



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DWD*
Date: September 12, 2018
Subject: Grant Request #2923

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **The Department of Health has requested expedited review of this grant by the JFC.** Members will be contacted by September 19, 2018 for a decision unless the member has responded prior to that time.

JFO #2923 – \$2,737,091 from the Centers for Disease Control and Prevention (CDC) to the VT Department of Health (VDH). The grant funds would be used to advance the understanding of the opioid overdose epidemic and scale up prevention activities. Specific actions would include, but not be limited to, the development of teenage after-school programs, development of a death registry system, improving capacity of rapid treatment delivery services and improving VDH's communications capacity to support opioid-related requests. VDH is not requesting any new limited-service positions but would be hiring temporary staff during the funding period and would be utilizing some existing staff for the grant activities.

The funding is being made available through the CDC's Cooperative Agreement for Emergency Response, which allows the CDC to rapidly award federal funds for public health emergencies. Through this agreement, state health departments can become pre-approved for funding for future emergencies. This funding mechanism was previously utilized by certain states for hurricane recovery efforts. VDH was pre-approved to apply for this funding pool in February 2018 and received a preliminary award in July. This is one-time funding and VDH would have from September 1, 2018 through August 31, 2019 to liquidate the grant funds. This is the justification provided by VDH for the expedited review request.

[JFO received 9/06/18]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by September 19, 2018 we will assume that you agree to consider as final the Governor's acceptance of these requests.

JFO 2923



RECEIVED
SEP 06 2018
JOINT FISCAL OFFICE

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

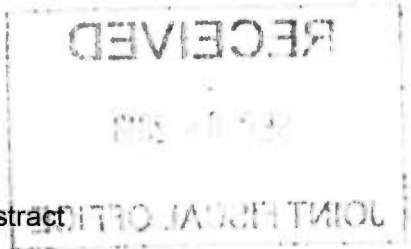
[phone] 802-828-2376
[fax] 802-828-2428

Agency of Administration

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM					
Grant Summary:		CDC Public Health Crisis Response to Opioid Overdose Epidemic			
Date:		7/30/2018			
Department:		Agency of Human Services – Department of Health			
Legal Title of Grant:		Cooperative Agreement for Emergency Response: Public Health Crisis Response			
Federal Catalog #:		93.354			
Grant/Donor Name and Address:		Department of Health and Human Services Centers for Disease Control and Prevention Office of Public Health Preparedness and Response 1600 Clifton Road Atlanta, GA 30329-4027			
Grant Period:		From:	To:		
		9/1/2018	8/31/2019		
Grant/Donation		\$2,737,091			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount	\$2,052,818	\$684,273	\$0	\$2,737,091	
Position Information		# Positions	Explanations/Comments		
		0			
Additional Comments		See attached grant abstract			

Department of Finance & Management		(Initial)
Secretary of Administration		(Initial)
Sent to Joint Fiscal Office	9/4/18	Date





Grant Abstract

Cooperative Agreement for Emergency Response: Public Health Crisis Response (Opioid Crisis)

In response to CDC funding opportunity [TP18-1802](#), "Cooperative Agreement for Emergency Response: Public Health Crisis Response"; Vermont applied for and was pre-approved for funding in February 2018. The intent is for the program to serve as a mechanism through which the CDC can award federal funds quickly to state health departments in the case of a public health emergency.

The FY 2018 Federal Budget includes an increase in funding appropriated to Centers for Disease Control and Prevention (CDC) to "advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C." On June 20, 2018, CDC announced the activation of CDC-RFA-TP18-1802 to award up to \$182 million to states affected by the opioid epidemic. CDC intends to prioritize funding based on geographic need, disease burden, and populations disproportionately impacted by the opioid epidemic. Not all jurisdictions may receive funding.

This is one-time funding, and funds must be spent within the performance period. There is no provision for the payment of unliquidated obligations following the last day of the performance period.

The performance period is September 1, 2018 – August 31, 2019.

State public health departments may apply for funding to carry out eligible activities across six domains:

- Strengthen Incident Management for Early Crisis Response
- Strengthen Jurisdictional Recovery
- Strengthen Biosurveillance
- Strengthen Information Management
- Strengthen Countermeasures and Mitigation
- Strengthen Surge Management

Vermont's proposed work plan would use funding to:

1. Develop afterschool programs as a prevention activity for teens ^P
2. Support data management systems for state lab drug testing ^S
3. Support the development of a death registry system ^S
4. Support the forensic pathologist in autopsies of suspected drug overdoses
5. Improve the capacity of rapid treatment delivery services ^S
6. Improve the Department of Health's communications capacity to support opioid-related requests ^C
7. Support prevention programs that target harm-reduction techniques ^P

Because the funding is one-time only, the work plan does not include any new positions and none of the activities would require an additional state appropriation to the Health Department after the end of the budget period.

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

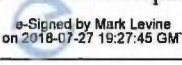
BASIC GRANT INFORMATION				
1. Agency:	Human Services			
2. Department:	Department of Health			
3. Program:	Public Health Emergency Response			
4. Legal Title of Grant:	Cooperative Agreement for Emergency Response: Public Health Crisis Response			
5. Federal Catalog #:	93.354			
6. Grant/Donor Name and Address:	Department of Health and Human Services Centers for Disease Control and Prevention Office of Public Health Preparedness and Response 1600 Clifton Road Atlanta, GA 30329-4027			
7. Grant Period:	From:	9/1/2018	To:	8/31/2019
8. Purpose of Grant:	Federal funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities.			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
	FY 19	FY 20	FY	
Expenditures:				
Personal Services	\$653,416	\$217,805	\$0	
Operating Expenses	\$1,399,402	\$466,468	\$0	
Grants	\$0	\$0	\$0	
Total	\$2,052,818	\$684,273	\$0	
Revenues:				
State Funds:				
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$2,052,818	\$684,273	\$0	
(Direct Costs)	\$1,726,110	\$575,370	\$0	
(Statewide Indirect)	\$65,341	\$21,781	\$0	
(Departmental Indirect)	\$261,367	\$87,122	\$0	
Other Funds:	\$0	\$0	\$0	
Total	\$0	\$0	\$0	
Appropriation No:	3420010000	Amount:	\$ 397,495	
	3420021000		\$1,391,234	
	3420060000		\$ 198,748	
			\$	
			\$	
			\$	
		Total	\$1,987,477	

AUG 24 2018

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

Has current fiscal year budget detail been entered into Vantage? Yes No

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: Mark Levine, MD Agreed by:  (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions	0	

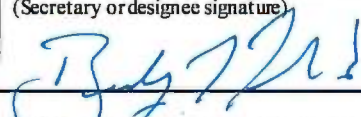
12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

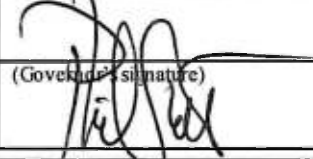
I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-IPN (if applicable):

Signature: 	Date: 8/20/18
Title: Commissioner	
Signature: 	Date: 8/20/18
Title:	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 8/22/18
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/> Accepted	(Governor's signature) 	Date: 9/3/18
<input type="checkbox"/> Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Grant Budget	

End Form AA-1

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


0900 8 0 0112

State of Vermont
Agency of Administration
Department of Finance & Management
Pavilion Office Building
109 State Street
Montpelier, VT 05609-0201
www.state.vt.us/fin

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

Adam Greshin, Commissioner

MEMORANDUM

TO: Joint Fiscal Committee
FROM: Adam Greshin, Commissioner of Finance & Management 
THROUGH: Candace Elmquist, Budget Analyst
DATE: August 27, 2018
RE: Expedited Review for AA-1 – Cooperative Agreement for Emergency Response:
Public Health Crisis Response

The Health Department is seeking EXPEDITED PROCESSING of this AA-1 package in order to begin drawing down funds on September 1, 2018.

The AA-1 package reflects the proposed budget amount of \$2,737,091 for the three programs related to the opioid overdose crisis. Preliminary approval has been given for an amount of \$2,758,124, which is \$21,033 greater than the proposed budget amount. Final notice of award will be distributed in early October. If the final notice of award reflects the amount of \$2,758,124, the Health Department will include the \$21,033 in their FY19 BAA proposal.

Please contact me if you have any questions. Thank you.



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

[phone] 802-863-7736

Agency of Human Services

MEMORANDUM

27 July 2018

TO: Representative Janet Ancel, Chair
Joint Fiscal Committee

FR: Paul Daley, Financial Director
Vermont Department of Health



RE: AA-1 - Cooperative Agreement for Emergency Response: Public Health Crisis Response

The Health Department is requesting approval to accept a grant award from the Centers for Disease Control and Prevention. On October 11, 2017 CDC established through [RFA-TP18-1802](#) an administrative mechanism to rapidly fund pre-approved state health departments to address immediate and time-sensitive needs that are integral to specific public health responses. Awardees would be approved but unfunded until a crisis occurs, enabling them to plan for emergency activation activities. Vermont applied for and was pre-approved for funding in February 2018.

In March 2018, CDC used this funding mechanism to provide funding to public health departments in states and territories affected by hurricanes Harvey, Irma, and Maria.

On June 20, 2018, CDC announced that it would award up to \$182 million to pre-approved states affected by the opioid epidemic. This funding is intended to help health departments deal with the ancillary impacts of the opioid crisis; for example, infectious disease monitoring, death investigations, additional toxicology testing. Treatment or services for persons with substance use disorder are not eligible activities for this program.

CDC intends to prioritize funding based on geographic need, disease burden, and populations disproportionately impacted by the opioid epidemic. Not all jurisdictions may receive funding. CDC required proposed budgets from pre-approved states by July 25. Vermont has submitted a proposed budget of \$2,737,091.

The budget period for this grant begins September 1, 2018 and ends August 31, 2019. The grant award must be spent within the budget period and there is no provision for the payment of unliquidated obligations following the last day of the budget period.

Please find the following items enclosed:

1. AA – 1
2. F & M grant review Form
3. Pre-approval notice
4. Proposed budget



Daniel Dickerson

From: Daley, Paul <Paul.Daley@vermont.gov>
Sent: Wednesday, September 12, 2018 1:44 PM
To: Daniel Dickerson
Cc: Clark, Sarah; Elmquist, Candace; O'Connor, Bryan
Subject: RE: JFO questions RE: CDC Public Health Crisis Response grant

Hi Dan,

Thanks for getting to this request so quickly and we're glad to learn that the Chair has okayed this for expedited review. The budget period started last week and we've got just one year to put the funds to work.

Nearly all the work on this project will be done by existing Health Department staff. The proposed budget for the grant would fund all or part of 11 current positions, and pay for 4 short term temporary positions. The purpose of this grant is to provide short term support for public health agencies who are seeing increased workloads in areas like emergency medical services, infectious disease investigation, death investigation, and laboratory toxicology analysis. The 11 current positions that would be funded by this grant are nearly all assigned to this work already. For example, the autopsy technician positions were established in April to deal with a steady increase in the number of investigations into potentially opioid related deaths. These positions were not budgeted in the Department's FY '19 budget, as the need for additional staff was not anticipated at the time of budget development.

The temporary positions in the budget would be working mainly on time-limited projects like data analysis or program development, and we aren't planning for that work to continue beyond the end of this grant year. They are two public health analysts, EMS data manager, and suicide prevention specialist.

Funding from this grant in FY '19 will be an important way for the state to deal with largely unbudgeted costs related to the opioid crisis. Although this is a one-year grant and not renewable, the Centers for Disease Control and Prevention has indicated that the administration is developing proposals for longer term funding in the federal fiscal year 2019 budget.

Paul Daley
Financial Director
Vermont Department of Health
108 Cherry Street, Burlington VT 05402
(802) 863-7284
<http://healthvermont.gov/>

From: Daniel Dickerson <ddickerson@leg.state.vt.us>
Sent: Wednesday, September 12, 2018 11:30 AM
To: Daley, Paul <Paul.Daley@vermont.gov>
Cc: Clark, Sarah <Sarah.Clark@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>
Subject: JFO questions RE: CDC Public Health Crisis Response grant

Hi Paul,

I am contacting you in regards to a CDC grant that I received last week. The materials that I received (e-copy in this email) indicate that several positions, or portions of several positions, would be dedicated to fulfilling the grant activities. I am wondering if you might answer a few questions for me:

1. Could you highlight which positions would be temporary and which would be filled by existing staff? (For example, one of the grant abstracts proposes 4 autopsy technicians but doesn't indicate whether these individuals are already employed by the Department or whether they would be temporary).
2. Of the proposed use of existing positions to fulfill the grant functions, could you indicate what capacity, if any, the Department is losing elsewhere in order to dedicate these individuals to the grant activities?

My goal is to get the materials out to JFC by today or tomorrow and get an approval to you, barring objection by any JFC members, by the middle of next week. The Chair of JFC has already approved the use of expedited review for this grant.

Thanks
Dan

Daniel Dickerson

Fiscal Analyst / Business Manager
Vermont Legislative Joint Fiscal Office
One Baldwin Street | Montpelier, VT 05633-5701
802.828.2472

From: Gilhuly, Christine [<mailto:Christine.Gilhuly@vermont.gov>]
Sent: Tuesday, September 04, 2018 2:11 PM
To: Daniel Dickerson
Cc: Johnson, Jaye; Elmquist, Candace; Pallas, Karen
Subject: Cooperative Agreement for Emergency Response - Public Health Crisis Response

Good afternoon Dan,

Attached please find an executed grant for AHS - Department of Health. Please be advised that the original, along with supporting documents, are on route to you via "pink" mail.

Please let me know if you have any questions.

Thank you,

Chrissy Gilhuly

State of Vermont | Office of the Department of Finance and Management
109 State Street, 5th Floor | Montpelier, VT 05609
christine.gilhuly@vermont.gov
ph: (802) 828-2376

NCIPC - Special CIO Work Plan Review Checklist And Technical Review

Applicant

Vermont

NCIPC Special - Work Plan Review Checklist and Technical Review

Work Plan Title: NCIPC: 2018 Opioid Overdose Crisis Cooperative Agreement Supplement - SPECIAL PROJECTS

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (Vermont) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. For this jurisdiction (Vermont), select the domain(s) for which activities were proposed?

- Domain 1
- Domain 2
- Domain 3
- Domain 4
- Domain 5
- Domain 6

3. Indicate the recommended funding for this jurisdiction's (Vermont) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
- Partially approved, with an approved but unfunded amount.
- Not approved for funding.

Fully Funded Amount

158281

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
- No

5. Bulleted list of work plan strengths:

- Providing training workshop on injectable drug diversion, including multitude of representatives from hospitals, medical directors, lab directors, emergency preparedness staff
- Training workshops will be more focused in different regions of the state
- Also VT is enhanced analyses of NVDRS data and EMS for suicide, increasing referrals for mental health treatment

Comments:

CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

6. Bulleted list of work plan weaknesses:

None

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

- Please clarify the costs for food during the trainings
- Remaining items are reasonable

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (Vermont) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Dan Cameron

User ID Director, Deputy Director, or CIO Management Official approving work plans

dxcl

CIO Approval Date

08-08-2018 15:55:43

Crisis Response – Opioid Supplement
Budget Narrative – NCIP- Special Funds
Vermont Department of Health
23 July 2018

- A. Salaries and Wages** **\$ 25,408**
(1) Public Health Administrator – Suicide Prevention (50% FTE) - Suicide Prevention
Administrator will conduct an analysis of NVDRS (National Violent Death Reporting System and SIREN Emergency Management Services data for opioid related suicide injury and deaths. Data will inform development of policies and practices to prevent opioid related suicide deaths. Emergency Department providers and first responders will be engaged in increasing referral for mental health treatment in OUD patients. (NCIP-SP).
- B. Fringe Benefits** **\$10,163**
Fringe is calculated as 40% of the personnel line. \$ x 40% = \$ 10,163
- C. Travel** **\$7,924**
In-state Travel **\$7,924**
Travel costs to support organizing, facilitating and implementation of four drug diversion regional workshops in Vermont. Costs are averaged per region (3) x \$1,000 = \$3,000.
Travel costs to support organizing, facilitating and implementing the Regional Data Sharing Workshop \$1,000
Travel costs to support needs for coordinating, organizing and facilitating suicide prevention and awareness activities across the state of Vermont. Cost is averaged based on related program travel expenses for the past six months, but would be dependent on program demands during the course of the funding timeframe 6 months at \$1,800 = \$3,924
- D. Equipment** **\$ 0**
- E. Supplies** **\$ 2,000**
Computer Equipment for Staff **\$2,000**
Laptop, docking station and software supplies for PH Administrator (1), Laptop (\$1,500),

PC/Monitor set up (\$500). Total = \$2,000

F. Other \$95,000

Drug Diversion Regional Workshops \$83,000

Diversion of injectable controlled substances by healthcare providers for personal use poses a risk for transmission of HIV and other blood-borne pathogens. The Health Department will conduct regional workshops across Vermont to review drug diversion scenarios, provide guidance in responding to drug diversion, and help Vermont hospitals plan for responding to drug diversion. Because investigating and responding to the diversion of injectable medications is generally multi-faceted, hospitals will be requested to send the Chief Executive Officer, Chief Medical Officer, Chief Nursing Officer, infection preventionist, medical director, laboratory director, quality improvement officer, emergency preparedness coordinator, director of security, pharmacist, employee/occupational health, risk management, human resources, compliance officers, and the public information officer. Three Vermont regional workshops averaged at \$27,666 each including travel for participants, printing, venue, audio visual equipment rentals and food costs = \$83,000.

New England Northeast Regional Data Sharing Workshop \$12,000

A regional syndromic surveillance data sharing workshop will be hosted by the Vermont Department of Health, to strengthen syndromic surveillance practice. The workshop will focus on data sharing among the region, data quality improvements, collaboration on syndrome definition, and opioid data. This workshop will promote information exchange among states in the Northeast Region. Funding would contribute to the venue costs for workshop and are estimated using previous workshop costs of similar size.

G. Contractual Costs	\$0
H. Consultant	\$ 0
I. Total Direct Costs	\$140,495
J. Indirect Cost	\$17,786

\$Personnel x 70% = \$17,786

Allocation Plan was approved by the US Department of Health and Human Services

effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 70% of the direct salary line item.

K. Total Request **\$158,281**

NCHHSTP - CIO Work Plan Review Checklist And Technical Review

Applicant

Vermont

NCHHSTP - Work Plan Review Checklist and Technical Review

Work Plan Title: Jurisdiction-level vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (Vermont) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input checked="" type="radio"/>	<input type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (Vermont), select the domain(s) for which activities were proposed?

- Domain 1
 Domain 2
 Domain 3
 Domain 4
 Domain 5
 Domain 6

3. Indicate the recommended funding for this jurisdiction's (Vermont) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
 Partially approved, with an approved but unfunded amount.
 Not approved for funding.

Fully Funded Amount

87843.40

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
 No

5. Bulleted list of work plan strengths:

- Work plan describes the development of a vulnerability assessment for opioid overdoses and bloodborne infections associated with injection drug use; identify sub-regional areas at highest risk; work with GIS staff to create maps identifying high risk areas gaps; and disseminate the findings using appropriate data visualization techniques.

- Work plan describes in detail on purchasing the Neo 360 software for health department and 12 portal sites to access performance and outcome data from Syringe Services Programs.

Comments:

- CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

6. Bulleted list of work plan weaknesses:

Weaknesses Requiring a Jurisdictional Response:

- None

Other Weakness:

- Prevention and intervention services must include opioid overdose prevention and linkage to substance use disorder treatment as needed.

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

- Budget justification aligns with project plan expectations.

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (Vermont) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Michael Melneck

User ID Director, Deputy Director, or CIO Management Official approving work plans

MIM2

CIO Approval Date

08-09-2018 00:55:23

Crisis Response – Opioid Supplement

Budget Narrative - NCHHSTP

Vermont Department of Health

23 July 2018

A. Salaries and Wages	\$ 30,243
<u>Epidemiologist IV (50%)</u> - The incumbent will develop a jurisdiction-level vulnerability assessment to identify sub-regional areas at high risk for opioid overdoses and for bloodborne infections associated with injection drug use (i.e., will be the assessment coordinator). She will utilize the data sources compiled for Vermont’s approved “determination of need” for use of federal funds to support syringe services programs and will update and expand upon those data sources for the vulnerability assessment. She will work with GIS staff to create maps identifying high risk areas and will disseminate the findings using appropriate data visualization techniques (This position request is split 0.5 FTE from the NCIPC funding and 0.5 FTE from the NCHHSTP funding to total 1.0 FTE).	
B. Fringe Benefits	\$12,097
Fringe is calculated as 40% of the personnel line. \$ x 40% =\$12,097	
C. Travel	\$0
D. Equipment	\$ 0
E. Supplies	\$ 3,300
<u>Neo Software</u>	\$3,300
The Epidemiologist IV will utilize this software for her work to develop a jurisdiction-level vulnerability assessment to identify sub-regional areas at high risk for opioid overdoses and for bloodborne infections.	
F. Other	\$0
G. Contractual Costs	\$0
H. Consultant	\$ 0
I. Total Direct Costs	\$45,640
J. Indirect Cost	\$21,170
\$Personnel x 70% = \$21,170	

Cooperative Agreement for Emergency Response: Public Health Crisis Response
CDC-RFA-TP18-1802

Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 70% of the direct salary line item.

K. Total Request **\$66,810**

NCIPC - CIO Work Plan Review Checklist And Technical Review

Applicant

Vermont

NCIPC - Work Plan Review Checklist and Technical Review

Work Plan Title: NCIPC: 2018 Opioid Overdose Crisis Cooperative Agreement Supplement

Work Plan Review Checklist

1. Indicate whether the requirements below for this jurisdiction's (Vermont) work plan were met or not.

	Yes	No
a. The problem statements and baseline capacities described under each domain provide a clear justification for the activities.	<input checked="" type="radio"/>	<input type="radio"/>
b. The proposed activities linked to allowable opioid overdose prevention activities as outlined in Tables 1-5 of the Opioid Supplemental Guidance for TP18-1802.	<input type="radio"/>	<input checked="" type="radio"/>
c. The funding for these activities can be reasonably expended or obligated within 12 months.	<input checked="" type="radio"/>	<input type="radio"/>
d. The performance measures are oriented toward project outcomes.	<input checked="" type="radio"/>	<input type="radio"/>
e. The performance measures lend themselves to tracking through interim milestones (measured qualitatively and/or quantitatively).	<input checked="" type="radio"/>	<input type="radio"/>
f. The CIO ADS or Human Subjects contact confirmed that the work plan does not involve research.	<input checked="" type="radio"/>	<input type="radio"/>

2. For this jurisdiction (Vermont), select the domain(s) for which activities were proposed?

- Domain 1
- Domain 2
- Domain 3
- Domain 4
- Domain 5
- Domain 6

3. Indicate the recommended funding for this jurisdiction's (Vermont) work plan.

a. The funding for this project is:

(select one option, then enter the funding amount in the pop-up(s) below.)

(After selecting an option, a pop-up for you to enter the funding amount will appear below.)

- Fully approved.
- Partially approved, with an approved but unfunded amount.
- Not approved for funding.

Fully Funded Amount

2512000

4. Based on the budget narrative markup for this project, are there any restrictions noted for this award?

- Yes
- No

5. Bulleted list of work plan strengths:

- Unique activity of EMS referrals to social services
- Tracking those receiving Medical Assisted Treatment within Emergency Departments
- Increasing capacity of

Comments:

CDC will work with funded jurisdictions during the first 90 days after the award to provide assistance with finalizing their performance measures.

6. Bulleted list of work plan weaknesses:

"Weaknesses Requiring a Jurisdictional Response"

- AfterSchool VT is not allowable as presently justified. It is not specific enough to preventing opioid overdoses. Please provide a replacement activity

7. Bulleted list of budget narrative comments specific to this jurisdiction's work plan:

- Aside from the aforementioned AfterSchool VT (not allowable), the budget is reasonable for the proposed activities.

8. A "No" answer was selected above for section 1. Please indicate whether this work plan should be:

- Resubmitted with minor revisions
- Resubmitted with major revisions

CIO Technical Review

Required attachment related to CIO review of jurisdictional work plans and budget narratives

Please attach the final, approved 1385 form specific to the project your CIO plans to fund for this jurisdiction.

Note: CIOs will submit one 1385 form per jurisdiction that they plan to fund. The funds made available through this 1385 should match the total approved project funds as indicated on this jurisdiction's (Vermont) approved budget narrative.

Friendly Reminders

For future auditing purposes, CIO will need to have written documentation of their internal process used to "de-conflict" jurisdictional work plans.

*Note: De-conflict as indicated above refers to the process used to compare activities across work plans and alter/adjust any items that indicate a clear duplication of efforts or potential supplanting of funds, including across other federal awards.

CIO will need to have written documentation of the process and rationale used for award decisions.

CIO certification of revised jurisdictional work plans and budget narratives

By submitting the approval of these recipient work plans, I certify that:

- My CIO's Senior Science/Medical Official has taken part in the review of the recipient's proposed work plans to ensure that there are no potential medical/scientific conflicts regarding human subjects, PRA determination, or other research-related activities and we have attached the appropriate documentation above.
- Appropriate SMEs have been consulted in the review of this jurisdiction's work plans to ensure that the proposed activities align with TP18-1802 and with our CIO's objectives for this 2018 Opioid Overdose Prevention funding announcement.
- Our CIO's budget analyst has loaded the CIO's CAN(s) and ceiling of funds in GMM.
- Approval of all jurisdictional work plans and budget narrative as aligning to our program objectives for this emergency response.

Name of Director, Deputy Director, or CIO Management Official approving work plans

Dan Cameron

User ID Director, Deputy Director, or CIO Management Official approving work plans

dxcl

CIO Approval Date

08-08-2018 15:55:23

Crisis Response – Opioid Supplement

Budget Narrative – NCIP Funds

Vermont Department of Health

23 July 2018

A. Salaries and Wages \$ 566,650

(4) Autopsy Technician (100% FTE)- Performs essential duties for the Office of the Chief Medical Examiner. Their main function is to assist the forensic pathologist before, during and after autopsy. They are responsible for obtaining specimens for toxicology and following proper collection and storage to maintain chain of custody. They assist in the collection and preservation of clothing, physical and biological evidence for forensic analysis, including toxicology, clinical chemistry, serology and microbiologic testing as directed by the forensic pathologist and in accordance with established procedures. The forensic autopsy technician is responsible for receiving and releasing bodies following appropriate chain of custody. These positions will help to improve rapid reports and documentation for suspected overdoses, as well as the processing of toxicology test requests. They perform many other tasks that are critical in the operation of the OCME.

(1) Grant Manager (10% FTE)- Position will focus on coordinating, monitoring and evaluating the implementation of the Public Health Crisis-Opioid Supplement. This includes, but is not limited to organizing regular meetings, documenting progress and monitoring spend rates. Position will also serve as a focal point for updating federal partners and program management systems. Coordinates efforts to meet federal guidelines and performance measures as required by the supplement.

Project Director (1.0 FTE)- Rapid Access: MAT (“RAM”) is a treatment service delivery and outreach/engagement enhancement. RAM means that Medication Assisted Treatment (MAT) is started within 72 hours when clinically appropriate. The target population for RAM are individuals in need of treatment for opioid use disorder (OUD) who are not currently engaging in treatment. This initiative requires funds to support the Project Manager who will coordinate the efforts to continue to deploy RAM: assemble the

applicable stakeholder team (treatment and recovery providers, hospitals, etc.) to identify and revamp provider and system specific processes to meet the 72-hour standard; address individual, provider and system barriers to create a low/no barrier access to treatment services; integrate the RAM and Recovery Support Services in the ED initiatives; develop/implement community-based outreach/engagement strategies to ensure that the target population and community have heightened awareness of the low/no barrier access (e.g., RAM standard, walk-in hours, etc.); and monitor and report data.

The Recovery Support Services in the Emergency Department initiative is a program based off of the Rhode Island ANCHOR ED program, one of the national leaders in this rapid response initiative. Recovery Coaches are trained and available to respond to needs of patients who are seeking medical services in the emergency department because of an opioid overdose or opioid use disorder emergency. The Recovery Coaches work with the patient and medical staff to support the patient in their time of crisis, provide warm hand-offs to local treatment providers, and regularly check-in with the patient following their discharge for 10 days. The Project Manager similarly will help provide guidance to the three areas of the state in which this is being piloted, help identify solutions to barriers, and regularly assess how the workflow and program can become more effective and efficient.

Chemist IV (0.3 FTE) - This position is responsible for assisting with urine drug screening and confirmation testing and will also assist in validating changes in urine drug test methods.

(2) PH Analyst -I (SUDORS) (1.0 FTE) - Money is requested to fund two temporary, full time Public Health Analysts (at a Level 1), who will serve as extractors, assessors and data entry assistants for the Enhanced State Opioid Overdose Surveillance Epidemiologist. The responsibilities of these 1.0 FTEs will be to assist in the completion of case entry into the State Unintentional Drug Overdose Reporting System (SUDORS). These positions will be responsible for reviewing death investigation reports from Medical Examiners and law enforcement, reviewing toxicology results and assessing

other information related to Vermont's drug overdose fatalities.

EPI Coordinator (0.25 FTE)- The designated Opioid Syndromic Surveillance Coordinator will provide oversight of opioid related syndromic surveillance activities and coordinate with the ESOOS Coordinator. The Coordinator will increase the number of facilities submitting data to the BioSense Platform to better understand drug overdoses across the state. They will work to enhance emergency room data quality assurance for timeliness, completeness, and validity to improve drug overdose data.

PH Specialist (0.5 FTE)- Planning, administrative, and consultative work at a professional level for the Vermont Department of Health, Division of Emergency Preparedness, Response, and Injury Prevention, involving coordination of Naloxone Distribution program to decrease opioid-related overdose deaths in Vermont. Example activities of work include: coordinate statewide linkages and conduct training of all partner agency/organization staff on naloxone administration (first responder agencies, mental health/substance abuse treatment centers, syringe exchange programs, libraries, schools, shelters, etc.); manage supply and distribution of naloxone to partner sites (receiving/processing orders, shipping); program evaluation and monitoring (data reporting, collection, and analysis; quality control and assurance); updating policies, protocols, and procedures for distribution to partner agencies/organizations; providing technical assistance to support partner agencies/organizations to respond to opioid-related medical emergencies. Works with other divisions in the Health Department (Alcohol and Drug Abuse Programs, Health Surveillance) to assure coordination and integration of programmatic initiatives that involve treatment, education, and prevention. In concert with evaluation and surveillance, interprets and disseminates scientific knowledge regarding naloxone distribution and administration data to target audiences.

PH Communications Officer (1.0 FTE) - Provides timely, accurate and actionable information to protect and promote the health of Vermonters during a crisis. Duties include communication planning, messaging and training to support crisis and emergency risk communication and outreach related to the opioid crisis. This position will help to

implement a comprehensive communication response protocol with public health and partners, participate in data visualization efforts to more effectively keep partners, the media and the public informed, monitor news and social media to assess accuracy of messaging, and assist with training and exercising Public Information Officers across the state teams. This position will also help manage the work of a contractor to strengthen the state's Joint Information System (JIS), in accordance with Governor Scott's commitment to respond to the opioid crisis.

EMS Data Manager (0.5 FTE) – Position to support a temporary opioid data management and data sharing. This position would report directly to the State Data Manager and would focus on the numerous opioid data reporting responsibilities associated with the Emergency Medical Services (EMS) Statewide Incident Reporting Network (SIREN). This position would also assist with ongoing and new inter-agency SIREN data sharing requests and research opportunities.

Epidemiologist IV (0.5 FTE) - The incumbent will develop a jurisdiction-level vulnerability assessment to identify sub-regional areas at high risk for opioid overdoses and for bloodborne infections associated with injection drug use (i.e., will be the assessment coordinator). She will utilize the data sources compiled for Vermont's approved "determination of need" for use of federal funds to support syringe services programs and will update and expand upon those data sources for the vulnerability assessment. She will work with GIS staff to create maps identifying high risk areas and will disseminate the findings using appropriate data visualization techniques. This position request is split 0.5 FTE from the NCIPC funding and 0.5 FTE from the NCHHSTP funding to total 1.0 FTE

B.	Fringe Benefits	\$226,660
	Fringe is calculated as 40% of the personnel line. \$ x 40% = \$ 226,660	
C.	Travel	\$3,924
	<u>In-State Travel</u>	\$3924

Travel to support training needs for the use of Narcan across the state. Travel could also include monitoring and evaluating Narcan Distribution in Vermont. Cost is averaged, based on program travel expenses for the past six months, but is dependent on demand for trainings and potential needs of identified "hotspots" that may arise during the course of the funding timeframe. 6 months at \$1,800 and \$0.545 per mile x2 = \$3,924

D. Equipment **\$ 425,000**

LC/MS/MS- \$425,000

A new Liquid Chromatograph/Mass Spectrophotometer/Mass Spectrophotometer (LC/MS/MS) for the Public Health Laboratory will increase urine drug test capacity and sensitivity to detect new and emerging opioids increasingly being used in the field.

E. Supplies **\$ 70,000**

Computer Equipment for Additional Staff \$10,000

Laptop, docking station and software supplies for PH Analysts (3), PH Communications Officer (1), and EMS Data Manager (1). Laptop (\$1,500 each), PC/monitor set up (\$500 each). $\$2,000 \times 5 = \$10,000$

Fentanyl Testing Strips \$60,000

As an additional harm reduction strategy and in response to the increasing rates of purported heroin that contained fentanyl or its analogs, the Health Department began evaluating fentanyl test kits for use by opiate consumers in December of 2016 with the assistance of Vermont CARES, one of our syringe exchange and HIV prevention partners. The pilot demonstrated high levels of willingness to use the test and more than 70% of those that found fentanyl or an analog in their sample indicated that they changed behavior in ways that reduced the risk of overdose because of this information. We had funding only for this evaluation project and have not continued the program beyond the kits that are currently awaiting distribution. We will use this funding to restart this distribution and expand to the other syringe exchange partner organizations in Vermont. Cost \$1 per strip x 60,000 = \$60,000.

F. Other \$13,500

Translation of Opioid-related information \$13,500

The Health Department will incorporate translation of opioid-related materials (print and Media files for website) into languages other than English. These costs were calculated as an estimate targeting up to nine different languages for up to ten posters at \$150 per translation. $9 \times 10 \times \$150 = \$13,500$

Contractual Costs \$809,611

Joint Information Officer Facilitator - \$48,611

The purpose of this contract is to provide professional communication consultation, planning, training and facilitation services to strengthen crisis and emergency risk communication capacity in the Health Department, and the Joint Information System (JIS) of state government communicators. Expected products include: updated JIS operational plan for the State of Vermont; crisis and emergency risk communication training; facilitation of a tabletop or similar exercise related to the opioid crisis.

STARLIMS Development Costs \$120,000

The VDH Laboratory is implementing the STARLIMS laboratory information management system and currently has a contract with the vendor iCONNECT to help with development of the assays. The VDH Laboratory currently performs urine drug testing for 19 different drug classes, providing services to the State of Vermont Department of Children and Families, Department of Motor Vehicles, Department of Corrections and a community-based youth services organization. The Urine drug screening module has been implemented in STARLIMS and the drug confirmation assays are pending development. These funds will be used to develop the drug confirmation assays in STARLIMS and assist with any urine drug assay enhancements that may be needed due to method changes including types of opioids used in the field. Estimated contract cost is 12 months x \$10,000 per month = \$120,000.

Agency of Digital Services \$160,000

Project Management and Business Analyst staff support from the State of Vermont

Agency of Digital Services and the Vermont Department of Health to assist with the implementation of the STARLIMS Project (specifically, to advance the development of assay requirements, testing and deployment tasks and the web portal requirements and testing). 2 FTEs for a Total Cost = \$160,000.

Physician's Portal \$200,000

Funds will be used towards the implementation of a physician/medical provider portal to provide a means for medical providers to generate test requests and receive test results electronically. The lack of electronic laboratory reporting significantly impacts the VDHL's ability to provide lab results in a timely manner, as a significant portion of test results are mailed as paper copies or e-mailed as individual test results that cannot populate the patient's electronic health record. A portal system that provides secure messaging with all providers, would greatly improve our ability to serve the public health needs of Vermont to respond quickly and report test results rapidly during public health responses, including the opioid crisis. Costs are estimated at \$50,000 for the portal subscription fee and \$150,000 for iConnect contract for requirements gathering and configuration of the portal. Total requests costs \$200,000.

Sharps Tool Kit Development \$5,000

Funds will be used to promote a toolkit for Vermont communities as they determine how to safely, effectively and efficiently deal with improperly discarded sharps. There is often confusion about the best way to dispose of syringes and other sharps that are found in our communities. This toolkit will provide foundational information about the risks of improper sharps disposal and will present Vermonters with the options available to them as they develop community sharps disposal plans. We will reach out to key partners who can help share this resource, including state agencies, solid waste districts, and first responders. We will also develop a digital media campaign to promote the toolkit to our target audience.

Afterschool Program \$78,000

Studies have shown that without access to programs and activities, drug use increases in

the afterschool hours. Specifically, on school days, the hours between 3-6pm are the peak hours for youth to commit crimes, be in or cause an automobile accident, be victims of crime, smoke, drink alcohol, or use drugs¹. Research finds that youth who are not involved in constructive, supervised extracurricular activities are more likely to engage in risky behaviors such as school failure, drug use, and delinquency.² In fact, one study showed that teens who do not participate in structured activities after school are nearly three times more likely to skip classes at school, experiment with drugs, and engage in sexual activity than teens who do participate.³ Data from Vermont's Youth Risk Behavior Survey (YRBS) also support this connection between participation in afterschool activities and reduced incidents of drug use. The 2015 YRBS data show that students who participate in extracurricular activities each week (up to 19 hours/week) are significantly less likely to use any alcohol, tobacco, or marijuana than those who did not participate in any activities.⁴

This proposed initiative will build youth resiliency and support strong prevention efforts in Vermont by focusing on the youth voice and youth engagement in the out-of-school time. The project will support: a statewide Youth Voice Coordinator (\$39,200) and the creation of a Youth Council charged with amplifying youth voice (\$10,000); a deeper understanding of the connection between afterschool participation and prevention efforts in Vermont through research (\$5,000); an in-depth coaching stand for afterschool professionals ready to take their understanding and practice to the next level (\$7,200); Events and Gatherings (\$2,500); Supplies and Printing (\$2,500); Travel for youth convenings and program sites (\$1,600) and Comprehensive evaluation of program (\$10,000); Total \$78,000.

¹ Fight Crime: Invest in Kids. Website: www.fightcrime.org; (2) Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? *Developmental Psychology* 42(4):698-713, 2006;

² Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? *Developmental Psychology* 42(4):698-713, 2006;

³ Fredricks, J.A., Eccles, J.S. Is extracurricular participation associated with beneficial outcomes? *Developmental Psychology* 42(4):698-713, 2006;

⁴ Vermont Youth Risk Behavior Survey, 2015. <http://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/youth-risk-behavior-survey-yrbs>;

Mobile Integrated Health –EMS Intervention \$50,000

Funding would be used to develop a community based, mobile integrated health EMS pilot program to intervene in high risk opioid abuse situations. A training program and associated printed materials would be developed for interested EMS services to offer the capacity for a public health response to identified high risk users/situations. Capabilities would be developed through collaboration with other public health opioid response divisions within the Department of Health and services would include distribution of naloxone, patient advocacy, and public health referral. Total estimated cost: \$50,000 based on other projects of similar size and depth.

EMS Data Integration Project \$55,000

We would use this funding to complete a data integration project that would allow timely and efficient information transfer between the Vermont EMS Statewide Incident Reporting Network and local hospital information systems. This communication link would enhance our opioid overdose tracking capacity and improve research capacity. Our initial target would be to initiate this communication link with University of Vermont Medical Center and Dartmouth Hitchcock Medical Center (the two highest volume destination hospitals for EMS transports). These efforts would be subsequently supplemented by addressing communication links with the 11 other Vermont hospitals. Funding would be utilized to pay hardware/software costs. (\$55,000).

Strengthened GIS Capabilities \$43,000

Funding is requested to support additional GIS software licenses for staff at the health department, provide all user level trainings on the use of the software and analysis capabilities, to enhance informational sharing and understanding of the opioid crisis in Vermont. Funding will assist in building capacity in data visualization requests for the public health opioid response. Total request \$43,000.

Formative Evaluation \$50,000

Formative evaluation with pregnant women will provide insight for effective messaging, content and outreach strategies. This assessment of attitudes, perceptions, and beliefs

around substance use and pregnancy will inform messaging direction related to opioids, alcohol, marijuana, or other substances. Project planning (formative evaluation strategy & planning) = \$10,000. Formative Evaluation (recruitment plan, evaluation guidance documents, scheduling, formative evaluation with target audience[s], participant incentives) \$30,000. Evaluation findings and reporting (analyze formative evaluation findings, develop findings report and messaging recommendations) = \$10,000. Total = \$50,000

G.	Consultant	\$ 0
H.	Total Direct Costs	\$2,115,345
I.	Indirect Cost	\$396,655

\$Personnel x 70% = \$396,655

Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most a recent approval letter is listed in the attachments. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 70% of the direct salary line item.

J.	Total fund requested	\$ 2,512,000
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Cooperative Agreement for Emergency Response: Public Health Crisis Response
 CDC - RFA - TP18 - 1802

Personal Services	Description of Work	Cost	Existing Position	Short term Temp
Forensic Autopsy Techs (2.5 FTE)	Assist in the collection and preservation of clothing, physical and biological evidence for forensic analysis, including toxicology, clinical chemistry, serology and microbiologic testing as directed by the forensic pathologist and in accordance with established procedures. Increase capacity for opioid death investigation	\$ 185,452	X	
Project Manager (0.1 FTE)	Coordinating, monitoring and evaluating the implementation of the Public Health Crisis-Opioid Supplement.	\$ 6,839	X	
Project manager (1.0 FTE)	Organize and direct MAT ("RAM") is a treatment service delivery and outreach/engagement enhancement. RAM means that Medication Assisted Treatment (MAT) is started within 72 hours when clinically appropriate.	\$ 101,878	X	
Chemist (0.3 FTE)	Assist with urine drug screening and confirmation testing and in validating changes in urine drug test methods.	\$ 16,967	X	
Statistician/Analyst (2.0 FTE)	assist in the completion of case entry into the State Unintentional Drug Overdose Reporting System (SUDORS).	\$ 98,010		X
Epidemiologist (0.25 FTE)	Opioid Syndromic Surveillance Coordinator will provide oversight of opioid related syndromic surveillance activities	\$ 15,501	X	
PH Specialist (0.5 FTE)	Coordination of Naloxone Distribution program to decrease opioid-related overdose deaths in Vermont.	\$ 26,102	X	
PH Comm. Officer (1.0 FTE)	Communication planning, messaging and training to support crisis and emergency risk communication and outreach related to the opioid crisis.	\$ 62,456	X	
EMS Data Mgr. (0.5 FTE)	Work on data reporting responsibilities associated with the Emergency Medical Services (EMS) Statewide Incident Reporting Network (SIREN).	\$ 23,202		X
Epidemiologist (1.0 FTE)	Develop a jurisdiction-level vulnerability assessment to identify sub-regional areas at high risk for opioid overdoses and for bloodborne infections associated with injection drug use	\$ 60,486	X	
PH Specialist (0.5 FTE)	Conduct analysis of NVDRS (National Violent Death Reporting System and SIREN Emergency Management Services data for opioid related suicide injury and deaths.	\$ 25,408		X
Fringe benefits		\$ 248,920		
Total Personal Services		\$ 871,221		

Cooperative Agreement for Emergency Response: Public Health Crisis Response

CDC - RFA - TP18 - 1802

Supplies		\$	75,300		
Equipment	Liquid Chromatograph/Mass Spectrophotometer/Mass Spectrophotometer (LC/MS/MS) for the Public Health Laboratory will increase urine drug test capacity and sensitivity to detect new and emerging opioids increasingly being used in the field.	\$	425,000		
Travel		\$	11,848		
Other					
	Translation of opioid-related materials (print and Media files for website) into languages other than English.	\$	13,500		
	Assessment of attitudes, perceptions, and beliefs around substance use and pregnancy.	\$	50,000		
	GIS for data visualization requests for the public health opioid response.	\$	43,000		
	data integration project that would allow timely and efficient information transfer between the Vermont EMS Statewide Incident Reporting Network and local hospital information systems	\$	55,000		
	Develop a community based, mobile integrated health EMS pilot program to intervene in high risk opioid abuse situations.	\$	50,000		
	Community toolkit for sharps disposal	\$	5,000		
	Drug diversion regional workshops	\$	83,000		
	Regional syndromic surveillance data sharing workshop	\$	12,000		
	Total	\$	311,500		
Contractual					
	Contractual support to Joint Information System (JIS) of state government communicators.	\$	48,611		
	Laboratory Information System (STARLIMS) development, implementation and project management	\$	480,000		
	Support for youth resiliency and support strong prevention efforts in Vermont by focusing on the youth voice and youth engagement in the out-of-school time.	\$	78,000		
	Total	\$	606,611		
Indirect Costs		\$	435,611		
Total Budget		\$	2,737,091		