

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

Agency of Administration

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

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

Grant Summary:	This grant is for a Federal Affordable Care Act (ACA) Maternal and Child Home Visiting Grant. The Health Department will collaborate with the Department of Children and Families to establish an evidence based nurse home visiting program.				
Date:	11/23/2010				
Department:	Department of Health				
Legal Title of Grant:	Affordable Care Act-Maternal, Infant and Early Childhood Home Visiting Program				
Federal Catalog #:	93.505				
Grant/Donor Name and Address:	Health Resources and Services Administration, United State Department of Health and Human Services				
Grant Period:	From:	7/15/2010	To:	9/30/2012	
Grant/Donation	\$561,915				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$79,356	\$469,106	\$13,453	\$561,915	

Position Information:	# Positions	Explanation/Comments
	1	Limited Service Position- Public Health Nurse to coordinate the project

Additional Comments:	The specific geographic areas of the State where this program will be implemented are not yet identified because the Department of Health is waiting for final grant guidelines from the Health Resources and Services Administration with instructions for choice of the areas.
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Department of Finance & Management	<i>[Signature]</i> 12/2/10	(Initial)
Secretary of Administration	<i>[Signature]</i>	(Initial)
Sent To Joint Fiscal Office	12/8/10	Date

RECEIVED
 FEB 09 2011
JOINT FISCAL OFFICE



State of Vermont

Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

MEMORANDUM

To: Jim Giffin, AHS CFO
From: Leo Clark, VDH CFO
Re: Grant Acceptance & Establishment of Position Packet
Home Visiting ACA
Date: 11/18/10

.....

The Department of Health has received a grant from the Health Resources and Services Administration for \$561,915, to fund a Maternal, Infant and Early Childhood Home Visiting program. The funds were awarded under the Affordable Care Act (ACA).

We are requesting approval to receive these funds and to establish a limited service position. We are enclosing the Grant Acceptance Request (AA1-ACA) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review form, with organization chart, for the position.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services
2. Department:	Health
3. Program:	Maternal and Child Health
4. Legal Title of Grant:	Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting
5. Federal Catalog #:	93.505

6. Grant/Donor Name and Address:	Health Resources and Services Administration, United States Department of Health and Human Services		
7. Grant Period:	From:	7/15/2010	To: 9/30/2012

8. Purpose of Grant:
(see summary attached)

9. Impact on existing program if grant is not Accepted:
none

BUDGET INFORMATION

	SFY 1 FY 2011	SFY 2 FY 2012	SFY 3 FY 2013	Comments
Expenditures:				
Personal Services	\$73,856	\$113,606	\$13,453	
Operating Expenses	\$5,500	\$5,500	\$0	
Grants	\$0	\$350,000	\$0	
Total	\$79,356	\$469,106	\$13,453	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$79,356	\$469,106	\$13,453	
(Direct Costs)	\$70,628	\$436,689	\$9,417	
(Statewide Indirect)	\$524	\$1,945	\$242	
(Departmental Indirect)	\$8,204	\$30,472	\$3,794	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$79,356	\$469,106	\$13,453	

Appropriation No:	Amount:	\$
3420010000		\$3,928
3420021000		\$75,428
		\$
		\$
		\$
		\$
		\$
	Total	\$79,356

REC'D NOV 23 2010

PERSONAL SERVICE INFORMATION

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

Appointing Authority Name: Wendy Davis, MD Commissioner of Health Agreed by: WDH (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Nurse (Project Coordinator)
Total Positions	1	

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

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>DMcHenry Jr</u>	Date: 11/18/2010
	Title: Commissioner of Health	
	Signature: <u>Patrick Flood</u>	Date: <u>11/19/10</u>
	Title: <u>DEPUTY SECRETARY</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>TH Tom Bell</u>	Date: 12/2/10
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	(Governor's signature) <u>[Signature]</u>	Date:
<input type="checkbox"/> Rejected		12/7/10

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

Summary of ACA Maternal, Infant and Early Childhood Home Visiting Program
Vermont Department of Health, November, 2010

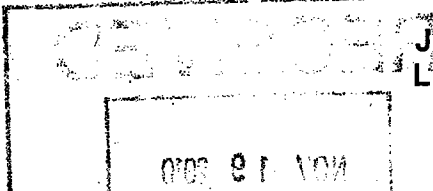
The Vermont Department of Health has been awarded \$561,915 for the Maternal, Infant and Early Childhood Home Visiting Program from the Affordable Care Act legislation of March, 2010. The funds will support the VDH, in collaboration with the Department for Children and Families, to establish an evidenced based nurse home visiting program to be implemented in specific geographic areas for Vermont families with young children who are identified to be "at risk" by pre-set parameters. The approved grant budget contains funds for the VDH, Division of MCH, to hire a nurse as the grant administrator. A major duty of this position is to oversee the distribution of funds from these ACA monies to selected community organizations (such as home health agencies and parent child centers) in order to carry out nurse home visiting services within a pre-approved, evidenced based model. The VDH nurse will be responsible for the basic implementation of the nurse home visiting grant within selected communities, oversight of the hiring and training of the nurse home visitors, curriculum development for the nurses, and QI and program evaluation.

This project involves close coordination with the Department for Children and Families' Children's Integrated Services (CIS) initiative. This past summer, as part of the ACA Maternal, Infant and Early Childhood Home Visiting Program grant requirements, all states were required to conduct needs assessments of existing home visiting services. The Vermont inventory of home visiting services described the strengths of existing home visiting services and delineated areas for home visiting systems' improvement. Thus, this ACA specialized home visiting program for at-risk families will act to stimulate quality improvement efforts for those programs that are now servicing Vermont families.

(Please contact Sally Kerschner, VDH, Division of Maternal and Child Health, @ 802-652-4179, for further program details.)

The Health Department is hereby requesting acceptance of \$79,356 in new Federal funds in State Fiscal Year 2011 and the establishment of a new limited service position. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**



This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services, Department of Health Date: 11/18/10

Name and Phone (of the person completing this request): Leo Clark 863-7284

Request is for:

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

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
 Health Resources and Services Administration, United States Department of Health and Human Services
 Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Nurse	1	Maternal Child Health	7/15/2010 thru 9/30/2012

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This is the position described in our application (copy attached), approved for funding by the Health Resources and Services Administration and necessary to carry out the proposed activities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

Dixie H _____ Date: 11/18/10
 Signature of Agency or Department Head

Molly Paul _____ Date: 11/19/10
 Approved/Denied by Department of Human Resources

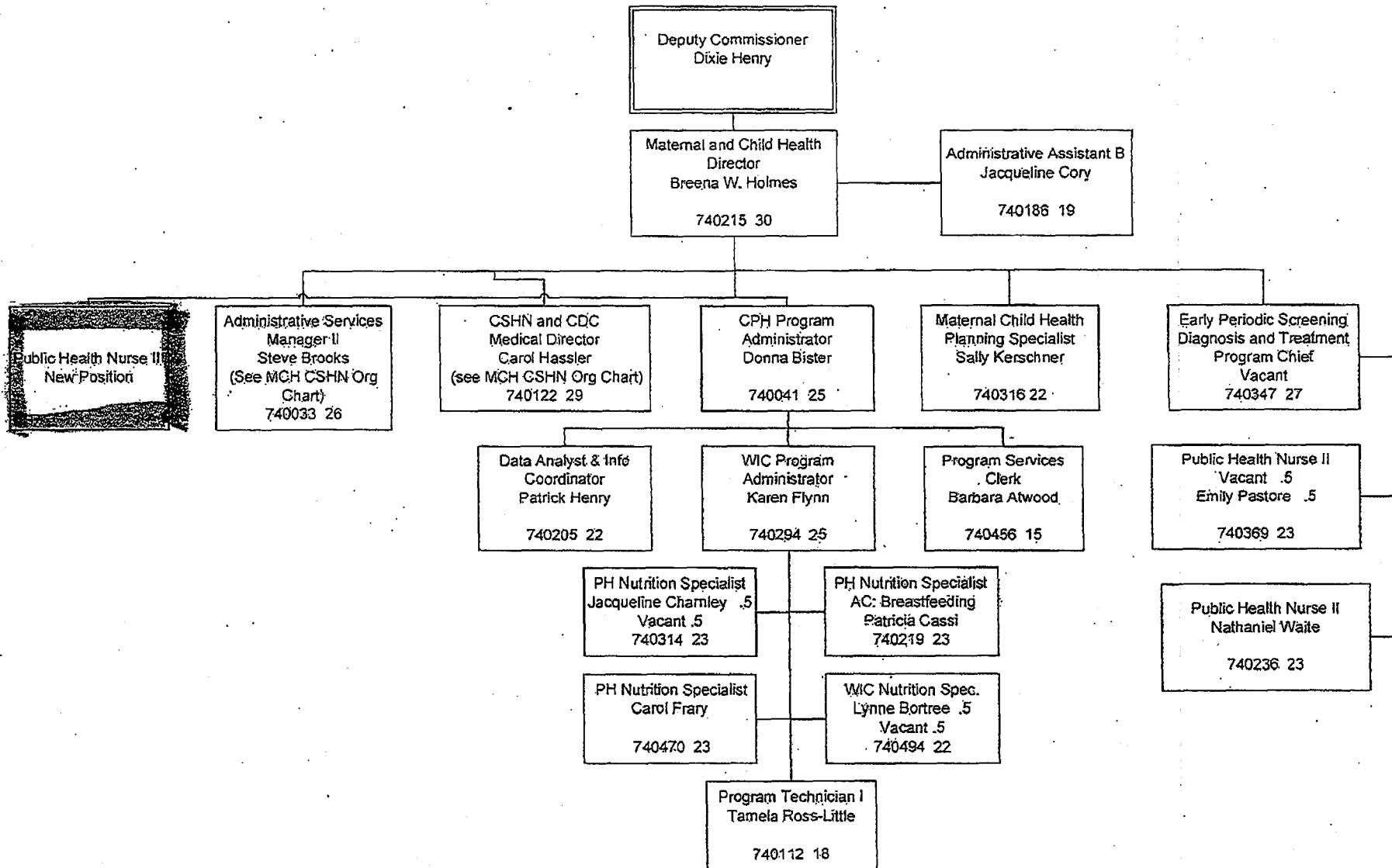
[Signature] _____ Date: 11/18/10
 Approved/Denied by Finance and Management

Tom Bell _____ Date: 11/30/10
 Approved/Denied by Secretary of Administration

Comments: 2A

Division of Maternal and Child Health

November 1, 2010



VERMONT DEPARTMENT OF HEALTH

SFY11 Home Visiting ACA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$11,637	\$11,637
Fringe Benefits	\$0	\$3,491	\$3,491
3rd Party Contracts	<u>\$0</u>	<u>\$50,000</u>	<u>\$50,000</u>
Total Personal Services	\$0	\$65,128	\$65,128
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$5,500</u>	\$5,500
Total Operating Expenses	\$0	\$5,500	\$5,500
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$70,628	\$70,628
Total Indirect Costs	<u>\$3,928</u>	<u>\$4,800</u>	<u>\$8,728</u>
Total SFY11 Grant Costs	<u>\$3,928</u>	<u>\$75,428</u>	<u>\$79,356</u>

Appropriation Summary

Total Personal Services	\$3,928	\$69,928	\$73,856
Total Operating Expenses	\$0	\$5,500	\$5,500
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	<u>\$3,928</u>	<u>\$75,428</u>	<u>\$79,356</u>

VERMONT DEPARTMENT OF HEALTH

SFY12 Home Visiting ACA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$43,222	\$43,222
Fringe Benefits	\$0	\$12,967	\$12,967
3rd Party Contracts	<u>\$0</u>	<u>\$25,000</u>	<u>\$25,000</u>
Total Personal Services	\$0	\$81,189	\$81,189
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$0	\$0
Travel	<u>\$0</u>	<u>\$5,500</u>	\$5,500
Total Operating Expenses	\$0	\$5,500	\$5,500
Subgrants	\$0	\$350,000	\$350,000
Total Direct Costs	\$0	\$436,689	\$436,689
Total Indirect Costs	<u>\$14,588</u>	<u>\$17,829</u>	<u>\$32,417</u>
Total SFY12 Grant Costs	\$14,588	\$454,518	\$469,106

Appropriation Summary

Total Personal Services	\$14,588	\$99,018	\$113,606
Total Operating Expenses	\$0	\$5,500	\$5,500
Total Subgrants	<u>\$0</u>	<u>\$350,000</u>	<u>\$350,000</u>
	\$14,588	\$454,518	\$469,106



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

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

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: **Public Health Nurse II; General**

Agency/Department/Unit: **AHS/VDH/Maternal Child Health** GUC: **74701**

Pay Group: **74A** Work Station: **Burlington** Zip Code: **05401**

Position Type: Permanent Limited Service (end date) **09/30/2012**

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) **ACA Funding**

Supervisor's Name, Title and Phone Number: **Breana Holmes, Division Director**

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code **406400** Existing Job/Class Title:
Public Health Nurse II; General

b. Position authorized by:

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

Vacant Position:

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

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

Consultation and program administration at a professional level providing oversight for the planning, development, and implementation of a statewide system of nurse home visiting to selected families at risk. The role of the nurse project coordinator includes providing clinical direction, contract management, program evaluation, staff training, and the curriculum development necessary for the implementation of a nationally recognized evidenced based nurse home visiting model in Vermont. Overall duties include the establishment and granting of community contracts, hiring of staff and establishing the necessary collaborations to insure seamless systems of care with existing home visiting and community based services for Vermont families at risk. Supervises the clinical nursing functions required in a community nurse home visiting program. Collaborates with key home visiting program consultants from national programs in addition to other contracted consultants who are performing project functions such as assessment and program evaluation. Coordinates with appropriate staff of the VDH and DCF on other program activities such as quality improvement and data systems. Maintains key collaborative relationship with staff and leadership of the Vermont Department of Health (especially the Division of MCH and the Office of Local Health) and the Department for Children and Families. Works under the supervision of the Director of the Division of MCH and coordinates directly with the CIS Nursing and Family Support Director and the Title V MCH Planner.

2. Provide a brief justification/explanation of this request:

In July, 2010, the Vermont Department of Health was awarded \$557,408.00 for the Maternal, Infant and Early Childhood Home Visiting Program from the Affordable Care Act legislation of March, 2010. The funds will support the VDH to establish an evidenced based nurse home visiting program to be implemented in specific geographic areas for Vermont families with young children who are identified to be "at risk" by pre-set parameters. The approved grant budget contains funds for the VDH, Division of MCH, to hire a nurse as the grant administrator. A major duty of this position is to oversee the distribution of funds from these ACA monies to selected community organizations (such as home health agencies and parent child centers) in order to carry out nurse home visiting services within a pre-approved, evidenced based model. The VDH nurse will be

responsible for the basic implementation of the nurse home visiting grant within selected communities, oversight of the hiring and training of the nurse home visitors, curriculum development for the nurses, and QI and program evaluation.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Sally Kerschner, Maternal & Child Health Planning Specialist

6. Who should be contacted if there are questions about this position (provide name and phone number): Gail Rushford, #828-3270

7. How many other positions are allocated to the requested class title in the department: 3

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) no

Attachments:

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

Gail Rushford
Personnel Administrator's Signature (required)*

11/10/10
Date

[Signature]
Supervisor's Signature (required)*

11/10/10
Date

Wendy Davis MD

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

11/15/10

Date

* Note: Attach additional information or comments if appropriate.

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services, Department of Health Date: 11/18/10

Name and Phone (of the person completing this request): Leo Clark 863-7284

Request is for:

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

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Health Resources and Services Administration, United States Department of Health and Human Services
 Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

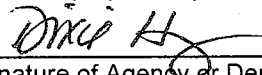
<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Nurse	1	Maternal Child Health	7/15/2010 thru 9/30/2012

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This is the position described in our application (copy attached), approved for funding by the Health Resources and Services Administration and necessary to carry out the proposed activities.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

 11/18/10
 Signature of Agency or Department Head Date

 Approved/Denied by Department of Human Resources Date

 Approved/Denied by Finance and Management Date

 Approved/Denied by Secretary of Administration Date

Comments:

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

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

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

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

Vacant Position:

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

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

Consultation and program administration at a professional level providing oversight for the planning, development, and implementation of a statewide system of nurse home visiting to selected families at risk. The role of the nurse project coordinator includes providing clinical direction, contract management, program evaluation, staff training, and the curriculum development necessary for the implementation of a nationally recognized evidenced based nurse home visiting model in Vermont. Overall duties include the establishment and granting of community contracts, hiring of staff and establishing the necessary collaborations to insure seamless systems of care with existing home visiting and community based services for Vermont families at risk. Supervises the clinical nursing functions required in a community nurse home visiting program. Collaborates with key home visiting program consultants from national programs in addition to other contracted consultants who are performing project functions such as assessment and program evaluation. Coordinates with appropriate staff of the VDH and DCF on other program activities such as quality improvement and data systems. Maintains key collaborative relationship with staff and leadership of the Vermont Department of Health (especially the Division of MCH and the Office of Local Health) and the Department for Children and Families. Works under the supervision of the Director of the Division of MCH and coordinates directly with the CIS Nursing and Family Support Director and the Title V MCH Planner.

2. Provide a brief justification/explanation of this request:

In July, 2010, the Vermont Department of Health was awarded \$557,408.00 for the Maternal, Infant and Early Childhood Home Visiting Program from the Affordable Care Act legislation of March, 2010. The funds will support the VDH to establish an evidenced based nurse home visiting program to be implemented in specific geographic areas for Vermont families with young children who are identified to be "at risk" by pre-set parameters. The approved grant budget contains funds for the VDH, Division of MCH, to hire a nurse as the grant administrator. A major duty of this position is to oversee the distribution of funds from these ACA monies to selected community organizations (such as home health agencies and parent child centers) in order to carry out nurse home visiting services within a pre-approved, evidenced based model. The VDH nurse will be

responsible for the basic implementation of the nurse home visiting grant within selected communities, oversight of the hiring and training of the nurse home visitors, curriculum development for the nurses, and QI and program evaluation.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Sally Kerschner, Maternal & Child Health Planning Specialist

6. Who should be contacted if there are questions about this position (provide name and phone number): Gail Rushford, #828-3270

7. How many other positions are allocated to the requested class title in the department: 3

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) no

Attachments:

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

Gail Rushford
Personnel Administrator's Signature (required)*

11/10/10
Date

[Signature]
Supervisor's Signature (required)*

11/10/10
Date

Wendy Davis MD

11/15/10

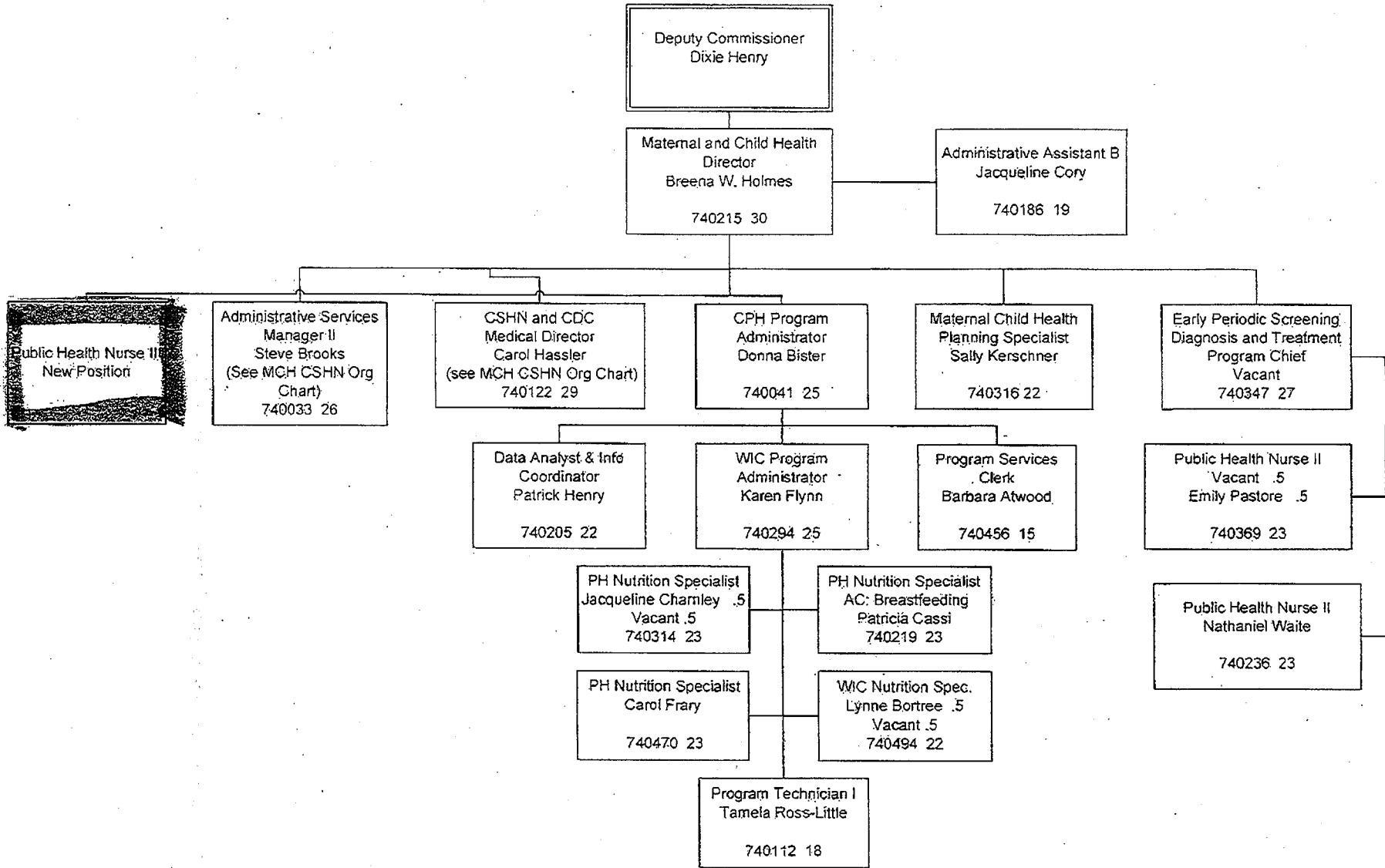
Appointing Authority or Authorized Representative Signature **(required)***

Date

* Note: Attach additional information or comments if appropriate.

Division of Maternal and Child Health

November 1, 2010



DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION



NOTICE OF GRANT AWARD
AUTHORIZATION (Legislation/Regulation)
Patient Protection and Affordable Care Act, P.L. 111-148
Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the
Patient Protection and Affordable Care Act of 2010
Affordable Care Act, P.L. 111-148

1. DATE ISSUED: 09/16/2010		2. PROGRAM CFDA: 93.505	
3. SUPERCEDES AWARD NOTICE dated: 07/15/2010 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>			
4a. AWARD NO.: 6 X02MC19419-01-01	4b. GRANT NO.: X02MC19419	5. FORMER GRANT NO.:	
6. PROJECT PERIOD: FROM: 07/15/2010 THROUGH: 09/30/2012			
7. BUDGET PERIOD: FROM: 07/15/2010 THROUGH: 09/30/2012			

8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program

9. GRANTEE NAME AND ADDRESS:
VERMONT STATE DEPARTMENT OF HEALTH
108 Cherry St
Burlington, VT 05401-4295

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Breena Holmes
VERMONT STATE DEPARTMENT OF HEALTH
108 Cherry St
Burlington, VT 05401-4295

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$ 59,846.00
b. Fringe Benefits:	\$ 17,953.00
c. Total Personnel Costs:	\$ 77,799.00
d. Consultant Costs:	\$ 0.00
e. Equipment:	\$ 0.00
f. Supplies:	\$ 0.00
g. Travel:	\$ 11,002.00
h. Construction/Alteration and Renovation:	\$ 0.00
i. Other:	\$ 4,507.00
j. Consortium/Contractual Costs:	\$ 432,699.00
k. Trainee Related Expenses:	\$ 0.00
l. Trainee Stipends:	\$ 0.00
m. Trainee Tuition and Fees:	\$ 0.00
n. Trainee Travel:	\$ 0.00
o. TOTAL DIRECT COSTS:	\$ 526,007.00
p. INDIRECT COSTS: (Rate: % of S&W/TADC)	\$ 35,908.00
q. TOTAL APPROVED BUDGET:	\$ 561,915.00
i. Less Non-Federal Resources:	\$ 0.00
ii. Federal Share:	\$ 561,915.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Authorized Financial Assistance This Period	\$ 561,915.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$ 0.00
ii. Offset	\$ 0.00
c. Unawarded Balance of Current Year's Funds	\$ 0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$ 557,408.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$ 4,507.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not Applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$ 0.00
b. Less Unawarded Balance of Current Year's Funds	\$ 0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$ 0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$ 0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
Estimated Program Income: \$ 0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached Yes No)
This supplement is issued as a result of the final allocation of FY 10 funds for the Affordable Care Act Home Visiting Program. These funds are restricted and subject to the Terms stated in the previous Notice of Grant Award. These funds are placed in the "Other" category.

Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 09/16/2010

17. OBJ. CLASS: 41.45		18. CRS-EIN: 1036000274B8		19. FUTURE RECOMMENDED FUNDING:		
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST	AMT. DIR. ASST	SUBPROGRAM CODE	SUB ACCOUNT CODE
10-3895600	93.505	X02MC19419AC	\$ 4,507.00	\$ 0.00	N/A	N/A

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Terms:

1. A complete needs assessment that meets the requirements outlined in section 511(b)(1-2) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA) (P.L. 111-148) is required of every State as a condition of receiving payment of FY 2011 Title V Block Grant funds, regardless of whether the State intends to apply for a grant to provide home visiting services.
2. All but \$500,000 of the State's allocation of funds listed on this Notice of Grant Award (NGA) will be restricted pending receipt of an approvable Updated State Plan for the Home Visiting Program in response to Funding Opportunity Announcement #3. The unrestricted funds may be used for needs assessment, planning or implementation activities associated with the establishment of a Maternal, Infant and Early Childhood Home Visiting program.

All prior terms and conditions remain in effect unless specifically removed.

NGA Email Address(es):

rlunn@vdh.state.vt.us;wendy.davis@ahs.state.vt.us;breena.holmes@ahs.state.vt.us;bbutler@hrsa.gov

Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact Barbara Tausey at:

HRSA/MCHB
15 New Sudbury Street
Boston, MA 02203-0002
Phone: (617)565-1433
Email: barbara.tausey@hrsa.hhs.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Mickey

Reynolds at:
HRSA/OFAM/DGMO
5600 Fishers Lane
Rockville, MD 20857-0001
Phone: (301)443-0724
Email: mreynolds@hrsa.gov
Fax: (301)594-4073

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All

Page 3	Date Issued: 09/16/2010
Award Number: 6 X02MC19419-01-01	

correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

Opportunity Title:	Affordable Care Act Maternal, Infant and Early Childhood
Offering Agency:	Health Resources & Services Administration
CFDA Number:	93.505
CFDA Description:	Affordable Care Act (ACA) Maternal, Infant, and Early C
Opportunity Number:	HRSA-10-275
Competition ID:	4513
Opportunity Open Date:	06/10/2010
Opportunity Close Date:	07/09/2010
Agency Contact:	Audrey M. Yowell, PhD, MSSS Health Resources and Services Administration Maternal and Child Health Bureau 5600 Fishers Lane 18A-39 Rockville MD 20857

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Grants.gov Lobbying Form
Budget Information for Non-Construction Program Application for Federal Assistance (SF-424)
Budget Narrative Attachment Form
Assurances for Non-Construction Programs (SF-42)
HHS Checklist Form PHS-5161
Project Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Disclosure of Lobbying Activities (SF-LLL) Attachments

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 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): <input type="text"/> * Other (Specify) <input type="text"/>
---	---	---

* 3. Date Received: <input type="text" value="07/08/2010"/>	4. Applicant Identifier: <input type="text"/>
---	---

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
---	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--	--

8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Vermont Department of Health"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="03-6000274"/>	* c. Organizational DUNS: <input type="text" value="809376155"/>

d. Address:

* Street1:	<input type="text" value="108 Cherry St"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Burlington"/>
County:	<input type="text"/>
* State:	<input type="text" value="VT: Vermont"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="05401"/>

e. Organizational Unit:

Department Name: <input type="text" value="Department of Health"/>	Division Name: <input type="text" value="Division of MCH"/>
--	---

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

Prefix: <input type="text"/>	* First Name: <input type="text" value="Breena"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Holmes"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="Director MCH"/>	
Organizational Affiliation: <input type="text" value="Vermont Department of Health"/>	
* Telephone Number: <input type="text" value="802-863-7347"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="breena.holmes@ahs.state.vt.us"/>	

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources & Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.505

CFDA Title:

Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program

*** 12. Funding Opportunity Number:**

HRSA-10-275

* Title:

Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program

13. Competition Identification Number:

4513

Title:

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

*** 15. Descriptive Title of Applicant's Project:**

To establish a statewide maternal, infant and early childhood home visiting program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

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	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

*** 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.)**

Yes No

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.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

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. Maternal Infant Early Childhood Home Visiting	93.505	\$ 500,000.00		\$ 500,000.00		\$ 500,000.00
2.						
3.						
4.						
5. Totals		\$ 500,000.00		\$ 500,000.00		\$ 500,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Maternal Infant Early Childhood Home Visiting				
a. Personnel	\$ 59,846.40	\$	\$	\$	\$ 59,846.40
b. Fringe Benefits	17,953.95				17,953.95
c. Travel	11,000.00				11,000.00
d. Equipment	0.00				
e. Supplies	0.00				
f. Contractual	375,292.00				375,292.00
g. Construction	0.00				
h. Other	0.00				
i. Total Direct Charges (sum of 6a-6h)	464,092.35				\$ 464,092.35
j. Indirect Charges	35,907.85				\$ 35,907.85
k. TOTALS (sum of 6i and 6j)	\$ 500,000.20	\$	\$	\$	\$ 500,000.20
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
14. Non-Federal	\$ <input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
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. <input style="width: 95%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 95%;" type="text"/>	22. Indirect Charges: <input style="width: 95%;" type="text"/>				
23. Remarks: <input style="width: 95%;" type="text"/>					

Vermont Department of Health
Maternal, Infant and Early Childhood Home Visiting Program
Budget Justification for Years 1, 2, 3 July 9, 2010

Object Categories	Year 1 7/10- 9/30/10	Year 2 10/1/10- 9/30/11	Year 3 10/1/11- 9/30/12	Total
a. Personnel Total				\$59,846.40
Principle Investigator: Breena Homes, MD Director, Div. of MCH Dr. Holmes is a pediatrician and, as MCH Director provides leadership to state and community home visiting services to families with young children. As PI, she will oversee the hiring of the nurse project coordinator and provide supervision to the coordinator. She will provide leadership and oversight for the general management of the grant funded home visiting program, program evaluation activities (performed by consultant TBA) and data development systems. She will act as key collaborator at the top levels of leadership for VDH, DCF, and AHS.	In Kind	In Kind	In Kind	In Kind
Project Coordinator: TBA. See attached job description. Responsible for overall day to day coordination and management of the home visiting program. Anticipate hiring halfway into year 2 at PG 24, annual salary of \$20.78/hour.	N/A	\$19,948.80	\$39,897.60	\$59,846.40
Director, CIS, Nursing and Family Support: Susan Shepard: Oversees the DCF Children's Integrated Services, which is developing the statewide integrated systems of existing home visiting services.	In Kind	In Kind	In Kind	
Title V MCH Planner: Sally Kerschner: Coordinates the Title V MCH Block Grant activities for Division MCH in VDH.	In Kind	In Kind	In Kind	

Vermont Department of Health Maternal Infant Early Childhood Home Visiting July 9, 2010

b. Fringe Benefits	Total			\$17,953.95
Fringe benefits are calculated at the standard percentage applied to all AHS departments; staff at 30% of salary. Fringe benefits cover health insurance, life insurance, retirement plan, taxes, and dental plan.	N/A	\$5,984.64	\$11,969.28	\$17,953.95
c. Travel	Total			\$11,000
Travel for PI and PC to attend annual grantee meetings once per year. 2 staff @ \$2,000 per meeting		\$4,000	\$4,000	\$8,000
Significant in-state travel for PC to community and state meetings and trainings @ \$.50/miles.		\$1,500	\$1,500	\$3,000
d. Equipment	0	0	0	0
e. Supplies	N/A	N/A	N/A	N/A
f. Contractual	Total			\$432,699.80
Contracted services for the research and writing of the Home Visiting Services needs assessment by JSI Research and Training Institute.	\$15,000			\$15,000
Contracted Services TBA for the conducting of at least three focus groups at locations around Vermont with families who have young children about their experiences with home visiting services. Includes development of focus group question guide, stipend for families and child care, qualitative analysis of responses, and preparation of final report.		\$10,000		\$10,000
Evaluation of Existing Home Visiting Services TBA: RFP to be developed for evaluation of existing home visiting services in Vermont as related to effectiveness in affecting the six quantifiable benchmarks.		\$25,000	\$25,000	\$50,000

Vermont Department of Health Maternal Infant Early Childhood Home Visiting July 9, 2010

Phased in implementation of Home Visiting program based on national evidenced based model. Includes start up costs for project TA, staffing, supplies, travel, client support materials, staff training. Numbers of families served and geographic locations to be determined after evaluation of needs assessment findings. Costs for home visiting services to be offset by insurance reimbursement. This mechanism to be determined during grant planning period, thus affecting overall cost estimates for the program.		\$100,000.00	\$200,292.80	\$357,699.80
g. Construction	0	0	0	0
h. Other	0	0	0	0
i. Total Direct Charges				\$521,500.15
j. Indirect Charges: We have applied the Cost Allocation formula to direct salary costs that is used across the Agency of Human Services, that is 60%, as described in a November 16, 2009 letter from Robert Aaronson, Director, Division of Cost Allocation, Department of Health & Human Services, to Robert Hofman, Secretary of the Vermont Agency of Human Services, authorizing the agency to use its cost allocation formula to determine indirect costs.	0	\$11,969.28	\$23,939.56	\$35,907.85
k. Total Direct/Indirect				\$557,408.00

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION <input style="width: 90%;" type="text" value="Vermont Department of Health"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 150px;" type="text" value="Wendy"/> Middle Name: <input style="width: 150px;" type="text"/>
* Last Name: <input style="width: 300px;" type="text" value="Davis"/>	Suffix: <input style="width: 80px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Vermont Commissioner of Health"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="Wendy Davis"/>	* DATE: <input style="width: 150px;" type="text" value="07/08/2010"/>

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Wendy Davis</p>	<p>* TITLE</p> <p>Vermont Commissioner of Health</p>
<p>* APPLICANT ORGANIZATION</p> <p>Vermont Department of Health</p>	<p>* DATE SUBMITTED</p> <p>07/08/2010</p>

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [] Noncompeting Continuation [] Competing Continuation [] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X] Included [] NOT Applicable
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X] Included [] NOT Applicable
3. Proper Signature and Date on appropriate "Assurances" page [X] Included [] NOT Applicable
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[] Civil Rights Assurance (45 CFR 80)
[] Assurance Concerning the Handicapped (45 CFR 84)
[] Assurance Concerning Sex Discrimination (45 CFR 86)
[] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)
5. Human Subjects Certification, when applicable (45 CFR 46) [] Included [] NOT Applicable

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [] YES [X] NOT Applicable
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X] YES [] NOT Applicable
3. Has the entire proposed project period been identified on the SF-424? [X] YES [] NOT Applicable
4. Have biographical sketch(es) with job description(s) been attached, when required? [X] YES [] NOT Applicable
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X] YES [] NOT Applicable
6. Has the 12 month detailed budget been provided? [X] YES [] NOT Applicable
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] YES [] NOT Applicable
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [] YES [X] NOT Applicable
9. For Competing Continuation and Supplemental applications, has a progress report been included? [] YES [X] NOT Applicable

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix: [] * First Name: Christopher Middle Name: []
* Last Name: Stinchfield Suffix: []

Title: []

Organization: Vermont Department of Health

Address: * Street1: 108 Cherry St

Street 2: []

* City: Burlington

* State: VT: Vermont Province: []

* Country: USA: UNITED STATES * Zip / Postal Code: 05401

* Telephone Number: 802-657-4286

E-mail Address: christopher.stinchfield@ahs.state.vt.us

Fax Number: []

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

[] - 03-6000274 - []

PART C (Continued): In the spaces provided below, please provide the requested information.

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix: * First Name: Middle Name:
 * Last Name: Suffix:
Title:
Organization:
Address: * Street1:
 Street2:
 * City:
 * State: Province:
 * Country: * Zip / Postal Code:
*** Telephone Number:**
E-mail Address:
Fax Number:

SOCIAL SECURITY NUMBER**HIGHEST DEGREE EARNED****PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: * (Agency)

on *(Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Vermont Department of Health * Street 1: 108 Cherry St Street 2: _____ * City: Burlington State: VT: Vermont Zip: 05401 Congressional District, if known: _____		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: _____		
6. * Federal Department/Agency: HRSA	7. * Federal Program Name/Description: Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program CFDA Number, if applicable: 93.505	
8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Wendy Davis * Name: Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ Title: _____ Telephone No.: _____ Date: 07/08/2010		
Federal Use Only: _____		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

X. PROGRAM NARRATIVE

A. INVENTORY OF INFORMATION AND DATA:

INTRODUCTION AND OVERVIEW:

Vermont is primarily a rural state. This fact strongly influences the way in which communities with poor MCH outcomes are defined. In most instances, it will not be possible to “draw a circle” on a map of Vermont that identifies “at risk” communities or target populations by geographic locations. However, residents of rural areas tend to have lower incomes, have less educations, use public health insurance or have no insurance, and live farther from health care resources than their urban counterparts (Women’s Health USA, 2008, HRSA.) Women living in rural areas also experience higher rates of unintentional injury, motor vehicle related deaths, suicide, cigarette smoking, obesity, and heavy alcohol consumption. (American College of Obstetricians and Gynecologists report, 2009.) Vermont’s needs assessment and funding application will reflect the needs of its vulnerable families as defined by population-based risk factors, unique risk factors that assist to define a significant sub-populations, and risk factors defining families living in a specified geographic community.

Vermont’s overall population is 621,760 (US Census, 2009.) The 2000 decennial census estimate found the 62% of Vermont’s population live in rural settings. Only 28% of the population lives in a metropolitan area. Fewer than 40,000 people live in inner-city urban areas and only one city in Vermont, Burlington, has a population greater than 20,000.

Population estimates, by town, are available from the U.S. Census Bureau, Population Estimates Program, and are updated annually. The U.S. Department of Agriculture (USDA) publishes a classification of urban/rural geography, by census tract, based on 30 rural-urban commuting area codes (RUCA) developed at the WWAMI Rural Health Research Center, University of Washington, WA. A cross-walk has been developed at the Vermont Department of Health (VDH,) using GIS, that links census tracts to Vermont towns. Thus, a complete RUCA classification of Vermont towns is available.

DATA RELATED TO DESCRIBING BIRTH OUTCOMES AND MCH

INDICATORS: The Vermont Department of Health (VDH) has ready access all current and past vital statistics data, including births, deaths, fetal deaths, and abortions. These data include demographics, geographical residence by town, maternal and pregnancy risk factors, birth outcomes, and causes of perinatal and infant deaths. Each quarter the VDH issues an internal report detailing provisional rates of such measures as low birth weight, LBW for singleton births, preterm delivery descriptors, month of entry into prenatal care and adequacy of prenatal care, infant mortality, prenatal smoking, teen pregnancy by age groups, and births to single mothers who are aged less than 20 years of age and with less than a high school education. These data are available by Health Department District and by county.

VDH, under contract to the VT Banking, Insurance, Securities, and Health Care

Administration (BISHCA,) maintains the Uniform Hospital Discharge Dataset. Data include reason for admission, length of admission and principle procedures performed for all outpatient, emergency department and inpatient admissions of Vermont residents at Vermont, New Hampshire, Massachusetts, and New York Hospitals.

Approximately 40% of Vermont children 0-19 years old are enrolled in Medicaid or SCHIP, and approximately 40% of deliveries to Vermont women are paid by Medicaid. Detailed information is available for this subpopulation on demographic, income, medical services provided, diagnoses, and other health care measures such as which facility was used and the cost incurred.

VDH participates in the Behavioral Risk Factor Surveillance System (BRFS) which collects data on key health risks for adults, such as tobacco, alcohol and drug use, exercise, diet, mental health, social stressors, and access to health care. These data can be analyzed by sex, income, geographic location, educational level, race, and ethnicity.

In 2010, VDH produced the report, the Health Disparities of Vermonters, with data analysis by county. Key indicators such as birth outcomes, income, education level, housing, built environment, access to health care, stress and depression, and race/ethnicity are analyzed.

Data describing Families with Children who have special health care needs includes a VDH maintained registry of children born with selected birth defects. Recent focus group interviews of parents of children in the registry found unmet needs in the area of care coordination. Additional information about the impact of CSHCN children on families is contained in the National Survey of Children with Special Health Care Needs, published by HRSA. Additional CSHN data is available from program specific data sets, especially for the Child Development Clinic services.

The Pregnancy Risk Assessment Monitoring System (PRAMS) survey provides data on the proportion of live births that result from unintended pregnancies. In addition to demographics, the survey collects information on insurance status before pregnancy, financial, emotional and other stressors before pregnancy. We are also examining whether the woman was using birth control before she became pregnant, and if not what her reasons were for not using birth control, and whether she is currently (3-6 months postpartum) using birth control. Information is also collected and analyzed for other risks and behaviors such as tobacco and alcohol use, body weight pre and post pregnancy, depression, access to health care, infant feeding, and so forth.

Vermont's Department of Mental Health compiles data on use of community mental health centers using parameters such as age, insurance coverage, diagnosis, client's ability to be employed, type of clinical service provided, work experience placements, etc. The Vermont Mental Health Performance Indicator Project (PIP) supports data-based decision making within and across statewide public sector systems of behavioral health care. PIP reports are created by the Department of Mental Health Research and Statistics team. Weekly PIP reports are created on a wide variety of topics such as the age/gender

of children with Attention Deficit Disorders, youth with mental health diagnoses and subsequent employment, analyses of children and youth as admitted to inpatient services, and so forth.

WIC (Women, Infants and Children) program data is valuable in that 60% of Vermont's pregnant women and infants are eligible for WIC. WIC data reports contain information on such data elements as weeks entry into prenatal care, tobacco use, and infant feeding and breastfeeding rates.

Aggregated data from the statewide Title X family planning centers is available to describe reproductive health needs of low income women and their partners.

DATA DESCRIBING POVERTY:

Income data are available by sex, age, and town of residence in the BRFSS data and in the U.S. Census Bureau decennial census data. Detailed poverty data for Burlington, the largest urban center in Vermont, are available in the American Community Survey. Poverty data by county and by urban/rural classifications are also available from the economic research services of the United States Department of Agriculture (USDA). Average personal adjusted gross income per person, by town, is available through Vermont income tax returns.

For data describing homeless populations, point-in-time census estimates of the number of homeless families with children are carried out annually by the Vermont Coalition to End Homelessness in partnership with the Chittenden Homeless Alliance. The census is conducted according to standards developed by the U.S. Housing and Urban Development (HUD).

DATA DESCRIBING CRIME:

The Vermont Department of Public Safety tracks crime via the Crime Index as developed by the FBI as an indicator to measure changes in the total amount of crime in a jurisdiction. The Crime Index is a remnant of an older format for crime reporting known as Summary Reporting which Vermont discontinued in 2005 in favor of the newer National Incident Report System (NIBRS). In Vermont the new NIBRS format is known as Vermont Crime On-Line or VCON. Crimes are reported by county, type of offence, type of victim, age, race/ethnicity and gender of victim, type of offender and relationship between the offender and victim.

Juvenile delinquency and crime data is published annually in the Juvenile Justice Sourcebook by the Department for Children and Families. Data on the number of individuals under the supervision or custody of the Vermont Department of Corrections is available in a daily census, by town of residence.

DATA DESCRIBING DOMESTIC VIOLENCE:

Hospital data captures admission and ED visits that are described as injuries due to domestic violence. Data on Interpersonal Violence can be obtained from questions on the BRFSS. Data on bullying and physical violence in middle/high school aged children can be gathered from the Youth Risk Behavior Survey (YRBS). PRAMS asks about threatened or actual domestic violence experienced during or after pregnancy.

DATA DESCRIBING RATES OF HIGH SCHOOL DROP OUTS AND OTHER EDUCATIONAL INDICATORS:

Data are available by school, in the Vermont Public School Dropout and High School Completion Report, published by the Vermont Department of Education, The YRBS, carried out biennially at a randomly selected sample of 40 public schools, provides weighted population data on 9th through 12th school children. Available data include drug, alcohol and tobacco use, sexual behavior, diet, exercise, exposure to violence/bullying, gang activity, and level of social or emotional support received at home and at school.

DATA DESCRIBING SUBSTANCE ABUSE:

VDH's Office of Drug and Alcohol Abuse oversees drug and alcohol services across a wide variety of treatment settings. ADAP combines Medicaid and federal Substance Abuse Block Grant funds (SAPT) to offer services to those who are struggling with an addiction issue. The uninsured client in Vermont can access block grant funds for treatment provision. ADAP requires that all providers who are in the Preferred Provider system use an evidenced-based assessment tool to determine the appropriate modality for treatment. Currently providers are using the Addiction Severity Index (ASI) or the Global Assessment of Individual Needs (GAIN). They require all preferred providers to use the ASAM placement criteria in combination with the above tools to determine the appropriate treatment level. The SAPT Block Grant requires services be delivered outside of a waiting list to specific populations. The population rising to the top of this priority list are pregnant using mothers. They are to be offered services within 48 hours of contact at any clinic regardless of treatment modality. All preferred providers need to answer the following elements in the National Outcome Measure (NOMS). Some of the various fields that need to be answered are as follows: date of admission, sex, race/ethnicity, educational level, employment status, primary use, primary use on admission, frequency of use, social connectedness, living arrangements, and number of times arrested in 30 days

Programs providing treatment to pregnant women using illegal drugs have seen a sharp increase in their caseloads; however the programs involved are only seeing women seeking treatment. The Medicaid database and the uniform hospital discharge data provide information on adult and maternal drug use and on infants diagnosed with neonatal drug abstinence syndrome. The Vermont ICON project (Improving Care for Opioid Exposed Newborns) of the Vermont Department of Health and the Vermont Child Health Improvement Program (VCHIP) of the University of Vermont, collects data on the number, demographic characteristics, and geographic distribution of opioid dependent new mothers in Vermont, and tracks their infant's medical conditions.

The Vermont Prescription Drug Monitoring System helps track the prescribing and dispensing of controlled substances — those drugs most likely to lead to abuse, addiction or patient harm if they are not used properly. The purpose of the database is to provide timely and useful information to both licensed prescribers and pharmacists. The VPMS will also help health care providers identify patients who may need treatment for drug abuse or addiction. Only licensed health care providers and pharmacists, registered with the U.S. Drug Enforcement Agency, and registered with the VPMS, will have access to information in the database. Individuals can also receive a copy of their own database information upon request.

DATA DESCRIBING UNEMPLOYMENT AND LABOR INDICATORS:

Unemployment rates, by county and by town, are published monthly by the Vermont Department of Labor. The percentage of households subsisting on public assistance and food stamps, by county, is available in the American Community Survey dataset.

DATA DESCRIBING CHILD MALTREATMENT:

Vermont's Department for Children and Families gathers data on potential and substantiated child maltreatment via a statewide centralized phone reporting system. This data can describe child abuse reporting by town and county, age, gender, type of family situation, and other parameters. Data on the incidence of child neglect, physical and sexual abuse, by age and gender of child, and by county or health district, are reported annually by the Vermont Department for Children and Families (Child Abuse and Neglect in Vermont Report). Vermont submits Adoption and Foster Care Analysis and Reporting System (AFCARS) reports twice annually. Vermont does not have a statewide automated child welfare information system (SACWIS), however DCF uses an automated systems that capture SACWIS reporting requirements. The Vermont Child Fatality Review Team performs an in depth review of all child deaths, including those possibly due to maltreatment and abuse.

B. DISCUSSION OF GAPS IN DATA:

GAPS IN DATA DESCRIBING BIRTH OUTCOMES AND MCH INDICATORS:

Presently the Immunization Registry contains data for 88% of Vermont children under age 18. The registry's goal is to continue to add children's immunization records to achieve 100%. The Newborn Screening data and the Newborn Hearing data are presently being connected to the Immunization registry via a secure web interface within the VDH SPHINX database so as to be available to clinical providers.

An analysis of the data systems for the CIS (Children's Integrated Services) was performed by a consulting firm this past spring. CIS is the initiative designed to integrate home and community based services for families, involving the programs for MCH, early education and emotional health, and IDEA Part C. As this process moves forward, it is evident that the existing system is a patchwork of home grown and "siloed" systems and

manual processes that cannot communicate with each other in an integrated or automatic fashion. Examples of issues that need to be resolved are the limited availability of information on current or past service history on new referrals, redundancy of paperwork between programs, limited ability to track common client information and case milestones across programs, and other difficulties encountered in managing large scale data systems for historically separate statewide service programs. Plans are being formulated to streamline this data system for CIS and also including the ECCS services. The resultant integrated data system would be better able to serve individuals in the CIS program and also allow Vermont to better track progress on the six quantifiable benchmarks as required in this grant funded program.

GAPS IN DATA DESCRIBING POVERTY:

In general, the calculation for federal poverty level is not reflective of the true costs of living in relation to income. Methods to calculate a livable wage are more accurate in determining true income and ability for families to survive economically. A livable wage is the hourly wage or annual income sufficient to meet a family's basic needs plus all applicable federal and state taxes. Basic needs include food, housing, child care, transportation, health care, clothing, household and personal expenses, insurance, and 5% savings.

GAPS IN DATA DESCRIBING CRIME:

Data is not readily available on the number of women incarcerated in Vermont correctional facilities who have infants and young children in their immediate families.

GAPS IN DATA DESCRIBING DOMESTIC VIOLENCE:

Injuries from domestic violence, if treated in the hospital setting, may not be reported as such by the patient or recognized as such by hospital personnel. Thus, many incidences of domestic violence remain unreported by women or are incorrectly coded if the woman seeks medical treatment from a physician or emergency department.

VDH has no domestic violence program other than the Domestic Violence Advisory Group (DVAG), formed in collaboration with the Department of Mental Health. A DVAG goal is to establish a viable domestic violence surveillance system. Other than the BRFS IPV module, most Vermont-specific DV data are not population based: the most widely disseminated Vermont data are those collected by the Vermont Network Against Domestic and Sexual Violence. These data are based on reports of domestic violence victims who have made contact with a Network member DV service agency. Such anecdotal DV data undercount its prevalence due to victims' under-reporting and health and human services providers' failure to identify its presence.

Vermont collects population-based data on domestic violence reported by women who have given birth and participated in PRAMS. However, this subset of women is a relatively small proportion of Vermont women.

GAPS IN DATA DESCRIBING DROP OUT RATES AND EDUCATIONAL INDICATORS:

Determination of the high school drop out rate has become more precise over the past years. However, it is still difficult to get statewide data on high school-aged students activities after leaving high school, whether as a drop out or as a graduate.

GAPS IN DATA DESCRIBING SUBSTANCE ABUSE:

Data is available for specific treatment programs, by Medicaid reimbursement codes, and by statewide surveys such as PRAMS, BRFSS and YRBS, but there is no data source that enables an accurate estimate of the extent of alcohol and drug abuse in populations statewide.

GAPS IN DATA DESCRIBING UNEMPLOYMENT:

In general, employment indicators count persons applying for unemployment benefits, however they do not capture those who are seeking employment without registering as officially unemployed or those who are unemployed or not making a livable wage.

GAPS IN DATA DESCRIBING CHILD MALTREATMENT:

Much of child maltreatment remains uncounted. Children who are abused may not be “noticed” by teachers or other professionals and thus not reported or brought into the treatment service system. Child injuries may not be recognized as a result of abuse and thus not reported. The DCF system of counting substantiated events of child abuse is only able to recognize those event that are reported, and may miss the cases of abused children who remain outside the system.

In 2009, VDH added to the BRFSS the CDC module on Adverse Child Experiences. These questions deal with childhood event such as living with adults with a mental illness or addiction or experiencing verbal or physical abuse. This data will give a fuller picture of the child hood experience of abuse by Vermont adults and the data can be analyzed for associations with adult health such as chronic disease.

C. DISCUSSION OF CAPACITY TO ASSEMBLE DATA:

Over the past ten years, the continued funding from the MCHB SSDI program has enabled greater capacity to gathering and analyze MCH related data for Title V services and also for other MCH-related population health needs.

A key limitation is state agency staffing and funding – capacity has been reduced over the past two years due to budget shortages and staff cutbacks. Limited staff capacity has lead to competing priorities for data support and, although work is prioritized by public health need, certain data projects are necessarily delayed.

Limitations in information technology systems hamper capacity to assemble and analyze data. For example, there will be a need to gather and use data related to home visiting systems to inform programming, analysis of outcomes, and quality improvement efforts. Vermont was one of six states to receive a technical assistance grant from the National Governor's Association through their initiative: *Ready States: A Project to Develop Key Components of State Early Childhood Infrastructure*. This ten month project, ended in December, 2010. The project goals are to organize data collection so as to efficiently gather data from Vermont's early childhood systems so as to inform overall policy and systems development.

D. DISCUSSION OF BARRIERS AND OPPORTUNITIES FOR COORDINATION:

In general, barriers will involve the limited capacity of state and community employed staff to go beyond basic assignments. Community based staff are at capacity with providing basic client services. Primary Care Providers are also stretched in providing medical home based care for their patients. Thus, the infusion of new funds to create a specialized home visiting program will be welcomed by community based providers. Careful planning and collaboration will be needed to insure that any new, evidence based home visiting program will be carefully coordinated with existing services and not duplicative or confusing to service providers and families.

This grant provides excellent opportunities to further solidify relationship between key agencies such as DCF, CAPTA, Head Start, MCH, and ADAP along with their community based partners such as the home health agencies and the parent child centers. Vermont has long recognized the need to integrate and coordinate home visiting services and thus has been creating the CIS initiative over the past several years. The opportunity to fund a specialized home visiting program for at risk families, along with the impetus to strength the existing CIS efforts, is much welcomed in the Vermont education, social work, and MCH public health professional communities.

In addition, the grant guidelines create an opportunity for a closer relationship with the organizations who serve military families. Vermont has no major military bases, but many families have members who are in the Vermont National Guard or in the regular military services. Organizations such as the Vermont Family Readiness Program will be useful in locating military families who could benefit from home visiting and community services.

E. DESCRIPTION OF APPROACH TO CONDUCTING NEEDS ASSESSMENT:

The VDH Office of Research and Analysis has access to the above described data bases and will work with the VDH/DCF home visiting program planners to perform the needed analyses to inform programming and planning. Program data from WIC (in the Department of Health) and DCF program data (home visiting, economic assistance programs, etc.) will also be available for use identifying target populations and

developing program interventions (for research based home visiting models.) Other state agencies have expressed willingness to supply data for this initiative.

The Vermont Department of Health has been designated by the Governor as the lead agency for this initiative. Within the VDH is the Division of Maternal and Child Health, which houses the Title V program planner, the statewide WIC program, school health, EPSDT services, and Children with Special Health Needs services and clinics. The Division of MCH works closely with the VDH's Office of Local Health, which oversees the VDH twelve district offices. These offices are responsible for VDH services statewide (in Vermont there are no county health departments.) Also, within the VDH structure is the Alcohol and Drug Abuse Programs.

The Vermont Department of Health will work closely with its main collaborative agency for this project, the Department for Children and Families (DCF.) Within this department sits the CIS coordination structure, the programs funded by CAPTA, and the Head Start statewide administrator. DCF also provides oversight for child care licensing and early education programs. The Building Bright Futures (ECCS) grant activities are coordinated out of DCF.

Both Departments are within the Vermont Agency of Human Services, (AHS, www.humanservices.vermont.gov.) Both departments have been responsible for the oversight of the integration of the existing home visiting services into one statewide coordinated system. This integration effort began in 2007 and involved the merging of the programs of Healthy Babies, Kids, and Families (home visits to prenatal women and families with infants and young children,) Family, Infant, Toddler (FIT/Part C) and CUPS (early childhood mental health services). In addition, the actual home visiting services for these programs are performed by the staff of the community home health agencies and parent child centers. These groups will be involved in the needs assessment and program planning for this home visiting initiative.

Many key linkages between these departments have already been established and collaborative channels of communication are in place to allow for the ongoing planning and program implementation that will be required for a home visiting initiative of this statewide size and scope.

A strong working relationship with the Department of Education exists, especially between VDH and DOE for school health services and the EPSDT reimbursement system for school health prevention activities. The coordinator for school health services is positioned with the VDH Division of MCH.

VDH has a close relationship with the Department of Mental Health (DMH) that is also within AHS – in fact, until 2009, both Departments were under one administrative structure headed by the Commissioner of Health. A key collaboration between VDH and DMH is the development of a system for quality developmental screening in the pediatric medical home.

The staff of VDH and DCF will access the specific needs assessment information from CAPTA and Head Start. Other needs assessment information will be gathered from groups such as Building Bright Futures/ECCS, CSHN, community birth hospitals, and Department of Corrections.

All required parties have readily written a Letter of Support and have expressed sincere interest in working collaboratively on this initiative. These partners have worked for years to improve the quality and coordination of services for families, especially those that are home and community based. The VDH and the DCF and their partners are pleased for the opportunities offered by this grant to expand quality home visiting services to at risk families.

F: DESCRIPTION OF ANTICIPATED TECHNICAL NEEDS:

Vermont would benefit from overall technical assistance in the latest professional approaches to evaluation of home visiting programs, especially as related to linking program results to population based outcome indicators. In addition, Vermont would like assistance as to the implementation and management of a new unique home visiting program within a statewide system of pre-existing programs. Also valuable would be assistance with building and maintaining comprehensive early child data management systems. Vermont is always interested in how to incorporate Lifecourse and Social Determinants of Health in its home visiting services. Research about the social, educational, and employment states of women living in rural areas would also be useful in planning for services to this population. Also of use would be assistance for policy development and support for addressing environmental impacts on child and family health and well being, from such issues as chemicals in the food systems to injury prevention from domestic violence.

G: STATEMENT OF APPLICATION:

The State of Vermont intends to apply for grant funding that would enable the delivery of evidenced based home visiting services, as described in the section 511(c) of the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. Vermont's Governor has designated the Vermont Department of Health as the lead Agency for the planning and implementing of this initiative (see attached letter from the Governor.) The Vermont Department of Health collaborates closely with the Department for Children and Families for home visiting program implementation. Both Departments are within the Agency of Human Services and also collaborate with the Department of Education and the Department of Mental Health. The VDH has a strong history of planning and management of home visiting programs that are carried out by either its own staff or contracted to community based agencies such as home health or the system of parent child centers. In addition, VDH has available many data sets and resources for providing the population based information needed for planning the program and also for tracking outcomes. Presently DCF, in collaboration with VDH, has the direct oversight responsibility for the state sponsored home visiting programs of Healthy Babies Kids and Families, Part H and early childhood mental health. These three programs are being

integrated under the Children's Integrated Services (CIS) initiative. VDH, in partnership with DFC, has the capacity to administer funding from this grant, hire a program coordinator, develop a system for adopting an evidenced based home visiting model and coordinating the new home visiting program with existing program so as to better serve families and avoid duplication of home visiting services.

Information from the needs assessment will be used to identify home visiting eligible families by both geographic areas and also by health, social, or educational needs as defined in section 511 (d)(4) of the legislation. Improvements to the data systems of the existing CIS program, as detailed the 2010 IT consultant report (Section B) will also allow for identification and tracking of families for service provision and evaluation of quantifiable outcomes.

VDH and DCF, along with our many partners, will review the findings of the home visiting needs assessment which will be submitted by September 1, 2010. The information contained in the assessment will guide decision making in choosing the evidenced based model that best services Vermont's families and community systems. Criteria will include such considerations as the model's ability to address the most serious needs of our families, the model's ease of implementation, cost of implementation, and the ability to complement existing home visiting and community based services for families with young children.

Vermont and the two major departments of VDH and DCF assure that funds will be used in the evidenced based home visiting program so that priority is given to serving low income families and families in at risk communities as identified in the needs assessment. VDH as the lead agency, will obtain and submit documentation that verifies that the home visiting services are delivered according to an evidenced based model and are implemented and delivered according to the chosen home visiting model's specifications. In planning for this home visiting program, Vermont will establish procedures to insure that the participation of each family is voluntary and that services are provided in accordance with an individual assessment of that family. VDH will submit annual reports as required. These reports will describe the program activities and progress toward the quantifiable benchmarks and outcomes. Vermont will participate in the data and information collection necessary for the evaluation and research required in section 511(g)(2) and section 511(h)(3). In addition, the populations to be served and the service delivery model will be consistent with the completed statewide needs assessment.

JAMES H. DOUGLAS
GOVERNOR



State of Vermont
OFFICE OF THE GOVERNOR

July 9, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857
homevisiting@hhs.gov

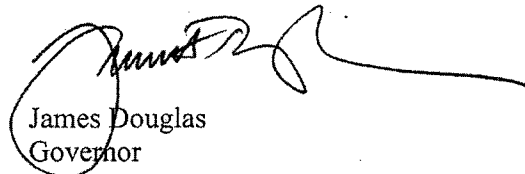
RE: ACA Maternal, Infant and Early Childhood Home Visiting Program
CFDA No. 93.505

Dear Ms. Yowell:

I hereby designate the Vermont Department of Health, under the leadership of Wendy Davis, MD, Commissioner of Health, as Vermont's lead agency for the Maternal, Infant, and Early Childhood Home Visiting needs assessment and home visiting program.

Vermont's response to this funding opportunity will reflect the significant partnership between the Vermont Department of Health and the Vermont Department for Children and Families, under the leadership of Commissioner Steve Dale. Both of these agencies have a long and valued history of working for families with young children and also with administering home visiting programs. The success of this close working relationship is demonstrated by the collaborative effort of the staff of both agencies in the preparation of this grant application.

Sincerely,



James Douglas
Governor

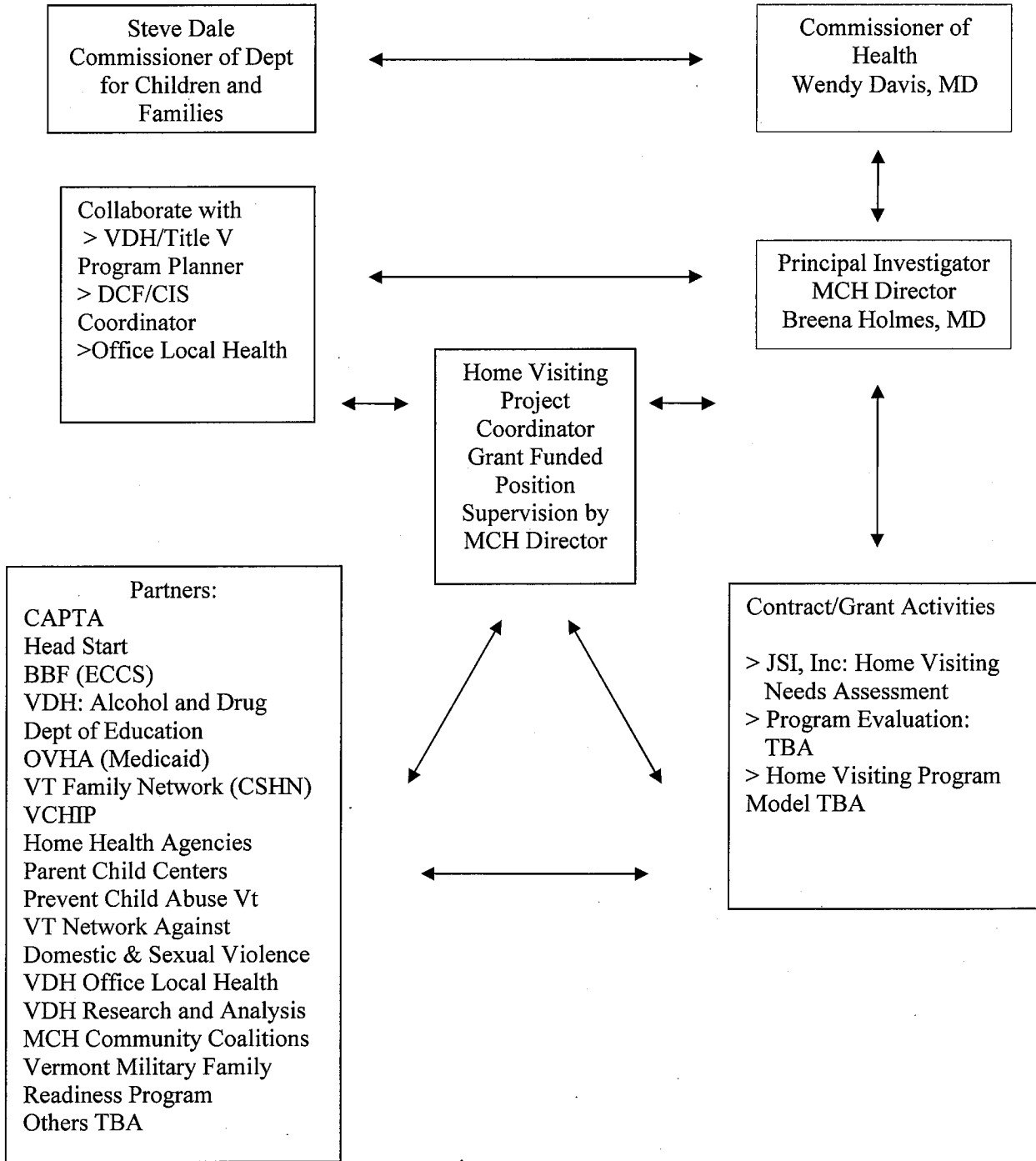
JHD/qsy

Abstract

Project Title: Maternal, Infant and Early Childhood Home Visiting Program
Applicant Name: Vermont Department of Health
Address: 108 Cherry St, Burlington, VT 05401
Contact: Dr. Breena Holmes, Director, Division of Maternal and Child Health
Phone: 802-863-7347
Email address: breena.holmes@ahs.state.vt.us
Website: <http://healthvermont.gov>.

Project Description: The Vermont Department Health will use the capacity created by the Maternal, Infant and Early Childhood Home Visitation Program Grant to support the introduction of a research based home visiting program (based on a nationally acknowledged researched based model) designed to support Vermont families at risk who have young children. The overarching goal is to provide families with family centered home visiting services that are also well coordinated with medical clinical services, early education services, social services and other state and community services so as to support outcomes as reflected in the six quantifiable benchmarks. Key aspects of Vermont's program will be as follows: 1) Conduct a statewide home visiting needs assessment of existing home visiting services, their strengths, and gaps in services; 2) Conduct focus groups with families who have received home visiting services so as to understand how families can best benefit from home visiting services and how these services can be delivered in a way that is usable by families; 3) Conduct an evaluation of the existing systems of home visiting services – this present system is a combination of separate services that is undergoing an intentional change to eliminate service duplication and to become integrated into a seamless system of care for families; 4) Implement an evidenced based home visiting model that will support Vermont's neediest families who have young children. The Vermont Department of Health has been designated the lead agency for this initiative, with significant collaboration with Vermont's Department for Children and Families. The Principal Investigator is Dr. Breena Holmes, a pediatrician and the Vermont Department of Health's Director of the Division of Maternal and Child Health. Dr. Holmes will oversee the Project Coordinator, a nurse who will be hired to provide the daily oversight of the implementation and management of the home visiting program. The Project Coordinator will work closely with the Title V MCH Planning Specialist of the Vermont Department of Health, the CIS Director of the Department for Children and Families and the leadership of the VDH Office of Local Health. In order to achieve improvement in the six benchmark areas identified in the grant requirements, VDH and DCF will maintain close collaborative working relationship with other key state agencies and community organizations such as Head Start, CAPTA programs, the VDH Alcohol and Drug Programs, the Department of Education, Building Bright Futures (ECCS), and Prevent Child Abuse Vermont.

Project Organization Chart: July, 2010
 Maternal, Infant and Early Childhood Home Visiting Program
 Vermont Department of Health



State of Vermont
Department of Health
Division of Maternal and Child Health
108 Cherry Street - P.O. Box 70
Burlington, VT 05401
healthvermont.gov

[phone] 802-863-7333
[fax] 802-863-7229

Agency of Human Services

July 6, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

RE: ACA Maternal, Infant and Early Childhood Home Visiting Program July, 2010

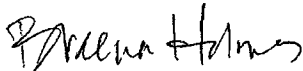
Ms. Yowell;

As the Director of the Vermont Department of Health's Division of Maternal and Child Health, I enthusiastically support Vermont's efforts to strengthen home visiting services as created by the Maternal, Infant and Early Child Home Visiting program that will be funded by the Affordable Care Act of 2010. The Vermont Department of Health has been designated by our Governor as the Lead Agency for this initiative. We will be working in close collaboration with the Vermont Department for Children and Families. The Vermont Department of Health is Vermont's Title V agency and we facilitate Title V related coordination for maternal and child health programs. Our Children with Special Health Needs services are located within the Division of Maternal and Child Health (MCH) and are a major segment of Vermont's Title V services.

The Division of MCH will be a key player in the planning and implementation of this home visiting initiative. We have previously implemented the Healthy Babies Kids and Families home visiting program which is now becoming integrated into the Child Integrated Service (CIS) Programs. For the past several years, there has been much work invested to integrate into one service systems for families with young children. We plan to enhance our existing home visiting services within this infrastructure.

In addition, the Division of MCH will be able to contribute information from our data systems as inventoried in this grant application, and also the information from the Title V 2010 Strengths and Needs Assessment and the latest MCH Block Grant annual report.

Sincerely,



Breana Holmes, MD, Director
Division of Maternal and Child Health

BH:jc





Department for Children and Families
Child Development Division
103 South Main Street
Waterbury, VT 05671-2901
(802) 241-3110 Fax (802) 241-1220

Head Start State Collaboration Office

Breena Holmes, M.D.
Maternal Child Health Director
Vermont Department of Health
108 Cherry Street
Burlington, VT 05402

July 2, 2010

Dr. Holmes,

As Director of Vermont's Head Start State Collaboration Office (VHSSCO), I offer my enthusiastic support for Vermont's efforts to strengthen home visiting services as created by the Maternal, Infant and Early Care Home Visiting Program to be funded by the Affordable Care Act of 2010.

The VHSSCO is committed to a close collaboration with the Vermont Department of Health and with the appropriate offices of the Department for Children and Families in order to strengthen home visiting services, with special attention to reducing child maltreatment in the families served. The VHSSCO already works closely with the Child Development Division's Children's Integrated Services initiative which includes home visiting and family support services, and anticipates building on that foundation.

In this initial process of creating the home visiting service needs assessment, the Head Start Collaboration Office can contribute valuable information from our recently conducted statewide needs assessment and ensuing strategic plan. Vermont's Head Start programs and the Vermont Head Start Association are eager to be part of this opportunity to better serve families at risk.

Sincerely,

A handwritten signature in cursive script that reads "K.C. Whiteley".

K.C. Whiteley
VHSSCO Director



State of Vermont
Department for Children and Families
Family Services Division
103 South Main Street, Osgood 3
Waterbury, VT 05671-2401
www.dcf.state.vt.us/fsd/

Agency of Human Services

[phone] 802-241-2131
[fax] 802-241-2407
Department for Children and Families
Family Services Division

Telephone: 802-241-2126
FAX: 802-241-2980

<http://dcf.vermont.gov>

E-mail: cindy.walcott@ahs.state.vt.us

July 1, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857
homevisiting@hhs.gov

RE: ACA Maternal, Infant and Early Childhood Home Visiting Program
CFDA No. 93.505

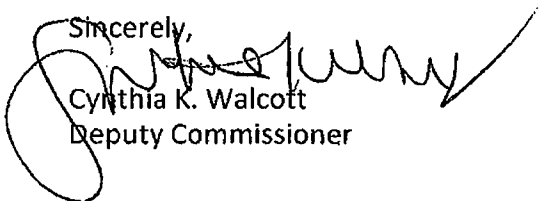
Dear Ms. Yowell;

In my position as deputy commissioner of the Vermont Department for Children and Families, I am responsible for CAPTA-funded programs. I strongly believe that we will never succeed in significantly reducing child abuse and neglect in this country without a serious prevention agenda. I am very pleased that the Obama administration and our Congress have recognized the effectiveness of home visiting programs in getting families off to a good start.

I absolutely support Vermont's efforts to strengthen home visiting services as created by the Maternal, Infant and Early Child Home Visiting program to be funded by the Affordable Care Act of 2010. My division is fully committed to collaborating with the Vermont Department of Health and other departments and divisions of state government to strengthen home visiting services, with a special attention to reducing child maltreatment in the families served.

In this initial process of creating the home visiting service needs assessment, my department can contribute valuable perspective and data about the occurrence of child abuse and neglect in Vermont communities, and some of the factors that contribute to child maltreatment.

Sincerely,


Cynthia K. Walcott
Deputy Commissioner





State of Vermont
Department of Health
108 Cherry Street • PO Box 70
Burlington, Vermont 05402
HealthVermont.gov

[phone] 802-863-7281
[fax] 802-951-1275
[toll free] 800-464-4343

Agency of Human Services

July 1, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

RE: ACA Maternal, Infant and Early Childhood Home Visiting Program
CFDA No. 93.505

Dear Ms. Yowell;

As the Deputy Commissioner of the Vermont Department of Health, with responsibility for oversight of the publicly funded substance abuse system, I enthusiastically support Vermont's efforts to strengthen home visiting services as created by the Maternal, Infant and Early Child Home Visiting program that will be funded by the Affordable Care Act of 2010. We will actively support a close collaboration within our role in the Vermont Department of Health and also with the appropriate offices of the Department for Children and Families in order to strengthen home visiting services, with a special attention to reducing substance abuse in families.

Developing an integrated approach to serve families with special risk factors has been a priority for our umbrella Agency of Human Services; the Vermont Department of Health has been a lead agency in the design of this approach. Beginning with services to families with young children, the Integrated Family Services model includes mental health and substance abuse services linkage. We have appointed a lead person from our Alcohol and Drug Abuse Program area to be a part of the planning team. This same individual will be our liaison to the Early Child Home Visiting planning process.

We will be able to inform the needs assessment process with data about the needs for substance abuse services, the capacity of community providers to deliver services, and the special expertise of various agencies. We appreciate this important opportunity to evaluate the capacity of our system to meet these important needs.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Cimaglio".

Barbara Cimaglio
Deputy Commissioner for
Alcohol and Drug Abuse Programs

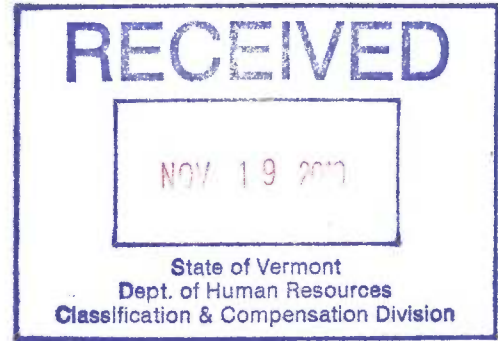
BC/cf



State of Vermont

Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754



MEMORANDUM

To: Jim Giffin, AHS CFO

From: Leo Clark, VDH CFO

Re: Grant Acceptance & Establishment of Position Packet
Home Visiting ACA

Date: 11/18/10

.....

The Department of Health has received a grant from the Health Resources and Services Administration for \$561,915, to fund a Maternal, Infant and Early Childhood Home Visiting program. The funds were awarded under the Affordable Care Act (ACA).

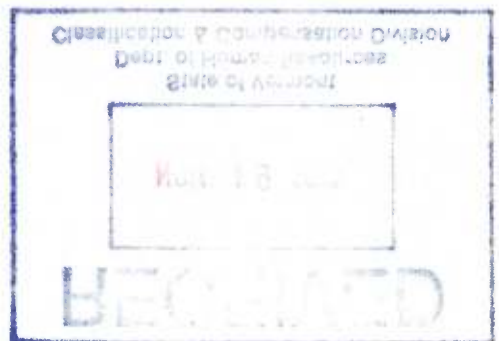
We are requesting approval to receive these funds and to establish a limited service position. We are enclosing the Grant Acceptance Request (AA1-ACA) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review form, with organization chart, for the position.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.

COPY

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COBY



Summary of ACA Maternal, Infant and Early Childhood Home Visiting Program
Vermont Department of Health, November, 2010

The Vermont Department of Health has been awarded \$561,915 for the Maternal, Infant and Early Childhood Home Visiting Program from the Affordable Care Act legislation of March, 2010. The funds will support the VDH, in collaboration with the Department for Children and Families, to establish an evidenced based nurse home visiting program to be implemented in specific geographic areas for Vermont families with young children who are identified to be "at risk" by pre-set parameters. The approved grant budget contains funds for the VDH, Division of MCH, to hire a nurse as the grant administrator. A major duty of this position is to oversee the distribution of funds from these ACA monies to selected community organizations (such as home health agencies and parent child centers) in order to carry out nurse home visiting services within a pre-approved, evidenced based model. The VDH nurse will be responsible for the basic implementation of the nurse home visiting grant within selected communities, oversight of the hiring and training of the nurse home visitors, curriculum development for the nurses, and QI and program evaluation.

This project involves close coordination with the Department for Children and Families' Children's Integrated Services (CIS) initiative. This past summer, as part of the ACA Maternal, Infant and Early Childhood Home Visiting Program grant requirements, all states were required to conduct needs assessments of existing home visiting services. The Vermont inventory of home visiting services described the strengths of existing home visiting services and delineated areas for home visiting systems' improvement. Thus, this ACA specialized home visiting program for at-risk families will act to stimulate quality improvement efforts for those programs that are now servicing Vermont families.

(Please contact Sally Kerschner, VDH, Division of Maternal and Child Health, @ 802-652-4179, for further program details.)

The Health Department is hereby requesting acceptance of \$79,356 in new Federal funds in State Fiscal Year 2011 and the establishment of a new limited service position. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

VERMONT GRANT ACCEPTANCE REQUEST
Affordable Care Act (Form AA-1-ACA)

Priority Level (check one box):
 Expedited 14 Days Normal 30 days

BASIC GRANT INFORMATION

1. Agency:	Agency of Human Services
2. Department:	Health
3. Program:	Maternal and Child Health
4. Legal Title of Grant:	Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting
5. Federal Catalog #:	93.505

6. Grant/Donor Name and Address:
 Health Resources and Services Administration, United States Department of Health and Human Services

7. Grant Period: From: 7/15/2010 To: 9/30/2012

8. Purpose of Grant:
 (see summary attached)

9. Impact on existing program if grant is not Accepted:
 none

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
	FY 2011	FY 2012	FY 2013	
Expenditures:				
Personal Services	\$73,856	\$113,606	\$13,453	
Operating Expenses	\$5,500	\$5,500	\$0	
Grants	\$0	\$350,000	\$0	
Total	\$79,356	\$469,106	\$13,453	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$79,356	\$469,106	\$13,453	
(Direct Costs)	\$70,628	\$436,689	\$9,417	
(Statewide Indirect)	\$524	\$1,945	\$242	
(Departmental Indirect)	\$8,204	\$30,472	\$3,794	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$	\$	\$	
Total	\$79,356	\$469,106	\$13,453	

Appropriation No:	Amount:	\$
3420010000		\$3,928
3420021000		\$75,428
		\$
		\$
		\$
		\$
		\$
	Total	\$79,356

PERSONAL SERVICE INFORMATION

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

Appointing Authority Name: Wendy Davis, MD Commissioner of Health Agreed by: WD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Nurse (Project Coordinator)
Total Positions	1	

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

13. AUTHORIZATION AGENCY/DEPARTMENT

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

Signature: <u>Wendy Davis</u>	Date: 11/18/2010
Title: Commissioner of Health	
Signature:	Date:
Title:	

14. SECRETARY OF ADMINISTRATION

<input type="checkbox"/> Approved:	(Secretary or designee signature)	Date:
------------------------------------	-----------------------------------	-------

15. ACTION BY GOVERNOR

<input type="checkbox"/> Accepted	(Governor's signature)	Date:
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED**Required GRANT Documentation**

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

End Form AA-1