art supplies			
Subtotal Direct Supplies Costs				
Subtotal Direct Costs				
CONTRACTUAL COSTS				
Contractual Consultant/Trainer Costs		Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)			
	6 daysx\$750/day			
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)			
	6 days/\$165 per day			
	Training space			
Subtotal Contractual Consultant/Trainer Costs				
Contractual Media/Public Information Costs				
	(Itemize contractual media and public information costs here. Add rows as needed.)			
	Media outreach			
	Printing			
Subtotal Contractual Media/Public Information Costs				
Provider Contractual Costs				
	(Itemize provider contractual costs here. Add rows as needed.)			802,070
Subtotal Provider Contractual Costs				
Subtotal Contractual Costs				\$802,070
OTHER DIRECT COSTS				
Other Direct State Costs				
	(Itemize other direct State costs here. Add rows as needed.)			
Subtotal Other Direct State Costs				
Total Contractual and Direct Costs				802,070
Add narrative budget justification here.				

C. Individual Provider Budgets

Complete an Individual Service Provider Budget for each service provider.

RSP Individual Service Provider Budget Summary

Name of service provider: Washington County Mental Health _____

Designated areas: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor _____

Total estimated number to be served through primary services: 4607 _____

Budget Line Item	Total Costs	In-Kind (funds contributed by the provider)
Salaries and Wages	\$512,460.00	
Fringe <u>37.5</u> %	\$192,173.00	
Subtotal Personnel Costs	\$704,633.00	
Travel	\$68,250.00	
Equipment	n/a	
Supplies	\$4,120.00	
Consultant/Trainer Costs	\$8,490.00	
Media/Public Information Costs	\$25,000.00	
Other Service Provider Costs		
Total (f.)¹ :	802,070	

¹ Letters in parentheses indicate the corresponding budget category on the SF-424a

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative for the Individual Service Provider

Name of Service Provider: Washington County Mental Health _____

Designated areas: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor _____

Total estimated number to be served via primary services: 4607 _____

Budget Line Item	Item Description					Total Cost
PROVIDER COSTS						
Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.C.2. here. Add rows as needed.)					
	Program Director	1.0	40	39	\$27.00	\$42,120
	Admin. Asst	.5	40	39	\$15.00	\$11,700.00
	Data Entry	.5	40	39	\$15.00	\$11,700.00
	Fiscal Administrator	.25	40	39	\$20.00	\$7,800
	Media Liaison	.50	40	39	\$25.00	\$19,500
	Evaluation Coordinator	.25	40	39	\$20.00	\$7,800
	Team Leaders	3.00	40	39	\$20.00	\$93,600
	Crisis Counselors	12.0	40	39	\$17.00	\$318,240
	Subtotal Salaries and Wages					
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)					
	The source of this information is Janice Guyette, Director of Finance and Administration for WCMH FICA Match 7.65% - FICA Match is the employer's share of Social Security and Medicare; STD, LTD, Life 1.00% - Short Term and Long Term Disability and Life Insurance are fully paid by the employer as a benefit Health 22.00% - Health, Dental and Vision Insurance – Employees pay about 12.5% of the total cost of this coverage. The 22% is net of employee contributions. Traditionally, employees of WCMH have opted to keep this benefit in lieu of high salaries. This percentage is based on FY 2011 actual. WCMH is self insurance so this amount could go higher justifying the 37.5% total fringe; State Unemp 1.00% - based on actual claims; Workers Comp 1.00%; Retirement Match 4.00% - Retirement contributions by employees are matched up to 4%. All employees working more than a minimum number of hours are eligible; Employee Asst Plan, Education and Wellness benefits 0.50% – open to all employees					
						37.5%
						\$192,173
Subtotal Personnel Costs						\$704,633
Budget Line Item	Item Description					Total Cost
Travel Costs		Miles	Weeks	Rate		
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.)	500	39	\$.50		\$68,250
	There are six teams with 3 team leaders and a program director for a total of 10 staff who would drive on average 70 miles per day for a five day per week time period which equals 3500 miles per week for 39 weeks.					
Subtotal Travel Costs						\$68,250

Equipment Costs		Unit Cost	No. of Units	
(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)				
Subtotal Equipment Costs				N/A
Supplies Costs		Unit Cost	No. of Units	
(Itemize supply costs here. Add rows as needed.)				
Clothing (Wool hats, Jackets, Hooded sweatshirts) There will be new staff coming on line for the RSP portion of the CCP who will need clothing. In addition, we are transitioning from autumn into winter and CCP staff will need different clothing than what was needed during the summer months. 18 individuals will need 3 articles of clothing at an average of \$30/article of clothing.		30	54	\$1620
Art Supplies – During the ISP portion of the CCP, the provider purchased art supplies in order to provide arts and crafts activities for children affected by the flooding who were attending a town meeting with their parents. Children are a special population affected by the disaster and will be a focus of the services provided during the RSP. There will be an ongoing need for art supplies such as craft paper, paint, glue, crayons, for the duration of the program.				\$2500
Subtotal Supplies Costs				\$4120
Consultant/Trainer Costs		Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)	\$750	6	\$4500
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)			
	\$165x6=\$990. \$110 for hotel room plus a \$55 per diem rate (\$165) for 6 days of trainings = \$990			\$990
	Room rental			\$3000
Subtotal Contractual Consultant/Trainer Costs				\$8490
Media/Public Information Costs				
(Itemize contractual media and public information costs here. Add rows as needed.)				
Printing – Brochures will be printed and broadly distributed for the RSP portion of the CCP. The community provider will have to contract all of the work related to printing as they are not able to provide.		\$10,000		
Media outreach – There will be a web master to develop and manage web site. There will be an educational video developed and produced. There will be a radio campaign and public service announcements developed.		\$15,000		
Subtotal Contractual Media/Public Information Costs				\$25,000
Other Service Provider Costs				
(Itemize other service provider costs here. Add rows as needed.)				
Subtotal Other Service Provider Costs				
TOTAL PROVIDER COSTS:				\$802,070
Add narrative budget justification here.				

✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂

Trainer Biography

Paul Deignan

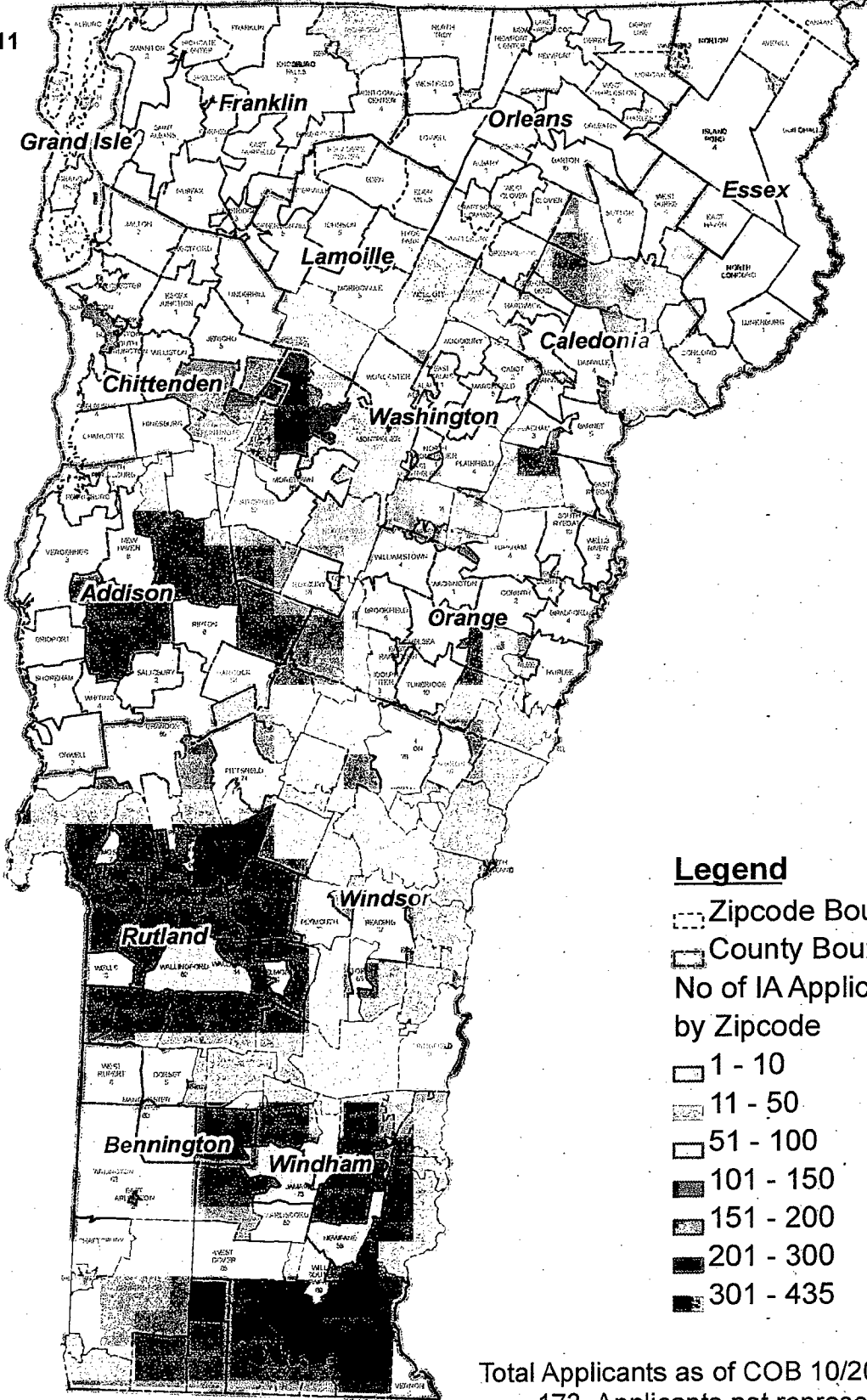
Paul Deignan is a graduate of the College of the Holy Cross and Boston College Graduate School of Social Work. He has worked in the field of Human Services for thirty six years. He is currently the Disaster Behavioral Health Coordinator for the State of New Hampshire. He works in the Department of Safety- Homeland Security and Emergency Management.

In the seven years since assuming his current position, Mr. Deignan has recruited and trained over 700 behavioral health professionals in New Hampshire to serve as members of the State's volunteer Disaster Behavioral Health Response Team. As an active member of the Governor's Operation Welcome Home Committee, he has been involved in efforts to support the National Guard in pre-deployment and post deployment activities. He has trained over 4,000 responders and volunteers in Psychological First Aid in New Hampshire, Maine, Iowa and New York.

Prior to his current position, he has managed a variety of substance abuse programs including a D.U.I residential multiple offender program in Massachusetts which served over 20,000 offenders. He was a member of the Governor's Task Force on Alcohol and Highway Safety and was the Vice President of the Boston Chapter of M.A.D.D.



Incident: Tropical Storm Irene
 Incident Period: August 29, 2011
 Declared: September 1, 2011

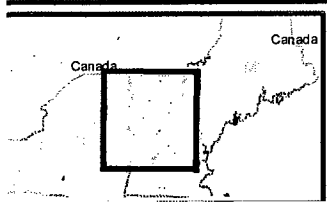


Legend

- Zipcode Boundary
- County Boundary
- No of IA Applicants by Zipcode
- 1 - 10
- 11 - 50
- 51 - 100
- 101 - 150
- 151 - 200
- 201 - 300
- 301 - 435

Total Applicants as of COB 10/20/2011: 653
 173 Applicants not represented on map

All Counties eligible for HMGP



0 4.5 9 18 27 36 Miles

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Application for Federal Assistance SF-424

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

*3. Date Received: _____	4. Applicant Identifier: _____
------------------------------------	--

5a. Federal Entity Identifier _____	*5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION

***a. Legal Name:** VERMONT DEPARTMENT OF MENTAL HEALTH

*b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000264	*c. Organization DUNS: 809376155
---	--

d. Address

***Street1:** 26 Terrace Street

Street2: _____
***City:** Montpelier
County/Parish: Washington
***State:** Vermont

Province: _____
***Country:** United States
***Zip/Postal Code:** 05609-1101

e. Organizational Unit

Department Name: Department of Mental Health	Division Name: Adult Services
--	---

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

Prefix: Mr. ***First Name:** Frank
Middle Name: _____
***Last Name:** Reed
Suffix: _____

Title: Director of Mental Health Services

Organizational Affiliation:
Department of Mental Health

***Telephone Number:** 802-828-3809 **Fax Number:** 802-828-1717

***Email:** Frank.Reed@state.vt.us

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Federal Emergency Management Agency

11. Catalog of Federal Domestic Assistance Number
97.032

CFDA Title:
Crisis Counseling

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Addison, Bennington, Caledonia, Chittenden, Orange, Orleans, Rutland, Washington, Windsor, Windham

15. Descriptive Title of Applicant's Project:

Regular Services Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant VT-all

b. Program/Project Vermont Districts

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

17. Proposed Project:

*a. Start Date:

b. End Date:

18. Estimated Funding(\$):

*a. Federal \$802,070
*b. Applicant State of Vermont, Department of Mental Health
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL \$802,070

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

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

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

- Yes No

If "Yes", provide explanation and attach.

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

** I AGREE

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

a. Authorized Representative

Prefix: Commissioner *First Name: Patrick

Middle Name:

Last Name: Flood

Suffix:

*Title: Commissioner, Department of Mental Health

*Telephone Number: 802-828-3808 Fax Number: 802-828-1717

*Email: Patrick.Flood@state.vt.us

*Signature of Authorized Representative:

Patrick Flood

Date Signed: 1/11/12

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

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

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Crisis Counseling	93.982	\$	\$	\$ 802,070.00	\$ 52,285.00	\$ 854,355.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 802,070.00	\$ 52,285.00	\$ 854,355.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$	\$	\$	\$ 39,312.00	\$ 39,312.00	
b. Fringe Benefits	\$	\$	\$	\$ 12,973.00	\$ 12,973.00	
c. Travel	\$	\$	\$	\$	\$ 0.00	
d. Equipment	\$	\$	\$	\$	\$ 0.00	
e. Supplies	\$	\$	\$	\$	\$ 0.00	
f. Contractual	\$	\$	\$ 802,070.00	\$	\$ 802,070.00	
g. Construction	\$	\$	\$	\$	\$ 0.00	
h. Other	\$	\$	\$	\$	\$ 0.00	
i. Total Direct Charges (sum of 6a -6h)	\$ 0.00	\$ 0.00	\$ 802,070.00	\$ 52,285.00	\$ 854,355.00	
j. Indirect Charges	\$	\$	\$	\$	\$ 0.00	
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 802,070.00	\$ 52,285.00	\$ 854,355.00	
7. Program Income		\$	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. In-Kind (contributed by the SMHA)	\$	\$ 52,285.00	\$	\$ 52,285.00
9.	\$	\$	\$	\$ 0.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 52,285.00	\$ 0.00	\$ 52,285.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 802,070.00	\$ 0.00	\$ 200,518.00	\$ 300,776.00	\$ 300,776.00
14. Non- Federal	\$ 52,285.00	\$ 0.00	\$ 13,071.00	\$ 19,607.00	\$ 19,607.00
15. TOTAL (sum of lines 13 and 14)	\$ 854,355.00	\$ 0.00	\$ 213,589.00	\$ 320,383.00	\$ 320,383.00

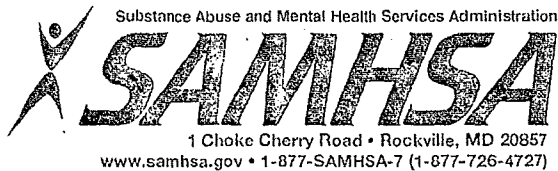
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks	





January 19, 2012

Frank Reed
Agency of Human Service
Vermont Department of Mental Health
26 Terrace Street
Montpelier, VT 05609

RE: FEMA-4022-DR-VT Regular Services Program Notice of Grant Award
SAMHSA Grant Number SM000340-01

Dear Mr. Reed,

The application from the State of Vermont in the amount of **\$802,070.00** to provide Regular Crisis Counseling services to survivors of severe storms and flooding in Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham and Windsor Counties has been reviewed by the Center for Mental Health Services (CMHS). CMHS Project Officer LCDR Jamie Seligman has consulted with FEMA Region and Headquarter staff members, Nathan Fay and Bonnie Furey, during the grant review process.

CMHS recommends approval of the application in the amount of **\$790,018.00** for the implementation of the Regular Services Program (RSP) in the State of Vermont. Grant award should be contingent upon the State meeting the attached conditions, exceptions, and budget adjustments within (7) calendar days of approval.

The Start date for the RSP is January 30, 2012 with an end date of October 30, 2012. The State may have the opportunity to close the program earlier if identified needs are met.

Reporting Requirements

The reporting requirements for this grant are as follows:

<u>REPORT</u>	<u>REPORTING PERIOD</u>	<u>DUE DATE</u>
First Quarter Program/Fiscal/Data	01/30/12 to 04/30/12	05/30/12
Second Quarter Program/Fiscal/Data	05/01/12 to 07/31/12	08/31/12
Final Program/Fiscal/Data	01/30/12 to 10/30/12	01/30/13

Documentation of financial expenditures and service delivery is part of the Quarterly Report. Final fiscal documentation includes submission of a SF269a. The Quarterly and Final Report Format, Template for Quarterly Financial Reporting, Template for Budget Adjustment Request, and Data Collection Toolkit were previously mailed to the State by SAMHSA DTAC.

This grant is to be used for the purpose of funding the Crisis Counseling Assistance and Training Program under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended). All financial records, supporting documents, statistical records, and other records pertinent to this funding, are to be retained by the grantee for a period of three (3) years, starting from the date of submission of the Final Financial Status Report (SF269A). This documentation must be made accessible to duly authorized representatives of the U.S. Comptroller General for the purpose of making audits.

Mailing Instructions

Please send original and electronic copies of reports to:

Yesenia Flores Díaz
Project Officer
1 Choke Cherry Road, Room 6-1140
Rockville, Maryland 20857
E-Mail: yesenia.floresdiaz@samhsa.hhs.gov

Please send one (1) copy of reports to:

Gwendolyn Simpson
Grants Management Specialist
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1085
Rockville, Maryland 20857

Mr. James Russo
Federal Coordinating Officer (FCO)
Disaster Recovery Manager
Joint Field Office (JFO)
30 Allen Martin Drive
Essex, VT 05452

Bonnie Furey
Program Specialist
FEMA Headquarters
500 C Street SW
Washington, DC 20473

Program Monitoring

One official CMHS/FEMA site visits will be conducted during the program period. The first official CMHS/FEMA site visit will be scheduled for June or July 2012. These dates are subject to change.

During the interim, it is important that we maintain close coordination to facilitate technical assistance needs and project monitoring responsibilities. I am requesting that we have conference calls on a bi-weekly basis. FEMA staff and SAMHSA DTAC staff may join us on the call. I will be contacting you to schedule the first conference call in the next few days.

I look forward to working with you on this project. Throughout the life of this grant, any questions or concerns related to program requirements should be directed to me at (240) 276-1858. Gwendolyn Simpson may be contacted regarding financial and grants management issues at (240) 276-1408.

Sincerely,



Yesenia Flores Díaz
Project Officer
Emergency Mental Health and
Traumatic Stress Services Branch
Center for Mental Health Services

CC: James Russo, FEMA Region I
Bonnie Furey, FEMA HQ
Gwendolyn Simpson, SAMHSA GMO
File: FEMA-4022-DR-VT RSP

Enclosures: Notice of Grant Award
FEMA-4022-DR-VT RSP Terms and Conditions

**Application for Federal Assistance (Standard Form 424 and 424A)
Conditions of Award**

- The State shall submit a revised SF 424 and SF 424A reflecting the budget adjustments and the revised total program award of \$790,018.00.

Part III: Response Activities from Date of Incident Analysis and Conditions of Award

- The State discussed crisis counseling activities for “eight out of 10 designated areas” but only reported out on five areas: Washington County Mental Health, United Counseling Services, Rutland Mental Health Services, Clara Martin Center and Health Care Rehabilitation Services. The State shall write a brief narrative on the three designated areas that were excluded in the application, pages 13-14.

Part V: Plan of Services Analysis and Conditions of Award

- The State reports substance abuse issues for the general population on page 10 and businesses who may be struggling due to the floods on page 17. The State shall write a narrative discussing the State’s plan to address these specific populations.
- The State did not elaborate on the fiscal mechanisms between the provider and the State. The State shall write a narrative describing the communication process and overall fiscal compliance between the provider and State.

Part V: Budget Analysis and Conditions of Award

- The State shall revise the Summary Budget Table, Provider Budget Table and Budget Narrative to reflect the budget calculations below.
- The State’s request for mileage for a total of \$68,250 has been denied. The State is approved for seven staff members x 70 miles per day x 5 days per week x 39 weeks x .50 per mile which equals \$47,775. Federal staff took into consideration that that Team Leaders will not be traveling on a daily basis due to their administrative role.
- The State’s request for \$3,000 for room rental costs during training sessions has been approved. Traditional, room rentals for non-profits are usually in-kind. The State shall submit a narrative explaining that they have exhausted all options for discounted or in-kind donations for room rental.
- Washington County Mental Health is approved for \$25,000 for media costs. The State shall provide itemized costs for their printing and media outreach (web development).
- The State did not mention branding costs of their program in the RSP application. The State shall discuss their branding costs. In addition, the State will need to submit an update on the program plans for continual branding.

Standard RSP Program Conditions of Award

Data Collection and Reporting

- Data on service delivery must be collected in accordance with the FEMA Crisis Counseling Assistance and Training Program data toolkit as approved by the U.S. Office of Management and Budget (OMB No. 0930-0270) with an expiration date of 01/31/2012. The State must use the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet. Four other tools, Participant Feedback Survey, Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, and Service Provider Feedback Survey, are included in the data toolkit and are optional.
- The State must identify an individual to serve as the lead contact for management of all data collection activities. All staff involved in outreach and service delivery must be specifically trained in the data collection requirements using the FEMA Crisis Counseling Assistance and Training Program data toolkit and data must be entered via the CCP Online Data Collection and Evaluation System <http://www.esi-bethesda.com/CCPEvaluation>. For technical assistance regarding CCP data forms, data entry via the online system please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or DTAC@samhsa.hhs.gov.
- A final program report must be submitted to SAMHSA/CMHS with a copy to FEMA Region and FEMA Headquarters.

Fiscal Accounting and Monitoring

- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.
- Expenditures must be documented in a format consistent with the budget line items and cost categories in the approved budget. A sample format, the *Template for Quarterly Financial Reporting*, is provided.
- Adjustments to the approved budget must be documented and completed in consultation with the SAMHSA Project Officer. A sample format, the *Template for Budget Adjustment Request*, is provided.

Training and Consultant Services

- CMHS will recommend appropriate a trainer and/or consultant for the State's Crisis Counseling Program. Any selection and use of trainers and consultants made by the State must receive written prior approval by the CMHS Project Officer.

Hotlines and Public Information Efforts

- The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as part of the overall communication plan.



Crisis Counseling
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award

Issue Date: 01/12/2012

Grant Number: 1H07SM000340-01

Program Director:
Frank Reed

Project Title: Crisis Counseling

Grantee Address	Business Address
VERMONT STATE AGENCY OF HUMAN SERVICES Patrick Flood Commissioner, Department of Mental Health 26 Terrace Street Montpelier, VT 05609	Patrick Flood Commissioner, Department of Mental Health VERMONT STATE AGENCY OF HUMAN SVCS 26 Terrace Street Montpelier, VT 05609

Budget Period: 01/30/2012 – 09/29/2012
Project Period: 01/30/2012 – 09/29/2012

Please see attached email regarding correcting end date from 09/29/12 to 10/30/12

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$790,018 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of P.L. 93-288, SEC. 416 as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,

Kathleen Sample
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I -- AWARD DATA -- 1H07SM000340-01

Award Calculation (U.S. Dollars)

Consortium/Contractual Cost	\$790,018
Direct Cost	\$790,018
Approved Budget	\$790,018
Federal Share	\$790,018
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$790,018

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$790,018

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

Fiscal Information:

CFDA Number: 93.982
EIN: 1036000264A6
Document Number: 12SM00340A
Fiscal Year: 2012

IC	CAN	Amount
SM	C96R761	\$790,018

SM Administrative Data:

PCC: DR / OC: 415A

SECTION II -- PAYMENT/HOTLINE INFORMATION -- 1H07SM000340-01

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

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

SECTION III -- TERMS AND CONDITIONS -- 1H07SM000340-01

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

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The HHS Grants Policy Statement.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:
Additional Costs**

SECTION IV – SM Special Terms and Condition – 1H07SM000340-01

REMARKS:

1. FEMA-4022-DR-Vermont

2. The Division of Grants Management created a Public Assistance (P) Account in the Division of Payment Management's (DPM) payment management system to provide a separate accounting of federal funds. When discussing your account with the DPM's Account Representative, provide the document number identified on Page 2 of the Notice of Award under Section I – AWARD DATA, Fiscal Information.

SPECIAL CONDITION(S) OF AWARD:

1. The grantee is reminded that indirect costs are not allowable on this Crisis Counseling Regular Services grant program. Please make sure that indirect charges are not included in the original grant application, and any budget revisions submitted for review and approval.

2. The Government Project Officer will provide Special Conditions of Award.

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

SPECIAL TERM(S) OF AWARD:

As required by the Federal Funding Accountability and Transparency Act of 2006, this new award is subject to the subaward and executive compensation reporting requirement of 2 CFR Part 170. Although the full text of this regulation is attached, you may access the language online at <http://www.samhsa.gov/grants/subaward.aspx>.

The following SAMHSA Term of Award is applicable to all (Type 1) new SAMHSA grants which start on or after Oct. 1, 2010.

Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability.

Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to <http://www.fhrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fhrs.gov> specify.

b. Reporting Total Compensation of Recipient Executives.

1. **Applicability and what to report.** You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

- i. the total Federal funding authorized to date under this award is \$25,000 or more;
- ii. in the preceding fiscal year, you received-

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. **Where and when to report.** You must report executive total compensation described in paragraph b.1. of this award term:

- i. As part of your registration profile at <http://www.ccr.gov>.
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. **Applicability and what to report.** Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if-

- i. in the subrecipient's preceding fiscal year, the subrecipient received-

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)

2. **Where and when to report.** You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

- i. To the recipient.
- ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report

- i. Subawards, and
- ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:
 - i. A Governmental organization, which is a State, local government, or Indian tribe;
 - ii. A foreign public entity;
 - iii. A domestic or foreign nonprofit organization;
 - iv. A domestic or foreign for-profit organization;
 - v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
2. Executive means officers, managing partners, or any other employees in management positions.
3. Subaward:
 - i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
 - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
 - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
4. Subrecipient means an entity that:
 - i. Receives a subaward from you (the recipient) under this award; and
 - ii. Is accountable to you for the use of the Federal funds provided by the subaward.
5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
 - i. Salary and bonus.
 - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax-qualified.
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

STANDARD TERMS OF AWARD:

- 1) This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA and can be found at www.samhsa.gov.
- 2) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.

3) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.

4) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5) By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is \$199,700 annually.

6) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

8) Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used as a program income.

9) A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at <http://www.whitehouse.gov/omb/fedreg/omb-not.html>.

10) Program income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Federal Financial Report, Standard Form 425.

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

11) Actions that require prior approval must be submitted in writing to the Government Project Officer, SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director.

12) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

13) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your

organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

14) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

15) RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

16) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and internet sites):

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

17) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://samhsa.gov/grants/trafficking.aspx>.

18) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages 1-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact SAMHSA's Office of Program Services, Building, Logistics and Telecommunications Branch at 240-276-1001.

19) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

a) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult <http://www.hhs.gov/healthit> for more information, and

b) Use Electronic Health Record systems (EHRs) that are certified by agencies authorized by the Office of the National Coordinator for Health Information Technology (ONC), or that will be certified during the life of the grant. For additional information contact: Jim Kretz at 240-276-1755 or Jim.Kretz@samhsa.hhs.gov; Richard Thoreson at 240-276-2827 or Richard.Thoreson@samhsa.hhs.gov; or Ken Salyards at 240-276-2003 or Kenneth.Salyards@samhsa.hhs.gov.

20) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

21) By signing the application (HHS-5161-1) face page in Item #21, the Authorized Representative (AR) certifies (1) to the statements contained in the list of certifications* and (2) provides the required assurances* and checking the "I AGREE" box provides SAMHSA with the AR's agreement of compliance. It is not necessary to submit signed copies of these documents, but should be retained for your records.

22) The Division of Grants Management created a Public Assistance (P) Account in the Division of Payment Management's (DPM) payment management system to provide a separate accounting of federal funds per SAMHSA grant. When discussing your account with the DPM's Account Representative, provide the document number identified on Page 2 of the Notice of Award under Section I- AWARD DATA, Fiscal Information.

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*The documents are available on the SAMHSA website at <http://www.samhsa.gov/Grants/new.aspx> or contained within the Request for Applications (RFA).

REPORTING REQUIREMENTS:

1) A final Federal Financial Report (FFR), (Standard Form 425) is required within 90 days after the end of the project period. NOTE: SINGLE GRANT REPORTING IS REQUIRED FOR EACH SAMHSA PROJECT AS STATED ON THE FFR (#10 d-o). If applicable, include the required match on this form under Recipient Share (#10 i-k) and Program Income (l-o) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FFR must be prepared on a cumulative basis and all program income must be reported. If possible, disbursements reported on the FFR should equal/or agree with the top portion of the FFR (#10 a-c). The FFR may be accessed from the following website at http://www.whitehouse.gov/omb/grants_forms including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed to this office.

2) The grantee must contact the Government Project Officer for submission of a Programmatic Report.

3) The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Audit requirements for Federal award recipients are detailed at http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf. Specifically, non-Federal entities that expend a total of \$500,000 or more in Federal awards, during each Fiscal Year, are required to have an audit completed in accordance with OMB Circular A-133. The Circular defines Federal awards as Federal financial assistance (grants) and Federal cost-reimbursement (contracts) received both directly from a Federal awarding agency as well as indirectly from a pass-through entity and requires entities submit, to the Federal Audit Clearinghouse (FAC), a completed Data Collection Form (SF-SAC) along with the Audit Report, within the earlier of 30 days after receipt of the report or 9 months after the fiscal year end.

The Data Collection Forms and Audit Reports MUST be submitted to the FAC electronically at <http://harvester.census.gov/fac/collect/ddeindex.html>. For questions and information concerning the submission process, please visit <http://harvester.census.gov/sac/> or call the FAC 1-800-253-0696.

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

CONTACTS:

Jamie Seligman, Program Official
Phone: (240) 276-1855 Email: jamie.seligman@samhsa.hhs.gov Fax: (240) 276-1890

Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 Email: gwendolyn.simpson@samhsa.hhs.gov Fax: 240-276-1430

Application for Federal Assistance (Standard Form 424 and 424A)

Conditions of Award

- The State shall submit a revised SF 424 and SF 424A reflecting the budget adjustments and the revised total program award of **\$790,018.00**.

Part III: Response Activities from Date of Incident Analysis and Conditions of Award

- The State discussed crisis counseling activities for “eight out of 10 designated areas” but only reported out on five areas: Washington County Mental Health, United Counseling Services, Rutland Mental Health Services, Clara Martin Center and Health Care Rehabilitation Services. The State shall write a brief narrative on the three designated areas that were excluded in the application, pages 13-14.

Part V: Plan of Services Analysis and Conditions of Award

- The State reports substance abuse issues for the general population on page 10 and businesses who may be struggling due to the floods on page 17. The State shall write a narrative discussing the State’s plan to address these specific populations.
- The State did not elaborate on the fiscal mechanisms between the provider and the State. The State shall write a narrative describing the communication process and overall fiscal compliance between the provider and State.

Part V: Budget Analysis and Conditions of Award

- The State shall revise the Summary Budget Table, Provider Budget Table and Budget Narrative to reflect the budget calculations below.
- The State’s request for mileage for a total of \$68,250 has been denied. The State is approved for seven staff members x 70 miles per day x 5 days per week x 39 weeks x .50 per mile which equals \$47,775. Federal staff took into consideration that that Team Leaders will not be traveling on a daily basis due to their administrative role.
- The State’s request for \$3,000 for room rental costs during training sessions has been approved. Traditional, room rentals for non-profits are usually in-kind. The State shall submit a narrative explaining that they have exhausted all options for discounted or in-kind donations for room rental.
- Washington County Mental Health is approved for \$25,000 for media costs. The State shall provide itemized costs for their printing and media outreach (web development).
- The State did not mention branding costs of their program in the RSP application. The State shall discuss their branding costs. In addition, the State will need to submit an update on the program plans for continual branding.

Standard RSP Program Conditions of Award

Data Collection and Reporting

- Data on service delivery must be collected in accordance with the FEMA Crisis Counseling Assistance and Training Program data toolkit as approved by the U.S. Office of Management and Budget (OMB No. 0930-0270) with an expiration date of 01/31/2012. The State must use the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet. Four other tools, Participant Feedback Survey, Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, and Service Provider Feedback Survey, are included in the data toolkit and are optional.
- The State must identify an individual to serve as the lead contact for management of all data collection activities. All staff involved in outreach and service delivery must be specifically trained in the data collection requirements using the FEMA Crisis Counseling Assistance and Training Program data toolkit and data must be entered via the CCP Online Data Collection and Evaluation System <http://www.esi-bethesda.com/CCPEvaluation>. For technical assistance regarding CCP data forms, data entry via the online system please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or DTAC@samhsa.hhs.gov.
- A final program report must be submitted to SAMHSA/CMHS with a copy to FEMA Region and FEMA Headquarters.

Fiscal Accounting and Monitoring

- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.
- Expenditures must be documented in a format consistent with the budget line items and cost categories in the approved budget. A sample format, the *Template for Quarterly Financial Reporting*, is provided.
- Adjustments to the approved budget must be documented and completed in consultation with the SAMHSA Project Officer. A sample format, the *Template for Budget Adjustment Request*, is provided.

Training and Consultant Services

- CMHS will recommend appropriate a trainer and/or consultant for the State's Crisis Counseling Program. Any selection and use of trainers and consultants made by the State must receive written prior approval by the CMHS Project Officer.

Hotlines and Public Information Efforts

- The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as part of the overall communication plan.

Alberghini, Victoria

From: Reed, Frank
Sent: Monday, January 23, 2012 8:16 AM
To: Hall, Heidi; Alberghini, Victoria
Subject: FW: Notice of Grant Award for FEMA-4022-DR-VT Regular Services Program
Follow Up Flag: Follow up
Flag Status: Green
Attachments: FEMA-4022-DR-VT Notice of Award 1-12-12.pdf; FEMA-4022-DR-VT RSP NOGA 1-19-12.docx; FEMA-4022-DR-VT RSP NOGA 1-19-12.pdf; FEMA-4022-DR-VT RSP Terms and Conditions.doc

Notice of RSG award.

Frank

Frank Reed, LICSW
 Director Mental Health Services
 Agency of Human Services
 Department of Mental Health
 26 Terrace Street
 Montpelier, VT 05609-1101
 (802) 828-3809
 frank.reed@state.vt.us

From: Seligman, Jamie (SAMHSA) [mailto:Jamie.Seligman@SAMHSA.hhs.gov]
Sent: Thursday, January 19, 2012 1:42 PM
To: Reed, Frank
Cc: Nathan.Fay@fema.dhs.gov; 'James.russo@fema.dhs.gov'; 'Furey, Bonnie L'; Simpson, Gwendolyn G. (SAMHSA/OFR); 'Courtney Dawson'; Diaz, Yesenia (HHS/SAMHSA)
Subject: Notice of Grant Award for FEMA-4022-DR-VT Regular Services Program

Frank,

As we have previously discussed, attached please find the following documents for the State of Vermont's funded Regular Services Program (RSP) to provide Crisis Counseling services to survivors of severe storms and flooding:

- **FEMA-4022-DR-VT RSP Notice of Grant Award with Terms and Conditions (PDF)** – also attached in MS Word format.
- **FEMA-4022-DR-VT Notice of Award from Grants Management (PDF)**

The start date for the RSP is January 30, 2012, with an end date of October 30, 2012.

Please be advised that the end dates appearing in the Budget/Project Period sections on the Notice of Award from Grants Management were inadvertently listed as September 29, 2012. I will work with my colleague, Ms. Gwendolyn Simpson, in Grants Management to address this issue so that the correct end date of October 30, 2012 is on record.

In addition, my colleague Mrs. Yesenia Flores Díaz will serve as the Government Project Officer for your State's RSP. She is copied on this e-mail and I will introduce her during our next teleconference.

I will continue to be on this grant until January 30, 2012. Please e-mail me any concerns or deliverables for 4022-VT ISP and Cc Yesenia.

Thank you very much.

LCDR Jamie Seligman, LMSW-C, BCD
Program Project Officer
Substance Abuse and Mental Health
Services Administration (SAMHSA)
Center for Mental Health Services (CMHS)
1 Choke Cherry Rd., Rm. 6-1136
Rockville, MD 20857
Phone: (240) 276-1855
Blackberry: (202) 384-3204
Fax: (240) 276-1890
Jamie.Seligman@samhsa.hhs.gov



State of Vermont
Department of Mental Health
Office of the Commissioner
23 Terrace Street
Montpelier, VT 05609-1101
www.mentalhealth.vermont.gov

Agency of Human Services

[phone] 802-828-3824
[fax] 802-828-1717
[tty] 800-253-0191

February 10, 2012

Mr. James Russo
Federal Coordinating Officer
Disaster Recovery Manager
Joint Field Office
30 Allen Martin Drive
Essex, VT 05452

Dear Mr. Russo:

Please consider this document the Vermont Department of Mental Health's response to the Conditions of Award for the FEMA-4022-DR0VT Regular Services Program Notice of Grant Award / SAMHSA Grant Number SM000340-01.

Our replies to the individual conditions follow below.

Sincerely,

Frank Reed

Frank Reed, LICSW
Director Mental Health Services
Vermont Department of Mental Health

cc: Nathan Fay

**Application for Federal Assistance (Standard Form 424 and 424A)
Conditions of Award**

- The State shall submit a revised SF 424 and SF 424A reflecting the budget adjustments and the revised total program award of \$790,018.00.

The Vermont Department of Mental Health (DMH) has revised the Summary Budget Table, Provider Budget Table and the Budget Narrative for the budget changes below. Please see revised forms SF 424 and SF 424A at the end of this document.

Part III: Response Activities from Date of Incident Analysis and Conditions of Award

- The State discussed crisis counseling activities for “eight out of 10 designated areas” but only reported out on five areas: Washington County Mental Health, United Counseling Services, Rutland Mental Health Services, Clara Martin Center and Health Care Rehabilitation Services. The State shall write a brief narrative on the three designated areas that were excluded in the application, pages 13-14.

It is noteworthy that the RSP application was written when the SOS VT project was very much in its infancy as reflected by the statement above which suggests no effort was placed upon reaching all affected areas. In consultation with the liaison from the Department of Mental Health, SOS Vermont strategized how best to reach those in need across a large geographic area with no pre-existing staff or set infrastructure. Working in consultation with the 8 identified Designated Agencies, SOS Vermont began its work immediately following the disaster with a small team focused in Washington and Orange counties (Team 1) while recruiting efforts were extended throughout the State. This team worked with Washington County Mental Health, Howard Center, and the Clara Martin Center. As the first team became established, the SOS VT Leadership Team worked with Disaster Response Team leaders at other designated agencies to identify individuals and groups that might require immediate intervention or contact. The second team, focusing upon Windham and Windsor counties with some outreach to Addison and Rutland Counties, came on line mid-way through the ISP. This team worked in consultation with the Counseling Center of Addison County, Rutland Mental Health, and Health Care Rehabilitation Services. The final team was brought on-line in later November, which allowed us to work directly in Bennington County involving the United Counseling Services of Bennington County. Throughout this building period, SOS Vermont reached out to as many affected individuals and groups around the State as our resources allowed. As part of this effort, contacts were made and information was sent to the remaining Designated Agencies including the 2 least likely to have contact with flood victims, to include Lamoille Community Connections, the Northeast Kingdom Human Services, and Northeast Counseling and Support Services of Franklin and Grand Isle Counties. As is illustrated in Tables 1 and 2 below, these efforts yielded significant contacts around the State. The SOS VT Staff are excited to continue this outreach effort and have established connects through which to continue the recovery and support effort.

Table 1: Contacts – ISP (9/1/11 – 1/31/12)

County	# Individual Counseling	# of In-person brief educational or supportive contact	# of Telephone contact	# of E-mail contact	# of Community networking and coalition building	# of materials handed out w/ minimal interaction	# of materials mailed to, or left at homes	# of materials left in public places	material total
001 - Addison	22 (2.8 %)	19 (1.5 %)	10 (0.7 %)	6 (0.7 %)	10 (0.7 %)	14 (0.8 %)	47 (3.9 %)	86 (2.6 %)	147 (2.3 %)
003 - Bennington	54 (6.9 %)	60 (4.8 %)	220 (14.4 %)	77 (8.8 %)	71 (4.8 %)	207 (11.7 %)	206 (16.9 %)	334 (10.1 %)	747 (11.9 %)
005 - Caledonia	2 (0.3 %)	16 (1.3 %)	31 (2.0 %)	0 (0.0 %)	9 (0.6 %)	7 (0.4 %)	5 (0.4 %)	111 (3.4 %)	123 (2.0 %)
007 - Chittenden	5 (0.6 %)	60 (4.8 %)	3 (0.2 %)	3 (0.3 %)	127 (8.7 %)	53 (3.0 %)	22 (1.8 %)	262 (7.9 %)	337 (5.4 %)
015 - Lamoille	1 (0.1 %)				1 (0.1 %)				
017 - Orange	11 (1.4 %)	1 (0.1 %)	2 (0.1 %)	0 (0.0 %)	22 (1.5 %)	0 (0.0 %)	0 (0.0 %)	25 (0.8 %)	25 (0.4 %)
021 - Rutland	95 (12.1 %)	66 (5.3 %)	21 (1.4 %)	54 (6.2 %)	96 (6.6 %)	5 (0.3 %)	16 (1.3 %)	292 (8.8 %)	313 (5.0 %)
023 - Washington	251 (32.0 %)	119 (9.5 %)	127 (8.3 %)	23 (2.6 %)	475 (32.4 %)	64 (3.6 %)	124 (10.2 %)	228 (6.9 %)	416 (6.6 %)
025 - Windham	109 (13.9 %)	299 (23.8 %)	654 (42.7 %)	494 (56.7 %)	358 (24.5 %)	988 (56.0 %)	135 (11.1 %)	743 (22.5 %)	1,866 (29.7 %)
027 - Windsor	235 (29.9 %)	319 (25.4 %)	234 (15.3 %)	135 (15.5 %)	295 (20.2 %)	255 (14.5 %)	444 (36.5 %)	243 (7.4 %)	942 (15.0 %)
Sub Total	785 (100.0 %)	295 (23.5 %)	231 (15.1 %)	79 (9.1 %)	1,464 (100.0 %)	170 (9.6 %)	218 (17.9 %)	977 (29.6 %)	1,365 (21.7 %)
	785	1,254	1,533	871	1,464	1,763	1,217	3,301	6,281

Table 2: Group Contacts – ISP (9/1/11 – 1/31/12)

Service Type	County	# of People
Group Counseling	003 - Bennington	10 (0.4 %)
	007 - Chittenden	10 (0.4 %)
	023 - Washington	52 (2.0 %)
	025 - Windham	47 (1.8 %)
	027 - Windsor	26 (1.0 %)
	Sub Total	145 (5.6 %)
Public Education	003 - Bennington	747 (29.0 %)
	007 - Chittenden	7 (0.3 %)
	015 - Lamoille	45 (1.7 %)
	017 - Orange	225 (8.7 %)
	021 - Rutland	263 (10.2 %)
	023 - Washington	777 (30.2 %)
	025 - Windham	143 (5.5 %)
	027 - Windsor	225 (8.7 %)
Sub Total	2,432 (94.4 %)	
Total		2,577

Part V: Plan of Services Analysis and Conditions of Award

- The State reports substance abuse issues for the general population on page 10 and businesses who may be struggling due to the floods on page 17. The State shall write a narrative discussing the State's plan to address these specific populations.

Through the required CCP data system, SOS VT staff have been collecting basic information about the individuals they are supporting. SOS Vermont staff have had limited contact with individuals through individual contacts who endorse having a past substance abuse or mental health problem as a risk factor (34 out of 1558 individuals seen, or 2.2%). Through regular team meetings and supervision sessions with individual staff, we are learning that individuals who struggled prior to the disaster and continuing to do so now in a more intensive way. SOS VT staff have established referral systems with community based services for individuals who desire further support for this issue. Staff inquire with individuals as appropriate and support referrals as needed.

Further, while the data does not specifically reveal how many of our contacts were with small business owners, 187 (or 12%) of individual contacts reports having sustained some other financial loss. Our contacts with individuals in the community through group forums, brief contacts, and networking within communities have revealed pockets of business owners who may require support. SOS VT staff are designing informational sessions that will appeal to the recovery needs of business owners and are working with established community leaders to provide these offerings on an ongoing basis.

- The State did not elaborate on the fiscal mechanisms between the provider and the State. The State shall write a narrative describing the communication process and overall fiscal compliance between the provider and State.

The Vermont Department of Mental Health (DMH) requires that as a Designated Agency Washington County Mental Health (WCMH) will maintain a financial management system that provides for adequate fiscal control of the funds that they receive. WCMH will submit monthly invoices with Regular Services Program Grant budget line item expenditures for approval and reimbursement by DMH. These invoices will be compared to the budget for compliance. WCMH also provides DMH with monthly electronic financial statements. As part of the monitoring process DMH runs key performance indicators on these financials quarterly and would be in contact with WCMH if there were any questions or concerns. Annually WCMH also submits an A-133 draft audit to DMH for review and approval.

Part V: Budget Analysis and Conditions of Award

- The State shall revise the Summary Budget Table, Provider Budget Table and Budget Narrative to reflect the budget calculations below.

The Department of Mental Health has revised the Summary Budget Table, Provider Budget Table and the Budget Narrative for the budget changes below. Please find these adjusted budgets at the end of this document.

- The State's request for mileage for a total of \$68,250 has been denied. The State is approved for seven staff members x 70 miles per day x 5 days per week x 39 weeks x .50 per mile which equals \$47,775. Federal staff took into consideration that that Team Leaders will not be traveling on a daily basis due to their administrative role.

As directed, the Department of Mental Health has changed the budgets for mileage from \$68,250 to \$47,775. Please find these adjusted budgets at the end of this document.

- The State's request for \$3,000 for room rental costs during training sessions has been approved. Traditional, room rentals for non-profits are usually in-kind. The State shall submit a narrative explaining that they have exhausted all options for discounted or in-kind donations for room rental.

Presently, we have been able to secure donated space that is central to most team members for our trainings. Washington County Mental Health Services would love to provide 'in kind' donation of a space, but are not centrally located and our meeting space is very limited. We will continue to try and secure donated space, but it can be difficult to find centrally located spaces that can accommodate the entire SOS VT Team as well.

- Washington County Mental Health is approved for \$25,000 for media costs. The State shall provide itemized costs for their printing and media outreach (web development).

As of present, the only media costs that have been incurred are \$800 for web development.

- The State did not mention branding costs of their program in the RSP application. The State shall discuss their branding costs. In addition, the State will need to submit an update on the program plans for continual branding.

At inception, SOS VT's branding image, which is our logo, was created without cost. The logo was created in-house. The program plan for continual branding includes using the logo, as well standard consistent messaging, on all of our outreach and media materials. Our website, Face Book page as well our brochure, door hangers and any posters/fliers created for events, all use the same SOS VT brand logo and standard messaging.

Standard RSP Program Conditions of Award

Data Collection and Reporting

- Data on service delivery must be collected in accordance with the FEMA Crisis Counseling Assistance and Training Program data toolkit as approved by the U.S. Office of Management and Budget (OMB No. 0930-0270) with an expiration date of 01/31/2012. The State must use the Individual Crisis Counseling Services Encounter Log, Group Encounter Log, and Weekly Tally Sheet. Four other tools, Participant Feedback Survey, Adult Assessment and Referral Tool, Child/Youth Assessment and Referral Tool, and Service Provider Feedback Survey, are included in the data toolkit and are optional.

SOS VT has completed the data collection process as requested. We are presently discussing the optional surveys and are strongly leaning towards utilizing them.

- The State must identify an individual to serve as the lead contact for management of all data collection activities. All staff involved in outreach and service delivery must be specifically trained in the data collection requirements using the FEMA Crisis Counseling Assistance and Training Program data toolkit and data must be entered via the CCP Online Data Collection and Evaluation System <http://www.esi-bethesda.com/CCPEvaluation>. For technical assistance regarding CCP data forms, data entry via the online system please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or DTAC@samhsa.hhs.gov.

Cath Burns, our Data and Evaluation Coordinator, has been trained and is in contact with DTAC.

- A final program report must be submitted to SAMHSA/CMHS with a copy to FEMA Region and FEMA Headquarters.

We will submit all reports on the deadline requested. Final Program/Fiscal/Data report due date is 1.30.13.

Fiscal Accounting and Monitoring

- Expenditures by the grantee, contractors, and all other grant participants must be separate from non-grant State expenditures and consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.

At the Department of Mental Health the grant expenditures will be separately tracked by a new program code that is specific to this Regular Services Program Grant. WCMH has a separate cost center (program code) in their accounting system that segregates and tracks all RSP grant-related expenses. Those expenditures are then taken from the general ledger and entered into a tracking sheet in order to compare the budget to actual expenditures to be better able to monitor the spending down of the budget. All expenditures will be consistent with the fiscal guidelines of the FEMA Crisis Counseling Assistance and Training Program.

- Expenditures must be documented in a format consistent with the budget line items and cost categories in the approved budget. A sample format, the *Template for Quarterly Financial Reporting*, is provided.

Expenditures will be tracked in a format according to the budget line items and cost categories in the approved budget.

- Adjustments to the approved budget must be documented and completed in consultation with the SAMHSA Project Officer. A sample format, the *Template for Budget Adjustment Request*, is provided.

If any budget adjustments to the approved budget are being contemplated the SAMHSA Project Officer will be consulted and the request for the adjustments will be clearly communicated to and will be completed in conjunction with the Officer.

Training and Consultant Services

- CMHS will recommend appropriate a trainer and/or consultant for the State's Crisis Counseling Program. Any selection and use of trainers and consultants made by the State must receive written prior approval by the CMHS Project Officer.

Mary Moulton, WCMHS, was an approved trainer as well as the content of her training during the ISP. Paul Deignan, Disaster Behavioral Health Coordinator from the Department of Health and Human Services, has approved Cath Burns to train staff on compassion fatigue. In order to avoid incurring any extra costs, and since Mary Moulton is presently not working at WCMHS, Cath Burns would prefer to train any new employees on the State's Crisis Counseling Program. Please advise how to receive formal approval.

Hotlines and Public Information Efforts

- The grantee must include contact information and/or a hotline number for the Crisis Counseling Assistance and Training Program on the State's website as part of the overall communication plan.

The Department of Mental Health's website <http://mentalhealth.vermont.gov/> provides contact information for Starting Over Strong Vermont on its homepage.

Application for Federal Assistance SF-424		
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): _____ *Other (Specify) _____
*3. Date Received: _____	4. Applicant Identifier: _____	
5a. Federal Entity Identifier _____	*5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION		
*a. Legal Name: VERMONT DEPARTMENT OF MENTAL HEALTH		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000264	*c. Organization DUNS: 809376155	
d. Address		
*Street1: 26 Terrace Street	_____	
Street2:	_____	
*City: Montpelier	_____	
County/Parish: Washington	_____	
*State: Vermont	_____	
Province:	_____	
*Country: United States	_____	
*Zip/Postal Code: 05609-1101		
e. Organizational Unit		
Department Name: Department of Mental Health	Division Name: Adult Services	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	*First Name: Frank	
Middle Name:	_____	
*Last Name: Reed	_____	
Suffix:	_____	
Title: Director of Mental Health Services		
Organizational Affiliation: Department of Mental Health		
*Telephone Number: 802-828-3809 Fax Number: 802-828-1717		
*Email: Frank.Reed@state.vt.us		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:
State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Federal Emergency Management Agency

11. Catalog of Federal Domestic Assistance Number
93.982

CFDA Title:
Crisis Counseling

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

Addison, Bennington, Caledonia, Chittenden, Orange, Orleans, Rutland, Washington, Windsor, Windham

15. Descriptive Title of Applicant's Project:
Regular Services Program

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant VT-all

b. Program/Project Vermont Districts

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

17. Proposed Project:

*a. Start Date:

b. End Date:

18. Estimated Funding(\$):

*a. Federal \$790,018
*b. Applicant State of Vermont, Department of Mental Health
*c. State
*d. Local
*e. Other
*f. Program Income
*g. TOTAL \$790,018

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

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

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

- Yes No

If "Yes", provide explanation and attach.

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

** I AGREE

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

a. Authorized Representative

Prefix: Commissioner *First Name: Patrick

Middle Name:

Last Name: Flood

Suffix:

*Title: Commissioner, Department of Mental Health

*Telephone Number: 802-828-3808 Fax Number: 802-828-1717

*Email: Patrick.Flood@state.vt.us

*Signature of Authorized Representative:

Patrick Flood

Date Signed: 1/11/12

Application for Federal Assistance SF-424

*** Applicant Federal Debt Delinquency Explanation**

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

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)	Total (g)
1. Crisis Counseling	93.982	\$	\$	\$ 790,018.00	\$ 52,285.00	\$ 842,303.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 790,018.00	\$ 52,285.00	\$ 842,303.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	\$	\$	\$	\$ 39,312.00	\$ 39,312.00	
b. Fringe Benefits	\$	\$	\$	\$ 12,973.00	\$ 12,973.00	
c. Travel	\$	\$	\$	\$	\$ 0.00	
d. Equipment	\$	\$	\$	\$	\$ 0.00	
e. Supplies	\$	\$	\$	\$	\$ 0.00	
f. Contractual	\$	\$	\$ 790,018.00	\$	\$ 790,018.00	
g. Construction	\$	\$	\$	\$	\$ 0.00	
h. Other	\$	\$	\$	\$	\$ 0.00	
i. Total Direct Charges (sum of 6a -6h)	\$ 0.00	\$ 0.00	\$ 790,018.00	\$ 52,285.00	\$ 842,303.00	
j. Indirect Charges	\$	\$	\$	\$	\$ 0.00	
k. TOTALS (sum of 6i and 6j)	\$ 0.00	\$ 0.00	\$ 790,018.00	\$ 52,285.00	\$ 842,303.00	
7. Program Income		\$	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. In-Kind (contributed by the SMHA)	\$	\$ 52,285.00	\$	\$ 52,285.00
9.	\$	\$	\$	\$ 0.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 52,285.00	\$ 0.00	\$ 52,285.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 790,018.00	\$ 0.00	\$ 197,504.00	\$ 296,257.00	\$ 296,257.00
14. Non- Federal	\$ 52,285.00	\$ 0.00	\$ 13,071.00	\$ 19,607.00	\$ 19,607.00
15. TOTAL (sum of lines 13 and 14)	\$ 842,303.00	\$ 0.00	\$ 210,575.00	\$ 315,864.00	\$ 315,864.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
---------------------	-----------------------

23. Remarks

Vermont Department of Mental Health FEMA-4022-DR-VT RSP Budget

Part VI. Budget

The budget must be integrated with the needs assessment and the program plan. A separate budget must be provided for the SMHA and each service provider. A line-item budget narrative justifying costs is required for both State and service provider budgets.

- **Note that the SF-424a is a required form and represents the total budget for the program.**
- The applicant should review the detailed guidance on budgeting in the RSP Supplemental Instructions and the *Crisis Counseling Assistance and Training Program Guidance*.

A. Budget Summary Table (Includes State and Provider Costs)

RSP Budget Summary		
Budget Line Item	Total Costs	In-Kind (funds contributed by the SMHA)
Salaries and Wages (a.) ¹		\$39,312
Fringe 33 % (b.) ¹		\$12,973
Subtotal Personnel Costs		\$52,285
Travel (c.) ¹		
Equipment (d.) ¹		
Budget Line Item	Total Costs	In-Kind (funds contributed by the SMHA)
Supplies (e.) ¹		
Contractual Consultant/Trainer Costs		
Contractual Media/Public Information Costs		
Provider Contractual Costs	\$790,018	
Subtotal Contractual Costs (f.) ¹	\$790,018	
Other Direct State Costs (h.) ¹		
Total Contractual and Direct Costs:	\$790,018	\$52,285

¹ Letters in parentheses indicate the corresponding budget category on the SF-424a. Costs covered directly by the State, and not contracted must be included in Other Direct State Costs (h.)

B. Budget Narrative Table (Includes State and Provider Costs)

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative						
Budget Line Item	Item Description					Total Cost
DIRECT COSTS						
Direct Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.B.1. here. Add rows as needed. Key staffs are expected at .5 FTEs and above.)					
<i>Subtotal Salaries and Wages</i>						
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)					
<i>Subtotal Direct Personnel Costs</i>						
Direct Travel Costs			Miles	Weeks	Rate	
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the State. The State assures that the mileage rate is usual and customary. Do not include consultant/trainer travel costs. Add rows as needed.)					
<i>Subtotal Direct Travel Costs</i>						
Direct Equipment Costs				Unit Cost	No. of Units	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
<i>Subtotal Direct Equipment Costs</i>						

Budget Line Item	Item Description	Unit Cost	No. of Units	Total Cost
Direct Supplies Costs				
	(Itemize supply costs here. Add rows as needed.)			
	Clothing (hooded sweatshirts, wool hats, jackets)			
	Art supplies			
<i>Subtotal Direct Supplies Costs</i>				
Subtotal Direct Costs				
OTHER DIRECT COSTS				
Contractual Consultant/Trainer Costs		Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)			
	6 days x \$750/day			
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.)			
	6 days / \$165 per day			
	Training space			
<i>Subtotal Contractual Consultant/Trainer Costs</i>				
Contractual Media/Public Information Costs				
	(Itemize contractual media and public information costs here. Add rows as needed.)			
	Media outreach			
	Printing			
<i>Subtotal Contractual Media/Public Information Cost</i>				
Provider Contractual Costs				
	(Itemize provider contractual costs here. Add rows as needed.)			790,018
<i>Subtotal Provider Contractual Costs</i>				
Subtotal Contractual Costs				\$790,018
OTHER DIRECT COSTS				
Other Direct State Costs				
	(Itemize other direct State costs here. Add rows as needed.)			
<i>Subtotal Other Direct State Costs</i>				
Total Contractual and Direct Costs				790,018
Add narrative budget justification here.				

C. Individual Provider Budgets

Complete an Individual Service Provider Budget for each service provider.

RSP Individual Service Provider Budget Summary

Name of service provider: Washington County Mental Health _____

Designated areas: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor _____

Total estimated number to be served through primary services: 4607 _____

Budget Line Item	Total Costs	In-Kind (funds contributed by the provider)
Salaries and Wages	\$512,460.00	
Fringe 37.5 %	\$192,173.00	
Subtotal Personnel Costs	\$704,633.00	
Travel	\$47,775.00	
Equipment	n/a	
Supplies	\$4,120.00	
Consultant/Trainer Costs	\$8,490.00	
Media/Public Information Costs	\$25,000.00	
Other Service Provider Costs		
Total (f.)¹ :	790,018	

¹ Letters in parentheses indicate the corresponding budget category on the SF-424a

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

RSP Line-Item Budget Narrative for the Individual Service Provider

Name of Service Provider: Washington County Mental Health _____

Designated areas: Addison, Bennington, Caledonia, Chittenden, Franklin, Lamoille, Orange, Orleans, Rutland, Washington, Windham, Windsor _____

Total estimated number to be served via primary services: 4607 _____

Budget Line Item	Item Description					Total Cost
PROVIDER COSTS						
Personnel Costs		No. of FTE	Hours	Weeks	Rate	
Salaries and Wages	(Itemize position titles from Part V.C.2. here. Add rows as needed.)					
	Program Director	1.0	40	39	\$27.00	\$42,120
	Admin. Asst	.5	40	39	\$15.00	\$11,700.00
	Data Entry	.5	40	39	\$15.00	\$11,700.00
	Fiscal Administrator	.25	40	39	\$20.00	\$7,800
	Media Liaison	.50	40	39	\$25.00	\$19,500
	Evaluation Coordinator	.25	40	39	\$20.00	\$7,800
	Team Leaders	3.00	40	39	\$20.00	\$93,600
	Crisis Counselors	12.0	40	39	\$17.00	\$318,240
<i>Subtotal Salaries and Wages</i>						\$512,460
Fringe	(Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.) The source of this information is Janice Guyette, Director of Finance and Administration for WCMH FICA Match 7.65% - FICA Match is the employer's share of Social Security and Medicare; STD, LTD, Life 1.00% - Short Term and Long Term Disability and Life Insurance are fully paid by the employer as a benefit Health 22.00% - Health, Dental and Vision Insurance - Employees pay about 12.5% of the total cost of this coverage. The 22% is net of employee contributions. Traditionally, employees of WCMH have opted to keep this benefit in lieu of high salaries. This percentage is based on FY 2011 actual. WCMH is self insurance so this amount could go higher justifying the 37.5% total fringe; State Unemp 1.00% - based on actual claims; Workers Comp 1.00%; Retirement Match 4.00% - Retirement contributions by employees are matched up to 4%. All employees working more than a minimum number of hours are eligible; Employee Asst Plan, Education and Wellness benefits 0.50% - open to all employees					
						37.5%
						\$192,173
<i>Subtotal Personnel Costs</i>						\$704,633
Budget Line Item	Item Description					Total Cost
Travel Costs		Miles	Weeks	Rate		
	(Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.)	2,450	39	\$50		\$47,775
	There are 7 staff who would drive on average 70 miles per day for a five day per week time period which equals 2,450 miles per week for 39 weeks.					
<i>Subtotal Travel Costs</i>						\$47,775
Equipment Costs				Unit Cost	No. of Units	
	(Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)					
<i>Subtotal Equipment Costs</i>						N/A
Supplies Costs				Unit Cost	No. of Units	

	(Itemize supply costs here. Add rows as needed.) Clothing (Wool hats, Jackets, Hooded sweatshirts) There will be new staff coming on line for the RSP portion of the CCP who will need clothing. In addition, we are transitioning from autumn into winter and CCP staff will need different clothing than what was needed during the summer months. 18 individuals will need 3 articles of clothing at an average of \$30/article of clothing.	30	54	\$1620
	Art Supplies – During the ISP portion of the CCP, the provider purchased art supplies in order to provide arts and crafts activities for children affected by the flooding who were attending a town meeting with their parents. Children are a special population affected by the disaster and will be a focus of the services provided during the RSP. There will be an ongoing need for art supplies such as craft paper, paint, glue, crayons, for the duration of the program.			\$2500
Subtotal Supplies Costs				\$4120
Consultant/Trainer Costs		Daily Rate	No. of Days	
Rates	(Itemize contractual consultant/trainer costs here. Add rows as needed.)	\$750	6	\$4500
Travel	(Itemize consultant/trainer travel costs here. Add rows as needed.) \$165x6=\$990. \$110 for hotel room plus a \$55 per diem rate (\$165) for 6 days of trainings =\$990			\$990
	Room rental			\$3000
Subtotal Contractual Consultant/Trainer Costs				\$8490
Media/Public Information Costs				
	(Itemize contractual media and public information costs here. Add rows as needed.) Printing – Brochures will be printed and broadly distributed for the RSP portion of the CCP. The community provider will have to contract all of the work related to printing as they are not able to provide.			\$10,000
	Media outreach – There will be a web master to develop and manage web site. There will be an educational video developed and produced. There will be a radio campaign and public service announcements developed.			\$15,000
Subtotal Contractual Media/Public Information Costs				\$25,000
Other Service Provider Costs				
	(Itemize other service provider costs here. Add rows as needed.)			
Subtotal Other Service Provider Costs				
				\$790,018
Add narrative budget justification here.				

✂✂END: COPY AND PASTE SECTION FOR EACH SERVICE PROVIDER✂✂



Crisis Counseling
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Notice of Award

Issue Date: 02/15/2012

Grant Number: 1H07SM000340-01 REVISED

Program Director:
Frank Reed

Project Title: Crisis Counseling

Grantee Address	Business Address
VERMONT STATE AGENCY OF HUMAN SERVICES Patrick Flood Commissioner, Department of Mental Health 26 Terrace Street Montpelier, VT 05609	Patrick Flood Commissioner, Department of Mental Health VERMONT STATE AGENCY OF HUMAN SVCS 26 Terrace Street Montpelier, VT 05609

Budget Period: 01/30/2012 – 10/29/2012

Project Period: 01/30/2012 – 10/29/2012

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of P.L. 93-288, SEC. 416 as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,

Gwendolyn Simpson
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H07SM000340-01 REVISED

Award Calculation (U.S. Dollars)

Consortium/Contractual Cost	\$790,018
Direct Cost	\$790,018
Approved Budget	\$790,018
Federal Share	\$790,018
Cumulative Prior Awards for this Budget Period	\$790,018
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$0

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$790,018

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

Fiscal Information:

CFDA Number: 93.982
EIN: 1036000264A6
Document Number: 12SM00340A
Fiscal Year: 2012

IC	CAN	Amount
SM	C96R761	\$790,018

SM Administrative Data:

PCC: DR / OC: 415A

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H07SM000340-01 REVISED

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

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

SECTION III – TERMS AND CONDITIONS – 1H07SM000340-01 REVISED

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

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The HHS Grants Policy Statement.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:
Additional Costs**

SECTION IV – SM Special Terms and Condition – 1H07SM000340-01 REVISED

REMARKS:

1. FEMA-4022-DR-Vermont
2. This award is revised to show the correct project and budget period end dates of 10/29/2012.

**ALL PREVIOUS SPECIAL AND STANDARD TERMS OF AWARD REMAIN IN EFFECT.
Jamie Seligman, Program Official
Phone: (240) 276-1855 Email: jamie.seligman@samhsa.hhs.gov Fax: (240) 276-1890**

**Gwendolyn Simpson, Grants Specialist
Phone: 240-276-1408 Email: gwendolyn.simpson@samhsa.hhs.gov Fax: 240-276-1430**

February 17, 2012

Frank Reed, LICSW
Director Mental Health Services
Vermont Department of Mental Health
26 Terrace Street
Montpelier, VT 05609

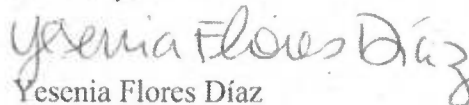
RE: FEMA-4022-DR-VT Regular Services Program (RSP)
Federal Response to State's Response of Conditions on
SAMHSA Grant Number SM000340-01 (REVISED)

Dear Mr. Reed,

After careful review of the State's Response to Conditions in collaboration with Ms. Bonnie Furey of the Federal Emergency Management Agency (FEMA), we concur that your grant's conditions have been fully and satisfactorily met. Your request for Ms. Cath Burns to train new employees on the State's Crisis Counseling Program is approved.

Should you have any questions or concerns related to program requirements, please contact me at (240) 276-1858.

Sincerely,



Yesenia Flores Díaz
Project Officer
Emergency Mental Health and
Traumatic Stress Services Branch
Center for Mental Health Services

CC: James Russo, FEMA Region I
Bonnie Furey, FEMA HQ
File: FEMA-4022-DR-VT RSP