



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: April 23, 2020
Subject: Grant Request – JFO #3002

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **This item is a part of the federal funding authorized in the Coronavirus Aid, Relief and Economic Security (CARES) Act and will be placed on the agenda for the next scheduled Joint Fiscal Committee meeting.** No action is required by the Committee prior to the next scheduled meeting.

JFO #3002 – \$2,000,000 from the Substance Abuse and Mental Health Services Administration (SAMSHA) to the VT Dept. of Health (VDH). This funding would be used to provide crisis intervention services, substance use and mental disorder treatment, and other related support for individuals impacted by the COVID-19 pandemic. Most funding will be sub-granted to community mental health agencies and substance use disorder (SUD) treatment centers. Some funding would be used expand VT Helplink capabilities and to hire an outside vendor that will provide oversight and some management of the grant. VDH will collaborate with the Dept. of Mental Health on the administration of the project. The project period will be from 4/20/2020 to 8/19/2021.

[JFO received 04/22/20]

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.



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:		The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.			
Date:		4/17/20 DFM received 4/20/20			
Department:		Agency of Human Services – Department of Health			
Legal Title of Grant:		Emergency Grants to Address Mental and Substance Use Disorders During COVID-19			
Federal Catalog #:		93.665			
Grant/Donor Name and Address:		Substance Abuse & Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20852			
Grant Period:	From:	4/20/2020	To: 8/19/2021		
Grant/Donation		\$2,000,000			
	SFY 20	SFY 21	SFY 22	Total	Comments
Grant Amount	\$250,000	\$1,500,000	\$250,000	\$2,000,000	
Position Information		# Positions	Explanations/Comments		
		N/A	Will support one pre-existing		
Additional Comments		See attached grant summary currently vacant position			
*EXPEDITED REVIEW REQUESTED					

Department of Finance & Management	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2020.04.22 08:56:50 -04'00'</small>	(Initial)
Secretary of Administration	Susanne R. Young <small>Digitally signed by Susanne R. Young Date: 2020.04.22 09:13:33 -04'00'</small>	(Initial)
Sent to Joint Fiscal Office		Date



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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Vermont Emergency COVID-19 Response			
4. Legal Title of Grant:	Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 Coronavirus Aid, Relief, and Economic Security Act or the CARES Act, Public Law H.R.748-116-136 Division B—Emergency Appropriations For Coronavirus Health Response And Agency Operations Title VIII			
5. Federal Catalog #:	93.665			
6. Grant/Donor Name and Address: Substance Abuse & Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20852				
7. Grant Period:	From:	4/20/2020	To:	8/19/2021
8. Purpose of Grant: The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.				
9. Impact on existing program if grant is not Accepted: Needed services could not be provided.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 20	FY 21	FY 22	
Personal Services	\$6,079	\$36,472	\$6,079	
Operating Expenses	\$32,792	\$196,753	\$32,792	
Grants	\$211,129	\$1,266,775	\$211,129	
Total	\$250,000	\$1,500,000	\$250,000	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
Federal Funds:	\$250,000	\$1,500,000	\$250,000	
(Direct Costs)	\$247,395	\$1,484,369	\$247,395	
(Statewide Indirect)	\$130	\$782	\$130	
(Departmental Indirect)	\$2,475	\$14,849	\$2,475	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	0
Total	\$250,000	\$1,500,000	\$250,000	
Appropriation No:	342001000	Amount:	\$ 2,605	
	342006000		\$247,395	
			\$	
			\$	
			\$	

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

		\$
		\$
	Total	\$250,000

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: _____ Agreed by: K.D. (initial) Kelly Dougherty

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

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

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u> E-SIGNED by Kelly Dougherty on 2020-04-19 11:24:43 EST </u>	Date: <u> April 19, 2020 </u>
	Title: <u> Deputy Commissioner </u>	
	Signature: <u> E-SIGNED by Sarah Clark on 2020-04-20 07:59:20 EST </u>	Date: <u> April 20, 2020 </u>
	Title: <u> AHS CFO </u>	

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) Susanne R. Young Digitally signed by Susanne R. Young Date: 2020.04.22 09:12:50 -04'00' Date: _____

15. ACTION BY GOVERNOR

Check One Box: Accepted _____ (Governor's signature) Date: 2/22/20
 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 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).



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:	The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.				
Date:	4/17/20 DFM received 4/20/20				
Department:	Agency of Human Services – Department of Health				
Legal Title of Grant:	Emergency Grants to Address Mental and Substance Use Disorders During COVID-19				
Federal Catalog #:	93.665				
Grant/Donor Name and Address:	Substance Abuse & Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20852				
Grant Period:	From:	4/20/2020	To:	8/19/2021	
Grant/Donation	\$2,000,000				
	SFY 20	SFY 21	SFY 22	Total	Comments
Grant Amount	\$250,000	\$1,500,000	\$250,000	\$2,000,000	
Position Information	# Positions		Explanations/Comments		
	N/A		Will support one pre-existing		
Additional Comments	See attached grant summary currently vacant position				
*EXPEDITED REVIEW REQUESTED					

Department of Finance & Management	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2020.04.22 08:56:50 -04'00'</small>
Secretary of Administration	Susanne R. Young <small>Digitally signed by Susanne R. Young Date: 2020.04.22 09:13:33 -04'00'</small>
Sent to Joint Fiscal Office	

(Initial)

(Initial)

Date



The Health Department recommends that the administration seek expedited review by the Joint Fiscal Committee of this award, so work can commence as soon as possible.

Grant Summary:

Vermont has received a grant award of \$2 million from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant: *Emergency Grants to Address Mental and Substance Use Disorders During COVID-19* was authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

The project period for the grant is from 4/20/2020 – 8/19/21. The award has no state match requirement.

This funding opportunity was announced on April 2, 2020 and with an application deadline of April 10, 2020. The Departments of Health and Mental Health collaborated on the development of Vermont's grant proposal and will jointly administer the project plan.

The purpose of this federal funding is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. Grantees must develop comprehensive systems to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program will also focus on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the healthcare profession.

The grant requires that 80% of funding be used to provide direct services. Services must be provided for:

- those with serious mental illness (SMI); those with substance use disorders (SUDs), or those with co-occurring SMI and SUDs.
- healthcare practitioners with mental disorders (less severe than SMI) requiring mental health care as a result of COVID-19.
- individuals with mental disorders less severe than SMI.

Most of the federal grant award will be subgranted to designated community mental health agencies and ADAP approved SUD treatment providers and recovery centers. Funding will also be used to expand the capability of VT Helplink to include referral to mental health services. Clinicians who utilize evidence-based practices to be available for appointments no later than 24 hours from request for services. Clinicians will provide crisis counseling, screenings, assessments, treatment plan development and ongoing treatment.



Notice of Award

E-COVID
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 04/16/2020

Center for Flex Grants

Grant Number: 1H79FG000272-01
FAIN: H79FG000272
Program Director: Cynthia Lee Seivwright MA

Project Title: Vermont Emergency COVID19 Response

Organization Name: VERMONT STATE AGENCY OF HUMAN SERVICES

Business Official: Karen Kelley

Business Official e-mail address: karen.kelley@vermont.gov

Budget Period: 04/20/2020 – 08/19/2021

Project Period: 04/20/2020 – 08/19/2021

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$2,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE AGENCY OF HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of Emergency COVID-19 is authorized under 501(o) of the PHS Act and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

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

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

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

Sincerely yours,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79FG000272-01

Award Calculation (U.S. Dollars)

Personnel(non-research)	\$27,789
Contractual	\$262,337
Other	\$1,689,033
Direct Cost	\$1,979,159
Indirect Cost	\$20,841
Approved Budget	\$2,000,000
Federal Share	\$2,000,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$2,000,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$2,000,000

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

Fiscal Information:

CFDA Number: 93.665
EIN: 1036000264D4
Document Number: 20FG00272AC3
Fiscal Year: 2020

IC	CAN	Amount
FG	C96D320	\$2,000,000

IC	CAN	2020
FG	C96D320	\$2,000,000

FG Administrative Data:

PCC: E-COVID / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79FG000272-01

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

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

SECTION III – TERMS AND CONDITIONS – 1H79FG000272-01

**Vermont Department of Health (VDH)
Division of Alcohol and Drug Abuse Programs (ADAP)
and
Vermont Department of Mental Health (DMH)**

Emergency COVID-19

(May 31, 2020 – September 30, 2021)

Budget and Justification (No match required)

*ADAP – Division of Alcohol and Drug Abuse Programs PPE – Personal Protective Equipment
DMH – Vermont Department of Mental Health SMI – Serious Mental Illness
MH – Mental Health SUD – Substance Use Disorder
OTP – Opioid Treatment Program VDH – Vermont Department of Health*

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(1) VDH/ADAP Division Director/ Principle Investigator	Cynthia Thomas, MA, LCMHC, CQIA, SSA	Yes	In-Kind Cost \$80,787 annually	5%	\$0
(2) VDH/ADAP Director of Prevention and Recovery Services	Lori Uerz, MPH, NPN	No	In-Kind Cost \$66,352 annually	25%	\$0
(3) VDH/ADAP Director of Performance Measurement and Evaluation	Anne Van Donsel, BS	No	In-Kind Cost \$66,352 annually	10%	\$0
(4) VDH/ADAP Director of Clinical Services	Megan Mitchell, LICSW	No	In-Kind Cost \$66,352 annually	50%	\$0

Position (1)	Name (2)	Key Staff (3)	Annual Salary/Rate (4)	Level of Effort (5)	Total Salary Charge to Award (6)
(5) VDH/ADAP State Opioid Treatment Authority (SOTA), Manager of Clinical Services	Anthony Folland	No	In-Kind Cost \$58,822 annually	25%	\$0
(6) VDH/ADAP Project Director , Substance Abuse Program Manager	Julia Harrison, MPH	Yes	In-Kind Cost \$55,328 annually	100%	\$0
(7) DMH Interagency Planning Director	Cheryle Wilcox, LICSW	No	In-Kind Cost \$66,352 annually	50%	\$0
(8) DMH Operations and Care Management Director	Samantha Sweet, LICSW	No	In-Kind Cost \$66,352 annually	25%	\$0
(9) DMH Assistant Director of Quality Management	Jessica Bernard, MA	No	In-Kind Cost \$66,352 annually	25%	\$0
(10) DMH Adult Services Director	Patricia Singer, MD	No	In-Kind Cost \$66,352 annually	25%	\$0
(11) VDH/ADAP Program Technician II	To be hired	No	\$55,578 Annually	50%	\$27,789

FEDERAL REQUEST (enter in Section B column 1, line 6a of SF-424A)	\$27,789
--	-----------------

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) Cynthia Thomas, LCMHC, SSA, VDH/ADAP Division Director: Will provide leadership/oversight of the grant at the state and national level, 25+ years of experience in the mental health and substance use disorder field. Will serve as principle investigator for this funding.

- (2) Lori Tatsapaugh Uerz, VDH/ADAP Manager of Prevention and Recovery Services: Will oversee SUD related peer recovery services to ensure all deliverables and deadlines are met. Has over 35 years in the SUD field.
- (3) Anne Van Donsel, BS, VDH/ADAP Director of Performance Management and Evaluation: Will assure performance and outcome measures selected are aligned with those of the funding source as well as the State. Has over 17 years of experience in the SUD field, with a focus on data quality and performance management.
- (4) Megan Mitchell, LICSW, ADAP Director of Clinical Services: Will provide SUD clinical services oversight and supervision of Project Director to ensure all deliverables and deadlines are met.
- (5) Anthony Folland, SOTA, VDH/ADAP Manager of Clinical Services: Serves as the State Opiate Treatment Authority. Will oversee OTP related activities. Mr. Folland has been in the Clinical Services Unit for seven years.
- (6) Julia Harrison, Project Director, Substance Abuse Program Manager: Will manage daily activities, oversight and monitoring of subgrants and contracts, assure all federal reporting and data collection is completed accurately and on time.
- (7) Cheryle Bilodeau Wilcox, LICSW, DMH Interagency Planning Director: Will assist in the implementation of this grant by coordinating efforts across agency departments, supporting the mental health Designated Agency network and ensuring all grant activities are accomplished within the grant time period.
- (8) Samantha Sweet, LICSW, DMH Operations and Care Management Director: Will assist in the implementation of this grant by coordinating efforts across agency departments, supporting the Designated Agency network and ensuring all grant activities are accomplished within the grant time period.
- (9) Jessica Bernard, MA, DMH Assistant Director of Quality Management: Will assist in the implementation of this grant by supporting activities across DMH and ADAP, including assisting with outcomes monitoring and data collection, while ensuring all grant activities are in compliance with federal standards and deadlines.
- (10) Patricia Singer, M.D., DMH Adult Services Director: Will coordinate with community programs at the mental health Designated Agencies, the Housing First program, and the peer support service organizations.
- (11) To Be Determined, Program Technician II: Will be responsible for GRPA data collection and submission through SPARS.

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Position (1)	Name (2)	Rate (3)	Total Salary Charged to Award (4)	Total Fringe Charged to Award (5)
N/A				
FEDERAL REQUEST (enter in Section B column 1, line 6b of SF-424A)				\$0

JUSTIFICATION: Fringe reflects current rate for agency.

N/A: Program Technician position will not have fringe benefit costs associated with this funding opportunity.

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose (1)	Destination (2)	Item (3)	Calculation (4)	Travel Cost Charged to the Award (5)
N/A				

FEDERAL REQUEST - (enter in Section B column 1, line 6c of SF-424A)	\$0
--	------------

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

N/A

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

Item(s) (1)	Quantity (2)	Amount (3)	% Charged to the Award (4)	Total Cost Charged to the Award (5)
N/A				
FEDERAL REQUEST - (enter in Section B column 1, line 6d of SF-424A)				\$0

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
N/A		
FEDERAL REQUEST - (enter in Section B column 1, line 6e of SF-424A)		\$0

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

N/A

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name (1)	Service (2)	Rate (3)	Other	Cost (4)
(1) Health Resources in Action	VT Helplink	System Configuration = \$160,000 Marketing: 2 flights x \$13,835 each = \$27,670		\$187,670
(2) Vendor to be determined	Performance management and technical support	.25 FTE for 16 months: (\$100/hr x 560/year)/12 months x 16 months of service: \$74,667		\$74,667
FEDERAL REQUEST – (enter in Section B column 1, line 6f of-424A)				\$262,337

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Vermont is proposing to use funds to expand the capability of VT Helplink to include referral to mental health services for this healthcare workforce. We will develop a network of mental health clinicians who utilize evidence-based practices to be available for appointments no later than 24 hours from request for services. Clinicians will provide crisis counseling, screenings, assessments, treatment plan development and ongoing treatment. VT Helplink will work closely with the Vermont Department of Health to market these services throughout Vermont.
- (2) Vermont is proposing a contractual arrangement to carry out the responsibilities of managing the DMH portion of the grant, oversight of deliverables, federal reporting and budget management.

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) SUD Crisis Funding	5 FTEs x 427 days x \$150 stipend = \$320,250	\$320,250
(2) SUD Peer Recovery Services	10 FTEs x \$25,000 (Includes 30% Fringe Rate) = \$250,000	\$250,000
(3) MH Peer Support Services	6,428 Hours x \$19.50/hour (includes 30% Fringe Rate) = \$125,341	\$125,341
(4) Renovations to MH Crisis Building	10 agencies x \$7,500 each = \$75,000	\$75,000
(5) MH Mobile Crisis Services	2 vans x \$65,000 = \$130,000	\$130,000
(6) MH To Go Bags with PPE	200 bags x \$100 = \$20,000	\$20,000
(7) Sensory Bags	1470 bags x \$100 each = \$147,000	\$147,000
(8) MH Technology Deployment	12 MH direct service providers x \$41,770 (Laptops, software, signature pads, iPads, smart phones, etc.) = \$501,245	\$501,245
(9) Medication Delivery for SUD Patients	Nine .25 FTEs for 16 months x \$16.00/hr = \$99,840 23,230 miles x .575/mile = \$13,357	\$113,197
(10) Laptops/iPads for SUD Isolation Centers	20 laptops x \$350 each = \$7,000	\$7,000
FEDERAL REQUEST (enter in Section B column 1, line 6h of SF-424A)		\$1,689,033

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

Each of these activities will be issued as subgrants to SUD and MH direct service providers.

- (1) Vermont is proposing funds be used to expand the current mental health emergency services program to include access to SUD specialists throughout the State. Funds will be used to provide an on-call stipend to staff and to cover the cost of any staff time not covered by another pay source.
- (2) Vermont is proposing funds be used for the purchase of needed equipment for the recovery centers as well as staff time to provide supports such as accessing food, connections to medical care, SUD and MH treatment, childcare, housing and transportation.
- (3) Vermont is proposing to utilize funds to support expansion of proactive, ongoing community and remote outreach by peer support workers to individuals identified by community partners, peer programs (e.g. peer drop-in centers), and the peer support line as particularly vulnerable or at risk during this time of isolation.

- (4) Vermont is proposing to utilize funds for renovations to ten (10) existing MH crisis programs to make space more accessible and private for SMI clients. Some of Vermont’s programs do not allow for adequate social distancing and safety for both staff and clients. Although the priority for providing emergency services will be through telehealth, there will be circumstances for which an in-person meeting is necessary with the goal of diverting hospitalization to an already stressed facility and ensuring individuals are safe. Minor renovations are needed at some of the facilities across the state to create these safe spaces. All of the crisis programs in Vermont utilize evidence-based interventions.
- (5) - (7) Vermont is proposing to purchase two (2) vans to be utilized for a mobile crisis response to individuals with SMI two (2) Vermont counties. These vans would allow space to comply with social distancing while meeting with individuals who are on the streets and/or homeless. These vans could be utilized to make home visits to existing clients and allow a private space to meet with the clinician if needed. These vans would be outfitted with gear such as sensory bags, sanitizing agents, and PPE to enable outreach with the ability for clients to go to a safe and appropriate place for de-escalation and support.
- (8) Vermont is proposing to provide grant funds to Designated and Specialized Service Agencies to purchase technology equipment to support staff ability to provide telehealth. Currently, crisis staff are working off-site due to COVID-19 which means they do not have the equipment or technology necessary to streamline service delivery to individuals with SMI/SUD challenges.
- (9) Vermont is proposing funds be used to ensure that individuals who are in quarantine or isolation are able to continue to receive life-saving MAT. Funding will allow providers to, in adherence with DEA requirements, deliver buprenorphine and methadone take-home doses to individuals who are receiving treatment from an Opioid Treatment Program. The funding will be used to fund staff time for the preparation of the take-home doses, documentation of the chain of custody for the medications, delivery of the medications and monitoring to ensure the medications are delivered to the individual. This funding will be used to provide mileage reimbursement for the travel costs related to delivering the medications to the individual’s location.
- (10) Vermont is proposing funding to provide the means for individuals with SUD to participate in treatment through the use of telehealth. Funding will support the acquisition of the necessary telehealth technology for use within the isolation housing. The required hardware will be purchased to allow individuals access to telehealth platforms currently being offered by Vermont certified substance use disorder treatment providers in order to engage in evidence-based screenings and assessments for initiating treatment, treatment plan development and ongoing individual therapy and case management supports.

Total Direct Charges

FEDERAL REQUEST – TOTAL DIRECT CHARGES - Section B column 1, line 6i of SF-424A	\$1,979,159
--	--------------------

J. Indirect Cost Rate: Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

Calculation (1)	Indirect Cost Charged to the Award (2)
Organization's Indirect Cost Rate of 75% (see below)	\$20,841
FEDERAL REQUEST – (enter in Section B column 1, line 6j of SF-424A)	\$20,841

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most recent approval letter is attached. 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, these costs 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 75% of the direct salary line item.

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) \$1,979,159

INDIRECT CHARGES: \$ 20,841

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A) \$2,000,000

TOTAL FEDERAL REQUEST – (sum of 6i and 6j) enter in Section B column 1 line 6k of form SF424A) \$2,000,000

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as all funds or resources, whether Federal, Non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, In-kind contributions or other Non-federal means. Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	05/31/2020	b. End Date:	09/30/2021
----------------	-------------------	--------------	-------------------

BUDGET SUMMARY (should include future years and projected total)

Category	Budget Period 1	Total Project Costs
Personnel	\$27,789	\$27,789
Fringe	\$0	\$0
Travel	\$0	\$0
Equipment	\$0	\$0
Supplies	\$0	\$0
Contractual	\$262,337	\$262,337
Other	\$1,689,033	\$1,689,033
Total Direct Charges	\$1,979,159	\$1,979,159
Indirect Charges	\$20,841	\$20,841
Total Project Costs	\$2,000,000	\$2,000,000

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$2,000,000**

COST ALLOCATION DEMONSTRATION

Category	Administration Data Collection (20% of Total Budget)	SUD/SMI Direct Services (70% of DS budget)	Less the SMI (20% of DS budget)	Healthcare Practitioners (10% of DS budget)	Total Project Costs
Personnel	\$27,789	\$0	\$0	\$0	\$27,789
Fringe	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
Contractual	\$74,667	\$0	\$0	\$187,670	\$262,337
Other	\$0	\$1,313,692	\$375,341	\$0	\$1,689,033
Total Direct Charges	\$102,456	\$1,313,692	\$375,341	\$187,670	\$1,979,159
Indirect Charges	\$20,841	\$0	\$0	\$0	\$20,841
Total Project Costs	\$123,297	\$1,313,692	\$375,341	\$187,670	\$2,000,000

Abstract

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

COVID-19 has had a significant impact on Vermont with 82.1 cases and 3.5 deaths per 100,000 people as of 4/5/20. The governor's stay-at-home order has resulted in challenges in accessing and maintaining continuity of care for people with substance use disorder (SUD), serious mental illness (SMI) and other mental health (MH) disorders, especially for people who have been diagnosed with or have been in contact with someone with COVID-19. The grant will allow VT to address statewide MH and SUD needs associated with COVID-19 through implementation and expansion of services and supports, and bolstering emergency services and mobile response. It will also increase access to care for healthcare workers with mental health struggles.

VT has among the highest rates of substance use and SUD in the US, which may exacerbate effects of COVID-19. Increased demand for mental health and SUD crisis services are anticipated due to disruptions in people's typical coping mechanisms and service delivery, including the need for in-home supports and interventions, in-person recovery support, overdose prevention, detoxification and treatment such as receiving medication assisted treatment (MAT) for opioid use disorder (OUD). Maintaining access to SUD and SMI care for people who suffer from these disorders is essential but very challenging for those who must isolate or quarantine due to exposure to or symptoms of COVID-19, including people who are experiencing homelessness. Additionally, it is essential for the 26,600+ licensed physicians and nurses in VT to safely and easily seek MH and SUD services to adequately provide care during the crisis.

To address the challenges posed by COVID-19 in access and delivery of SUD and MH services, the Vermont Departments of Health and Mental Health propose a range of activities to increase access to care through new and expanded access points, keep those already receiving treatment in treatment, and prevent relapse for those in recovery. Activities include delivering medication for SUD patients from opioid treatment providers, using telehealth technology by certified SUD treatment providers for SUD treatment in isolation centers, expanding SUD recovery coach outreach through Vermont's 12 Recovery Centers, expanding MH peer support services and outreach to vulnerable Vermonters with SMI, expanding VT Helplink (a single source for accessing SUD prevention, treatment and recovery services through online, phone or chat capability) capacity to include referral to MH services for the healthcare workforce, expanding current MH emergency services program to include access to SUD specialists and telehealth technology and renovating MH crisis programs to allow for adequate social distancing, including utilizing mobile crisis response.

The goals of these activities are to increase statewide access and capacity for SUD and MH treatment and recovery services and crisis/emergency services.

Table of Contents

Section	Page
Abstract	1
Table of Contents	2
Narrative	
Section A – Population of Focus and Statement of Need	3
Section B – Proposed Implementation Approach	4
Section C – Staff and Organizational Experience	8
Section D – Data Collection and Performance Measurement	9
Other Attachments	
Attachment 1 – Identification of Licensed Mental Health/Substance Abuse Treatment Provider Organization(s)	13
Attachment 1 – List of Direct Service Provider Organizations	14
Attachment 1 – Letters of Commitment	15
Attachment 1 – Statement of Assurances	36
Attachment 2 – Data Collection Instruments/Interview Protocols	37
Attachment 3 – Sample Consent Forums	39
Attachment 4 – Confidentiality and SAMHSA Participant Protection/Human (Appendix D) Subject Guidelines	45
Appendix G – Biographical Sketches and Position Descriptions	50
Individual Attachments <i>Uploaded separately due to technical problems</i>	
Attachment 1 - Statement of Assurances	82
SAMHSA Charitable Choice Statutes and Regulations Form SMA 170	83
SAMHSA Assurance of Compliance Form HHS 690	84
Budget	
Budget Justification and Narrative	85

Section A: Population of Focus and Statement of Need:

A-1 COVID-19 has had a significant impact on Vermont with 82.1 cases and 3.5 deaths per 100,000 people as of 4/5/20. A governor's stay-at-home order is in place resulting in challenges in accessing and maintaining continuity of care for people with substance use disorder (SUD), serious mental illness (SMI) and other mental health disorders, especially for people who have been diagnosed with or have been in contact with someone with COVID-19. The grant will allow VT to address statewide mental health and substance use needs associated with COVID-19 through implementation and expansion of services and supports, and bolstering emergency services and mobile response. It will also increase access to care for healthcare workers with mental disorders.

VT has among the highest rates of substance use and substance use disorder in the US; VTers age 12 + are significantly more likely to have an alcohol use disorder (AUD), any SUD, and any illicit drug use disorder in the past year than the national rate (NSDUH, 2017/2018). People who use marijuana or binge drink are also significantly more likely to smoke cigarettes than the general population. VT's high rates of use may exacerbate effects of COVID-19. *"Much is still unknown, but it can be expected that persons who smoke, vape, or use certain drugs will be at increased risk for infection and its more severe consequences, and that strained health care systems and social distancing will present unique challenges to those with SUD."* (Dr. Nora Volkow, Dir. National Institute on Drug Abuse 4/2/20).

Increased demand for mental health and SUD crisis services are anticipated due to disruptions in people's typical coping mechanisms and service delivery. VT's rates of SMI, any mental illness and depression are similar to the US (NSDUH 2017/2018) with estimates from 2017 indicating 27,337 adults in Vermont are living with SMI. Due to the current COVID-19 pandemic and Governor's order to stay-at-home, the mental health system is seeing an increase in the need for in-home supports and interventions to reduce anxiety, depression, and feelings of isolation which is one of the leading risk factors for suicide. VT's suicide death rate prior to the COVID-19 crisis (18.3 per 100,000) was higher than the US average and is increasing faster than US rates. Suicide is currently the 2nd leading cause of VT deaths among people ages 15-34. Rates are anticipated to rise due to the current crisis, resulting in increased needs for emergency outreach and crisis services. It also limits access to in-person recovery support which may increase relapse among those in recovery. We also anticipate an increase in use of drugs while alone which increases the risk of overdose. Disruptions in supply to some substances leading may result in increased detoxification and treatment needs. Adults with depression are more likely to have lung disease, cardiovascular disease, and diabetes than other Vermonters (State Health Assessment, 2018), conditions that increase the risk of complications for those infected with COVID-19 (CDC MMWR 4/3/20).

There are service challenges related to COVID-19 for people receiving medication assisted treatment (MAT) for opioid use disorder (OUD). Approximately 2.6% of the VT population age 18-64 is currently receiving MAT (State Reporting, 2019), many through opioid treatment programs (OTP's) which require frequent clinic visits that may increase the risk of infection for both clients and program staff.

Maintaining access to SUD and SMI care for people who suffer from these disorders is essential but very challenging for those who must isolate or quarantine due to exposure to or symptoms of COVID-19. This is especially true for people who are homeless. The 2018 Point in Time Count Report on Homelessness reports that among people who are homeless in VT, 25% have SMI and 11% have SUD. Additionally, over 12% of people admitted into SUD treatment

in 2019 were homeless with 8% still homeless at discharge (VT Treatment data). Lack of access or breaks in care for people with SUD, SMI and depression can be life threatening.

There are over 26,600 licensed physicians and nurses in VT (Licensing Board data, 2018/2019). There is stigma associated with seeking care for mental health and substance use issues for both physicians and nurses. In addition, both fear losing licensure if issues are disclosed. (Swapnil, 2018 and Cares, 2015). Nurses with better physical and mental health are significantly less likely to make preventable medical errors (Melynyk, 2018). It is essential for medical professionals to safely and easily seek necessary mental health and substance use disorder treatment.

Section B: Implementation of Required and Allowable Activities

B-1 To address the challenges posed by COVID-19 in access and delivery of substance use and mental health disorders services, Vermont proposes a range of activities to increase access to care through new and expanded access points, keep those already receiving treatment in treatment, and prevent relapse for those in recovery.

Medication Delivery for SUD patients: With the fast spread of COVID-19 Vermont is experiencing an increase in the number of individuals receiving evidence-based medication-assisted treatment (MAT) for opioid use disorder needing to self-isolate or be quarantined. Without consistent treatment and medications, the risk of withdrawal, overdose, and relapse is significant. Vermont is proposing funds be used to ensure that individuals who are in quarantine or isolation are able to continue to receive life-saving MAT. Funding will allow providers to, in adherence with DEA requirements, deliver buprenorphine and methadone take-home doses to individuals who are receiving treatment from an Opioid Treatment Program. The funding will be used to fund staff time for the preparation of the take-home doses, documentation of the chain of custody for the medications, delivery of the medications and monitoring to ensure the medications are delivered to the individual. This funding will be used to provide mileage reimbursement for the travel costs related to delivering the medications to the individual's location.

SUD Treatment in Isolation Centers: Vermont has developed a number of programs providing isolation housing for individuals who are experiencing homelessness, are inadequately housed, or for whom remaining in their current living situations while in isolation is not an option. Vermont is proposing funding to provide the means for individuals with SUD to participate in treatment through the use of telehealth. These services will be available to individuals currently engaged in the treatment system to support their continued compliance with treatment as well as individuals newly seeking treatment. Providing treatment as soon as possible to individuals seeking treatment results in improved outcomes. Funding will support the acquisition of the necessary telehealth technology for use within the isolation housing. The required hardware will be purchased to allow individuals access to telehealth platforms currently being offered by Vermont certified substance use disorder treatment providers in order to engage in evidence-based screenings and assessments for initiating treatment, treatment plan development and ongoing individual therapy and case management supports. All certified providers provide evidence-based treatment.

Outreach to Individuals with SMI: As noted above, Vermont has a number of individuals in isolation programs across the state who are homeless, inadequately housed or whose current living situations are not an option for isolation. Vermont is proposing funding for staff time to do outreach to individuals in these facilities suffering from SMI who are not

currently engaged in treatment. Increased staff time to respond to the demand for mental health interventions is critical for this high-risk population. Funded staff will be able to connect individuals to evidence-based medication, treatment, and recovery supports.

Expanded SUD Recovery Coach Outreach: Vermont's 12 Recovery Centers, provide evidence-based essential services to those in recovery from mental health and substance use disorder, as well supporting individuals ready to access services. These recovery services are critical during this time of high stress, fear and isolation. Vermont Governor Scott's Stay Safe/Stay Home order has resulted in the recovery centers quickly working to deliver critical services remotely. The recovery network does not have enough equipment, software and paid staff to respond to the increased demand for SUD recovery supports. Vermont is proposing funds be used for the purchase of needed equipment for the recovery centers as well as staff time to provide supports such as accessing food, connections to medical care, SUD and MH treatment, childcare, housing and transportation. Due to the risks of relapse, overdose, utilization of emergency rooms and death it is critical that recovery supports are available in real time.

MH Peer Support Services and Outreach

MH peer-to-peer services are an important element of Vermont's mental health system of care. Vermont is proposing funds be used for expansion and extension of these services to provide community support and outreach to vulnerable Vermonters with SMI. Funds would be used to pay for peer support staff to increase services such as the peer support line, peer support outreach, virtual peer support groups and peer support for clients enrolled in the supported employment program. The supported employment program is an evidence-based program providing supports for individuals with SMI to remain gainfully employed. These individuals will be significantly impacted by the effects of COVID-19 including the loss of their jobs and loss of supports to find employment or education because their employment counselors have been deployed to work in other areas. Without a job to go to each day, the structure and purpose of their lives in addition to their income is greatly impacted and is deleterious to their whole health.

MH Services for Healthcare Workforce: Due to Vermont's healthcare workforce shortage, necessary healthcare staff are working long hours on the COVID-19 pandemic, under stressful circumstances with little time off. These circumstances put individuals at high risk for mental health and substance use problems. With the recent launch of VT Helplink, Vermont's single source for accessing SUD prevention, treatment and recovery services through online, phone or chat capability, Vermont has a mechanism to connect the healthcare workforce to the needed SUD and MH treatment. Vermont is proposing to use funds to expand the capability of VT Helplink to include referral to mental health services for this healthcare workforce. We will develop a network of mental health clinicians who utilize evidence-based practices to be available for appointments no later than 24 hours from request for services. Clinicians will provide crisis counseling, screenings, assessments, treatment plan development and ongoing treatment. VT Helplink will work closely with the Vermont Department of Health to market these services throughout Vermont.

SUD Emergency Services: In order to respond to the growing need of emergency services for SUD as a result of COVID-19, Vermont is proposing funds be used to expand the current mental health emergency services program to include access to SUD specialists throughout the State. Funds will be used to provide an on-call stipend to staff and to cover the cost of any staff time not covered by another pay source. Staff will be employees of the current Vermont certified SUD treatment network. The enhancement of these specialty services to the

current mental health emergency services system will facilitate a seamless connection to SUD specialty treatment including access to MAT. The SUD specialty staff will have telehealth capability and be available 24/7. Staff will be knowledgeable about Vermont's system of care and be able to connect individuals to the evidence-based treatment at our ASAM levels of care including residential, recovery supports and recovery housing.

Expansion of Emergency Services for SMI Population: Suicide is currently the 2nd leading cause of death in Vermont for people ages 15-34. Due to the COVID-19 pandemic we anticipate the rates could continue to rise resulting an exponentially increased need to provide emergency outreach and crisis services. The SMI population is extremely vulnerable due to decreased contacts, isolation and fear. Vermont's SMI population utilizes the emergency services system for support as part of their regular treatment plan and due to the current circumstances, this population will need extra support, taxing the current system. To ensure we have the capacity to meet the needs Vermont is proposing funds be used to increase the capacity of the emergency services system by purchasing technology for the staff to provide telehealth services 24/7. These services would be utilizing evidence-based practices for addressing suicide and severe mental illness. The equipment includes tablets and phones for telehealth, and fax/scanner/printers to ensure legal documents are sent in a timely manner to the court, attorneys and state agencies.

Renovations to Existing Crisis Programs: Vermont is proposing to utilize funds for renovations to existing MH crisis programs to make space more accessible and private for SMI clients. Some of Vermont's programs do not allow for adequate social distancing and safety for both staff and clients. Although the priority for providing emergency services will be through telehealth, there will be circumstances for which an in-person meeting is necessary with the goal of diverting hospitalization to an already stressed facility and ensuring individuals are safe. Minor renovations are needed at some of the facilities across the state to create these safe spaces. All of the crisis programs in Vermont utilize evidence-based interventions.

Mobile Crisis Van to Respond to SMI Clients:
Due to the rural nature of Vermont, many clients with SMI live in extremely remote areas. Due to Governor's Scott's Stay Safe/Stay Home order many clients with SMI will need more than telehealth services in order to remain stable. With transportation limited it will be critical for the mental health clinicians to make visits to these clients. In addition to these clients who are isolated at home, Vermont has an estimated 27,337 individuals living in Vermont with SMI. There are currently approximately 3000 individuals enrolled in the state funded program indicating a significant number of individuals needing access to care. Vermont is proposing to purchase two vans to be utilized for mobile crisis response to individuals with SMI in two Vermont counties. These vans would allow space to comply with social distancing while meeting with individuals who are on the streets and/or homeless. These vans could be utilized to make home visits to existing clients and allow a private space to meet with the clinician if needed. These vans would be outfitted with gear such as sensory bags, sanitizing agents, and personal protective equipment (PPE) to enable outreach with the ability for clients to go to a safe and appropriate place for de-escalation and support.

B-2. Timeline of Activities

Activity Milestone	Responsible	Project Year: 16 Months															
		Project Month:															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
MAT patients identified and staff deliver medications	MAT Providers																
Patients in isolation facilities receive SUD and MH services via telehealth	MH and SUD Providers																
Individuals with SMI receive services in isolations centers	MH Providers																
Recovery coaches expand telehealth services with increased equipment and staff time	Recovery Centers																
MH peer supports increase services to individuals with SMI	Peer Provider Agencies																
MH provider network identified	VDH																
VT Helplink trained on MH resources	VDH																
Messaging materials developed	VDH																
VT Helplink taking calls for healthcare workforce	VDH																
SUD specialty staff identified for emergency service	SUD Providers																
Procedures and protocols developed with MH system	MH & SUD Providers																
SUD specialty available for emergency services	SUD Providers																
MH emergency services increases services through telehealth	MH Providers																
MH crisis programs needing renovations identified	MH Providers																
Renovations completed on MH crisis programs allowing clients to be seen in-person	MH Providers																
Mobile van services provide services to individuals with SMI	MH Providers																

DMH - Department of Mental Health
 MAT = Medication Assisted Treatment
 MH – Mental Health

SMI – Severe Mental Illness
 SUD – Substance Use Treatment Disorder
 VDH - Vermont Department of Health

- The activities outlined above are designed to achieve two primary goals:
- 1) Increase statewide access and capacity for substance use disorder and mental health treatment and recovery services.
 - 2) Increase statewide access and capacity for substance use disorder and mental health crisis/ emergency services.

The goals associated with COVID-19 align with VDH and DMH’s overall goals for improving care for people who have substance use and mental health disorders. Additional VDH SUD priorities are available on the Alcohol and Other Drug Use Scorecard <https://www.healthvermont.gov/scorecard-alcohol-drugs> and the DMH Mental Health scorecard <https://www.healthvermont.gov/scorecard-mental-health>.

Section C: Staff, Management and Relevant Experience

C-1 Capacity and Experience: The Vermont Department of Health’s Division of Alcohol and Drug Abuse Programs (ADAP) and the Vermont Department of Mental Health (DMH) are capitalizing on their long standing partnership to deploy coordinated emergency mental health and substance use disorder services across the State in response to COVID-19. Our ability to leverage shared, well established, direct service providers will allow Vermont to mobilize quickly and enhance COVID-19 response efforts already underway. The Departments have over 40 years of shared experience managing federal grants and coordinating services to address co-occurring disorders. In addition to this partnership, with ADAP imbedded within the Vermont Department of Health, we have experience with, and participate within, the Public Health Emergency Preparedness Health Operation Center. ADAP staff have over 20 years of emergency response experience and will utilize these skills for this initiative.

C-2 Staff Positions, including Key Personnel Table

<p>Cynthia Seivwright, LCMHC, CQIA, SSA, VDH/ADAP Division Director FTE: 5% in-kind</p>
<p>Role: Will provide leadership/oversight of the grant at the state and national level, 25+ years of experience in the mental health and substance use disorder field. Will serve as principle investigator for this funding.</p>
<p>Lori Uerz, MPH, NPN, VDH/ADAP Director of Prevention Services FTE: 25% in-kind</p>
<p>Role: Will oversee SUD related peer recovery services to ensure all deliverables and deadlines are met. Has over 35 years in the SUD field.</p>
<p>Anne Van Donsel, BS, VDH/ADAP Director of Performance Management and Evaluation FTE: 10% in-kind</p>
<p>Role: Will assure performance and outcome measures selected are aligned with those of the funding source as well as the State. Has over 17 years of experience in the SUD field, with a focus on data quality and performance management.</p>
<p>Megan Mitchell, LICSW, VDH/ADAP Director of Clinical Services FTE: 50% in-kind</p>
<p>Role: Will provide SUD clinical services oversight and supervision of Project Director to ensure all deliverables and deadlines are met.</p>
<p>Anthony Folland, SOTA, VDH/ADAP Manager of Clinical Services FTE: 25% in-kind</p>
<p>Role: Will oversee OTP related activities. Mr. Folland has been in the Clinical Services Unit for seven years.</p>
<p>Julia Harrison, MPH, Project Director, Substance Abuse Program Manager FTE: 100% in-kind</p>
<p>Role: Will manage daily activities, oversight and monitoring of subgrants and contracts, assure all federal reporting and data collection is completed accurately and on time.</p>
<p>Cheryle Bilodeau Wilcox, LICSW, DMH Interagency Planning Director FTE: 50% in-kind</p>
<p>Role: Will assist in the implementation of this grant by coordinating efforts across agency departments, supporting the mental health Designated Agency network and ensuring all grant activities are accomplished within the grant time period.</p>
<p>Samantha Sweet, LICSW, DMH Operations and Care Management Director FTE: 25% in-kind</p>

Role: Will assist in the implementation of this grant by coordinating efforts across agency departments, supporting the Designated Agency network and ensuring all grant activities are accomplished within the grant time period.
Jessica Bernard , MA, DMH Assistant Director of Quality Management FTE: 25% in-kind
Role: Will assist in the implementation of this grant by supporting activities across DMH and ADAP, including assisting with outcomes monitoring and data collection, while ensuring all grant activities are in compliance with federal standards and deadlines.
Patricia Singer , M.D., DMH Adult Services Director FTE: 25% in-kind
Role: Will coordinate with community programs at the mental health Designated Agencies, the Housing First program, and the peer support service organizations.
To be hired , Program Technician II FTE: 50%
Role - Provide administrative support to Project Director (e.g. communications, logistics, and compilation and dissemination of reports). Has 12+ years of administrative experience.

Section D: Data Collection and Performance Assessment

D-1 VT Department of Health (VDH) and Department of Mental Health (DMH) will use qualitative and quantitative data sources to ensure performance measures are collected and to monitor progress in achieving grant goals and objectives. Tables 1 (Performance Measures) and 2 (Grant Objectives) describe the data sources, collection frequency, analysis method, and responsible staff for the proposed grant activities that will be used to address Vermont’s primary grant goals: 1) Increase statewide access and capacity for substance use disorder and mental health treatment and recovery services and 2) Increase statewide access and capacity for substance use disorder and mental health crisis/ emergency services. The performance measures reflect expected longer-term impact and the objectives are linked to the activities being undertaken through the grant activities.

Data management will be overseen by the Project Director (PD) and will include coordination of data collection efforts, GPRA data collection, monitoring subgrantee performance and using rapid cycle quality improvement (QI) processes to affect change when indicated. VDH also uses a QI structure called the Agency Improvement Model which tracks progress through repeated “Plan-Do-Study-Act” cycles following group decision making processes. The PD is the decision-maker and single point of contact with subgrantees and VDH.

Data monitoring/tracking including analysis, evaluation, and consultation on performance goals will be completed by the PD with assistance from the Program Staff in both VDH and DMH. All data will be stored on an agency-exclusive secure Microsoft cloud server.

Informed consent processes are based on program type and data source. National Survey on Drug Use and Health (NSDUH) uses implied consent based on the information provided to respondents at the start of the survey and their willingness to participate. Individuals receiving existing service will be served by current treatment providers which have extensive safeguards for protecting client records and the use of protected health information including an extensive set of standardized forms and privacy practices that comply with 42 CFR Part 2, HIPAA, and related state and federal laws. Project-specific consent forms will be completed for those projects that require collection of GPRA and GPRA data will be collected by subgrantees. The MSR is a

data system used by the Department of Mental Health (DMH) to manage provision of mental health services at Designated Agencies, services that are also covered by HIPAA and 42 CFR Part 2. All subgrantee/contractor data will be collected through a HIPAA-compliant online survey tool (OST) and with an annual site visit (SV). The OST does not collect private health information. Data reporting to VDH through OST can be adapted to meet new or revised requirements and to ensure that the data are collected and submitted in an efficient and timely manner.

Table 1: Performance Measures	Data Source	Collection Frequency	Who?	Analysis Method
There is no statistically significant increase in the gap between Needing but Not Receiving Treatment at a Specialty Facility for Substance Use Among Vermonters Age 12+ in the Past Year between 2018/19 and 2019/20.	2019/20 NSDUH	Annual	SAMHSA, PD	Review reported data and progress
There is no statistically significant decrease in Vermonters Age 18+ Receiving Mental Health Services in the Past Year between 2018/19 and 2019/20.	2019/20 NSDUH	Annual	SAMHSA, PD	Review reported data and progress
Treatment Initiation: % of Medicaid recipients with a new episode of AOD dependence who initiate treatment within 14 days of the diagnosis in 2020 is greater than or equal to 2019.	VT Medicaid Claims	Continuous	PD	Calculated
Treatment Engagement: % SUD clients with 2 or more substance use disorder services within 34 days of treatment initiation in 2020 is greater than or equal to 2019.	VT Medicaid Claims	Continuous	PD	Calculated
Emergency Services: There is no statistically significant increase in SMI population seeking mental health treatment at Emergency Departments between 2019 and 2020.	VT Medicaid Claims	Continuous	DMH	Calculated

Table 2: Objectives	Data Source	Collection Frequency	Who?	Analysis Method
Goal 1: Increase statewide access and capacity for substance use disorder and mental health treatment and recovery services.				
1.1: Equipment necessary to engage in telehealth will be provided to at least one by COVID-19 isolation center by 8/1/20	OST, SV	Quarterly	PD	Review
1.2: ADAP-contracted OTP providers will ensure delivery of OUD treatment medication to current and new OTP patients in COVID-19-related quarantine or isolation during their quarantine/isolation period.	OST, SV	Quarterly	PD	Calculated by OTP
1.3: VT Recovery Centers will assure that telehealth equipment is available to provide virtual recovery services at all 12 (100%) of the Recovery Centers by 8/1/20.	OST, SV, GPRA	Quarterly	PD	Count

1.4: At least 142/people per month will receive virtual recovery coach services through Recovery Centers by 8/31/20	OST, SV	Quarterly	PD	County
1.5: VDH will identify a mental health provider network for inclusion in Vermont Helplink by 6/30/20.	Workplan	Ongoing	PD	Workplan monitor
1.6: VT Helplink will provide mental health education and referral services to at least 35 callers who are healthcare professionals by 12/31/20.	Helplink	Quarterly	PD	Calculated
Goal 2: Increase statewide access and capacity for substance use disorder and mental health crisis/ emergency services.				
2.1: ADAP Providers complete development of SUD emergency services procedures and protocols by 6/30/2020.	OST, SV	Quarterly	PD	Review
2.2: Emergency service responses to SMI clients for the period 7/1/2020-12/31/2020 will be 30% higher than 1/1/20-6/30/20.	MSR, GPRA	Quarterly	PD	Count

From: [Elmquist, Candace](mailto:Elmquist.Candace)
To: [Mazza-Paquette, Melissa](mailto:Mazza-Paquette.Melissa)
Subject: FW: AA-1 package - SAMHSA Grant
Date: Wednesday, April 22, 2020 8:50:52 AM

From: Young, Susanne <Susanne.Young@vermont.gov>
Sent: Wednesday, April 22, 2020 8:43 AM
To: Clark, Sarah <Sarah.Clark@vermont.gov>
Cc: Smith, Mike <Mike.Smith@vermont.gov>; Greshin, Adam <Adam.Greshin@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>; Donahey, Richard <Richard.Donahey@vermont.gov>
Subject: Re: AA-1 package - SAMHSA Grant

We can revisit if it poses too much of a challenge.

From: Clark, Sarah <Sarah.Clark@vermont.gov>
Sent: Wednesday, April 22, 2020 8:35 AM
To: Young, Susanne <Susanne.Young@vermont.gov>
Cc: Smith, Mike <Mike.Smith@vermont.gov>; Greshin, Adam <Adam.Greshin@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>; Donahey, Richard <Richard.Donahey@vermont.gov>
Subject: RE: AA-1 package - SAMHSA Grant

Thank you, Susanne.

From: Young, Susanne <Susanne.Young@vermont.gov>
Sent: Wednesday, April 22, 2020 8:34 AM
To: Clark, Sarah <Sarah.Clark@vermont.gov>
Cc: Smith, Mike <Mike.Smith@vermont.gov>; Greshin, Adam <Adam.Greshin@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>; Donahey, Richard <Richard.Donahey@vermont.gov>
Subject: Re: AA-1 package - SAMHSA Grant

Yes. Thank you.

From: Clark, Sarah <Sarah.Clark@vermont.gov>
Sent: Wednesday, April 22, 2020 8:24 AM
To: Young, Susanne <Susanne.Young@vermont.gov>
Cc: Smith, Mike <Mike.Smith@vermont.gov>; Greshin, Adam <Adam.Greshin@vermont.gov>; Elmquist, Candace <Candace.Elmquist@vermont.gov>; Donahey, Richard

<Richard.Donahey@vermont.gov>

Subject: AA-1 package - SAMHSA Grant

Good morning Susanne,

I understand that you are concerned about the temporary position that is funded on a part-time basis in the \$2M SAMHSA grant to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.

Toward that end, I have instructed VDH to move forward and administer the grant without this part-time temp position. VDH has acknowledged that they will move forward and administer without the temp position. See the email chain below.

Unfortunately, we cannot resubmit the budget to the federal government as the grant has already been awarded. Would it suffice to include this email in the grant file with clear direction to NOT utilize the temp position?

Thank you for your consideration. Please let me know if it would be helpful to discuss.

Sarah

Sarah Clark
Chief Financial Officer
Agency of Human Services

Desk: 802-241-9007

Cell: 802-505-0285

From: Daley, Paul <Paul.Daley@vermont.gov>

Sent: Tuesday, April 21, 2020 9:27 AM

To: Clark, Sarah <Sarah.Clark@vermont.gov>

Cc: O'Connell, Tracy E <Tracy.OConnell@vermont.gov>; Harrison, Connie <Connie.Harrison@vermont.gov>

Subject: RE: AA-1 package

Hi Sarah,

This is an emergency grant to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. 98% of the funding is going to community treatment providers and

the priority is to get the grant accepted and funds flowing as soon as possible. If we are required to administer this grant without a part-time temp, we'll do so.

Paul Daley

From: Clark, Sarah <Sarah.Clark@vermont.gov>

Sent: Tuesday, April 21, 2020 7:16 AM

To: Daley, Paul <Paul.Daley@vermont.gov>

Cc: O'Connell, Tracy E <Tracy.OConnell@vermont.gov>; Harrison, Connie <Connie.Harrison@vermont.gov>

Subject: RE: AA-1 package

Paul,

Would it be possible to perform the duties of this grant without the temp positions? Essentially, could VDH/DMH cover with existing staff?

Please give me a call if you want to discuss.

Thanks,
Sarah