



STATE OF VERMONT  
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst *DD*  
Date: October 29, 2019  
Subject: Grant Request – JFO #2979

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

**JFO #2979** – \$440,955 from the U.S. Centers for Disease Control and Prevention (CDC) to the VT Dept. of Health (VDH). The Department will utilize the funding to conduct a three-year study of emergency department visits related to nonfatal self-inflicted injuries. VDH will analyze this data and disseminate trends to key stakeholders in order to aid the development of targeted suicide prevention strategies. Successes in utilizing the data to prevent suicides and suicidal behavior will be communicated by VDH to State and Federal partners for development of best practices. ***VDH is requesting one (1) limited-service position***, titled Public Health Analyst II, to carry out the grant activities. Of the total grant funding, VDH is seeking \$146,985 in spending authority for FY20, with the remainder of grant funds to be included in future departmental budget requests.

*[JFO received 10/23/19]*

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto:ddickerson@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by November 12, 2019 we will assume that you agree to consider as final the Governor's acceptance of these requests.



JFO 2979

RECEIVED  
Agency of Administration  
OCT 23 2019  
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

STATE OF VERMONT  
FINANCE & MANAGEMENT GRANT REVIEW FORM

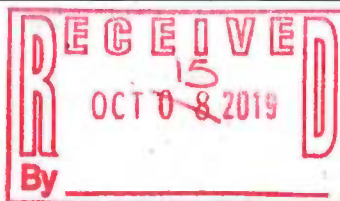
<b>Grant Summary:</b>	The objective of this three-year project is improved monitoring of the frequency, methods and outcomes of suicide attempts and use of the resulting data to inform suicide prevention efforts. The project abstract is attached.				
<b>Date:</b>	<del>24 September 2019</del> October 15, 2019				
<b>Department:</b>	Agency of Human Services – Department of Health				
<b>Legal Title of Grant:</b>	Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO)				
<b>Federal Catalog #:</b>	93.136				
<b>Grant/Donor Name and Address:</b>	Department of Health and Human Services Centers for Disease Control and Prevention Office of Financial Resources 2920 Brandywine Road, Atlanta, GA 30341				
<b>Project Period:</b>	From:	9/1/2019	To:	8/31/2022	
<b>Grant/Donation</b>	\$146,985 for 3 years for a total of \$440,955				
	SFY 1	SFY 2	SFY 3	Total	Comments
<b>Grant Amount</b>	\$146,985	\$146,985	\$146,985	\$440,955	NOA total matches budget. Department can request changes to line items (i.e. Direct Costs) after approval to better align with the budget.
<b>Position Information</b>	# Positions	Explanations/Comments			
	1	Public Health Analyst II			

<b>Department of Finance &amp; Management</b>		(Initial)
<b>Secretary of Administration</b>		(Initial)
<b>Sent to Joint Fiscal Office</b>	10/23/19	Date


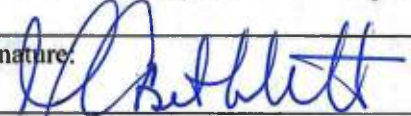



**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

BASIC GRANT INFORMATION				
<b>1. Agency:</b>	Agency of Human Services			
<b>2. Department:</b>	Health			
<b>3. Program:</b>	Health Surveillance			
<b>4. Legal Title of Grant:</b>	Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes			
<b>5. Federal Catalog #:</b>	93.136			
<b>6. Grant/Donor Name and Address:</b> Department of Health & Human Services, Centers for Disease Control & Prevention				
<b>7. Project Period:</b>	<b>From:</b>	9/1/2019	<b>To:</b>	8/31/2022
<b>8. Purpose of Grant:</b> See attached summary.				
<b>9. Impact on existing program if grant is not Accepted:</b> None				
10. BUDGET INFORMATION				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Comments</b>
<b>Expenditures:</b>	<b>FY 20</b>	<b>FY 21</b>	<b>FY 22</b>	
Personal Services	\$143,329	\$143,329	\$143,329	
Operating Expenses	\$3,656	\$3,656	\$3,656	
Grants	\$0	\$0	\$0	
<b>Total</b>	<b>\$146,985</b>	<b>\$146,985</b>	<b>\$146,985</b>	
<b>Revenues:</b>				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$146,985	\$146,985	\$146,985	
(Direct Costs)	\$102,020	\$102,020	\$102,020	
(Statewide Indirect)	\$2,698	\$2,698	\$2,698	
(Departmental Indirect)	\$42,267	\$42,267	\$42,267	
Other Funds:	\$0	\$0	\$0	
Grant (source )	\$0	\$0	\$0	
<b>Total</b>	<b>\$146,985</b>	<b>\$146,985</b>	<b>\$146,985</b>	
<b>Appropriation No:</b>		<b>Amount:</b>	\$	
	3420010000		\$21,134	
	3420021000		\$125,851	
			\$	
			\$	
			\$	
		<b>Total</b>	\$146,985	



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

PERSONAL SERVICE INFORMATION		
<b>11. Will monies from this grant be used to fund one or more Personal Service Contracts?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.  Appointing Authority Name: Mark Levine, Commissioner of Health		
<b>12. Limited Service Position Information:</b>	<b># Positions</b>	<b>Title</b>
	1	Public Health Analyst II
<b>Total Positions</b>	1	
<b>12a. Equipment and space for these positions:</b> <input checked="" type="checkbox"/> Is presently available. <input type="checkbox"/> 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:  Title: Commissioner of Health - Deputy	Date: SEP 20 2019
	Signature:  Title: Interim Deputy Secretary - AHS	Date: 9/27/19
14. SECRETARY OF ADMINISTRATION		
<input type="checkbox"/> Approved:	(Secretary or designee signature)	Date:
15. ACTION BY GOVERNOR		
<input checked="" type="checkbox"/> Accepted  <input type="checkbox"/> Rejected	(Governor's signature) 	Date: 10/22/19
16. DOCUMENTATION REQUIRED		
<b>Required GRANT Documentation</b>		
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)	
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).		

10/22/19

1. DATE ISSUED MM/DD/YYYY 08/16/2019		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.136 - Injury Prevention and Control Research and State and Community Based Programs			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1 NU17CE010014-01-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU17CE010014		5a. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From 09/01/2019		Through MM/DD/YYYY 08/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 09/01/2019		Through MM/DD/YYYY 08/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) Vermont Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
CDC Office of Financial Resources**

2939 Brandywine Road  
Atlanta, GA 30341

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
Section 392(a)(1) of the Public Health Service Act, as amended [42 USC  
280b-0(a)(1)]

9a. GRANTEE NAME AND ADDRESS Human Services, Vermont Agency Of 280 State Dr Waterbury, VT 05671-9501	9b. GRANTEE PROJECT DIRECTOR Ms. Jennifer Hicks 280 State Dr Health Surveillance Waterbury, VT 05671-9501 Phone: 802-863-7264
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Bryan O'Connor 280 STATE DR WATERBURY, VT 05671-9501 Phone: 802-863-7384	10b. FEDERAL PROJECT OFFICER Apreal Bailey 1600 Clifton Rd Atlanta, GA 30333 Phone: 4044986669

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION			
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from Item 11m) 146,985.00			
II Total project costs including grant funds and all other financial participation <input type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00			
a. Salaries and Wages	90,844.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00			
b. Fringe Benefits	27,253.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 146,985.00			
c. Total Personnel Costs	118,097.00	13. Total Federal Funds Awarded to Date for Project Period 146,985.00			
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
e. Supplies	1,500.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
f. Travel	2,456.00	a. 2	146,985.00	d. 5	
g. Construction	0.00	b. 3	146,985.00	e. 6	
h. Other	4,038.00	c. 4		f. 7	
i. Contractual	0.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
j. TOTAL DIRECT COSTS	126,091.00	a. DEDUCTION			
k. INDIRECT COSTS	20,894.00	b. ADDITIONAL COSTS			
l. TOTAL APPROVED BUDGET	146,985.00	c. MATCHING			
m. Federal Share	146,985.00	d. OTHER RESEARCH (Add / Deduct Option)			
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)			
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation b. The grant program regulations. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

**GRANTS MANAGEMENT OFFICIAL:**

Barbara (Rene) Benyard, Grants Management Officer, Team Lead  
2939 Flowers Road  
Mailstop TV2  
Atlanta, GA 30341-5509  
Phone: 770.488.2757

17.OBJ CLASS ,41.51	18a. VENDOR CODE ,1036000264E7	18b. EIN ,036000264	19. DUNS ,809376155	20. CONG. DIST. Q0
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-9390BZQ	b. 19NU17CE010014OPCE	c. CE	d. \$146,985.00	e. 75-19-0952
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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

## Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes CDC-RFA-CE19-1906

### Project Abstract Summary

In 2018, Vermont hospitals had more than 4000 emergency department visits due to self-directed violence and in 2017 111 Vermont lives were lost due to Suicide. While the total number of emergency department visits and suicide deaths in Vermont may be small compared to more populous states, over the past decade Vermont has consistently had higher rates of suicide related morbidity and mortality compared to the US. The Vermont Department of Health (VDH) is applying to participate in the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) Pilot with the goal of reducing suicide related outcomes in Vermont through the distribution of timely syndromic surveillance data.

**Purpose:** The purpose of the Vermont Emergency Department Surveillance of Nonfatal Suicide- Related Outcomes (VT ED-SNSRO) would be to analyze, validate and disseminate timely and accurate self-directed violence syndromic surveillance data. Data collected from Vermont emergency departments through the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) will be analyzed by state, sub-state, and demographic levels, mapped, and distributed quarterly for the purposes of targeting self-directed and suicide prevention activities.

**Outcomes:** To produce timely information on trends in nonfatal suicide-related outcomes and distribute the information to key stakeholders through reports, maps and regular meetings. Stakeholders will use the provided syndromic surveillance data to target suicide prevention activities to populations and demographics in Vermont experiencing higher rates of self-directed morbidity. Finally, successful use of self-directed violence syndromic surveillance data will be captured and shared within the state and with national partners so that best practices are widely available.

**Activities:** VDH will engage in two primary strategies to achieve the timely analysis and dissemination of self-directed violence syndromic surveillance data. These strategies include accessing ESSENCE to improve timeliness of self-directed violence data to by tracking and producing quarterly and alert-based reporting on aggregate suicide-related outcomes; and disseminating suicide-related outcome findings to Vermont's stakeholders positioned to implement or adjust suicide prevention strategies based on the syndromic surveillance findings.

VDH foresees no barriers in successful implementation of VT ED-SNSRO. The injury epidemiology unit and ESSENCE are co-located within VDH, Health Surveillance. As a result, access to data and collaboration on quality improvement are straightforward. The readiness of suicide prevention organizations and workgroups provide an idea structure for data dissemination and data-driven prevention activities. Additionally, the proposed staff for this grant opportunity are experienced in analyzing and distributing timely ESSENCE data for injury-related surveillance.

Response to NOFO#: CDC-RFA-CE19-1906

**Vermont's Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (VT ED-SNSRO) REVISED Budget Narrative – as of September 2019**

The State of Vermont requests a total of \$146,985 for the budget period September 1, 2019 through August 31, 2020. This funding request includes monies to support a Public Health Analyst and the Syndromic Surveillance Coordinator. Below is more specific justification for the budget monies requested.

**Year 1 Budget Period September 1, 2019 – August 31, 2020:**

The State of Vermont requests a total of \$146,985 for the budget period September 1, 2019 through August 31, 2020. This funding request includes monies for a full-time Public Health Analyst II (PHA II, the Program Manager) who will also be responsible for GIS analysis of the data and 0.16 FTE funding toward the Syndromic Surveillance Coordinator who manages the ESSENCE data. The budget also includes funding for the purchase of one computer for the full-time analyst. VDH will provide the other statistical software licensing and other incidentals. Below is the specific justification for the funds requested.

- A. Personnel (Salaries and Wages) (\$70,260):** Money is requested to fund the VT ED-SNSRO Program Manager (1.0 FTE, PHA II) and for the Syndromic Surveillance Coordinator (0.16 FTE). The Program Manager will serve as the supervisor of day-to-day operations for the VT ED-SNSRO, tracking the main indicators, validating the definitions, collating the data for the CDC, developing the data dissemination plan, sharing data with suicide prevention stakeholders in VT, providing TA to partners on utilizing data to improve programs, produce data products and disseminate data. The Syndromic Surveillance Coordinator will manage VT's ESSENCE data and provide the Program Manager with the data necessary to complete the work of this agreement.

[NOTE: The Syndromic Surveillance Program was offered the full \$75,000 required by the NOFO and declined the full amount due to multiple current and upcoming funding sources being available to support the Syndromic Surveillance Staff.]

Position Title and Name: Public Health Analyst II, TBD (Program Manager)

Annual Salary	\$60,195
Time	1.0 FTE (100%)
Months:	12 Months
Amount Requested	\$60,195

Position Title and Name: Syndromic Surveillance Coordinator, Veronica Fialkowski

Annual Salary:	\$61,298
Time	0.16 FTE (16%)
Months:	12 Months
Amount Requested:	\$10,065

These two positions will be responsible for all work related to the VT ED-SNSRO.

**B. Fringe Benefits (\$28,104):** The State of Vermont uses a 40% rate to calculate fringe. This translates into \$28,104 based on the salary noted above.

**C. Consultant Costs:** Not applicable.

**D. Equipment:** Not applicable.

**E. Supplies (\$1,200):** Money is requested to purchase one new computer.

**F: Travel (\$2,456):** As per the NOFO requirements, money is requested for the Program Manager and the Syndromic Surveillance Coordinator to attend the required meeting or reverse site visit. Costs to travel for this are estimated at \$1,228 per person (Airfare (\$550), Lodging (\$450, 3 nights @ \$150/night), Per Diem (\$128, 4 days @ \$32/day), Ground Transport (\$100).

**G. Other:** Not Applicable.

**H. Contractual Costs:** Not Applicable.

**Total Direct Costs (sum of A-H): \$102,020**

**J. Indirect Costs (\$44,965):** The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont 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 64% of the direct salary line item, yielding a total cost of \$44,965 for the period.

<b><u>Budget Summary:</u></b>	<b>Total</b>
A. Salaries and Wages	\$70,260
B. Fringe Benefits	\$28,104
C. Consultant Costs	
D. Equipment	
E. Supplies	\$1,200
F. Travel to Meeting/RSV	\$2,456
G. Other – SAS license, etc.	
H. Contractual Costs	
I. Total Direct Costs (sum A-H)	\$102,020
j. Indirect Costs	\$44,965
<b>k. TOTAL (sum of i and j)</b>	<b>\$146,985</b>



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

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

Agency/Department: Agency of Human Services -- Department of Health Date: August 21, 2019

Name and Phone (of the person completing this request): Paul Daley, 802-863-7284

Request is for:

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

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

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control  
 Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes, State of Vermont

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Analyst II, 1, Health Surveillance/Public Health Statistics,			9/1/2019 - 8/31/2022

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

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

This grant requires data analysis, case definition development and data dissemination on suicide-related emergency department (ED) visits in Vermont. The grant requires timely analysis and reporting at the county level each quarter. VDH does not currently have analysts available to complete the extensive level of data analysis and data product creation required for quickly sharing data with suicide prevention partners for responsive action in areas and populations experiencing high rates of suicide-related ED visits. This PHAII position will enable these statistically advanced grant activities to be completed in compliance with the grant's requirements and time-line.

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

*Paul Daley* Signature of Agency or Department Head Date AUG 29 2019  
9/27/19

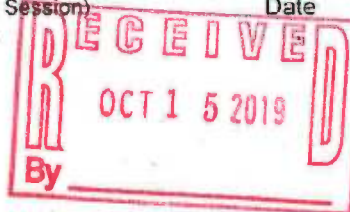
*Amee Poo* Approved/Denied by Department of Human Resources Date 10/10/19

*Adam Johnson* Approved/Denied by Finance and Management Date 10/14/19

*Frank J. Kelly* Approved/Denied by Secretary of Administration Date 10/16/19

*Paul Daley* Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date 10/22/19

Comments:



*10-9/26/19*

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

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

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title: Public Health Analyst II

Agency/Department/Unit: Human Services/Health/Health Surveillance/Public Health Statistics/REE

GUC: 74306

Pay Group: W40 Work Station: Burlington Zip Code: 05401

Position Type:  Permanent  Limited Service (end date ) 08/31/2022

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

Supervisor's Name, Title and Phone Number: Mallory Staskus, Public Health Analyst III, 802-651-1516

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code 027200 Existing Job/Class Title: Public Health Analyst II

b. Position authorized by:

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

**Vacant Position:**

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

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties:  Assess data related to non-fatal suicide related outcomes utilizing syndromic surveillance emergency department data (ESSENCE). Provide suicide prevention partners and communities with timely, location specific non-fatal suicide related outcome data reports and maps. Develop case definitions and methodology for tracking suicide related emergency department visits and reporting quarterly to the CDC and VT suicide prevention partners per the grant required activities. Identify, create and disseminate data products to be used by statewide and local suicide prevention partners to make targeted and timely prevention actions. Utilize known data sources, statistical and epidemiological methods for validation of definitions and case identification. Share key findings through meetings, presentations, reports and data briefs to key stakeholders and organizations working to prevent suicide. Participate in monthly grant required calls, associated webinars and complete other tasks as required.
2. Provide a brief justification/explanation of this request:  VDH/HS was recently awarded the CDC grant Vermont's Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes to collect and disseminate nonfatal suicide related surveillance data to improve planning, implementation and evaluation of suicide prevention programs. The work necessary under this grant can not be undertaken by current staff, in addition to their regular duties. Currently, VDH does not have an analyst that can produce the data needed to accomplish the work of this grant. The work required by the new grant is statistically advanced and requires the attention of a PHA II.
3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well).  N/A

**Personnel Administrator's Section:**

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

5. The name and title of the person who completed this form: Mallory Staskus, Public Health Analyst III

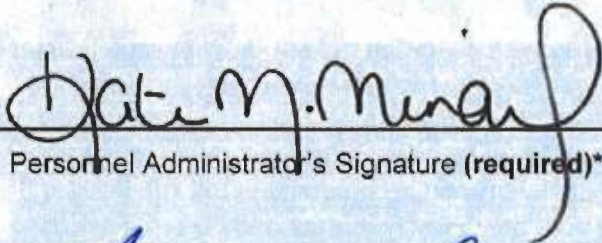
6. Who should be contacted if there are questions about this position (provide name and phone number):  
Mallory Staskus, 802-651-1516

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

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

**Attachments:**

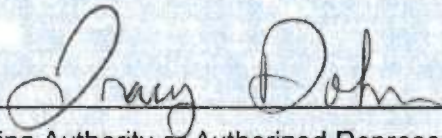
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position,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

  
\_\_\_\_\_  
Personnel Administrator's Signature (required)\*

8/21/19  
Date

  
\_\_\_\_\_  
Supervisor's Signature (required)\*

8/19/19  
Date

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

**AUG 29 2019**  
**AUG 28 2019**

\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.

# Division of Health Surveillance – Public Health Statistics

August 23, 2019

