

# Vermont

## UNIFORM APPLICATION

FY 2022/2023 Combined MHBG Application Behavioral Health  
Assessment and Plan

## SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025  
(generated on 06/05/2023 9.14.20 AM)

Center for Substance Abuse Prevention  
Division of State Programs

Center for Substance Abuse Treatment  
Division of State and Community Assistance

and

Center for Mental Health Services  
Division of State and Community Systems Development

## State Information

### State Information

#### Plan Year

Start Year 2023

End Year 2024

#### State SAPT DUNS Number

Number 8093761550

Expiration Date

#### I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name Vermont Department of Health

Organizational Unit Division of Substance Use Programs

Mailing Address 108 Cherry Street, P.O. Box 70

City Burlington

Zip Code 05402-0070

#### II. Contact Person for the SAPT Grantee of the Block Grant

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Last Name Seivwright

Agency Name Vermont Department of Health

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#### State CMHS DUNS Number

Number 809376155

Expiration Date

#### I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Agency of Human Services

Organizational Unit State of Vermont

Mailing Address 280 State Drive - Center Building

City Waterbury

Zip Code 05671-1000

#### II. Contact Person for the CMHS Grantee of the Block Grant

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### III. Third Party Administrator of Mental Health Services

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

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### IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

### V. Date Submitted

Submission Date 9/1/2022 2:11:24 PM

Revision Date 2/27/2023 3:32:40 PM

### VI. Contact Person Responsible for Application Submission

First Name Stephen

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OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

#### Footnotes:

SABG Contact Person Responsible for Application Submission:

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802-734-1907

emily.trutor@vermont.gov

SAMHSA  
 Office of Financial Resources, Division of Grants Management  
 Center for Substance Abuse Treatment, Division of States and Community Systems  
 Center for Substance Abuse Prevention, Division of Primary Prevention  
 Center for Mental Health Services, Division of State and Community Systems Development

## Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

**COVID-19 Award Issue Date:** 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

**Instructions:** Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

**Check One Only (X):**     Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding  
                                    Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	State of Vermont Agency of Human Services-Department of Mental Health		
B. Date of Submission of NCE Request	Friday, September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months (through March 14, 2024)

D. Name and Title of Grantee Finance Official Approving This NCE Request	Shannon Thompson Finance Director Vermont Department of Mental Health		
E. Name and Title of Grantee Program Official Approving This NCE Request	Emily Hawes Commissioner Vermont Department of Mental Health		
F. Name and Title of Other Grantee Official Approving This NCE Request	Todd Daloz Deputy Secretary Vermont Agency of Human Services		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$1,415,844	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$137,122
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$520,472	J. COVID-19 Award Total \$ Amount Requested for NCE	\$1,278,722
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
<ul style="list-style-type: none"> <li>• <u>Mental Health Primary Prevention: \$49,400</u> <ul style="list-style-type: none"> <li>○ Center for Health and Learning: \$45,000 <ul style="list-style-type: none"> <li>▪ Support implementation of the Zero Suicide model, which includes training and consultation on this model</li> </ul> </li> <li>○ Vermont Cooperative for Practice Improvement: \$4,400 <ul style="list-style-type: none"> <li>▪ Support for implementation of training and technical support of Dialectical Behavioral Therapy for adults with SMI</li> </ul> </li> </ul> </li> <li>• <u>Administration: \$9,626</u> <ul style="list-style-type: none"> <li>○ Maven Group: consultants contracted provide grant management, technical support, and project management assistance</li> </ul> </li> <li>• <u>5% Set Aside for Crisis Services: \$71,935</u> <ul style="list-style-type: none"> <li>○ 9-8-8 (National Suicide Prevention Lifeline): funding of two Lifeline Centers in Vermont and a back-up Lifeline Center in New Hampshire <ul style="list-style-type: none"> <li>▪ Northwestern Counseling and Support Services (VT): \$34,203</li> <li>▪ Headrest (NH): \$4,325</li> </ul> </li> <li>○ Suicide Prevention Data and Outreach Coordinator: \$33,407</li> </ul> </li> <li>• <u>10% Set Aside for ESMI: \$6,160</u> <ul style="list-style-type: none"> <li>○ Open Dialogue/Collaborative Network Approach Trainings for designated community mental health center agencies who serve adults with SMI: \$3,190</li> <li>○ Vermont Cooperative for Practice Improvement: \$2,970 <ul style="list-style-type: none"> <li>▪ Project management support and coordination of Six Core Strategies, an evidence-based practice to reduce use of seclusion and restraints</li> </ul> </li> </ul> </li> <li>• <b>TOTAL: \$137,121</b></li> </ul>			
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			

- Mental Health Primary Prevention: \$59,000
  - Center for Health and Learning: \$9,000
    - Support implementation of the Zero Suicide model, which includes training and consultation on this model
  - Vermont Family Network: \$50,000
    - The goal of this funding is to provide an analysis of the need for peer supports in the children's system of care, offer direct peer supports, and increase peers who have credentialing.
- 5% Set Aside for Crisis Services: \$461,472
  - 9-8-8 (National Suicide Prevention Lifeline): funding of two Lifeline Centers in Vermont and a back-up Lifeline Center in New Hampshire
    - Northwestern Counseling and Support Services (VT): \$38,110
    - Northeast Kingdom Human Services (VT): \$229,324
    - Headrest (NH): \$15,675
  - 9-8-8 Infrastructure Support: \$178,363
    - Continued support for the implementation of the 9-8-8 platform (call/chat/text)
- **TOTAL: \$520,472**

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

- The State of Vermont has continued to experience challenges related to the COVID-19 Pandemic, specifically related to workforce retention and recruitment challenges within our state's broader system of care and state government departments. These challenges have posed issues with identifying and prioritizing projects, as well as executing accompanying sub-awards, to ensure that adults with severe mental illness (SMI) and children with serious emotional disturbance (SED) receive a broad array of treatment options and programming to assist with recovery and management of these mental health conditions. Due to the workforce shortages in both state government and community partner agencies, Vermont has experienced difficulty with executing sub-awards in a timely manner that aligns with the current Community Mental Health Block Grant COVID-19 Supplemental award expenditure period of March 15, 2021-March 14, 2023.
- The State of Vermont Department of Mental Health has worked diligently to hire new staff into positions that oversee and manage all Community Mental Health Block Grant funds and projects, specifically the current MHBG COVID-19 Supplemental Funding. These staff have worked through a backlog of reviewing and approving funding project proposals and executing sub-awards to fund these projects, but the additional NCE period of expenditure will ensure greater compliance and oversight of the continued implementation of projects to improve the health and well-being of Vermont adults with SMI and children with SED.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee's SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

- Mental Health Primary Prevention: \$184,100

- Vermont Cooperative for Practice Improvement: \$34,100
  - Support for implementation of training and technical support of Dialectical Behavioral Therapy for adults with SMI
- Hannah’s House: \$20,000
  - Resource center that provides mental health counseling, education, and community outreach for children with SED and young adults with SMI
- Building Bright Futures: \$30,000
  - Support for mental health of families of children with SED
- Vermont Family Network: \$50,000
  - The goal of this funding is to provide an analysis of the need for peer supports in the children’s system of care, offer direct peer supports, and increase peers who have credentialing.
- Vermont Language Justice Project: \$50,000
  - Videos about mental health in a variety of needed languages for refugees and immigrants
- Ambulatory/Community non-24-hour Care: \$140,850
  - Provide mental health supports and services, including availability of interpreter services, for refugees and immigrants: \$100,000
  - Vermont Cooperative for Practice Improvement: \$25,850
    - Provide clinical supervision for delivery of Dialectical Behavioral Therapy by clinicians at designated community mental health center agency that serve adults with SMI
  - Vermont Care Partners: \$15,000
    - Coordinate training for designated community mental health center agency on the administration of the Child and Adolescent Needs and Strengths (CANS) assessment and Adult Needs and Strengths Assessment (ANSA)
- Administration: \$61,166
  - Maven Group: consultants contracted provide grant management, technical support, and project management assistance
- 5% Set Aside for Crisis Services: \$130,593
  - Suicide Prevention Data and Outreach Coordinator: \$76,593
  - 9-8-8 Implementation Statewide Coordinator: \$54,000
- 10% Set Aside for ESMI: \$200,224
  - Open Dialogue/Collaborative Network Approach Trainings for designated community mental health center agencies who serve adults with SMI: \$138,394
  - Vermont Cooperative for Practice Improvement: \$61,830
    - Project management support and coordination of Six Core Strategies, an evidence-based practice to reduce use of seclusion and restraints
- **TOTAL: \$716,933**

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

**End of NCE Request. Thank you.**

# Vermont DMH: MHBG BSCA Funding Plan 2023

## Vermont Overview

The Vermont Department of Mental Health (DMH) operates under the Vermont Agency of Human Services (AHS), the Single State Agency. DMH executes grants and contracts with community mental health centers to provide mental health services to adults with serious mental illness (SMI) and children and adolescents experiencing a serious emotional disturbance (SED) and their families. The community mental health system has ten (10) state-designated agencies (DAs) that serve the entire state across ten (10) catchment areas. Vermont also has two specialized services agencies (SSA); one offering statewide intensive services for children and youth with SED and supports for their families; and another SSA serving adults with SMI who also require housing supports, using the Housing First model. Many agencies have more than one office to serve their respective catchment areas.

## Vermont Demographics

According to 2020 Census results<sup>1</sup> (as of April 2021), Vermont has a population of 643,503 residents. The most recent breakdown of Vermont’s data establishes that 20% of Vermont residents are aged 65 or older, 25% higher than the national average. Vermont has historically been one of the least racially diverse states in the nation, with 92% of the population identifying as White with the national average is 60%. The median household income is \$63,001, and 10% of Vermont’s population of children (under 18) are identified as living below the national poverty line, which is better than the national average of 17%.

According to the Census Reporter<sup>2</sup>, Vermont’s population is:

Demographics	Vermont	National Average
% Female	50%	51%
% Age 65 or older	20%	16%
% Younger than Age 18	18%	22%
Median age	42.8	38.5
Median Household income	\$63,001	\$65,712
% Living in poverty	10.2%	12.3%
% Children (under 18) living in poverty	10%	17%
% Seniors (65 and older) living in poverty	6%	9%
% of Adults with High School grad or higher	93.1%	88.6%
% of Adults with bachelor’s degree or higher	38.7%	33.1%
% White	92%	60%
% Black	1%	12%
% Asian	1%	6%
% 2 races or more	2%	3%
% Hispanic	2%	18%
% Persons with language other than English spoken at home	5.8%	21.6%
% Foreign Born	4.7%	13.7%
% Population with veteran status	6.9%	6.9%

<sup>1</sup> <https://www.census.gov/data/tables/2020/dec/2020-apportionment-data.html>

<sup>2</sup> <https://censusreporter.org/profiles/04000US50-vermont/>

## BSCA Background

The Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) provides \$250 million in supplemental funding for the Community Mental Health Services Block grant (MHBG). Starting October 17, 2022, SAMHSA will distribute approximately \$59.4 million per year through Fiscal Year 2025 to states and territories based on the congressionally mandated MHBG formula. The performance period for these funds will be two years. Vermont's initial allocation is \$138,656. The award includes a 10% set-aside for Early-SMI and First Episode Psychosis (FEP).

With the impact of COVID-19 and mass shootings prominent in the national discourse, there is much work ahead for mental health treatment and recovery services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is recommending that state behavioral health systems examine and address the need for mental health services in the aftermath of mass shootings and other traumatic events in communities.

## Current Ongoing and Developing Activities

As seen across the country, the impact of the pandemic has led to an increased need to improve access to emergency and crisis mental health services. There has also been an expanded awareness of mental health being a key component of public health and healthcare systems. The amplified attention on mental health not only emphasized its importance and the need to strengthen communications and access to treatment, it also highlighted the gaps within systems of care, which are directly correlated to the workforce capacity and shortages that are seemingly insurmountable. Change and growth take time to be managed effectively, but the trends of the system and the people we serve suggest that we need to push outside of our comfort zones to continue to increase access to care and meet people's needs before, during, and after crises.

Over the past few years, DMH has been able to advocate for and promote the establishment of [crisis services in the state to support Vermonters and their families](#). DMH has worked with two of its DAs to establish in-state Lifeline Centers, now branded as [9-8-8](#), and expanded service to provide 24/7 coverage and handling more than 90% of calls in-state. This places Vermont as one of the national leaders in this effort ahead of the nationwide launch of 9-8-8 in July 2022. Work continues to expand these services, by increasing capacity and contact modalities (e.g., chat and text), augmenting awareness through marketing and advertising initiatives, and seeking to further develop access to those disproportionately impacted by health inequities and languages barriers.

Vermont DMH is also in the process of expanding the availability of mobile crisis services across the state. The current roadmap shows that five (5) of ten (10) catchment areas will have mobile crisis services in Calendar Year 2023 and will continue to stretch coverage statewide, as funding and resources allow. DMH has been supporting a pilot project for mobile response to support youth in crisis in one county (Rutland), and its success has led to the continued efforts to expand such access and services.

There are many other bodies of work ongoing throughout the state that have been developed over the years to support the vulnerable populations served by DMH. It has become more apparent through this largescale, prolonged response, that DMH needs to be able to convey its purpose and capabilities both during blue-sky preparedness phases, as well as in the throes of response and recovery. While DMH has responsibility and interest in both the promotion and management of the public mental health system of care in Vermont, its purview is mainly on a subset of the state population. DMH is also the entity that will be tasked for guidance and support related to mental health in general regardless of its statutory charge and regulatory authority.

One key element of this point is emergency and crisis response, both for localized incidents and those with broader state and regional implications.

## Plan and Proposal

- 1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.**

The State of Vermont currently has a limited and outdated emergency preparedness and response plan for disaster mental health. The document no longer matches the current landscape of the public mental health system of care, and it does not effectively lay the foundation for the Department's capabilities or how it could be better used during various degrees of emergencies and disasters. An updated plan needs to be developed in order to provide internal clarity and point of reference for the Department and across AHS and sister departments, as well as a means of informing other partners and stakeholders that may not be aware of the supports available or existing limitations.

The State of Vermont has an Emergency Management Agency, Vermont Emergency Management (VEM) that is charged with maintaining the [State Emergency Management Plan](#) (SEMP). Conceptually, the SEMP covers and supports all emergency management activities in the state, but to date has not contained explicit mental health components nor has it established a means of accessing resources during disasters.

DMH is seeking to utilize a portion of these BSCA supplemental funds to review existing plans, along with a preliminary gap analysis conducted in 2016, to compile an updated resources and capabilities plan to describe the overall mental health system of care, DMH's priorities and mission, and the enhanced capabilities that could be activated during small-scale and statewide emergencies. The plan will include a description of available resources throughout the state that are not directly accessed through DMH, as well as those that could be requested through regional and federal partners. This will dovetail with the SEMP and its procedures for out-of-state resources requests. As previously alluded, a key element of this planning initiative will involve stakeholder engagement at multiple levels including peers who identify as having lived experiences and family members of those with lived experience, private practitioners and professional associations, private insurance companies, DAs, SSAs, and other state agencies and local resources. The need for public-private partnership has been a key element of Vermont's successful pandemic response and it will guide future planning efforts to promote those relationships.

- 2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.**

As aforementioned, there are elements of this work that are addressed at a high level in the SEMP and its annexes, but there is room to expand on planning efforts as they relate to community mental health services, and in particular, crisis supports for Vermonters during and in the immediate aftermath of disasters. Working in partnership with other entities, and within AHS specifically, expansion of awareness regarding available capabilities and accessing expertise will help elevate the gaps that need to be addressed, while ensuring resources already in place do not go underutilized. AHS chairs the

Individual and Family Needs Recovery Task Force as part of the [SEMP Recovery Plan](#), and incorporating mental health through this avenue will lead to better integration of efforts during and after disasters.

Another key component that DMH intends to include in this planning initiative is a scalable protocol to respond to a localized event, such as a DA program or facility shutting down with little-to-no notice. This protocol should outline a clear communication plan and short-, medium-, and long-term actions that will be taken to ensure the needs of Vermonters are met.

**3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.**

Subsequent years of this funding may be able to address specific plans in current mobile crisis initiatives, but the limited amount of this funding and multitude of initiatives currently underway will not have significant benefit from this funding source.

**4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).**

The Department currently supports and promotes mental health awareness training for law enforcement entities across the state, which includes describing the overlap of the court system with individuals diagnosed with SMI or SED. Subsequent years of BSCA funding may be used to further expand on this effort to broaden its reach, scope, and sensitivity to different cultural considerations. This year's plan does not intend to support this initiative, but it may better align in the future.

**5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.**

Through the Vermont Department of Public Safety, the State manages the [Vermont School Safety Center](#). They promote a [Vermont School Crisis Guide](#), which include several guidance documents to be used during preparedness, response, and recovery phases of critical incidents impacting schools.

DMH intends to engage with the Vermont School Safety Center to learn if there are better ways to integrate mental health awareness, early detection of crises, and accesses to support services into their materials and training sessions. DMH anticipates that the planning process outlined above may elevate some of these concerns and opportunities. It is unclear at this time if there are any funding needs to support this work, but funds may be needed in the near future based on gap analyses and evaluation of other sources that may be available to support this work.

**6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.**

DMH has recently applied for additional funding to raise awareness of 9-8-8 and its ability to provide culturally-sensitive and trauma-informed support to people of all backgrounds and identities, as well as through the use of tele-interpreters, in most spoken languages. If further supports are needed for this communications initiative, DMH will consider the availability of these funds as a resource, but this is not intended initially.

DMH has also been able to support other initiatives recently to further develop culturally- and linguistically-appropriate supports for diverse populations through the establishment of cultural

liaisons within certain DAs and expansion of access to translated materials and provider training. While some of these efforts have been driven by the significant need exposed throughout the pandemic response, current plans do not have a mental health emergency-focus to date. This may be an effort to consider with BSCA supplemental funding in the future. One area of particular interest to explore is the concept of SMI/SED for New American populations, as this concept does not always align with United States definitions and may often lead to irreparably stigmatizing individuals and families in certain cultures.

## FFY 2023 Budgets for Proposed Activities (\$138,656)

### Program Costs

Activity	Budgeted Costs
<b>ESMI/FEP 10% Set Aside</b>	\$13,866
<b>Mental Health Emergency Preparedness and Response Planning</b>	\$110,000
<b>Travel</b>	\$5,000
<b>Materials and Supplies</b>	\$2,890
<b>Administrative</b>	\$6,900
<b>TOTAL</b>	<b>\$138,656</b>

### Direct Costs – Planning Initiative

- The primary focus of this grant will be to support planning initiatives. DMH anticipates securing a contractor through a competitive bidding process to support this plan’s coordination and development. DMH also anticipates the need for significant stakeholder engagement during the information gathering phase of this project. DMH has allocated \$110,000 for this contractor support, however this amount may need to be adjusted after receiving bid proposals and determining the approach to this effort.
  - Additionally, DMH has allocated \$5,000 to support travel costs. This amount is intended cover in-state travel expenses for stakeholder engagement meetings. This need may be significantly less if the is a larger virtual component to these sessions.
- Materials and supplies costs also depend on the need for supporting in-person engagements. These costs may include printed materials, Microsoft 365 partner accounts for contractor staff, location reservations if state facilities are deemed inadequate or unavailable, and other incidentals that may arise.

### Direct Costs – ESMI/FEP

- While DMH acknowledges that there is a required set aside for this award, the specifics on its expenditures are yet to be determined. DMH has funding set aside to support ESMI/FEP work for several MHBG supplemental awards. In the near term, DMH will be issuing an RFP seeking qualified entities to propose services, training, and other resources to better serve this subset population of Vermonters. Once proposals are received, this funding will be incorporated into the plans for passing through MHBG funds.

### Indirect Costs

- The indirect costs outlined above fall within the allowable 5% margin for administrative expenses to support MHBG activities. This funding will be pulled into the DMH Cost Allocation

Plan to support general operating expenses and a fraction of some salaries for staff involved in MHBG-related work.

# Vermont DMH: MHBG BSCA Funding Plan 2023

## Vermont Overview

The Vermont Department of Mental Health (DMH) operates under the Vermont Agency of Human Services (AHS), the Single State Agency. DMH executes grants and contracts with community mental health centers to provide mental health services to adults with serious mental illness (SMI) and children and adolescents experiencing serious emotional disturbance (SED) and their families. The community mental health system has ten (10) state-designated agencies (DAs) that serve the entire state across ten (10) catchment areas. Vermont also has two specialized services agencies (SSAs); one offering statewide intensive services for children and adolescents with SED and supports for their families; and another SSA serving adults with SMI who also require housing supports, using the [Housing First](#) model. Many agencies have more than one office to serve their respective catchment areas.

## Vermont Demographics

According to 2020 Census results<sup>1</sup> (as of April 2021), Vermont has a population of 643,503 residents. The most recent breakdown of Vermont’s data establishes that 20% of Vermont residents are aged 65 or older, 25% higher than the national average. Vermont has historically been one of the least racially diverse states in the nation, with 92% of the population identifying as White. For comparison, the national average is 60%. The median household income is \$63,001, and 10% of Vermont’s population of children (under 18) are identified as living below the national poverty line, which is better than the national average of 17%.

According to the Census Reporter<sup>2</sup>, Vermont’s population is:

Demographics	Vermont	National Average
% Female	50%	51%
% Age 65 or older	20%	16%
% Younger than Age 18	18%	22%
Median age	42.8	38.5
Median Household income	\$63,001	\$65,712
% Living in poverty	10.2%	12.3%
% Children (under 18) living in poverty	10%	17%
% Seniors (65 and older) living in poverty	6%	9%
% of Adults with High School grad or higher	93.1%	88.6%
% of Adults with bachelor’s degree or higher	38.7%	33.1%
% White	92%	60%
% Black	1%	12%
% Asian	1%	6%
% 2 races or more	2%	3%
% Hispanic	2%	18%
% Persons with language other than English spoken at home	5.8%	21.6%
% Foreign Born	4.7%	13.7%
% Population with veteran status	6.9%	6.9%

<sup>1</sup> <https://www.census.gov/data/tables/2020/dec/2020-apportionment-data.html>

<sup>2</sup> <https://censusreporter.org/profiles/04000US50-vermont/>

## BSCA Background

The Bipartisan Safer Communities Act (BSCA) (P.L. 117-159) provides \$250 million in supplemental funding for the Community Mental Health Services Block grant (MHBG). Starting October 17, 2022, SAMHSA will distribute approximately \$59.4 million per year through Fiscal Year 2025 to states and territories based on the congressionally mandated MHBG formula. The performance period for these funds will be two years. Vermont's initial allocation is \$138,656. The award includes a 10% set-aside for Early-SMI and First Episode Psychosis (FEP).

With the impact of COVID-19 and mass shootings prominent in the national discourse, there is much work ahead for mental health treatment and recovery services. The Substance Abuse and Mental Health Services Administration (SAMHSA) is recommending that state behavioral health systems examine and address the need for mental health services in the aftermath of mass shootings and other traumatic events in communities.

## Current Ongoing and Developing Activities

As seen across the country, the impact of the pandemic has led to an increased need to improve access to emergency and crisis mental health services. There has also been an expanded awareness of mental health being a key component of public health and healthcare systems. The amplified attention on mental health has not only emphasized its importance and the need to strengthen communications and access to treatment, it has also highlighted the gaps within systems of care, which are directly correlated to the workforce capacity and shortages that are seemingly insurmountable. Change and growth take time to be managed effectively, but the trends of the system and the people we serve suggest that we need to push outside of our comfort zones to continue to increase access to care and meet people's needs before, during, and after crises.

Over the past few years, DMH has been able to advocate for and promote the establishment of [crisis services in the state to support Vermonters and their families](#). DMH has worked with two of its DAs to establish in-state Lifeline Centers, now branded as [9-8-8](#), and expanded service to provide 24/7 coverage and handling more than 90% of calls in-state. This places Vermont as one of the national leaders in this effort ahead of the nationwide launch of 9-8-8 in July 2022. Work continues to expand these services, by increasing capacity and contact modalities (e.g., chat and text), augmenting awareness through marketing and advertising initiatives, and seeking to further develop access to those disproportionately impacted by health inequities and languages barriers.

Vermont DMH is also in the process of expanding the availability of mobile crisis services across the state. The current roadmap shows that five (5) of ten (10) catchment areas will have mobile crisis services in Calendar Year 2023 and will continue to stretch coverage statewide, as funding and resources allow. DMH has been supporting a pilot project for mobile response to support youth in crisis in one county (Rutland), and its success has led to the continued efforts to expand such access and services.

There are many other bodies of work ongoing throughout the state that have been developed over the years to support the vulnerable populations served by DMH. It has become more apparent through this largescale, prolonged response, that DMH needs to be able to convey its purpose and capabilities both during blue-sky preparedness phases, as well as in the throes of response and recovery. While DMH has responsibility and interest in both the promotion and management of the public mental health system of care in Vermont, its purview is mainly on a subset of the state's population. DMH is also the entity that will be tasked for guidance and support related to mental health in general regardless of its statutory charge and regulatory authority.

One key element of this point is emergency and crisis response, both for localized incidents and those with broader state and regional implications.

## Plan and Proposal

- 1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.**

The State of Vermont currently has a limited and outdated emergency preparedness and response plans for disaster mental health. The document no longer matches the current landscape of the public mental health system of care, and it does not effectively lay the foundation for the Department's capabilities or how it could be better used during various degrees of emergencies and disasters. An updated plan needs to be developed in order to provide internal clarity and point of reference for DMH and across AHS and sister departments, as well as a means of informing other partners and stakeholders that may not be aware of the supports available or existing limitations.

The State of Vermont has an Emergency Management Agency, Vermont Emergency Management (VEM), that is charged with maintaining the [State Emergency Management Plan](#) (SEMP). Conceptually, the SEMP covers and supports all emergency management activities in the state, but to date has not contained explicit mental health components nor has it established a means of accessing resources during disasters.

DMH is seeking to utilize a portion of these BSCA supplemental funds to review existing plans, along with a preliminary gap analysis conducted in 2016, in order to compile an updated resources and capabilities that describe the overall mental health system of care, which will include DMH's priorities and mission. Also, this updated plan will explicitly layout the enhanced capabilities that could be activated during small-scale and statewide emergencies. The plan will include a description of available resources throughout the state that are not directly accessed through DMH, as well as those that could be requested through regional and federal partners. This will dovetail with the SEMP and its procedures for out-of-state resources requests. As previously alluded, a key element of this planning initiative will involve stakeholder engagement at multiple levels, including peers who identify as having lived experience and family members of those with lived experience, private practitioners and professional associations, private health insurance companies, DAs, SSAs, and other state agencies. The need for public-private partnership has been a key element of Vermont's successful pandemic response and it will guide future planning efforts to promote these relationships.

The work that DMH conducts on a daily basis, including during disaster response, is done to support individuals with SMI and SED who receive services from agencies and providers funded by the State of Vermont, as well as those who receive training through state grants to support these individuals. The initiative to improve DMH's emergency preparedness plan is focused on the Department's to ensure continuity of operations, both at the state and local levels, and to ensure that individuals diagnosed with SMI and SED are prioritized effectively and have the resources they need. These services include, but are not limited to: crisis services; continuity of care for case management, medication management, and therapy services through their local community mental health center agency, as well as through any primary care or other medical care provider; other community-based services; and any needed support in connecting with family and other natural support systems.

**2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.**

As aforementioned, there are elements of this work that are addressed at a high level in the SEMP and its annexes, but there is room to expand on planning efforts as they relate to community mental health services, in particular crisis supports for Vermonters during and in the immediate aftermath of disasters. Working in partnership with AHS and other governmental and non-governmental entities, DMH will expand the awareness of available resources and capabilities, as well as how to access expertise during disasters, which will help close the gaps in available services for those individuals with SMI and SED and their families that need to be addressed and ensure the mobilization of resources already in place. AHS chairs the Individual and Family Needs Recovery Task Force as part of the [SEMP Recovery Plan](#), and incorporating mental health in general through this avenue will lead to better integration of efforts during and after disasters for individuals with SMI and SED.

Another key component that DMH intends to include in this planning initiative is a scalable protocol to respond to a localized event, such as a DA or SSA shutting down with little-to-no notice. This protocol should outline a clear communication plan and short-, medium-, and long-term actions that will be taken to ensure the needs of Vermonters with SMI and SED and their families are met.

**3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.**

Subsequent years of this funding may be able to address specific plans in current mobile crisis initiatives, but the limited amount of this funding and multitude of initiatives currently underway will not have significant benefit from this funding source.

**4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).**

The Department currently supports and promotes mental health awareness training for law enforcement entities across the state, which includes describing the overlap of the court system with individuals with SMI or SED. Subsequent years of BSCA funding may be used to further expand these efforts to broaden its reach, scope, and sensitivity to different cultural groups within Vermont. This year's plan does not intend to support this initiative, but it may better align in the future.

**5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.**

Through the [Vermont Department of Public Safety](#), the State manages the [Vermont School Safety Center](#) that promotes the [Vermont School Crisis Guide](#), which includes several guidance documents to be used during preparedness, response, and recovery phases of critical incidents impacting schools.

DMH intends to engage with the Vermont School Safety Center to learn if there are better ways to integrate mental health awareness, early detection of crises, and accesses to support services into their materials and training sessions. The Department anticipates that the planning process outlined above may highlight some of these concerns and offer opportunities for improved alignment. It is unclear at this time if there are any funding needs to support this work, but funds may be needed in the near future based on gap analyses and evaluation of other sources that may be available to support this work.

**6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.**

DMH has recently applied for additional funding to raise awareness of 9-8-8 and its ability to provide culturally-sensitive and trauma-informed support to people of all backgrounds and identities, as well as through the use of tele-interpreters, in most spoken languages. If further supports are needed for this communications initiative, DMH will consider the availability of these funds as a resource, but this is not intended initially.

DMH has also been able to support other initiatives recently to further develop culturally- and linguistically-appropriate supports for diverse populations through the establishment of cultural liaisons within certain DAs and expansion of access to translated materials and provider training. While some of these efforts have been driven by the significant need exposed throughout the pandemic response, current plans do not have a focus on mental health emergency to date. This may be an effort to consider with BSCA supplemental funding in the future. One area of particular interest to explore is the concept of SMI/SED for New American populations, as this concept does not always align with traditional definitions in the United States and with cultural considerations in mind, which has often lead to irreparably stigmatizing individuals and families in different cultures.

## FFY 2023 Budgets for Proposed Activities (\$138,656)

### Program Costs

Activity	Budgeted Costs
<b>ESMI/FEP 10% Set Aside</b>	\$13,866
<b>Mental Health Emergency Preparedness and Response Planning</b>	\$110,000
<b>Travel</b>	\$5,000
<b>Materials and Supplies</b>	\$2,890
<b>Administrative</b>	\$6,900
<b>TOTAL</b>	<b>\$138,656</b>

### Direct Costs – Planning Initiative

- The primary focus of this grant will be to support planning initiatives. DMH anticipates securing a contractor through a competitive bidding process to support this plan’s coordination and development. DMH also anticipates the need for significant stakeholder engagement during the information gathering phase of this project. DMH has allocated \$110,000 for this contractor support, however this amount may need to be adjusted after receiving bid proposals and determining the approach to this effort.
  - Additionally, DMH has allocated \$5,000 to support travel costs. This amount is intended cover in-state travel expenses for stakeholder engagement meetings. This need may be significantly less if the is a larger virtual component to these sessions.
- Materials and supplies costs also depend on the need for supporting in-person engagements. These costs may include printed materials, Microsoft 365 partner accounts for contractor staff, location reservations if state facilities are deemed inadequate or unavailable, and other incidentals that may arise.

## Direct Costs – ESMI/FEP

- While DMH acknowledges that there is a required set aside for this award, the specifics on its expenditures are yet to be determined. DMH has funding set aside to support ESMI/FEP work for several MHBG supplemental awards. In the near term, DMH will be issuing an RFP seeking qualified entities to propose services, training, and other resources to better serve this subset population of Vermonters. Once proposals are received, this funding will be incorporated into the plans for passing through MHBG funds.
- A component of the emergency preparedness planning efforts described above will also incorporate stakeholder feedback from those directly involved in supporting individuals experiencing FEP/ESMI to ensure continued access to support during disasters. This may include resource allocation to peer-operated programs, as well as establishing a means of accessing crisis counseling during and in the aftermath of disaster to assist emergency shelter staff with recognition of FEP and the means of supporting individuals who may experience difficulties with accessing supports during a disaster. Alternatively, the needs assessment and planning effort may reveal some activities that can be implemented for individuals with ESMI/FEP to address gaps in a meaningful way. This may be the best use of these set aside funds as it relates to the planning process.

## Indirect Costs

- The indirect costs outlined above fall within the allowable 5% margin for administrative expenses to support MHBG activities. This funding will be pulled into the DMH Cost Allocation Plan to support general operating expenses and a fraction of some salaries for staff involved in MHBG-related work.

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Substance Abuse Prevention and Treatment Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

<b>Title XIX, Part B, Subpart II of the Public Health Service Act</b>		
Section	Title	Chapter
Section 1921	Formula Grants to States	<a href="#">42 USC § 300x-21</a>
Section 1922	Certain Allocations	<a href="#">42 USC § 300x-22</a>
Section 1923	Intravenous Substance Abuse	<a href="#">42 USC § 300x-23</a>
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	<a href="#">42 USC § 300x-24</a>
Section 1925	Group Homes for Recovering Substance Abusers	<a href="#">42 USC § 300x-25</a>
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	<a href="#">42 USC § 300x-26</a>
Section 1927	Treatment Services for Pregnant Women	<a href="#">42 USC § 300x-27</a>
Section 1928	Additional Agreements	<a href="#">42 USC § 300x-28</a>
Section 1929	Submission to Secretary of Statewide Assessment of Needs	<a href="#">42 USC § 300x-29</a>
Section 1930	Maintenance of Effort Regarding State Expenditures	<a href="#">42 USC § 300x-30</a>
Section 1931	Restrictions on Expenditure of Grant	<a href="#">42 USC § 300x-31</a>
Section 1932	Application for Grant; Approval of State Plan	<a href="#">42 USC § 300x-32</a>
Section 1935	Core Data Set	<a href="#">42 USC § 300x-35</a>
<b>Title XIX, Part B, Subpart III of the Public Health Service Act</b>		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>

Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>
Section 1956	Services for Individuals with Co-Occurring Disorders	<a href="#">42 USC § 300x-66</a>

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: \_\_\_\_\_

Name of Chief Executive Officer (CEO) or Designee: Todd Daloz \_\_\_\_\_

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Deputy Secretary \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

\_\_\_\_\_ <sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

SAMHSA  
 Office of Financial Resources, Division of Grants Management  
 Center for Substance Abuse Treatment, Division of States and Community Systems  
 Center for Substance Abuse Prevention, Division of Primary Prevention  
 Center for Mental Health Services, Division of State and Community Systems Development

## Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

**COVID-19 Award Issue Date:** 3/11/21    **Approved Expenditure Period:** 3/15/21 through 3/14/23

**Instructions:** Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

**Check One Only (✓):**     Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding  
     Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	Vermont Agency of Human Services, Vermont Department of Health, Division of Substance Use Programs		
B. Date of Submission of NCE Request	9/8/2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months Through 3/14/2024

D. Name and Title of Grantee Finance Official Approving This NCE Request	Paul Daley, Financial Director		
E. Name and Title of Grantee Program Official Approving This NCE Request	Cynthia Seivwright, Division Director, SSA		
F. Name and Title of Other Grantee Official Approving This NCE Request	Emily Trutor, Deputy Director, SABG Coordinator		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$6,054,892	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$2,901,879
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$775,151	J. COVID-19 Award Total \$ Amount Requested for NCE	\$2,377,862

K. Please provide a brief listing of your grantee actual itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that have been completed with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.

Activity	Actuals through August 2022
Harm Reduction Training for Emergency Department Staff	\$0  Training efforts will be supported by an alternative funding source.
Workforce Development: Residential Recruitment and Retention (sign on bonuses/retention bonuses)	\$1,014,840  Due to inflation and the significant rise costs the room and board line item was increased.
Room & Board for Residential Treatment Services (One-time)	
Alchemer (formerly Survey Gizmo) user licenses	\$0  Vermont's Agency of Digital Services did not allow for the addition of licenses.
Vermont Association of Addiction Treatment Providers Technical Assistance	\$1,267

L. Please provide a brief listing of your grantee estimated itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are planned to be completed with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.

Activity	Estimated expenditures through March 2023
Cultural Broker Program	\$160,000
Prevention Works	\$240,000
Marketing Initiatives	\$258,170
Outreach Workers	\$534,482
Recovery Housing	\$161,318

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

The SSA for the State of Vermont resides within Vermont’s Department of Health. 93% of Vermont’s SSA staff were deployed to the Health Department’s emergency response, in full or in part, from February 2020 through May 2022. This had a significant impact on program implementation and the disbursement of funds. In addition, the implementation and drawdown of funding at the sub-grantee and vendor level has been dramatically impacted by the pandemic and resulting significant decline in all areas of the substance misuse and substance use disorder workforce.

In order to ensure the full implementation of an approved NCE, the SSA is able to utilize the following resources:

1. All SSA staff were demobilized from the State of Vermont’s response to the COVID-19 pandemic on May 31, 2022.
2. All vendors are currently operational and open for business with infectious disease mitigation plans in place.
3. The Vermont public school system has returned to in person learning.
4. Vermont has prioritized our substance misuse and substance use disorder workforce as part of our FFY 2023 strategic plan.

With these resources in place, we are confident in our ability to finish the implementation of this funding by the end of an approved NCE expenditure period.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

Activity	Proposed Budget from 3/15/21 – 3/14/24
State Staff Positions:	\$375,000
Substance Abuse Program Manager – Recovery Services	

Grant Administrator	
Rocking Horse	\$188,000
School Based Substance Abuse Services	\$1,041,814
College Initiative	\$200,000
Law Enforcement and Recovery Center Overdose Response (Counselors Embedded in Law Enforcement Agencies)	\$800,000
Rapid Access to Medication Assisted Treatment (RAM) - All Substances (Alcohol Focus)	\$980,000
Quality Improvement Provider Incentives	\$100,000

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

The Law Enforcement and Recovery Overdose response includes:

\$300,000 in lock boxes for individuals receiving medications for opioid use disorder in Vermont's OTPs (Hubs) to safeguard take home medication for opioid use disorder to reduce the potential for overdose and diversion.

**End of NCE Request. Thank you.**

PHILIP B. SCOTT  
GOVERNOR



State of Vermont  
OFFICE OF THE GOVERNOR

April 26, 2022

Xavier Becerra, Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Bldg.  
200 Independence Ave., S.W.  
Washington, DC 20201

Dear Secretary Becerra:

This letter is to advise that Todd Daloz, Deputy Secretary of the Agency of Human Services, is my formal designee for all transactions required to administer the Vermont Human Services Plan Budget for FFY 2023, including each related block grant as listed below. The Agency of Human Services of the State of Vermont is designated to administer the grants or supervise their administration.

Application for Social Services Block Grant

Social Security Act, Sec. 2005 (42 U.S.C. 1397d). Regulations: 45 CFR Parts 96.70 - 96.74

Application for Preventative Health and Health Services Block Grant

U.S.C. 42 Chapter 6A Subchapter XVII Part A. Regulations: 45 CFR Part 75

Application for Maternal and Child Health Services Block Grant

Social Security Act, Sec. 501-513 (42 U.S.C. 701-713). Regulations: 45 CFR, Parts 96.1 - 96.112

Application for Substance Abuse Prevention and Treatment Block Grant

Title XIX, Part B of the Public Health Services Act (42 U.S.C. 300x). Regulations: 45 CFR Part 96

Community Mental Health Block Grant

P.L. 102-321 - Amendment to Title V created by ADAMHA Reorganization Act

Application for Low Income Home Energy Assistance Block Grant

P.L. 97-35. Regulations: 45 CFR, Parts 96.1 - 96.112

Applications for Community Services Block Grant

P.L. 97-35, the Omnibus Budget Reconciliation Act of 1981 Regulations: 45 CFR, parts 96.1 - 96.112

State Plan on Aging under the Social Security Title P.L. 97-35 of the Older Americans Act, as amended.

Regulations H: 45 CFR, 1321-5, 45 CFR, 1321.7 - 1321.19

Sincerely,

Philip B. Scott  
Governor

109 STATE STREET ♦ THE PAVILION ♦ MONTPELIER, VT 05609-0101 ♦ WWW.VERMONT.GOV  
TELEPHONE: 802.828.3333 ♦ FAX: 802.828.3339 ♦ TDD: 802.828.3345

## GENERAL ASSURANCES

The Agency of Human Services agrees to maintain documentation to substantiate all the following assurance items. Such documentation is available for federal review to determine adequacy and completeness.

Each assurance item is followed by an indication of the categorical grant programs to which it applies. A specific reference to the comparable planning requirements of each program is included for the convenience of state and federal reviewers.

### 1. SINGLE STATE AGENCY

The Agency of Human Services is the single State Agency responsible for the administration or supervision of the administration of this plan.

- State Plan on Aging under Title III of the Older Americans Act. Child Welfare Services Plan (IV-B)

### 2. COMPLIANCE WITH REQUIREMENTS

The Agency of Human Services agrees to administer the program in accordance with the applicable Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Deputy Secretary, including the requirements at 34CFR Part 85 Subpart F, Drug free Workplace Act of 1988 and debarment and suspension, 34 CFR Part 85, Section 85.510 and certification regarding lobbying as required by Section 1352, Title 31 of the U.S. Code.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventative Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B) -1392.1 [220.1], 1392.3 [220.3]
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction program -1386.30
- Community Food and Nutrition Program

### 3. COMPLIANCE BY LOCAL AGENCIES

Where the Agency of Human Services supervises the administration of the State Plan, there are adequate methods for assuring compliance with the requirements of the plan by local agencies and/or services contractors.

- State Plan on Aging under Title III of the Older Americans Act

### 4. EFFICIENT ADMINISTRATION

The Agency of Human Services utilizes such methods of administration as are necessary for the proper and efficient administration of the plan.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)

### 5. GENERAL ADMINISTRATION AND FISCAL REQUIREMENTS

The Agency of Human Services' uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74, except where these provisions are superseded by statute or program regulations.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9
- Community Food and Nutrition Program

### 6. TRAINING OF STAFF

The Agency of Human Services provides a program of appropriate training for all classes of positions and volunteers, if applicable.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(4)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1386.30

## 7. MANAGEMENT OF FUNDS

The Agency of Human Services maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for federal funds paid under this plan.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- Community Food and Nutrition Program

## 8. SAFEGUARDING INFORMATION

The Agency of Human Services has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for developmental Disabilities Services and Facilities Construction Program-1386.32
- Community Food and Nutrition Program

## 9. REPORTING REQUIREMENTS

The Agency of Human Services agrees to furnish such reports and evaluations to the Deputy Secretary or the Commissioner as may be specified.

- Social Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Service Plan (IV-B)
- Child Abuse and Neglect -1340.1-15
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- State Plan on Aging under Title III of the Older Americans Act Community Food and Nutrition Program

## 10. STANDARDS FOR SERVICE PROVIDERS

All providers of service under this plan operate fully in conformance with all applicable federal, state and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The Agency of Human Services provides that where the state or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

- State Plan on Aging under Title III of the Older Americans Act Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.30

## 11. AMENDMENTS TO STATE PLAN

The State Plan provides for amendment whenever there is any material change in any applicable phase of State law, organization, policy, agency operations or other major conditions which affect the administration of this plan. Such amendments will be made in conformance with applicable regulations and submitted to the federal government before they are put into effect or at a reasonable time thereafter.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect - 1340.1-12

- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9.

## 12. EQUAL EMPLOYMENT OPPORTUNITY

The Agency of Human Services has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 86.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9

## 13. NON-DISCRIMINATION ON THE BASIS OF HANDICAP

All recipients of funds from the Agency of Human Services are required to operate each program or activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by a handicapped person. Where structural changes are required, these changes shall be made as quickly as possible in keeping with 45 CFR 84 and P.L. 97-45.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-10
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 14. CIVIL RIGHTS COMPLIANCE

The Agency of Human Services has developed a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-9
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 15. WRITTEN POLICIES AND PROCEDURES

With regards to the provision of any services included in this plan to individuals or groups of individuals, the Agency of Human Services has established in writing and will maintain policies and procedures for the provision of such services. These policies shall include a description of the scope and nature of each service and the procedures and conditions under which each such services are to be provided, including criteria for establishment of fee schedule or contributions, if applicable.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 16. NEEDS ASSESSMENT

The Agency of Human Services has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State and for allocating resources to meet those needs.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 17. PRIORITIES

The Agency of Human Services has a reasonable and objective method for establishing priorities for service and such methods are in compliance with applicable statutes.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 18. ELIGIBILITY

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 19. RESIDENCY

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in Vermont's program for the provision of services.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program

## 20. COORDINATION AND MAXIMUM UTILIZATION OF SERVICES

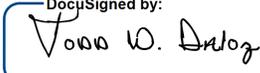
The Agency of Human Services has entered into cooperative arrangements with, and utilizes the services and facilities of, other appropriate public and private agencies whose activities further the purposes of the program covered by this plan or which are specifically referenced in the applicable statute. Such coordination shall maximize utilization of public and private resources.

- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(6)
- State Plan for Developmental Disabilities Services and Facilities Construction Program  
1386.43(ii), 1386.46(b), 1386.50, 1386.48(b), 1386.30

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
9E52A6079A8B4C1  
Signature

6/17/2022

## GENERAL ASSURANCES

The Agency of Human Services agrees to maintain documentation to substantiate all the following assurance items. Such documentation is available for federal review to determine adequacy and completeness.

Each assurance item is followed by an indication of the categorical grant programs to which it applies. A specific reference to the comparable planning requirements of each program is included for the convenience of state and federal reviewers.

### 1. SINGLE STATE AGENCY

The Agency of Human Services is the single State Agency responsible for the administration or supervision of the administration of this plan.

- State Plan on Aging under Title III of the Older Americans Act. Child Welfare Services Plan (IV-B)

### 2. COMPLIANCE WITH REQUIREMENTS

The Agency of Human Services agrees to administer the program in accordance with the applicable Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Deputy Secretary, including the requirements at 34CFR Part 85 Subpart F, Drug free Workplace Act of 1988 and debarment and suspension, 34 CFR Part 85, Section 85.510 and certification regarding lobbying as required by Section 1352, Title 31 of the U.S. Code.

- Social Services Block Grant
- Community Mental Health Services Block Grant
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- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B) -1392.1 [220.1], 1392.3 [220.3]
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction program -1386.30
- Community Food and Nutrition Program

### 3. COMPLIANCE BY LOCAL AGENCIES

Where the Agency of Human Services supervises the administration of the State Plan, there are adequate methods for assuring compliance with the requirements of the plan by local agencies and/or services contractors.

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### 4. EFFICIENT ADMINISTRATION

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- Child Welfare Services Plan (IV-B)

### 5. GENERAL ADMINISTRATION AND FISCAL REQUIREMENTS

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- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9
- Community Food and Nutrition Program

### 6. TRAINING OF STAFF

The Agency of Human Services provides a program of appropriate training for all classes of positions and volunteers, if applicable.

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- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(4)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1386.30

## 7. MANAGEMENT OF FUNDS

The Agency of Human Services maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for federal funds paid under this plan.

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- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- Community Food and Nutrition Program

## 8. SAFEGUARDING INFORMATION

The Agency of Human Services has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for developmental Disabilities Services and Facilities Construction Program-1386.32
- Community Food and Nutrition Program

## 9. REPORTING REQUIREMENTS

The Agency of Human Services agrees to furnish such reports and evaluations to the Deputy Secretary or the Commissioner as may be specified.

- Social Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Service Plan (IV-B)
- Child Abuse and Neglect -1340.1-15
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- State Plan on Aging under Title III of the Older Americans Act Community Food and Nutrition Program

## 10. STANDARDS FOR SERVICE PROVIDERS

All providers of service under this plan operate fully in conformance with all applicable federal, state and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The Agency of Human Services provides that where the state or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

- State Plan on Aging under Title III of the Older Americans Act Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.30

## 11. AMENDMENTS TO STATE PLAN

The State Plan provides for amendment whenever there is any material change in any applicable phase of State law, organization, policy, agency operations or other major conditions which affect the administration of this plan. Such amendments will be made in conformance with applicable regulations and submitted to the federal government before they are put into effect or at a reasonable time thereafter.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect - 1340.1-12

- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9.

## 12. EQUAL EMPLOYMENT OPPORTUNITY

The Agency of Human Services has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 86.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9

## 13. NON-DISCRIMINATION ON THE BASIS OF HANDICAP

All recipients of funds from the Agency of Human Services are required to operate each program or activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by a handicapped person. Where structural changes are required, these changes shall be made as quickly as possible in keeping with 45 CFR 84 and P.L. 97-45.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-10
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 14. CIVIL RIGHTS COMPLIANCE

The Agency of Human Services has developed a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-9
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 15. WRITTEN POLICIES AND PROCEDURES

With regards to the provision of any services included in this plan to individuals or groups of individuals, the Agency of Human Services has established in writing and will maintain policies and procedures for the provision of such services. These policies shall include a description of the scope and nature of each service and the procedures and conditions under which each such services are to be provided, including criteria for establishment of fee schedule or contributions, if applicable.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 16. NEEDS ASSESSMENT

The Agency of Human Services has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State and for allocating resources to meet those needs.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 17. PRIORITIES

The Agency of Human Services has a reasonable and objective method for establishing priorities for service and such methods are in compliance with applicable statutes.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 18. ELIGIBILITY

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 19. RESIDENCY

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in Vermont's program for the provision of services.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program

## 20. COORDINATION AND MAXIMUM UTILIZATION OF SERVICES

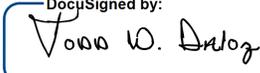
The Agency of Human Services has entered into cooperative arrangements with, and utilizes the services and facilities of, other appropriate public and private agencies whose activities further the purposes of the program covered by this plan or which are specifically referenced in the applicable statute. Such coordination shall maximize utilization of public and private resources.

- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(6)
- State Plan for Developmental Disabilities Services and Facilities Construction Program  
1386.43(ii), 1386.46(b), 1386.50, 1386.48(b), 1386.30

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
9E52A6079A8B4C1  
Signature

6/17/2022

# State Information

## Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Community Mental Health Services Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>



## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Todd Daloz

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Deputy Secretary, Vermont Agency of Human Services

Date Signed: \_\_\_\_\_

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

PHILIP B. SCOTT  
GOVERNOR



State of Vermont  
OFFICE OF THE GOVERNOR

April 26, 2022

Xavier Becerra, Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Bldg.  
200 Independence Ave., S.W.  
Washington, DC 20201

Dear Secretary Becerra:

This letter is to advise that Todd Daloz, Deputy Secretary of the Agency of Human Services, is my formal designee for all transactions required to administer the Vermont Human Services Plan Budget for FFY 2023, including each related block grant as listed below. The Agency of Human Services of the State of Vermont is designated to administer the grants or supervise their administration.

Application for Social Services Block Grant

Social Security Act, Sec. 2005 (42 U.S.C. 1397d). Regulations: 45 CFR Parts 96.70 - 96.74

Application for Preventative Health and Health Services Block Grant

U.S.C. 42 Chapter 6A Subchapter XVII Part A. Regulations: 45 CFR Part 75

Application for Maternal and Child Health Services Block Grant

Social Security Act, Sec. 501-513 (42 U.S.C. 701-713). Regulations: 45 CFR, Parts 96.1 - 96.112

Application for Substance Abuse Prevention and Treatment Block Grant

Title XIX, Part B of the Public Health Services Act (42 U.S.C. 300x). Regulations: 45 CFR Part 96

Community Mental Health Block Grant

P.L. 102-321 - Amendment to Title V created by ADAMHA Reorganization Act

Application for Low Income Home Energy Assistance Block Grant

P.L. 97-35. Regulations: 45 CFR, Parts 96.1 - 96.112

Applications for Community Services Block Grant

P.L. 97-35, the Omnibus Budget Reconciliation Act of 1981 Regulations: 45 CFR, parts 96.1 - 96.112

State Plan on Aging under the Social Security Title P.L. 97-35 of the Older Americans Act, as amended.

Regulations H: 45 CFR, 1321-5, 45 CFR, 1321.7 - 1321.19

Sincerely,

Philip B. Scott  
Governor

109 STATE STREET ♦ THE PAVILION ♦ MONTPELIER, VT 05609-0101 ♦ WWW.VERMONT.GOV  
TELEPHONE: 802.828.3333 ♦ FAX: 802.828.3339 ♦ TDD: 802.828.3345

STATE OF VERMONT  
VERMONT AGENCY OF HUMAN SERVICES

Public hearing on AHS Block Grants  
taken on Tuesday, July 19, 2022, at  
1 p.m. via videoconference.

APPEARANCES:

Dawn O'Toole, AHS  
Candace Elmquist, AHS  
Lily Sojourner, DCF  
Megan Smeaton, DCF  
Emily Trutor, VDH  
Sarena Boland, AHS  
Ilisa Stalberg, Maternal & Child Health  
Richard Giddings, ESD  
Connie Harrison, VDH  
Cara McSherry, DMH  
Karen Kelley, VDH  
Susan Kamp, VDH  
Megan Hoke, VDH  
Karolyn Long, Child Development Division  
Alison Blaney, AHS  
Stephen DeVoe, DMH

Court Reporter: Kim Sears, RPR

CAPITOL COURT REPORTERS, INC.  
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EMAIL: [info@capitolcourtreporters.com](mailto:info@capitolcourtreporters.com)

1 MS. O'TOOLE: All right. Greetings,  
2 everyone. Good afternoon.

3 Hope you're enjoying this really warm  
4 weather. Welcome to the HSA Block Grant Hearing.  
5 I'm Dawn O'Toole. I'm the Chief Operations Officer  
6 for the Agency of Human Services.

7 And I want to start off with  
8 introductions. So I'll just call out your name as I  
9 see you on the screen. Let's start with Candace.

10 MS. ELMQUIST: Candace Elmquist, AHS  
11 Finance Office.

12 MS. O'TOOLE: Lily?

13 MS. SOJOURNER: Lily Sojourner, DCF  
14 Office of Economic Opportunity, Community Services  
15 Block Grant.

16 MS. O'TOOLE: Great. Megan.

17 MS. SMEATON: I'm Megan Smeaton,  
18 Financial Director, DCF.

19 MS. O'TOOLE: Emily.

20 MS. TRUTOR: Emily Trutor, the Deputy  
21 Director for the Vermont Department of Health's  
22 Division of Substance Abuse Programs, formerly known  
23 as ADA.

24 MS. O'TOOLE: Long time, no see. Kim.

25 MS. SEARS: I'm Kim, the court

1 reporter.

2 MS. O'TOOLE: Sarena.

3 MS. BOLAND: Sarena Boland, AHS Fiscal  
4 Office.

5 MS. O'TOOLE: Ilisa. Long time, no see  
6 also.

7 MS. STALBERG: Hi, everyone. I'm Ilisa  
8 Stalberg. I'm the Director of Maternal and Child  
9 Health representing the MCH Block Grant.

10 MS. O'TOOLE: Richard.

11 MR. GIDDINGS: Richard Giddings,  
12 Director of Fuel and Utility Assistance Program.  
13 Economic Services Division.

14 MS. O'TOOLE: Connie.

15 MS. HARRISON: I'm Connie Harrison,  
16 Financial Director at the Department of Health.

17 MS. O'TOOLE: Cara.

18 MS. McSHERRY: Hi. Cara McSherry,  
19 Department of Mental Health Financial Manager.

20 MS. O'TOOLE: And Karen.

21 MS. KELLEY: Karen Kelley, the  
22 Financial Administrator at the Health Department.

23 MS. O'TOOLE: Susan.

24 MS. KAMP: Susan Kamp, and I'm here on  
25 behalf of the Preventive Health and Health Services

1 Block Grant at Vermont Department of Health.

2 MS. O'TOOLE: And the other Megan.

3 MS. HOKE: Megan Hoke, Financial  
4 Manager, VDH Business Office.

5 MS. O'TOOLE: Great. Did I miss  
6 anyone?

7 MS. ELMQUIST: There is one more in the  
8 room.

9 MS. LONG: I'm Karolyn Long, Director  
10 of Operations for the Child Development Division.

11 MS. O'TOOLE: All right. Welcome.

12 Under the State of Vermont statute we  
13 must announce the public hearing so community members  
14 have a right to attend meetings of public agencies.

15 Advertisements of the public hearing  
16 were placed in the Times Argus, Rutland Herald,  
17 Burlington Free Press, Brattleboro Reformer, and  
18 Bennington Banner on Friday, July 1, 2022. An  
19 electronic notice was also posted on the public  
20 library's website.

21 Additionally, legislative leaders of  
22 the Joint Fiscal Committee were notified via email of  
23 the public hearing. Electronic summary documents as  
24 well as full draft grant applications are available  
25 on the AHS internet. I should note that these block

1 grants and the respective programs and amounts are,  
2 for the most part, included in the state fiscal year  
3 2023 budget contained in the Appropriations Act, 2022  
4 Act 185. Until the federal fiscal year 2023 budget  
5 is enacted into law, we will submit our plans using  
6 the estimated allocations based on the federal fiscal  
7 year 2022 funding levels.

8 At this point we will take questions  
9 from the public. As you heard in the introductions,  
10 the individuals present today are members from each  
11 department who will address any specific concerns or  
12 questions regarding these grants. We will record  
13 your questions and provide a formal written response  
14 as soon as possible. In addition, we will post all  
15 questions and answers to the Agency of Human Services  
16 website.

17 Hearing no questions, we will keep this  
18 line open for 20 minutes in the event that a member  
19 of the public has a question.

20 (Pause)

21 MS. O'TOOLE: We have two late comers  
22 that we will have introduce themselves.

23 MS. BLANEY: Hi. I'm Alison Blaney.  
24 I'm from AHS.

25 MS. O'TOOLE: And Steve, go ahead.

1 MR. DeVOE: Thank you. I apologize for  
2 being late. My name is Steve DeVoe. I'm the  
3 Director of Quality and Accountability at the  
4 Department of Mental Health.

5 MS. O'TOOLE: And just to catch up our  
6 late comers, we have had no questions so far. And  
7 if we don't have any by 1:25, we will conclude the  
8 meeting.

9 (Recess was taken.)

10 MS. O'TOOLE: Okay. Hearing no  
11 inquiries at all from the public, this concludes the  
12 AHS Block Grant Hearing. Thanks everyone so much for  
13 your participation.

14 (Whereupon, the proceeding was  
15 adjourned at 1:25 p.m.)  
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CERTIFICATE

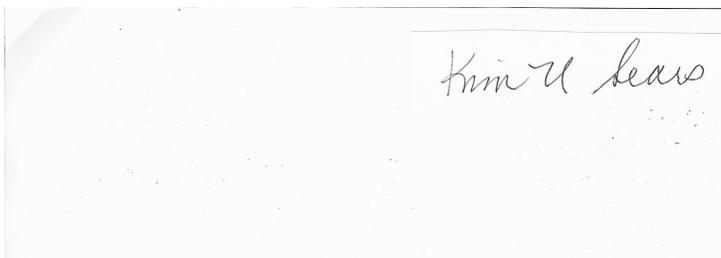
I, Kim U. Sears, Registered Professional Reporter, certify:

That the foregoing proceedings were reported stenographically by me at the time and place herein set forth;

That the foregoing is a true and correct transcript of my shorthand notes so taken to the best of my ability;

That I am not a relative or employee of any parties nor financially interested in the action.

The certification of this transcript does not apply to any reproduction of the same by any means unless under the direct control and/or direction of the certifying reporter.



My commission expires January 31, 2023.

<p style="text-align: center;"><b>O</b></p> <p>05402-0329 - 1:23</p> <hr/> <p style="text-align: center;"><b>1</b></p> <p>1 [2] 1:3, 4:18 185 - 5:4 19 - 1:3 1:25 [2] 6:7, 6:15</p> <hr/> <p style="text-align: center;"><b>2</b></p> <p>20 - 5:18 2022 [4] 1:3, 4:18, 5:3, 5:7 2023 [3] 5:3, 5:4, 7:23</p> <hr/> <p style="text-align: center;"><b>3</b></p> <p>31 - 7:23 329 - 1:23</p> <hr/> <p style="text-align: center;"><b>8</b></p> <p>802 - 1:24 863-6067 - 1:24</p> <hr/> <p style="text-align: center;"><b>A</b></p> <p>ability - 7:10 Abuse - 2:22 Accountability - 6:3 Act [2] 5:3, 5:4 action - 7:12 ADA - 2:23 addition - 5:14 Additionally - 4:21 address - 5:11 adjourned - 6:15 Administrator - 3:22 Advertisements - 4:15 afternoon - 2:2 agencies - 4:14 Agency [3] 1:1, 2:6, 5:15 ahead - 5:25 AHS [10] 1:2, 1:8, 1:8, 1:10, 1:15, 2:10, 3:3, 4:25, 5:24, 6:12 Alison [2] 1:15, 5:23 allocations - 5:6 amounts - 5:1 and/or - 7:15 announce - 4:13 answers - 5:15 apologize - 6:1 APPEARANCES - 1:7 applications - 4:24 apply - 7:14 Appropriations -</p>	<p>5:3 Argus - 4:16 Assistance - 3:12 attend - 4:14 available - 4:24</p> <hr/> <p style="text-align: center;"><b>B</b></p> <p>Banner - 4:18 behalf - 3:25 Bennington - 4:18 best - 7:9 Blaney [3] 1:15, 5:23, 5:23 block [7] 1:2, 2:4, 2:15, 3:9, 4:1, 4:25, 6:12 Boland [3] 1:10, 3:3, 3:3 BOX - 1:23 Brattleboro - 4:17 budget [2] 5:3, 5:4 Burlington [2] 1:23, 4:17</p> <hr/> <p style="text-align: center;"><b>C</b></p> <p>Candace [3] 1:8, 2:9, 2:10 CAPITOL - 1:22 Cara [3] 1:12, 3:17, 3:18 catch - 6:5 CERTIFICATE - 7:1 certification - 7:13 certify - 7:4 certifying - 7:16 Chief - 2:5 Child [4] 1:11, 1:14, 3:8, 4:10 comers [2] 5:21, 6:6 commission - 7:23 Committee - 4:22 community [2] 2:14, 4:13 concerns - 5:11 conclude - 6:7 concludes - 6:11 Connie [3] 1:12, 3:14, 3:15 contained - 5:3 control - 7:15 correct - 7:8 court [3] 1:16, 1:22, 2:25</p> <hr/> <p style="text-align: center;"><b>D</b></p> <p>Dawn [2] 1:8, 2:5 DCF [4] 1:9, 1:9, 2:13, 2:18 department [7] 2:21, 3:16, 3:19, 3:22, 4:1, 5:11, 6:4 Deputy - 2:20 Development [2] 1:14, 4:10</p>	<p>DeVoe [3] 1:15, 6:1, 6:2 direct - 7:15 direction - 7:15 Director [7] 2:18, 2:21, 3:8, 3:12, 3:16, 4:9, 6:3 Division [4] 1:14, 2:22, 3:13, 4:10 DMH [2] 1:12, 1:15 documents - 4:23 draft - 4:24</p> <hr/> <p style="text-align: center;"><b>E</b></p> <p>Economic [2] 2:14, 3:13 electronic [2] 4:19, 4:23 Elmquist [4] 1:8, 2:10, 2:10, 4:7 email [2] 1:24, 4:22 Emily [3] 1:10, 2:19, 2:20 employee - 7:11 enacted - 5:5 enjoying - 2:3 ESD - 1:11 estimated - 5:6 event - 5:18 everyone [3] 2:2, 3:7, 6:12 expires - 7:23</p> <hr/> <p style="text-align: center;"><b>F</b></p> <p>federal [2] 5:4, 5:6 Finance - 2:11 Financial [5] 2:18, 3:16, 3:19, 3:22, 4:3 financially - 7:12 fiscal [5] 3:3, 4:22, 5:2, 5:4, 5:6 foregoing [2] 7:5, 7:8 formal - 5:13 formerly - 2:22 forth - 7:7 Free - 4:17 Friday - 4:18 Fuel - 3:12 full - 4:24 funding - 5:7</p> <hr/> <p style="text-align: center;"><b>G</b></p> <p>Giddings [3] 1:11, 3:11, 3:11 grant [6] 2:4, 2:15, 3:9, 4:1, 4:24, 6:12 grants [3] 1:2, 5:1, 5:12 Greetings - 2:1</p>	<hr/> <p style="text-align: center;"><b>H</b></p> <p>Harrison [3] 1:12, 3:15, 3:15 Health [9] 1:11, 3:9, 3:16, 3:19, 3:22, 3:25, 3:25, 4:1, 6:4 Health's - 2:21 heard - 5:9 hearing [8] 1:2, 2:4, 4:13, 4:15, 4:23, 5:17, 6:10, 6:12 Herald - 4:16 herein - 7:6 Hi [3] 3:7, 3:18, 5:23 Hoke [3] 1:14, 4:3, 4:3 Hope - 2:3 HSA - 2:4 Human [3] 1:1, 2:6, 5:15</p> <hr/> <p style="text-align: center;"><b>I</b></p> <p>Ilisa [3] 1:11, 3:5, 3:7 included - 5:2 individuals - 5:10 Info@capitolcour - 1:24 inquiries - 6:11 interested - 7:12 internet - 4:25 introduce - 5:22 introductions [2] 2:8, 5:9</p> <hr/> <p style="text-align: center;"><b>J</b></p> <p>January - 7:23 Joint - 4:22 July [2] 1:3, 4:18</p> <hr/> <p style="text-align: center;"><b>K</b></p> <p>Kamp [3] 1:13, 3:24, 3:24 Karen [3] 1:13, 3:20, 3:21 Karolyn [2] 1:14, 4:9 Kelley [3] 1:13, 3:21, 3:21 Kim [4] 1:16, 2:24, 2:25, 7:3 known - 2:22</p> <hr/> <p style="text-align: center;"><b>L</b></p> <p>law - 5:5 leaders - 4:21 legislative - 4:21 Let's - 2:9 levels - 5:7 library's - 4:20 Lily [3] 1:9, 2:12, 2:13</p>	<hr/> <p style="text-align: center;"><b>M</b></p> <p>Manager [2] 3:19, 4:4 Maternal [2] 1:11, 3:8 MCH - 3:9 McSherry [3] 1:12, 3:18, 3:18 means - 7:14 meeting - 6:8 meetings - 4:14 Megan [6] 1:9, 1:14, 2:16, 2:17, 4:2, 4:3 member - 5:18 members [2] 4:13, 5:10 Mental [2] 3:19, 6:4 minutes - 5:18 miss - 4:5</p> <hr/> <p style="text-align: center;"><b>N</b></p> <p>nor - 7:12 note - 4:25 notes - 7:9 notice - 4:19 notified - 4:22</p> <hr/> <p style="text-align: center;"><b>O</b></p> <p>O'Toole [21] 1:8, 2:1, 2:5, 2:12, 2:16, 2:19, 2:24, 3:2, 3:5, 3:10, 3:14, 3:17, 3:20, 3:23, 4:2, 4:5, 4:11, 5:21, 5:25, 6:5, 6:10 Office [4] 2:11, 2:14, 3:4, 4:4 Officer - 2:5 open - 5:18 Operations [2] 2:5, 4:10 Opportunity - 2:14</p> <hr/> <p style="text-align: center;"><b>P</b></p> <p>p.m [2] 1:3, 6:15 P.O - 1:23 participation - 6:13 parties - 7:12 Pause - 5:20 placed - 4:16 plans - 5:5 point - 5:8 possible - 5:14 post - 5:14 posted - 4:19 present - 5:10 Press - 4:17 Preventive - 3:25 proceeding - 6:14 proceedings - 7:5 Professional - 7:3 Program - 3:12</p>	<p>programs [2] 2:22, 5:1 provide - 5:13 public [9] 1:2, 4:13, 4:14, 4:15, 4:19, 4:23, 5:9, 5:19, 6:11</p> <hr/> <p style="text-align: center;"><b>Q</b></p> <p>Quality - 6:3</p> <hr/> <p style="text-align: center;"><b>R</b></p> <p>really - 2:3 Recess - 6:9 record - 5:12 Reformer - 4:17 regarding - 5:12 Registered - 7:3 relative - 7:11 reported - 7:5 reporter [4] 1:16, 3:1, 7:4, 7:16 REPORTERS - 1:22 representing - 3:9 reproduction - 7:14 responsive - 5:1 response - 5:13 Richard [3] 1:11, 3:10, 3:11 room - 4:8 RPR - 1:16 Rutland - 4:16</p> <hr/> <p style="text-align: center;"><b>S</b></p> <p>Sarena [3] 1:10, 3:2, 3:3 screen - 2:9 Sears [3] 1:16, 2:25, 7:3 Services [6] 1:1, 2:6, 2:14, 3:13, 3:25, 5:15 shorthand - 7:9 Smeaton [3] 1:9, 2:17, 2:17 Sojourner [3] 1:9, 2:13, 2:13 specific - 5:11 Stalberg [3] 1:11, 3:7, 3:8 start [2] 2:7, 2:9 state [3] 1:1, 4:12, 5:2 statute - 4:12 stenographically - 7:6 Stephen - 1:15 Steve [2] 5:25, 6:2 submit - 5:5 Substance - 2:22 summary - 4:23 Susan [3] 1:13, 3:23, 3:24</p>
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<p style="text-align: center;"><b>T</b></p> <p><b>taken [3]</b> 1:3, 6:9, 7:9 <b>Thank</b> - 6:1 <b>Thanks</b> - 6:12 <b>themselves</b> - 5:22 <b>today</b> - 5:10 <b>transcript [2]</b> 7:9, 7:13 <b>true</b> - 7:8 <b>Trutor [3]</b> 1:10, 2:20, 2:20 <b>Tuesday</b> - 1:3</p> <p style="text-align: center;"><b>U</b></p> <p><b>unless</b> - 7:15 <b>using</b> - 5:5 <b>Utility</b> - 3:12</p> <p style="text-align: center;"><b>V</b></p> <p><b>VDH [6]</b> 1:10, 1:12, 1:13, 1:13, 1:14, 4:4 <b>Vermont [6]</b> 1:1, 1:1, 1:23, 2:21, 4:1, 4:12 <b>via [2]</b> 1:3, 4:22 <b>videoconference</b> - 1:3</p> <p style="text-align: center;"><b>W</b></p> <p><b>warm</b> - 2:3 <b>weather</b> - 2:4 <b>website [2]</b> 4:20, 5:16 <b>Welcome [2]</b> 2:4, 4:11 <b>Whereupon</b> - 6:14 <b>written</b> - 5:13</p>					
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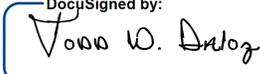
## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The grantee certifies that it will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about— (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation and employee assistance programs, and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will— (1) Abide by the terms of the statement; and (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted— (1) Taking appropriate personnel action against such an employee, up to and including termination; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
8406AFD95AC0455...  
Signature

8/11/2022

## CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

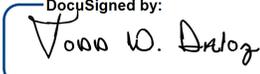
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a criminal judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub grantees and/or contractors) and in all solicitations for lower tier covered transactions.

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
8/11/2022  
8496AED85AC04E5  
Signature

DocuSign Envelope ID: 3584822D-ABBd-492A-BAAD-D81026909ED8

**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

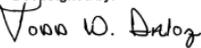
The submitting organization agrees that it will require that the language of this certification be included in any sub awards which contain provisions for children's services and that all sub recipients shall certify accordingly.

Vermont Agency of Human Services

Organization Name

Todd Daloz, Deputy Secretary

Name and Title of Authorized Representative

DocuSigned by:  
  
8406AFD8EAC94EE...

8/11/2022

Signature

**Department for Children and Families**  
**Commissioner's Office**  
280 State Drive – HC 1 North  
Waterbury, VT 05671-1080  
[www.dcf.vt.gov](http://www.dcf.vt.gov)

[phone] 802-241-0929  
[fax] 802-241-0950

*Agency of Human Services*

Date: July 30, 2021

**RE: The Education and Training Voucher Program, Chafee Foster Care Program**

Governor Phil Scott,

DCF Family Services recently submitted the five-year Child and Family Services Plan 2020-2024 to the federal Children's Bureau. As part of the program instructions, Vermont is required to submit a certification for the Education and Training Voucher Program (ETV), under the Chafee Foster Care Program.

**The Education and Training Voucher Program**

The required certification is to confirm that Vermont is in compliance with conditions specific in subsection 447(i) of the Social Security Act and has described methods it will use to:

- Ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
- Avoid duplication of benefits under this and any other Federal assistance program as defined in section 477(b)(3)(J)

Vermont continues to contract with the Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont for many years. This partnership is particularly effective because VSAC also provides post-secondary education exploration and aspiration services to this same population, and they provide support for college applications, funding, and successful transitions to post-secondary education.

As part of DCF's subgrant with VSAC, is the expectation that VSAC will ensure youth do not receive educational assistance in excess of the total cost of their attendance. VSAC has a long history and strong reputation for administering federal, state, and private scholarship, grant, and loan programs in accordance with funder expectations.

VSAC notifies youth, families, schools, and support staff of their scholarship offerings through an annual publication, their website, a special webpage for youth in foster care, community presentations, and through their staff of Outreach Counselors who work directly with Vermont youth in middle and high schools across the state.

Vermont continues to provide some additional scholarship opportunities through the Emily Lester Scholarship (also administered by VSAC) and the Vermont Foster



& Adoptive Families (VFAPA) Scholarship. Some funding for supporting post-secondary education and training is also provided by our Chafee-funded Youth Development Program.

I hereby certify that Vermont has effectively implemented the Education and Training Voucher Program under the Chafee Foster Care Program. These are federal funds that are drawn down by the Agency of Human Services and passed to the DCF Family Services Division.

I am requesting your signature on the attached Certification verifying that Vermont is following the requirements outlined in the law. Once signed, Family Services will submit the certification to the federal Children's Bureau.

Thank you and please let me know if you have any questions,

Jenney Samuelson, Deputy Secretary  
Vermont Agency of Human Services

## GENERAL ASSURANCES

The Agency of Human Services agrees to maintain documentation to substantiate all the following assurance items. Such documentation is available for federal review to determine adequacy and completeness.

Each assurance item is followed by an indication of the categorical grant programs to which it applies. A specific reference to the comparable planning requirements of each program is included for the convenience of state and federal reviewers.

### 1. SINGLE STATE AGENCY

The Agency of Human Services is the single State Agency responsible for the administration or supervision of the administration of this plan.

- State Plan on Aging under Title III of the Older Americans Act. Child Welfare Services Plan (IV-B)

### 2. COMPLIANCE WITH REQUIREMENTS

The Agency of Human Services agrees to administer the program in accordance with the applicable Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Deputy Secretary, including the requirements at 34CFR Part 85 Subpart F, Drug free Workplace Act of 1988 and debarment and suspension, 34 CFR Part 85, Section 85.510 and certification regarding lobbying as required by Section 1352, Title 31 of the U.S. Code.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventative Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B) -1392.1 [220.1], 1392.3 [220.3]
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction program -1386.30
- Community Food and Nutrition Program

### 3. COMPLIANCE BY LOCAL AGENCIES

Where the Agency of Human Services supervises the administration of the State Plan, there are adequate methods for assuring compliance with the requirements of the plan by local agencies and/or services contractors.

- State Plan on Aging under Title III of the Older Americans Act

### 4. EFFICIENT ADMINISTRATION

The Agency of Human Services utilizes such methods of administration as are necessary for the proper and efficient administration of the plan.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)

### 5. GENERAL ADMINISTRATION AND FISCAL REQUIREMENTS

The Agency of Human Services' uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74, except where these provisions are superseded by statute or program regulations.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9
- Community Food and Nutrition Program

### 6. TRAINING OF STAFF

The Agency of Human Services provides a program of appropriate training for all classes of positions and volunteers, if applicable.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(4)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1386.30

## 7. MANAGEMENT OF FUNDS

The Agency of Human Services maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for federal funds paid under this plan.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- Community Food and Nutrition Program

## 8. SAFEGUARDING INFORMATION

The Agency of Human Services has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

- Social Services Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(5)
- State Plan for developmental Disabilities Services and Facilities Construction Program-1386.32
- Community Food and Nutrition Program

## 9. REPORTING REQUIREMENTS

The Agency of Human Services agrees to furnish such reports and evaluations to the Deputy Secretary or the Commissioner as may be specified.

- Social Services Block Grant
- Preventive Health and Health Services Block Grant
- Maternal and Child Health Service Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Community Mental Health Services Block Grant
- Community Services Block Grant
- Low-Income Home Energy Assistance Block Grant
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Service Plan (IV-B)
- Child Abuse and Neglect -1340.1-15
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.32
- State Plan on Aging under Title III of the Older Americans Act Community Food and Nutrition Program

## 10. STANDARDS FOR SERVICE PROVIDERS

All providers of service under this plan operate fully in conformance with all applicable federal, state and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The Agency of Human Services provides that where the state or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

- State Plan on Aging under Title III of the Older Americans Act Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.30

## 11. AMENDMENTS TO STATE PLAN

The State Plan provides for amendment whenever there is any material change in any applicable phase of State law, organization, policy, agency operations or other major conditions which affect the administration of this plan. Such amendments will be made in conformance with applicable regulations and submitted to the federal government before they are put into effect or at a reasonable time thereafter.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect - 1340.1-12

- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9.

## 12. EQUAL EMPLOYMENT OPPORTUNITY

The Agency of Human Services has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 86.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program -1385.9

## 13. NON-DISCRIMINATION ON THE BASIS OF HANDICAP

All recipients of funds from the Agency of Human Services are required to operate each program or activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by a handicapped person. Where structural changes are required, these changes shall be made as quickly as possible in keeping with 45 CFR 84 and P.L. 97-45.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-10
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 14. CIVIL RIGHTS COMPLIANCE

The Agency of Human Services has developed a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

- Community Services Block Grant (no specific reference in Block Grant regulations)
- Preventive Health and Health Services Block Grant (no specific reference in Block Grant regulations)
- Substance Abuse Prevention and Treatment Block Grant (no specific reference in Block Grant regulations)
- Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
- Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
- Social Services Block Grant (no specific reference in Block Grant regulations)
- Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.1-9
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

#### 15. WRITTEN POLICIES AND PROCEDURES

With regards to the provision of any services included in this plan to individuals or groups of individuals, the Agency of Human Services has established in writing and will maintain policies and procedures for the provision of such services. These policies shall include a description of the scope and nature of each service and the procedures and conditions under which each such services are to be provided, including criteria for establishment of fee schedule or contributions, if applicable.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 16. NEEDS ASSESSMENT

The Agency of Human Services has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State and for allocating resources to meet those needs.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

## 17. PRIORITIES

The Agency of Human Services has a reasonable and objective method for establishing priorities for service and such methods are in compliance with applicable statutes.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 18. ELIGIBILITY

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program 1386.34

## 19. RESIDENCY

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in Vermont's program for the provision of services.

- State Plan on Aging under Title III of the Older Americans Act
- Child Welfare Services Plan (IV-B)
- State Plan for Developmental Disabilities Services and Facilities Construction Program

## 20. COORDINATION AND MAXIMUM UTILIZATION OF SERVICES

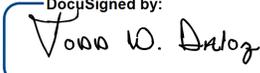
The Agency of Human Services has entered into cooperative arrangements with, and utilizes the services and facilities of, other appropriate public and private agencies whose activities further the purposes of the program covered by this plan or which are specifically referenced in the applicable statute. Such coordination shall maximize utilization of public and private resources.

- State Plan on Aging under Title III of the Older Americans Act

- Child Welfare Services Plan (IV-B)
- Child Abuse and Neglect -1340.3-3(d)(6)
- State Plan for Developmental Disabilities Services and Facilities Construction Program  
1386.43(ii), 1386.46(b), 1386.50, 1386.48(b), 1386.30

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
9E52A6079A8B4C1  
Signature

6/17/2022



**State of Vermont**  
**Agency of Human Services**

Office of the Secretary  
280 State Drive, Center Building  
Waterbury, VT 05671-1000

[www.humanservices.vermont.gov](http://www.humanservices.vermont.gov)

[phone] 802-241-0440  
[fax] 802-241-0450

Jenney Samuleson, *Secretary*  
Todd Daloz, *Deputy Secretary*

Lauren Christopher  
Director of the Division of Energy Assistance  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health & Human Services  
330 C Street S.W.  
Washington, D.C. 20201

I certify that the Vermont Low-Income Home Energy Assistance Program (LIHEAP) Block Grant Plan complies with the sixteen assurances required by 2605 (b) of the Low-Income Home Energy Assistance Act of 1981, as amended.

A letter from Governor Phil Scott delegating authority to the Deputy Secretary of the Agency of Human Services as his designee for all documents pertaining to the LIHEAP program is enclosed.

If you have any questions, please contact Richard Giddings at [Richard.Giddings@vermont.gov](mailto:Richard.Giddings@vermont.gov) or (802) 786-5986.

Nicole Tousignant, Senior Policy and Operations Manager  
Name and Title of Authorized Representative

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
Nicole Tousignant 8/17/2022  
444EBDE2EBE64D9  
Signature

DocuSigned by:  
Todd W. Daloz 8/17/2022  
8496AED85AC04E5  
Signature



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## CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

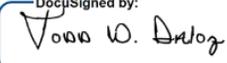
The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of the Congress in connection with the making of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements), and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. "Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

Vermont Agency of Human Services  
Organization Name

Todd Daloz, Deputy Secretary  
Name and Title of Authorized Representative

DocuSigned by:  
  
8/11/2022  
Signature

## State Information

### Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

#### Fiscal Year 2023

U.S. Department of Health and Human Services  
 Substance Abuse and Mental Health Services Administrations  
 Funding Agreements  
 as required by  
 Community Mental Health Services Block Grant Program  
 as authorized by  
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
 and  
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	<a href="#">42 USC § 300x</a>
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	<a href="#">42 USC § 300x-1</a>
Section 1913	Certain Agreements	<a href="#">42 USC § 300x-2</a>
Section 1914	State Mental Health Planning Council	<a href="#">42 USC § 300x-3</a>
Section 1915	Additional Provisions	<a href="#">42 USC § 300x-4</a>
Section 1916	Restrictions on Use of Payments	<a href="#">42 USC § 300x-5</a>
Section 1917	Application for Grant	<a href="#">42 USC § 300x-6</a>
Section 1920	Early Serious Mental Illness	<a href="#">42 USC § 300x-9</a>
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	<a href="#">42 USC § 300x-51</a>
Section 1942	Requirement of Reports and Audits by States	<a href="#">42 USC § 300x-52</a>
Section 1943	Additional Requirements	<a href="#">42 USC § 300x-53</a>
Section 1946	Prohibition Regarding Receipt of Funds	<a href="#">42 USC § 300x-56</a>
Section 1947	Nondiscrimination	<a href="#">42 USC § 300x-57</a>
Section 1953	Continuation of Certain Programs	<a href="#">42 USC § 300x-63</a>
Section 1955	Services Provided by Nongovernmental Organizations	<a href="#">42 USC § 300x-65</a>



## ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

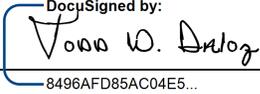
The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Todd Daloz, Vermont Agency of Human Services

Signature of CEO or Designee<sup>1</sup>:  8496AFD85AC04E5...

Title: Deputy Secretary

Date Signed: 8/17/2022

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

SAMHSA  
 Office of Financial Resources, Division of Grants Management  
 Center for Substance Abuse Treatment, Division of States and Community Systems  
 Center for Substance Abuse Prevention, Division of Primary Prevention  
 Center for Mental Health Services, Division of State and Community Systems Development

## Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding

**COVID-19 Award Issue Date:** 3/11/21 **Approved Expenditure Period:** 3/15/21 through 3/14/23

**Instructions:** Current MHBG and SABG grantees may request a No Cost Extension (NCE) for the FY 21 COVID-19 Supplemental Funding Award for an additional expenditure period of up to twelve (12) months, through March 14, 2024. Grantees are required to complete the information below for the proposed use of funds using the NCE, and agree to implement this NCE in accordance with:

- the March 11, 2021 Notice of Award (NoA) Terms and Conditions for the MHBG COVID-19 Supplemental Funding or the SABG COVID-19 Supplemental Funding;
- the March 11, 2021 COVID-19 Supplemental Funding Guidance Letter to the SSA Directors and the SMHCs from Tom Coderre, then Acting Assistant Secretary for Mental Health and Substance Use; and
- the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan, or SABG COVID-19 Supplemental Funding Plan, as previously communicated to the grantee by the CMHS or CSAT State Project Officer.

Grantees are requested to submit this **Request for No Cost Extension (NCE) for COVID-19 Supplemental Funding** to their CMHS or CSAT State Project Officer by email as a Word document or PDF file, and to upload this NCE Request as an Attachment in WebBGAS in the FY 23 MHBG Plan, or in the FY 23 SABG Plan. Upon written notification of a grantee’s intention to file a NCE Request, the CMHS or CSAT State Project Officer will be requested to create and send the grantee a Revision Request in the FY 23 MHBG Plan or FY 23 SABG Plan in WebBGAS, with instructions for uploading the NCE Request as an Attachment in the FY 23 MHBG Plan or the FY 23 SABG Plan. Separate NCE Requests are required for approval for either a MHBG NCE Request or a SABG NCE Request. Grantees are requested to complete and submit the NCE Request, as instructed above, no later than Friday, September 9, 2022, at 12:00 midnight EST. Further information about this process may be requested from your CMHS, CSAT, or CSAP State Project Officer. Thank you.

**Check One Only (X):**     Request for NCE for FY 21 **MHBG** COVID-19 Supplemental Funding  
                                    Request for NCE for FY 21 **SABG** COVID-19 Supplemental Funding

A. Name of MHBG or SABG Grantee Organization	State of Vermont Agency of Human Services-Department of Mental Health		
B. Date of Submission of NCE Request	Friday, September 9, 2022	C. Length of Time Requested (in Months) for NCE (12 Mo. Max. through 3/14/24)	12 months (through March 14, 2024)

D. Name and Title of Grantee Finance Official Approving This NCE Request	Shannon Thompson Finance Director Vermont Department of Mental Health		
E. Name and Title of Grantee Program Official Approving This NCE Request	Emily Hawes Commissioner Vermont Department of Mental Health		
F. Name and Title of Other Grantee Official Approving This NCE Request	Todd Daloz Deputy Secretary Vermont Agency of Human Services		
G. COVID-19 Award Total \$ Amount Issued in NoA of 3/11/2021	\$1,415,844	H. COVID-19 Award Total \$ Amount Expended as of NCE Request Date Above	\$137,121
I. COVID-19 Award Total \$ Amount Planned to be Expended through 3/14/2023	\$413,555	J. COVID-19 Award Total \$ Amount Requested for NCE	\$1,002,289
K. Please provide a brief listing of your grantee <u>actual itemized expenditures</u> for your, COVID-19 Supplemental Funding approved projects, activities, and purchases, that <u>have been completed</u> with your current COVID -19 Supplemental Funding, through the date of your submission of your NCE Request.			
<ul style="list-style-type: none"> <li>• <u>Mental Health Primary Prevention: \$49,400</u> <ul style="list-style-type: none"> <li>○ Center for Health and Learning: \$45,000 <ul style="list-style-type: none"> <li>▪ Support implementation of the Zero Suicide model, which includes training and consultation on this model</li> </ul> </li> <li>○ Vermont Cooperative for Practice Improvement: \$4,400 <ul style="list-style-type: none"> <li>▪ Support for implementation of training and technical support of Dialectical Behavioral Therapy for adults with SMI</li> </ul> </li> </ul> </li> <li>• <u>Administration: \$9,626</u> <ul style="list-style-type: none"> <li>○ Maven Group: consultants contracted provide grant management, technical support, and project management assistance</li> </ul> </li> <li>• <u>5% Set Aside for Crisis Services: \$71,935</u> <ul style="list-style-type: none"> <li>○ 9-8-8 (National Suicide Prevention Lifeline): funding of two Lifeline Centers in Vermont and a back-up Lifeline Center in New Hampshire <ul style="list-style-type: none"> <li>▪ Northwestern Counseling and Support Services (VT): \$34,203</li> <li>▪ Headrest (NH): \$4,325</li> </ul> </li> <li>○ Suicide Prevention Data and Outreach Coordinator: \$33,407</li> </ul> </li> <li>• <u>10% Set Aside for ESMI: \$6,160</u> <ul style="list-style-type: none"> <li>○ Open Dialogue/Collaborative Network Approach Trainings for designated community mental health center agencies who serve adults with SMI: \$3,190</li> <li>○ Vermont Cooperative for Practice Improvement: \$2,970 <ul style="list-style-type: none"> <li>▪ Project management support and coordination of Six Core Strategies, an evidence-based practice to reduce use of seclusion and restraints</li> </ul> </li> </ul> </li> <li>• <b>TOTAL: \$137,121</b></li> </ul>			
L. Please provide a brief listing of your grantee <u>estimated itemized expenditures</u> for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are <u>planned to be completed</u> with your current COVID -19 Supplemental Funding, from the date of this Request through the end of the current expenditure period of March 14, 2023.			

- Mental Health Primary Prevention: \$9,000
  - Center for Health and Learning: \$9,000
    - Support implementation of the Zero Suicide model, which includes training and consultation on this model
- 5% Set Aside for Crisis Services: \$283,109
  - 9-8-8 (National Suicide Prevention Lifeline): funding of two Lifeline Centers in Vermont and a back-up Lifeline Center in New Hampshire
    - Northwestern Counseling and Support Services (VT): \$38,110
    - Northeast Kingdom Human Services (VT): \$229,324
- **TOTAL: \$413,555 (\$276,434 for Box L, plus \$137,121 for Box K)**

M. Please provide a brief summary of the challenges that your program has experienced in fully expending the current COVID-19 Supplemental Funding by March 14, 2023, and what steps the grantee will be implementing to ensure that approved NCE COVID-19 Supplemental Funding will be fully expended by the end of the NCE period of expenditure requested above.

- The State of Vermont has continued to experience challenges related to the COVID-19 Pandemic, specifically related to workforce retention and recruitment challenges within our state’s broader system of care and state government departments. These challenges have posed issues with identifying and prioritizing projects, as well as executing accompanying sub-awards, to ensure that adults with severe mental illness (SMI) and children with serious emotional disturbance (SED) receive a broad array of treatment options and programming to assist with recovery and management of these mental health conditions. Due to the workforce shortages in both state government and community partner agencies, Vermont has experienced difficulty with executing sub-awards in a timely manner that aligns with the current Community Mental Health Block Grant COVID-19 Supplemental award expenditure period of March 15, 2021-March 14, 2023.
- The State of Vermont Department of Mental Health has worked diligently to hire new staff into positions that oversee and manage all Community Mental Health Block Grant funds and projects, specifically the current MHBG COVID-19 Supplemental Funding. These staff have worked through a backlog of reviewing and approving funding project proposals and executing sub-awards to fund these projects, but the additional NCE period of expenditure will ensure greater compliance and oversight of the continued implementation of projects to improve the health and well-being of Vermont adults with SMI and children with SED.

N. Please provide a brief listing of your grantee planned itemized expenditures for your COVID-19 Supplemental Funding approved projects, activities, and purchases, that are requested to be supported with the No Cost Extension for the COVID-19 Supplemental Funding amount that is identified above, for the NCE expenditure period that is identified above. All planned expenditures that are requested to be supported in an approved NCE must be fully within the current scope of the grantee’s SAMHSA currently approved MHBG COVID-19 Supplemental Funding Plan or currently approved SABG COVID-19 Supplemental Funding Plan.

- Mental Health Primary Prevention: \$184,100
  - Vermont Cooperative for Practice Improvement: \$34,100
    - Support for implementation of training and technical support of Dialectical Behavioral Therapy for adults with SMI
  - Hannah’s House: \$20,000
    - Resource center that provides mental health counseling, education, and community outreach for children with SED and young adults with SMI
  - Building Bright Futures: \$30,000
    - Support for mental health of families of children with SED
  - Vermont Family Network: \$50,000

- The goal of this funding is to provide an analysis of the need for peer supports in the children's system of care, offer direct peer supports, and increase peers who have credentialing.
  - Vermont Language Justice Project: \$50,000
    - Videos about mental health in a variety of needed languages for refugees and immigrants
- Ambulatory/Community non-24-hour Care: \$140,850
  - Provide mental health supports and services, including availability of interpreter services, for refugees and immigrants: \$100,000
  - Vermont Cooperative for Practice Improvement: \$25,850
    - Provide clinical supervision for delivery of Dialectical Behavioral Therapy by clinicians at designated community mental health center agency that serve adults with SMI
  - Vermont Care Partners: \$15,000
    - Coordinate training for designated community mental health center agency on the administration of the Child and Adolescent Needs and Strengths (CANS) assessment and Adult Needs and Strengths Assessment (ANSA)
- Administration: \$61,166
  - Maven Group: consultants contracted provide grant management, technical support, and project management assistance
- 5% Set Aside for Crisis Services: \$415,949
  - Suicide Prevention Data and Outreach Coordinator: \$76,593
  - 9-8-8 Implementation Statewide Coordinator: \$54,000
  - 9-8-8 Infrastructure Support: \$269,681
    - Continued support for the implementation of the 9-8-8 platform (call/chat/text)
  - 9-8-8 (National Suicide Prevention Lifeline): funding of two Lifeline Centers in Vermont and a back-up Lifeline Center in New Hampshire
    - Headrest (NH): \$15,675
- 10% Set Aside for ESMI: \$200,224
  - Open Dialogue/Collaborative Network Approach Trainings for designated community mental health center agencies who serve adults with SMI: \$138,394
  - Vermont Cooperative for Practice Improvement: \$61,830
    - Project management support and coordination of Six Core Strategies, an evidence-based practice to reduce use of seclusion and restraints
- **TOTAL: \$1,002,289**

O. Please provide any other relevant information about the current use of this COVID-19 Supplemental Funding, with actual itemized expenditures, and/or the proposed use of this COVID-19 Supplemental Funding, with estimated itemized expenditures, through a SAMHSA approved NCE for projects, activities, and purchases approved for expenditure under this funding.

**End of NCE Request. Thank you.**

# State Information

## Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

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Name

Todd Daloz

Title

Deputy Secretary

Organization

Vermont Agency of Human Services

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Signature:

Date:

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

This signed form was uploaded to the State Information Section under the CEO portion.

## Planning Tables

**Table 2 State Agency Planned Expenditures [MH]**

Table 2 addresses funds to be expended during the 24-month period of July 1, 2021 through June 30, 2023. Table 2 now includes columns to capture state expenditures for COVID-19 Relief Supplemental, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over a 24-month period (7/1/21-6/30/23). Please document the use of COVID-19 Relief Supplemental, ARP and BSCA funds in the footnotes.

**MHBG:** Include public mental health services provided by mental health providers or funded by the state mental health agency by source of funding.

Planning Period Start Date: 7/1/2022 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds										
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) <sup>a</sup>	I. COVID Relief Funds (SABG)	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
1. Substance Abuse Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. All Other											
2. Primary Prevention											
a. Substance Abuse Primary Prevention											
b. Mental Health Primary Prevention <sup>d</sup>		\$45,000.00					\$167,985.57	\$116,250.00		\$41,950.00	\$117,890.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>e</sup>		\$167,237.00						\$103,192.00		\$61,139.00	\$13,866.00
4. Tuberculosis Services											
5. Early Intervention Services for HIV											
6. State Hospital			\$46,042,809.49	\$3,004,209.85	\$42,268.04		\$164,294.85				
7. Other 24-Hour Care			\$10,964,555.41				\$65,189.69	\$166,084.00		\$25,000.00	
8. Ambulatory/Community Non-24 Hour Care		\$887,569.00	\$484,610,435.05	\$9,717,155.67	\$17,038,798.97		\$3,231,232.99			\$485,447.00	
9. Administration (excluding program/provider level) <sup>f</sup> MHBG and SABG must be reported separately		\$83,617.00	\$5,868,896.37	\$6,599,622.63	\$6,955,843.02			\$45,022.00		\$19,802.00	\$6,900.00
10. Crisis Services (5 percent set-aside) <sup>g</sup>		\$488,938.00						\$369,732.00			
<b>11. Total</b>	<b>\$0.00</b>	<b>\$1,672,361.00</b>	<b>\$547,486,696.32</b>	<b>\$19,320,988.15</b>	<b>\$24,036,910.03</b>	<b>\$0.00</b>	<b>\$3,628,703.10</b>	<b>\$800,280.00</b>	<b>\$0.00</b>	<b>\$633,338.00</b>	<b>\$138,656.00</b>

<sup>a</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard SABG expenditures are for the state planned expenditure period of July 1, 2022 – June 30, 2023, for most states.

<sup>b</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2022 - June 30, 2023, for most states.

<sup>c</sup>The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

<sup>d</sup>While a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>e</sup>Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>f</sup>Per statute, Administrative expenditures cannot exceed 5 percent of the fiscal year award.

<sup>g</sup>Row 10 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

For BSCA Funding and Mental Health Primary Prevention, Vermont's goal is to invest in a planning initiative to promote and support operations and access to care for individuals with SMI/SED during response to and recovery from disaster-related emergencies. Prevention and planning go hand-in-hand and it appears appropriate given that Vermont would be developing protocols and documentation to solidify the continuity of support for individuals SMI/SED

# Planning Tables

**Table 4 SABG Planned Expenditures**

States must project how they will use SABG funds to provide authorized services as required by the SABG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2022 and FFY 2023 SABG awards. The totals for each Fiscal Year should match the President's Budget Allotment for the state.

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022			FFY 2023		
	FFY 2022 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$4,328,527.00	\$4,056,778.00	\$1,835,540.00	\$4,328,527.00	\$2,112,518.00	\$928,187.00
2 . Primary Substance Use Disorder Prevention	\$1,808,937.00	\$1,695,370.00	\$767,092.00	\$1,808,937.00	\$882,844.00	\$313,754.00
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 . Early Intervention Services for HIV <sup>6</sup>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 . Administration (SSA Level Only)	\$323,024.00	\$302,744.00	\$136,981.00	\$323,024.00	\$157,651.00	\$65,365.00
<b>6. Total</b>	<b>\$6,460,488.00</b>	<b>\$6,054,892.00</b>	<b>\$2,739,613.00</b>	<b>\$6,460,488.00</b>	<b>\$3,153,013.00</b>	<b>\$1,307,306.00</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental

expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022- September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>Prevention other than Primary Prevention

<sup>6</sup>For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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**Footnotes:**

# Planning Tables

**Table 5a SABG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Strategy	A		B			B		
	IOM Target	FFY 2022			FFY 2023			
		SA Block Grant Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SA Block Grant Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>	
1. Information Dissemination	Universal							
	Selected							
	Indicated							
	Unspecified							
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
2. Education	Universal							
	Selected							
	Indicated							
	Unspecified							
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
3. Alternatives	Universal							
	Selected							
	Indicated							
	Unspecified							
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
4. Problem Identification and Referral	Universal							
	Selected							
	Indicated							
	Unspecified							
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
	Universal							

5. Community-Based Processes	Selected						
	Indicated						
	Unspecified						
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
6. Environmental	Universal						
	Selected						
	Indicated						
	Unspecified						
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
7. Section 1926 Tobacco	Universal	\$0	\$0	\$0			
	Selected						
	Indicated	\$0	\$0	\$0			
	Unspecified	\$0	\$0	\$0			
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
8. Other	Universal						
	Selected						
	Indicated						
	Unspecified						
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Total Prevention Expenditures</b>				<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>Total SABG Award<sup>3</sup></b>	<b>\$6,460,488</b>	<b>\$6,054,892</b>	<b>\$2,739,613</b>	<b>\$6,460,488</b>	<b>\$3,153,013</b>	<b>\$1,307,306</b>	
<b>Planned Primary Prevention Percentage</b>	<b>0.00 %</b>						

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY

2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

<sup>4</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**

# Planning Tables

**Table 5b SABG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2022      Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	FFY 2022 COVID-19 Award <sup>1</sup>	FFY 2022 ARP Award <sup>2</sup>	FFY 2023 SA Block Grant Award	FFY 2023 COVID-19 Award <sup>3</sup>	FFY 2023 ARP Award <sup>4</sup>
Universal Direct	\$237,371	\$339,074	\$153,418	\$340,738	\$167,740	\$59,613
Universal Indirect	\$969,073	\$1,271,527	\$575,319	\$1,356,703	\$670,962	\$238,453
Selected				\$90,447	\$44,142	\$15,688
Indicated	\$0	\$0	\$0	\$0	\$0	\$0
<b>Column Total</b>	<b>\$1,206,444</b>	<b>\$1,610,601</b>	<b>\$728,737</b>	<b>\$1,787,888</b>	<b>\$882,844</b>	<b>\$313,754</b>
<b>Total SABG Award<sup>5</sup></b>	<b>\$6,460,488</b>	<b>\$6,054,892</b>	<b>\$2,739,613</b>	<b>\$6,460,488</b>	<b>\$3,153,013</b>	<b>\$1,307,306</b>
<b>Planned Primary Prevention Percentage</b>	<b>18.67 %</b>	<b>26.60 %</b>	<b>26.60 %</b>	<b>27.67 %</b>	<b>28.00 %</b>	<b>24.00 %</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President’s FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President’s FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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**Footnotes:**

# Planning Tables

**Table 5c SABG Planned Primary Prevention Targeted Priorities - Required**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2022    Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Targeted Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Targeted Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
American Indians/Alaska Natives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asian	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**

## Planning Tables

**Table 6 Non-Direct-Services/System Development [SA]**

Please enter the total amount of the SABG, COVID-19, or ARP funds expended for each activity.

Planning Period Start Date: 10/1/2022    Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022					FFY 2023				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems	\$0.00	\$6,863.00				\$0.00	\$6,863.00		\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00				\$0.00	\$0.00		\$0.00	\$0.00
3. Partnerships, community outreach, and needs assessment	\$0.00	\$13,391.00				\$0.00	\$13,391.00		\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SABG optional)	\$0.00	\$0.00				\$0.00	\$0.00		\$0.00	\$0.00
5. Quality Assurance and Improvement	\$120,192.00	\$0.00				\$120,192.00	\$0.00		\$185,123.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00				\$0.00	\$0.00		\$0.00	\$0.00
7. Training and Education	\$0.00	\$795.00				\$0.00	\$0.00		\$0.00	\$0.00
<b>8. Total</b>	<b>\$120,192.00</b>	<b>\$21,049.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$120,192.00</b>	<b>\$20,254.00</b>	<b>\$0.00</b>	<b>\$185,123.00</b>	<b>\$0.00</b>

<sup>1</sup>Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

<sup>2</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SABG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>4</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2023 SABG Award amount reflects the 12 month planning period for the standard SABG expenditures, also reflecting the President's FY 2022 enacted budget for the FFY 2023 SABG Award that is October 1, 2022 - September 30, 2023. For purposes of this table, all planned ARP expenditures between October 1, 2022 and September 30, 2023 should be entered in this column.

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**Footnotes:**

## Planning Tables

**Table 6 Non-Direct-Services/System Development [MH]**

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2022 MHBG Planning Period End Date: 06/30/2023

Activity	FFY 2022 Block Grant	FFY 2022 <sup>1</sup> COVID Funds	FFY 2022 <sup>2</sup> ARP Funds	FFY 2023 Block Grant	FFY 2023 <sup>1</sup> COVID Funds	FFY 2023 <sup>2</sup> ARP Funds	FFY 2023 <sup>3</sup> BSCA Funds
1. Information Systems	\$34,000.00			\$34,000.00			
2. Infrastructure Support	\$467,821.00			\$749,409.00	\$357,792.00	\$125,542.00	\$13,866.00
3. Partnerships, community outreach, and needs assessment	\$570,288.00	\$335,000.00	\$519,679.00	\$37,205.00	\$145,000.00	\$5,000.00	\$117,890.00
4. Planning Council Activities (MHBG required, SABG optional)		\$35,396.00	\$61,139.00		\$35,396.00	\$19,802.00	
5. Quality Assurance and Improvement	\$99,800.00				\$45,325.00	\$51,788.00	
6. Research and Evaluation						\$20,000.00	
7. Training and Education	\$148,000.00	\$185,292.00	\$61,139.00	\$246,735.00	\$103,750.00		
<b>8. Total</b>	<b>\$1,319,909.00</b>	<b>\$555,688.00</b>	<b>\$641,957.00</b>	<b>\$1,067,349.00</b>	<b>\$687,263.00</b>	<b>\$222,132.00</b>	<b>\$131,756.00</b>

<sup>1</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG and MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" MHBG. Per the instructions, the standard MHBG expenditures are for the state planned expenditure period of July 1, 2021 - June 30, 2023, for most states.

<sup>3</sup> The expenditure period for the Bipartisan Safer Communities Act (BSCA) supplemental funding is **October 17, 2022 - October 16, 2024**, which is different from the normal block grant expenditure period. Column K should reflect the spending for the state reporting period. The total may reflect the BSCA allotment portion used during the state reporting period.

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**Footnotes:**

No BSCA funds have been expended as of 1/25/2023, pending approval of BSCA funding plan.

## Environmental Factors and Plan

### 15. Crisis Services - Required MHBG, Requested SABG

#### Narrative Question

SAMHSA is directed by Congress through the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the MHBG allocation for each state to support evidence-based crisis systems. The appropriation bill includes the following budget language that outlines the new 5 percent set-aside:

*Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources.

SAMHSA recently developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with SMI or children with SED. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

Please refer to the <https://www.samhsa.gov/sites/default/files/grants/fy22-23-block-grant-application.pdf> [samhsa.gov] for additional information.

1. Briefly narrate your state's crisis system. Include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.  

Vermont has a robust, statewide crisis system of care that is available to all individuals via the state's designated community mental health center agencies, irrespective of payor or enrollment in outpatient services. Included in this system are a network of community mental health center agency crisis teams available by phone and in person 24/7/365, two (2) in-state Lifeline/988 call centers, and community-based crisis beds that serve as a lesser restrictive alternative to inpatient psychiatric care. Additionally, Vermont is piloting a mobile crisis response team in one region of the state with plans to expand to other regions.
2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.
  - a) *The Exploration stage: is the stage when states identify their communities's needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
  - b) *The Installation stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. this includes coordination, training and community outreach and education activities.*
  - c) *Initial Implementation stage: occurs when the state has the three-core crisis services in place and agencies begin to put into practice the SAMHSA guidelines.*
  - d) *Full Implementation stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
  - e) *Program Sustainability stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*
  1. *Someone to talk to: Crisis Call Capacity*
    - a. *Number of locally based crisis call Centers in state*
      - i. *In the Suicide lifeline network*
      - ii. *Not in the suicide lifeline network*
    - b. *Number of Crisis Call Centers with follow up protocols in place*
    - c. *Percent of 911 calls that are coded as MH related*

2. *Someone to respond: Number of communities that have mobile behavioral health crisis capacity*
  - a. *Independent of first responder structures (police, paramedic, fire)*
  - b. *Integrated with first responder structures (police, paramedic, fire)*
  - c. *Number that employ peers*
3. *Place to go*
  - a. *Number of Emergency Departments*
  - b. *Number of Emergency Departments that operate a specialized behavior health component*
  - c. *Number of Crisis Receiving and Stabilization Centers (short term, 23 hour units that can diagnose and stabilize individuals in crisis)*

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Available to less than 25% of people in state	Middle Implementation Available to about 50% of people in state	Majority Implementation Available to at least 75% of people in state	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Place to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Briefly explain your stages of implementation selections here.

Vermont has successfully onboarded two (2) in-state Lifeline Centers that are providing 24/7/365 primary coverage for calls via 988 Implementation in collaboration with the Vermont 988 Planning Coalition. Additionally, these Centers have developed and implemented a consistent protocol for statewide coverage, as well as providing follow-up services as needed. These services include local mental health emergency service teams, which provides mobile services that can respond to individuals in crisis with other first responders (fire/ambulance/law enforcement) and coordinate entry for individuals into local crisis stabilization/respice beds. The State's 988 Planning Coalition has met monthly over the past year to ensure inclusivity of individuals with lived experience and those from underserved communities. Additionally, Vermont has surpassed the 80% or higher in-state answer rate consistently since July 2021 and we continue to work toward the Phase 2 goal of 90% or higher while working towards capacity for chat/text and additional follow-up services.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

Vermont has successfully established two NSPL-certified Lifeline Centers that cover the state call response 24/7, with an 86% in state answer rate. We are working towards mobile crisis implementation with one program implemented and funding secured to implement up to five more over the next 18 months. The State is also working with the National Council to explore the CCBHC model, which is providing further support towards the mobile crisis response initiative. Vermont is working towards 24-hour crisis receiving and stabilization programs, utilizing HCBS FMAP dollars to support start up costs and releasing an RFP soliciting proposals in the coming months. Vermont is also utilizing MHBG dollars towards the expansion of Zero Suicide to bolster suicide-safer care practices across the State.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The Vermont Department of Mental Health plans to use its 5 percent set aside for crisis services to continuing improving community-based services for adults with SMI and children with SED to avoid unnecessary psychiatric inpatient hospitalizations, as well as appropriately divert unnecessary emergency department visits for individuals experiencing acute mental health crises. This work will focus on providing immediate professional evaluation and treatment in community-based settings across the state through Vermont's community mental health center agencies.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application- Required for MHBG

#### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SABG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).<sup>69</sup>

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

<sup>69</sup><https://www.samhsa.gov/sites/default/files/manual-planning-council-best-practices-2014.pdf>

#### Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Please attach supporting documentation (meeting minutes, letters of support, etc.) using the upload option at the bottom of this page.

a) What mechanism does the state use to plan and implement substance misuse prevention, SUD treatment and recovery services?

The Vermont Mental Health Block Grant Planning Council (MHBG PC) was involved in the development and review of the state plan and report through discussing/reviewing potential proposed initiatives and accompanying funding requests during MHBG PC meetings with each member ranking these initiatives by an anonymous survey (see attached meeting minutes).

The Vermont MHBG PC does not oversee the Substance Abuse Block Grant, which is led by the Vermont Department of Health, and therefore cannot speak to the mechanism that the state uses to plan and implement substance misuse prevention, SUD treatment and recovery services.

b) Has the Council successfully integrated substance misuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?  Yes  No

2. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?  Yes  No

3. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The Vermont Mental Health Block Grant Planning Council (MHBG PC) meets approximately 5-7 times annually to conduct work related to oversight and advising on mental health programs. In particular, the State's Council monitors, reviews, and evaluates the allocation and performance of mental health services in Vermont, evaluates outcomes from previously funded initiatives, assesses budgetary information, ranks priorities for the mental health system of care, identifies gaps in the system of care related to the service needs of people with SMI and children with SED, and provides recommendations to the Vermont Department of Mental Health Commissioner on the use of block grant funds and aligning these funds with departmental priorities. The Vermont MHBGPC utilizes its blended membership of individuals and family members who identify as having lived experience with mental health providers, advocates, and state employee representatives to ensure that adults with SMI and children with SED are receiving the highest quality of mental health care.

*Please indicate areas of technical assistance needed related to this section.*

N/A

*Additionally, please complete the Advisory Council Members and Advisory Council Composition by Member Type forms.*<sup>70</sup>

<sup>70</sup>There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

OMB No. 0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

**Footnotes:**

VERMONT MENTAL HEALTH BLOCK GRANT  
PLANNING COUNCIL  
Meeting Minutes

August 20, 2021

1:00 PM – 2:45 PM

Location: WSOC, Cherry A  
and Microsoft Teams

**Members in Attendance:** Marla Simpson, Dan Towle (NAMI VT, PVT), Stephanie Beck (ADAP), Victoria Hudson (DCF), Cinn Smith, Ann Rich (DMH), Laurie Emerson (NAMI VT)

**DMH Staff and Guests in Attendance:** Christina Thompson (DMH), Cheryle Wilcox (DMH), Nicole DiStasio (DMH), Dr. Paul Grant (Beck Institute)

**Convene Meeting, Introductions, Vote on Public Comment:**

- Meeting convened at 1:05 PM
- Reviewed agenda, made introductions
- Dan moved to allow public comment throughout the meeting today; Laurie seconded. All in favor and the motion passed.
- Dan requested to add three items to the agenda today
  - Update on RFP for MHBG Project Coordinator
    - DMH response: The state cannot discuss the RFP specifics at this time and legally must wait until after the contract is signed.
    - Dan: How is the position being funded?
    - DMH: MHBG allows for up to 5% of the annual allocation to be spent on administrative costs. The increase in funds (COVID supplemental, ARPA, Testing & Mitigation grants) has provided enough through aggregating the administrative set aside on each.
    - Dan: Request that this information is brought to the attention of MHBG Planning Council before the state makes a decision.
    - DMH: The RFP was shared with the MHBG Planning Council over email before being posted.
  - Information about the compensation for committee members.
    - Currently only funded for time in meetings.
    - Significant amount of time is dedicated to work in between meetings.
    - Increasing compensation could help with recruiting and retention.
    - Request for this to be revisited at a later meeting.
  - Emailing
    - Dan: This can wait until DMH conducts process improvement discussions in the fall.

**Review June 2021 Meeting Minutes:**

- Dan moved to approve the June meeting minutes; Stephanie seconded. All in favor and the motion passed.

**Budget Update & Planning for Current Block Grant**

- Presentation by Dr. Paul Grant of the Beck Institute on Cognitive Recovery Oriented Therapy (CT-R)
  - More of an approach than a therapy
  - Helps people find their best selves
  - Focus on purpose, connection, empowerment, and hope

- Residential as transitional. Should be a collaboration not a support.
- Aspiration-focused
- Question: Can NAMI/peer specialists attend the training?
- Answer: Yes.
- MHBG has ~\$60,000 of unspent funds from the FFY20 allocation. These funds must be spent by 9/30/21. This means the funds must be allocated and the activity must occur before 9/30/2021.
- Why there are unspent funds:
  - Team Two training -- grant was delayed due to COVID. It was also a grant that was held by former Deputy Commissioner Mourning Fox. At this time, activity will not be able to take place and the funding must be reallocated.
  - Vermont Federation of Families for Children's Mental Health (VFFCMH) Local Program Standing Committee grant – grantee has had staffing shortages that has prevented them from being able to draw down the full grant allocation. Grantee has requested that grant be cancelled. VFFCMH have spent \$15k of the \$60k allocation already. \$45k must be reallocated.
- Proposals for use of ~\$60K
  - CT-R training (see presentation above)
  - Brochures for families with children in the Emergency Department, to help navigated the mental health system of care.
    - ADAP: Have these brochures been translated into multiple languages?
    - DMH: No, but that would be a good use and we will look into that.
  - MS: Suggest using these funds towards food insecurity to pay for food for individuals in need.
  - DMH: Unfortunately, that is not an allowable expenditure under the MHBG statute.
- Christina reviewed the budgets and goals for FFY20, FFY21, COVID Supplemental Funds, and American Rescue Plan Act (ARPA) funds.
  - COVID Supplemental and ARPA funding goals are tentative, and no proposals have been approved by DMH yet.
  - Proposals will be reviewed and prioritized by Planning Council members at the October MHBGPC meeting.

### **MHBG Application Status & Updates**

- DMH provided a progress update on the FFY22 MHBG application due September 1, 2021.
- DMH received new Notice of Award (NOA) from SAMHSA for \$125,000 for COVID Mitigation. These funds are meant for COVID tests, PPE, COVID vaccines, etc. for individuals with **SMI and SED mental health needs at community mental health providers.**
- Vermont's ARPA proposal was approved by SAMHSA.

### **MHBG Demographics, Applications & Council Letter**

- Demographics
  - Nicole reviewed the MHBGPC member composition
  - Two members have resigned from the council since last year and we are recruiting. The council needs more family members, people with lived experience, advocates, and providers.
- Member List
  - Nicole reviewed the current membership list
- Letter to SAMHSA for FFY22 application
  - Dan suggested to spell out acronyms and replace 'substance abuse' with 'co-occurring,' and offered some grammatical edits.
  - Marla will make the suggested edits and add a paragraph discussing the terms SED and SMI.

- Laurie moved to accept letter with suggested edits; Dan seconded. All in favor and the motion passed.

**Adjournment:**

The meeting adjourned at 2:45pm.

**Action Items:**

- ✓ Christina will send the Planning Council the FFY20 budget with unspent funds and ARPA proposed budget.
- ✓ Marla will update the Planning Council letter to SAMHSA and send it to DMH by early next week.

**Next Meeting: October 15, 2021**

**Location: Microsoft Teams meeting**

**Call-in Number: +1 802-828-7667**

**Conference ID: 506 092 440#**

[Click here to join the meeting](#)

**Optional in person location: WSOC Conference Room Cherry A**

VERMONT MENTAL HEALTH BLOCK GRANT  
PLANNING COUNCIL  
Meeting Minutes

October 15, 2021

1:00 PM – 3:00 PM

Location: WSOC, Cherry A  
and Microsoft Teams

**Members in Attendance:** Marla Simpson, Dan Towle (NAMI VT, PVT), Stephanie Beck (ADAP), Victoria Hudson (DCF), Cinn Smith, Ann Rich (DMH), Laurie Emerson (NAMI VT), Alice Maynard

**DMH Staff and Guests in Attendance:** Christina Thompson (DMH), Nicole DiStasio (DMH), Dillon Burns (VCP), Steve Walsh, Trish Singer (DMH)

**Convene Meeting, Introductions:**

- Meeting convened at 1:05 PM
- Reviewed agenda, made introductions

**Review August 2021 Meeting Minutes:**

- Alice moved to approve the August meeting minutes; Dan seconded. All in favor and the motion passed.

**DMH Funding Updates**

- Christina provided an update on legislatively appropriated funds for distribution through the Department of Mental Health (DMH). See attached PDF.

**Review MHBG Funding Proposals**

- Nicole and Christina presented an overview of submitted MHBG funding proposals.
- Proposals presented included:
  - Trauma-Responsive School Course for Clinicians
    - Suggestion: Include an outcome measure
  - Puppets in Education
    - Suggestion: Film and make available
  - Hannah's House General Funds
  - Building Bright Futures- Early Childhood and Family Mental Health Resources
    - Suggestion: Add an outcome measure that tracks if kids/family are aware of their entitlements from Act 264.
  - Interpreters and Trainings for Mental Health Providers to Support Immigrants and Refugees
    - Suggestion: More in general cultural competency, in general
    - Suggestion: Consult with Pathways for this training
    - Suggestion: Not just recent immigrants, but larger BIPOC community
    - Suggestion: Ask the grantee to focus on forwarding one or more action area in Vision 2030 (Reducing stigma?)
  - Peer Support Analysis for Children's System of Care
    - Question: Needs more information. RFP for analysis is ok, but how to pay for services if implemented?

- COVID Support VT Resource
- DBT Learning Collaborative and Steering Committee
- DBT Intensive Supervision Pilot Program
  - Suggestion: Remove the focus on BPD, has gendered stigma and the approach should be more broadly applicable.
- Six Core Strategies
  - Suggestion: Expand this training to schools.
  - Suggestion: Trainings should have a minimum number of participants attending to pay for it.
  - Suggestion: Integrate how this helps reduce suicide.
- Digital Network for Mental Health Workforce Support
  - Suggestion: Needs to be more of a connection to housing to prevent that people who interview can take the job and are not refusing because they cannot find housing.
- Workforce Retention and the System of Care
- Train-the-Trainer for the ANSA
- Telepsychiatry
  - Question: What is this paying for? Services or technology or something else?
- Clinical Risk Management Pilot Program
- See attached PDF for details of proposals.

#### Updates and Next Steps

- Nicole provided an update on the status of the COVID Mitigation Funding Proposal to SAMHSA and the MHBG Project Coordination RFP.
- Proposed November meeting agenda items were reviewed
  - Review Outcomes
  - Introduce Project Coordinator
  - Planning for process improvement activities

#### Public Comment

- A member of the public, Steve Walsh, suggested the MHBG Planning Council is not being used appropriately and is out of compliance due to membership composition.

#### Adjournment:

- Stephanie moved to adjourn; Dan seconded the motion. All in favor and the meeting adjourned at 3:02pm.

#### Action Items:

- ✓ Dan suggests topic on next meeting agenda regarding membership composition compliance ( in re: Steve Walsh's request)
- ✓ Nicole to respond to questions on proposals

**Next Meeting: November 12, 2021**

**Location: Microsoft Teams meeting**

**Call-in Number: +1 802-828-7667**

**Conference ID: 506 092 440#**

[Click here to join the meeting](#)

**Optional in person location: [WSOC Conference Room Cherry A](#)**



VERMONT MENTAL HEALTH BLOCK GRANT  
PLANNING COUNCIL  
Meeting Minutes

November 12, 2021

1:00 PM – 3:00 PM

Location: WSOC, Cherry A  
and Microsoft Teams

**Members in Attendance:** Marla Simpson (chair), Dan Towle (NAMI VT, PVT), Michael Hartman (LCMHS), Caroline Rubin, Cinn Smith (CYFS SPSC), Laurie Mulhern (CYFS SPSC), Alice Maynard (ACT 264), Anne Rich (DMH)

**DMH Staff and Guests in Attendance:** Christina Thompson (DMH), Nicole DiStasio (DMH), Cheryle Wilcox (DMH), Steve Walsh (public member), Steve DeVoe (DMH), Katie Smith (DMH), Eva Dayon (DMH), Trish Singer (DMH).

**Convene Meeting, Introductions:**

- Meeting convened at 1:05 PM
- Reviewed agenda, made introductions

**Review October 2021 Meeting Minutes:**

- Alice moved to accept the October meeting minutes as drafted; Dan seconded the motion. All in favor and the motion passed.

**Review MHBG Outcomes**

- Christina presented an overview of 2020 MHBG Outcomes.
- Feedback on Table of Contents page: Goals number 2 and 5- please add more description to titles such as “Respite for Children and Families.” [DMH: Thank you, we will consider this feedback. They are currently labeled to match the grant name and label on the grant spreadsheet.](#)
- Goal #1: Regarding the graph- this doesn’t feel like a meaningful metric. Would like more specific information if possible.
- Goal #2: Where were the youth receiving respite if not in their own home? [DMH will follow up.](#)
- The council acknowledged that this report is an improvement over previous years and appreciates the effort that went into that update. [DMH: Thank you! We agree there is still work to do to improve it, especially including more explanations for graphs.](#)
- Goals #3 and 4: It would be helpful to have other outcome metrics beyond the number of people served, especially something that is an outcome or communicates impact. This is not specific to this goal, but especially for goals 1 and 3. It would be helpful to have the number of people served if there is no other data (such as goal #4). Data could be qualitative, too.
- Goal #5: Are these discrete individuals or total interactions? [DMH will follow up.](#) Members would like to see the total number of interactions in addition to total individuals.
- Goal #6: Recommendation for the name of the goal to state “at DCF”. Why is CMC receiving funding for SharePoint but other agencies are not? [DMH will follow up. DMH clarified any unspent funds \(\\$300\) will be returned to the federal government.](#) Council members expressed concern for this missed opportunity.

- Goal #7: Would like to see any outcomes for this goal. Members acknowledge that it can be challenging to share specific outcomes or performance measures when funding is one part of a larger program. Members recommend that DMH shows data on the program overall.
- The Planning Council would like to hear a distinction between performance measures (how much, how well) and outcomes (better off) in this report.
- DMH clarified that members are not expected to do work outside of meeting time. Documents are shared before the meeting as a courtesy. Members questioned how they could participate fully without reviewing before the meeting time, which would require work outside of the meeting.
- Goals #8 and 9: Members requested the previous year/two of this report. DMH will follow up. DMH: for item 3, The result is different from the target, which may reflect the time of training new staff and switch to virtual meetings. Members noted that of the measures presented, many are underperforming. One member also noted that reducing the number of copies of Counterpoint available does a disservice to people with lived experience. There were some concerns with the accuracy of the report as written under the heading 'summer issue.' Members noted that reading counterpoint digitally is challenging, especially on a small device.
- For this report, it would be helpful to see how this year compares to previous years (such as over 5 years), as a point in time it is hard to make sense of them.
- Goal #10: Members expressed concern with outcomes/measures being late and encouraged DMH to seek bidders in the future who can return data on time. DMH: outcomes will be shared with the committee when they are available. DMH will loop back on why these outcomes/measures are late and if there is a timeline for submission.
- Goal #11: Members appreciated the clarity of this graphic.
- Goal #12: Would like to see a footnote where data is not complete or accurate. Noting that these counts are likely an undercount or those on just one fund source (through CHL). VT is a leader in the nation with people trained to deliver CAMS. One member noted that the high price of admission to the Suicide Prevention Symposium is a barrier to attendance for peers and families. Scholarships were available, but individuals had to proactively reach out to DMH in order to achieve this access. DMH will explore if a login can be provided to view the symposium after the fact.
- Goal #13: One member appreciated that these are available on YouTube. One member expressed interest in the DMH promoting these YouTube links to the public. DMH will pass along this suggestion.
- Goal #14: It is surprising to see the sex differentials to these diagnoses. One member shared personal experience with diagnosis being assigned in a stereotypical way.
- Goal #15: Where were these funds reallocated to? DMH: This grant was cancelled one month before the end of the fiscal year. There were many pieces at play, including staffing levels at the VFFCMH. One member also noted this was a complex issue and should not reflect badly on the grantee, specifically.
- Goal #16: DMH clarified that active rescue is when the staff responding to a texter in distress dispatched rescue crew to support the texter. Members would be interested in hearing if individuals who had received the active rescue went on to use the service again in the future.
- Goal #17: This was the last goal reviewed with the MHBGPC during this meeting.
- 

## MHBG Funding Proposal Survey Results

- Nicole shared the funding proposal voting results from members. The next step is that DMH leadership will create a subgroup to learn more information about these proposals. None of these proposals have been reviewed or approved by SAMHSA yet. These priorities relate to the COVID funds, as well as the pre-COVID funds. DMH is determining who at the department should be point on supporting the Mental Health Block Grant. The project coordinator starts on Monday, 11/15/21: Maven Group. DMH will share the RFP. Maven Group have experience working on federal grants and projects. The total funding is for two years at about 15 hours/week with a total contract of \$150,000. Two proposals were received. Members expressed interest in seeing the outcomes/performance measures of this contract.

#### **Public Comment**

- A member of the public, Steve Walsh, expressed concern with the percentage of each DMH committee that is made up of non-state employees, as well as the role of the Mental Health Block Grant Planning Council. He is concerned that the Mental Health Integration Council charge conflicts with the Mental Health Block Grant Planning Council charge. DMH clarified that each designated agency has a local standing committee separately for youth and adults, which is where members of the public can provide feedback direct to agencies.

#### **Adjournment:**

- The meeting adjourned at 3:03 PM

#### **Action Items:**

- ✓ DMH will follow up on the Planning Council's questions and feedback on the 2020 Outcomes document.
- ✓ DMH will share the Maven Group RFP with the Planning Council

**Next Meeting: December 10, 2021**

**Location: Microsoft Teams meeting**

**Call-in Number: +1 802-828-7667**

**Conference ID: 506 092 440#**

[Click here to join the meeting](#)

**Optional in person location: [WSOC Conference Room Cherry C](#)**

VERMONT MENTAL HEALTH BLOCK GRANT  
PLANNING COUNCIL  
Meeting Minutes

October 15, 2021

1:00 PM – 3:00 PM

Location: WSOC, Cherry A  
and Microsoft Teams

**Members in Attendance:** Marla Simpson, Dan Towle (NAMI VT, PVT), Stephanie Beck (ADAP), Victoria Hudson (DCF), Cinn Smith, Ann Rich (DMH), Laurie Emerson (NAMI VT), Alice Maynard

**DMH Staff and Guests in Attendance:** Christina Thompson (DMH), Nicole DiStasio (DMH), Dillon Burns (VCP), Steve Walsh, Trish Singer (DMH)

**Convene Meeting, Introductions:**

- Meeting convened at 1:05 PM
- Reviewed agenda, made introductions

**Review August 2021 Meeting Minutes:**

- Alice moved to approve the August meeting minutes; Dan seconded. All in favor and the motion passed.

**DMH Funding Updates**

- Christina provided an update on legislatively appropriated funds for distribution through the Department of Mental Health (DMH). See attached PDF.

**Review MHBG Funding Proposals**

- Nicole and Christina presented an overview of submitted MHBG funding proposals.
- Proposals presented included:
  - Trauma-Responsive School Course for Clinicians
    - Suggestion: Include an outcome measure
  - Puppets in Education
    - Suggestion: Film and make available
  - Hannah's House General Funds
  - Building Bright Futures- Early Childhood and Family Mental Health Resources
    - Suggestion: Add an outcome measure that tracks if kids/family are aware of their entitlements from Act 264.
  - Interpreters and Trainings for Mental Health Providers to Support Immigrants and Refugees
    - Suggestion: More in general cultural competency, in general
    - Suggestion: Consult with Pathways for this training
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  - Peer Support Analysis for Children's System of Care
    - Question: Needs more information. RFP for analysis is ok, but how to pay for services if implemented?

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  - Suggestion: Remove the focus on BPD, has gendered stigma and the approach should be more broadly applicable.
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  - Suggestion: Expand this training to schools.
  - Suggestion: Trainings should have a minimum number of participants attending to pay for it.
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- Digital Network for Mental Health Workforce Support
  - Suggestion: Needs to be more of a connection to housing to prevent that people who interview can take the job and are not refusing because they cannot find housing.
- Workforce Retention and the System of Care
- Train-the-Trainer for the ANSA
- Telepsychiatry
  - Question: What is this paying for? Services or technology or something else?
- Clinical Risk Management Pilot Program
- See attached PDF for details of proposals.

#### **Updates and Next Steps**

- Nicole provided an update on the status of the COVID Mitigation Funding Proposal to SAMHSA and the MHBG Project Coordination RFP.
- Proposed November meeting agenda items were reviewed
  - Review Outcomes
  - Introduce Project Coordinator
  - Planning for process improvement activities

#### **Public Comment**

- A member of the public, Steve Walsh, suggested the MHBG Planning Council is not being used appropriately and is out of compliance due to membership composition.

#### **Adjournment:**

- Stephanie moved to adjoin; Dan seconded the motion. All in favor and the meeting adjourned at 3:02pm.

#### **Action Items:**

- ✓ Dan suggests topic on next meeting agenda regarding membership composition compliance ( in re: Steve Walsh's request)
- ✓ Nicole to respond to questions on proposals

**Next Meeting: November 12, 2021**

**Location: Microsoft Teams meeting**

**Call-in Number: +1 802-828-7667**

**Conference ID: 506 092 440#**

[Click here to join the meeting](#)

**Optional in person location: [WSOC Conference Room Cherry A](#)**



This meeting was not recorded. Seven members are needed for a quorum.

**4/15/2022**

**Mental Health Block Grant Planning Council Minutes**

**\*\*FINAL\*\***

**Present Members:**  Marla Simpson (Chair)  Dan Towle (he/him)  Alice Maynard  C Rubin  Cinn Smith  Laurie Emerson (NAMI)  
 Michael McAdoo  Laurie Mulhern

**Vermont Care Partners/DAs/SSAs:**  Dillon Burns  Julie Tessler  Michael Hartman

**DMH:**  Eva Dayon (they/them)  Steve DeVoe (he/him)  Trish Singer (she/her)  Nicole DiStasio (they/she)  Anne Rich  Joanne Crawford  Brian Smith  Karen Barber

**State of Vermont:**  Heather Bouchey (AOE)  Danielle Bragg (DVHA)  Diane Dalmasse  Victoria Hudson  Annie Ramniceanu (DOC)  
 Emily Trutor (she/her; VDH ADAP)

**Public:**  Steve Walsh  Joanna Cole  Rachel Hobart  Alexis McGuiness  Elaine Ball  Brett Yates

**Agenda**

- 1:00 Convene Meeting and Introductions
- 1:15 Review December Meeting Minutes
- 1:20 DMH Update on MHBG Proposal Process
- 1:50 DMH MHBG Funding Updates
- 2:10 Break
- 2:20 FY2020 MHBG Outcomes Follow-up
- 2:40 MHBG Planning Council CY2022 Meeting Schedule Review
- 2:45 Public Comment
- 2:55 Meeting Wrap-up/Closing
- 3:00 Adjournment (At or Before 3:00p)

This meeting was not recorded. Seven members are needed for a quorum.

Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
<p><b>Convene Meeting and Introductions</b></p>	<p><b>Meeting convened at 105p</b></p> <ul style="list-style-type: none"> <li>• MHBG Planning Council Introductions</li> <li>• DMH Updates               <ul style="list-style-type: none"> <li>○ Christina Thompson has transitioned to Vermont Department of Health, Division of Maternal and Child Health</li> <li>○ Nicole DiStasio is now DMH Interim Director of Policy</li> <li>○ Eva Dayon is now DMH Interim Assistant Director of Quality</li> <li>○ Lee Dorf is new DMH Director of Operations, Planning, and Development</li> <li>○ Steve DeVoe will now be the DMH lead and point person for anything related to the Mental Health Block Grant (MHBG)</li> </ul> </li> <li>• A question was asked about the Maven Block grant consultants. Because of the support by Department of Mental Health (DMH), the consultants won't be needed to provide administrative support for these meetings. Whatever funds that are not be used on the consultants will be rolled back into larger pot of funds.</li> <li>• SAMSHA Project Officer Update               <ul style="list-style-type: none"> <li>○ Steve Fry, Vermont's SAMHSA MHGB Project Officer has new position moved on and so, now the project officer is Keisha Ledlow.</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>○</li> </ul> </li> </ul>
<p><b>Review December Meeting Minutes</b></p>	<ul style="list-style-type: none"> <li>• Because there was not a quorum at the December meeting, the draft minutes were going to be reviewed via email by the members but because members were unable to approve minutes via email, they will be reviewed for approval in today's meeting.</li> <li>• There is an ongoing issue with having a quorum at these meetings which prevents the group from being able to vote.               <ul style="list-style-type: none"> <li>○ It was suggested that the group work on a solution and look at the makeup of the group.</li> <li>○ Should there be a steering committee?                   <ul style="list-style-type: none"> <li>▪ It is important that we have good representation and meeting membership requirements according to the federal statute.</li> </ul> </li> <li>○ To start the discussion, we should see the membership list.                   <ul style="list-style-type: none"> <li>▪ Maybe members should have an alternate lined up to attend.</li> <li>▪ Some people have also been left off the invitation list.</li> </ul> </li> </ul> </li> <li>• Steve shared the following link for the <a href="#">Vermont Mental health Block Grant Planning Council Operating Policies and Procedures.</a></li> </ul>

This meeting was not recorded. Seven members are needed for a quorum.

	<p><b>Motion</b> to accept December minutes made by Dan. Seconded Heather. No discussion. All in favor. 4 abstentions Motion passes. 136p</p> <ul style="list-style-type: none"> <li>It was noted that members do not need to abstain from voting on the minutes because they did not attend the last meeting.</li> </ul>
<p><b>DMH Update on MHBG Proposal Process</b></p>	<ul style="list-style-type: none"> <li>DMH developed a pilot process, internal to DMH for program/grant managers.</li> <li>This process will help with the collaboration between Quality, Operations, Business and Policy Teams.</li> <li>This process will help to standardize training and documentation of proposals to ensure compliance, quality, and accountability and ensure that proposal support mental health initiatives.</li> <li>The grant manager for a proposal, needs to be the point person and be available to meet with this council.</li> <li>Steve shared PowerPoint slides on the new process with the group. <ul style="list-style-type: none"> <li>These slides were also sent out to the members.</li> </ul> </li> <li>A Tips and Tricks document was also drafted by Maven Group for DMH staff who are identified and grant or program manager for proposals. <ul style="list-style-type: none"> <li>This document was shared with members.</li> <li>It is important to look at federal statute to know what is an allowable expense and meets the state guideline requirements.</li> <li>The MHBG Agreement Formation Overview is used internally for DMH staff.</li> </ul> </li> <li>DMH will work on guides to help folks outside of DMH who are applying for grants.</li> </ul>
<p><b>DMH Funding Updates</b></p>	<ul style="list-style-type: none"> <li>There are some challenges of lining up the federal and state fiscal years.</li> <li>DMH has not received our full amount of regular MHBG funds yet for FY2022 and the work was supposed to start October 1, 2021.</li> <li>An MHBG award tracker spreadsheet has been created by DMH with help from Maven Group to provide transparency around the MHBG funds and proposals. <ul style="list-style-type: none"> <li>MHBG funding source (regular MHBG, MHGB COVID Supplemental, MHBG ARPA Supplemental, COVID Testing and Mitigation)</li> <li>The award tracker spreadsheet includes the awards received, award date, project start date, and the date for when the funds have to be expended and accounted.</li> <li>It also provides different proposals that were funded by fiscal year, tracking how much was allocated, and how much was not allocated as well as the set asides.</li> <li>The award tracker spreadsheet also shows who the point person is for each proposal.</li> <li>This will be made available to DMH, the MHBG Planning, the public, and stakeholders.</li> <li>Steve will share this tracker with the Council, but it needs to be cleaned up first.</li> </ul> </li> <li>MHBG funds are not allowed to be spent on prevention and promotion programming.</li> </ul>
<p><b>Break</b></p>	

This meeting was not recorded. Seven members are needed for a quorum.

<p><b>FY2020 MHBG Outcomes Follow-up</b></p>	<ul style="list-style-type: none"> <li>• Steve sent out answers to the questions the group had regarding the 2020 performance measure outcomes. <ul style="list-style-type: none"> <li>○ See attached.</li> </ul> </li> <li>• Goal Number 8 and 9: Steve will be following up on this question and bring the answer to the next meeting.</li> <li>• Goal Number 10: Steve will also provide follow up on the 10% set aside which was led by Counseling Services of Addison County</li> <li>• A Council member asked a question about outcomes and measurement. <ul style="list-style-type: none"> <li>○ DMH has historically relied on the award recipient to report on progress.</li> <li>○ Is there any objective measure of outcomes of programs so we can have something qualitative for outcomes?</li> <li>○ Does how we are using these MHBG funds align with the broader work that we are doing as a State?</li> </ul> </li> <li>• DMH will dedicate some time to the <a href="#">Vision 2030</a> report at the next meeting.</li> <li>• Are there any federal audits of state mental health departments? <ul style="list-style-type: none"> <li>○ Yes. Steve is trying to track the 2016 SAMHSA audit results.</li> <li>○ Emily will find it send it to Steve.</li> </ul> </li> </ul>
<p><b>Review 2022 Meeting Schedule</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">VT MHBG Operating Policies &amp; Procedures (Adopted June 21, 2021)</a> <ul style="list-style-type: none"> <li>○ “The MHBG-PC shall meet at a minimum five times a year to have sufficient time to fulfill their responsibilities.”</li> <li>○ Presently, 5 meetings scheduled for CY2022</li> </ul> </li> <li>• Everyone should have received calendar invites with MS Teams links</li> <li>• Schedule will be posted to DMH website, as well as VT Department of Libraries meeting calendar</li> </ul>
<p><b>Public Comment</b></p>	<p><b>Public Comment</b></p> <ul style="list-style-type: none"> <li>• No public comment provided, as no members of public were present.</li> </ul>
<p><b>Meeting Wrap-up/Closing</b></p>	<ul style="list-style-type: none"> <li>• Steve will reach out to the folks who were not able to attend today regarding attendance and assigning designees, if applicable.</li> <li>• The Operating Policy and Procedures shows that 5 meetings are required each year.</li> <li>• MHBG Planning Council may need more meetings and Council can discuss that as an option, but DMH is short staffed presently and lacks capacity at present for additional meetings. <ul style="list-style-type: none"> <li>○ Council will continue to discuss more meetings, as needed.</li> </ul> </li> </ul>
<p><b>Adjournment</b></p>	<p><b>Motion to Adjourn</b></p> <ul style="list-style-type: none"> <li>• Victoria motions. Dan seconds. All in favor. Abstentions none. Meeting adjourned at 256p.</li> </ul>

This meeting was not recorded. Seven members are needed for a quorum.

**7/15/2022**

**Mental Health Block Grant Planning Council Minutes**

**\*\*DRAFT\*\***

**Present Members:**  Marla Simpson (Chair)  Dan Towle (he/him)  Alice Maynard  C Rubin  Cinn Smith  Laurie Emerson (NAMI)  
 Michael McAdoo  Laurie Mulhern

**Vermont Care Partners/DAs/SSAs:**  Dillon Burns  Julie Tessler  Michael Hartman

**DMH:**  Eva Dayon (they/them)  Steve DeVoe (he/him)  Trish Singer (she/her)  Nicole DiStasio (they/she)  Anne Rich  Joanne Crawford  Brian Smith  Karen Barber

**State of Vermont:**  Heather Bouchey (AOE)  Danielle Bragg (DVHA)  Diane Dalmasse (DAIL)  Victoria Hudson (DCF)  Annie Ramniceanu (DOC)  Emily Trutor (she/her; VDH DSUP)

**Public:**  Steve Walsh  Joanna Cole  Rachel Hobart  Alexis McGuinness  Elaine Ball  Brett Yates

**Agenda**

- 1:00 Convene Meeting and Introductions
- 1:15 Review April 2022 Meeting Minutes
- 1:20 MHBG Planning Council Chair Discussion
- 1:45 MHBG Funding Updates
- 2:00 MHBG Training/Overview “101” from SAMHSA Break
- 2:05 Public Comment
- 2:10 Meeting Wrap-up/Closing
- 2:15 Adjournment

This meeting was not recorded. Seven members are needed for a quorum.

Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
<p><b>Convene Meeting and Introductions</b></p>	<p><b>Meeting convened at 106p</b></p> <ul style="list-style-type: none"> <li>● Reviewed agenda.</li> <li>● MHBG Planning Council Introductions.</li> <li>● DMH Updates.               <ul style="list-style-type: none"> <li>○ Shayla Livingston has transitioned to her new role as the new Agency of Human Services Policy Director.</li> <li>○ Nicole DiStasio is currently serving as the DMH Interim Policy Director; position is posted online and applications are currently being accepted; position should be filled by August 2022.</li> <li>○ Eva Dayon is currently serving as the DMH Interim Assistant Director of Quality; position cannot be permanently filled at present due to Nicole DiStasio serving in their interim role.</li> <li>○ DMH Quality and Program Participant Specialist position is currently vacant due to Eva Dayon serving in their interim role.</li> <li>○ DMH Quality Management Coordinator position: DMH Team currently conducting interviews and positions will be filled by August 2022.</li> <li>○ Pay grade inquiry by Dan Towle.                   <ul style="list-style-type: none"> <li>▪ Pay grades and step increases are set by Vermont Department of Human Resources and can be found online <a href="#">here</a>.</li> </ul> </li> </ul> </li> <li>● Member Updates.               <ul style="list-style-type: none"> <li>○ None.</li> </ul> </li> </ul>
<p><b>Review April Meeting Minutes</b></p>	<ul style="list-style-type: none"> <li>● Alice requested amendment from “stack holder” to stakeholder.</li> <li>● Dan raised question/comment about number of follow-up items from April minutes.               <ul style="list-style-type: none"> <li>○ Suggestion to add “follow-up items” section to meeting minutes to ensure tracking, monitoring, and follow up to any ongoing tasks.</li> </ul> </li> </ul> <p><b>Motion</b> to accept April 2022 minutes made by Dan. Seconded Heather. No discussion. Majority in favor. None opposed. 1 abstention. Motion passes. 123p.</p>
<p><b>MHBG Planning Council Chair</b></p>	<ul style="list-style-type: none"> <li>● History of Mental Health Block Grant Planning Council (MHBG PC) during current chair, Marla Simpson’s, tenure during the last 8-9 years.               <ul style="list-style-type: none"> <li>○ MHBG PC’s work accelerated from SAMHSA’s previous technical assistance.</li> <li>○ Impressed by dignity and evolution of MHBG funding to improve health and quality of care for children, youth, families, and adults.</li> <li>○ Implementation of Results Based Accountability (RBA) framework to projects funded by MHBG.</li> <li>○ Previously, Vermont MHBG funding was ~\$700k; presently, ~\$1.4 million with additional COVID-related funding streams.</li> <li>○ Cinn Smith previously served as Vice Chair; Cindy Tabor was briefly co-chair.</li> </ul> </li> </ul>

This meeting was not recorded. Seven members are needed for a quorum.

	<ul style="list-style-type: none"> <li>○ Marla feels that this is an appropriate time to step down. <ul style="list-style-type: none"> <li>▪ Alice: no one has been more dedicated to this work.</li> <li>▪ Dan: joined ~6 years ago, been friend/mentor, helped train me as a peer, fantastic work colleague.</li> <li>▪ Cinn: best facilitator and meeting agenda; generosity and kindness.</li> </ul> </li> <li>● Next steps for election of MHBG PC Chair and Vice Chair. <ul style="list-style-type: none"> <li>○ Dan: Alice Maynard nominated, who declined nomination.</li> <li>○ Please reach out to Steve DeVoe, DMH Director of Quality and Accountability, if any interest in serving in one of these roles (<a href="mailto:stephen.devoe@vermont.gov">stephen.devoe@vermont.gov</a>).</li> <li>○ Discussion about next steps vis-à-vis <a href="#">Vermont Mental health Block Grant Planning Council Operating Policies and Procedures</a>. <ul style="list-style-type: none"> <li>▪ Marla Simpson will serve as interim chair through end of Calendar Year 2022.</li> </ul> </li> <li>○ Cinn Smith: this item should stay on agenda until these positions are filled.</li> <li>○ Danielle Bragg: what is required of the Chair? <ul style="list-style-type: none"> <li>▪ Chair and facilitate meetings.</li> <li>▪ Letters disseminated by MHBG PC with the final approval/signature of the Chair and Vice Chair. <ul style="list-style-type: none"> <li>● Annual letter to SAMHSA.</li> </ul> </li> <li>▪ Ensure understanding of and compliance with federal statute (<a href="#">42 USC [United States Code] § 300x</a>) that governs use of MHBG funding.</li> <li>▪ Assist with recruitment of members.</li> </ul> </li> </ul> </li> </ul>
<p><b>MHBG Funding Updates</b></p>	<ul style="list-style-type: none"> <li>● Overview of SAMHSA MHBG Allocation Tables.</li> <li>● Mandatory set asides (5% crisis; 10% early serious mental illness [ESMI], first episode psychosis [FEP]). <ul style="list-style-type: none"> <li>○ Open Dialogue/CNA overview.</li> <li>○ Focus on how can DMH best support those who are experiencing signs/symptoms of EMSI/FEP.</li> </ul> </li> <li>● MHBG Budget Tracker. <ul style="list-style-type: none"> <li>○ “Living document” that DMH is using to track the different funding streams of the MHBG <ul style="list-style-type: none"> <li>▪ MHBG different funding streams (regular block grant, COVID supplemental, ARPA supplemental, etc.) and associated timelines overview to expend these respective funding streams.</li> </ul> </li> <li>○ Pathways, as well as other peer organizations, have received an 8%</li> <li>○ Request for reviewing this tracker at next meeting in August 2022.</li> </ul> </li> </ul>
<p><b>MHBG Training/Overview 101</b></p>	<ul style="list-style-type: none"> <li>● Interest from MHBG PC Members for this training/overview. <ul style="list-style-type: none"> <li>○ Steve DeVoe will reach out to Steve Fry, previously Vermont’s SAMHSA Project Officer for MHBG, to inquire about the possibility providing block grant overview and federal regulations <ul style="list-style-type: none"> <li>▪ Question from member regarding what is the historical reasoning for restriction of spending MHBG funding on prevention and promotion?</li> </ul> </li> </ul> </li> </ul>

This meeting was not recorded. Seven members are needed for a quorum.

	<ul style="list-style-type: none"> <li>• Emily noted that there is a 20% SABG mandated set aside for the federal Substance Abuse Block Grant.</li> <li>• Discussion about restriction on MHBG for spending funds on prevention and promotion</li> <li>• Draft letter to Senator Sanders, who sits on the <a href="#">US Senate Committee on Health, Education, Labor, &amp; Pensions</a>.             <ul style="list-style-type: none"> <li>○ Member noted that terms “SMI” and “SED” are offensive to some community members.</li> <li>○ Danielle noted that DVHA uses of behavioral health as an all-encompassing term that includes mental health, substance use (alcohol, drugs, nicotine), eating disorders as a few examples.</li> </ul> </li> </ul>
<b>Public Comment</b>	<ul style="list-style-type: none"> <li>• None.</li> </ul>
<b>Meeting Wrap-up/Closing</b>	<ul style="list-style-type: none"> <li>• Follow-up items from April 2022 to be discussed at August 2022 meeting.             <ul style="list-style-type: none"> <li>○ Request to add “Follow-up Items” section within agenda and meeting minutes to ensure proper tracking and follow-up to identified tasks/items Meeting (see “Follow-up Items” section below and amend as needed).</li> </ul> </li> <li>• Member inquired about the Substance Abuse Block Grant’s Planning Council, which is facilitated by the Vermont Department of Health, Division of Substance Use Programs, and their meeting schedule.             <ul style="list-style-type: none"> <li>○ Substance Misuse Prevention Oversight and Advisory Council (Public Meeting)                 <ul style="list-style-type: none"> <li>▪ <a href="https://www.healthvermont.gov/alcohol-drugs/reports/public-meetings">https://www.healthvermont.gov/alcohol-drugs/reports/public-meetings</a></li> </ul> </li> </ul> </li> <li>• Marla will continue to serve as MHBG PC interim chair until new calendar year (2023).</li> </ul>
<b>Follow-up Items</b>	<ul style="list-style-type: none"> <li>• FY2020 MHBG Outcomes.             <ul style="list-style-type: none"> <li>○ Goal Number 8 and 9: Steve will be following up on this question and bring the answer to the next meeting.</li> <li>○ Goal Number 10: Steve will also provide follow up on the 10% set aside which was led by Counseling Services of Addison County.</li> </ul> </li> <li>• 2016 SAMHSA audit results of Vermont MHBG.</li> <li>• Create, finalize, and publish MHBG Planning Council Member list.</li> <li>• Identify next MHBG PC Chair and Vice Chair.             <ul style="list-style-type: none"> <li>○ Draft letter to SAMHSA.</li> </ul> </li> <li>• Review MHBG Budget Tracker.</li> <li>• Review and discuss <a href="#">Vision 2030</a> report.</li> <li>• Recruitment of community members.</li> </ul>
<b>Adjournment</b>	<b>Motion to Adjourn</b>

This meeting was not recorded. Seven members are needed for a quorum.

	<ul style="list-style-type: none"><li>• Alice motions. Dan seconds. All in favor. Abstentions none. Meeting adjourned at 233p.</li></ul>
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# Vermont Mental Health Block Grant Planning Council Operating Policies & Procedures

## 1. Scope

The Vermont Mental Health Block Grant Planning Council (MHBG-PC) Operating Policies & Procedures shall act as guidance to the operation of the MHBG-PC. The current edition of Robert's Rules of Order Newly Revised shall govern the MHBG-PC in all cases to which they are applicable and in which they are not inconsistent with these operating procedures and any special rules of order the MHBG-PC may adopt.

## 2. Overview/Purpose

The Overview/Purpose of the Vermont Mental Health Block Grant Planning Council is defined in the Planning Council Charter adopted on April 27, 2017.

## 3. Membership

### 3.1 Appointment

Membership on the Planning Council is by appointment of the Governor of Vermont, as delegated to the Secretary of the Agency of Human Services (AHS). Members shall serve for the tenure of the Secretary with the authority of the Governor [3 V.S.A. §3024 (2016)].

### 3.2 Composition

The federal law (42 USC [United States Code] § 300x-3 [c]) states that planning councils must contain the following people:

- Representatives from the following State agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, and the State Medicaid Agency.
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services.
- Adults with serious mental illness who are receiving (or have received) mental health services.
- Families of such adults and families of children with serious emotional disturbance.

### 3.3 Size and representation

The MHBG-PC will consist of 18 members or more, providing that at least 51% of the members are other than state employees or providers of mental health services. Consideration will be given to a diversity of membership including but not limited to racial, ethnic, LGBTQ, geographic and age diversity.

- The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children.

### 3.4 Resignation

Any planning council member may resign at any time upon delivery of his or her resignation in writing to the Mental Health Block Grant Planner. Such resignation shall be effective upon delivery unless specified to be effective at a later date.

### **3.5 Removal**

If a member fails to notify for three missed meetings, it is assumed that the member has resigned from the group.

## **4. Meetings**

The MHBG-PC shall meet at a minimum five times a year to have sufficient time to fulfill their responsibilities.

### **4.1 Quorum**

Seven members shall constitute a Quorum.

### **4.2 Voting**

Members may vote in person or when participating in a meeting telephonically or other electronic means.

## **5. Officers**

The membership shall elect a Chair and Vice Chair each of whom shall serve for a two-year term. The election shall take place at the first meeting following the new calendar year.

### **5.1 Chair**

The Chair shall preside over all meetings of the MHBG-PC and work in collaboration with the state planner to develop the agenda for council meetings.

### **5.2 Vice Chair**

In the absence of the Chair, the Vice Chair shall assume the duties of the chair.

## **6. Committees**

Standing and Ad Hoc Committees may be formed by a vote of the membership as the need arises.

### **6.1 Executive Committee**

The Executive Committee shall consist of the Chair, Vice Chair, and Chair of those committees that may be established by the membership.

## **7. Reimbursement**

Members appointed to the MHBG-PC who are not otherwise paid to attend meetings or to participate by telephone may request reimbursement of mileage and/or a stipend from the Department of Mental Health consistent with expense reimbursement policy that apply to meetings of constituent groups.

## **8. Revisions to Operating Procedures**

The MHBG-PC may from time to time revise these operating procedures by an affirmative vote of a quorum provided that notice of the proposed revision is given at a minimum of fourteen (14) days in advance of the meeting.

## **9. Operating Principles**

### **9.1 Results Based Accountability**

The MHBG-PC shall embed a Results-Based Accountability approach into its work. This describes two levels of accountability to improve outcomes: Population Accountability and Performance Accountability.

### **9.2 Collaboration with Standing Committees**

The MHBG-PC shall collaborate with the State Program Standing Committee for Adult Mental Health and the State Program Standing Committee for Child, Adolescent, and Family Mental Health in a manner that complements the particular role and expertise of each group in order to enhance the mental health services system, sustain advocacy, and avoid duplication of effort.

## **10. Annual Survey**

**10.1** The MHBG Planning Council shall conduct an annual survey of members relating to their experiences on the council.

**State of Vermont**

Department of Mental Health  
280 State Drive, NOB 2 North  
Waterbury, VT 05671-2010

<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

[phone] 802-241-0090

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[tty] 800-253-0191

Substance Abuse and Mental Health Services Administration  
Office of Financial Resources, Division of Grants Management  
5600 Fishers Lane, 17E25D  
Rockville, MD 20850

August 23, 2022

Dear SAMHSA Grants Management Representative:

Thank you & warm gratitude to you & everyone at SAMHSA for your help! As you know, these are urgent & unprecedented times. The Covid pandemic; catastrophic climate change; wars, & the many trials & tribulations of life have inflicted enormous pain upon people. Due to the pandemic, it is extremely common for the majority of humans to have mental health symptoms, for example: depression, anxiety, isolation, & loneliness. We have seen a spike in addictions, & other co-occurring issues. A myriad of people, of all ages, are in extremely traumatic, chronic, & acute health crises. Most just want to talk with someone non-judgmental & compassionate. The list of life issues is too long for this letter.

Hence, Vermont continues to lead in creative & transformative ways. We strive to connect, validate, & support as many people in Vermont, of all ages, as humanly possible. We are all so grateful for the Mental Health Block Grant funding and express sincere thanks, as well, for additional block grant supplemental funding.

Vermont values body/mind/spirit health. One could say this is the "Trinity of Wellness." We would like to reach & support people at all levels of life & being. We are pleased to share that Vermont led the country, per capita, in 2021, in vaccination rates. Throughout the pandemic our Mental Health Block Grant Planning Council (MHBG PC) met & still holds meetings remotely/virtually.

The Vermont MHBG PC remains comprised of many robust & independent thinkers who contribute, with devotion, to our collective goals. We are happy to report that Members still work collaboratively & communicatively with the Vermont Department of Mental Health (DMH). We continue working towards alignment of funding priorities with the system of care plan. MHBG PC Members are solidified by a blend of advocates, professionals, people with lived experience, family members, & state employees. The MHBG PC continues to be a valuable Advisory Body to DMH. In addition, the Council has help from the Maven Group to help organize & prioritize the needs & goals of our group.

Vermont also continues to reveal unique approaches to humane & holistic areas of care in mental health & well-being. It is vital to note that the MHBG PC votes & updates its priorities. Last year, our compelling themes shifted somewhat. The following were our voting results for this past funding cycle:

- Reducing Emergency Rooms as mental health "parking lots";



- Suicide Prevention;
- Vermont Department of Corrections DOC pre-custody mental health screening & evaluation;
- Crisis Interventions;
- National Suicide Prevention Lifeline;
- Children's Respite; Mental Health Services for people in custody;
- Mental Health reducing stigma/discrimination (e.g., PSAs);
- Housing (vouchers, supported housing, rental assistance); &
- Youth in Transition.

Following the above, we also have Peer Services. The Council would also like to research & assist with more drug & alcohol treatment, as well as prevention advocacy. Further, suicide prevention & supports are one of our leading urgent topics of conversation & planning. We politely request that SAMHSA add "PREVENTION & PROMOTION" as acceptable goals & missions of funding dollars. It is so much easier to be useful to people if we are being preventative & aware versus letting the situation explode into emergencies & chaotic crises. Below is a list of current, relevant areas in need of attention & further development.

Synergistically, our top priorities also augments & helps reflect the DMH [VISION 2030](#) project goals developed by DMH and Vermont stakeholder communities. This plan's "Action Areas" include the following: Promoting health & wellness; Eliminating stigma & discrimination; Enhancing intervention & discharge planning services to support Vermonters in crisis; Influencing social contributors to health; Committing to workforce development & payment parity; Expanding access to community-based care; Offering peer services at all levels of care; & Ensuring service delivery is person-led. As you can see, there are similarities & parallels of values/goals/missions of the MHBG PC & VISION 2030. As Chair, I envision inter-weaving & aligning the goals & action areas so that everyone's work & ideas come together for our future well-being.

Vermont is one of the most welcoming states in support of diversity, as well. Our Council would like broad representation & continue to be inclusive. We would like more Veterans on the Council, for example. Vermont is also sensitive to refugees & people fleeing war-torn countries to try to find safety & solace. The War on The Ukraine worries & saddens so many of us; many in Vermont have rallied to help support & send much-needed-supplies to the country in the spirit of "Act Locally but Think Globally."

A myriad of people exist in crisis. Very often I hear "there are no [hospital] beds available." We still have a big problem with the crises in our state's emergency departments. Too many people, of all ages, wait for hospital beds, yet Vermont is doing its best to fix & heed attention to this problem.

While on the topic of some upsetting things, I need to convey concerns of our Council Members about SAMHSA's "archaic", "out-dated", & "derogatory" use of language. Specifically, pejoratively labeling people with "SED," "SMI," "Consumer," & "Behavioral Health." We also object to lumping BIPOC & LGBTQ together in surveys. This is very unfair to people. These antiquated methods only keep people away from seeking services. In a collaboration, Vermont would like to erase mental health



stigma. Please evolve SAMHSA's language into the 21st Century & 2022. A couple of suggestions are calling people "Individuals," or "Clients." Please replace "illness" with "mental health conditions. Would SAMHSA be willing to make these important language changes?

Mental Health populations are aging rapidly. If we do not keep up with the hopes & needs of our younger generations, then they will not as readily seek services. Please, join Vermont in the "Transformative Powers of 2022 & Beyond." We still aim, as well, to lessen or eradicate any coercive actions. i.e., "Seclusion/Restraints," "Un-necessary force by Police." Vermont's program of embedded mental health specialists with the Vermont State Police is a welcome change of the traumas of the past, yet that can still bleed into our present times. We strive for humane & compassionate care & consideration of all people. "It's not what's \*wrong\* with you, but what \*happened\* to you." This is an 11-year-old-or-more saying from IPS [Intentional Peer Support].

The Green Mountain State is fortunate, though, to have leading, innovative, & remarkable preventative services, as well: The VT Support Line (24/7); The Crisis Text Line; The Suicide LifeLine; & Peer-Hosted Crisis Respite (alternatives to costly, expensive hospitalizations & step-downs from hospitals); designated community mental health agencies; crisis lines; a multitude of valued services. We would like to see people thrive & enjoy being alive. It is fair to say that Vermont pushes forward into the future for exemplary quality & accountability.

Therefore, on behalf of the MHBG Planning Council, I'd like to share that last year, in 2021, Vermont was rated as "BEST ACCESS TO MENTAL HEALTH CARE in the U.S.A." [NAMI-VT Conference; February 2021]. We all realize a vast amount of work awaits us, still. It's important to note that DMH's Leadership for The Council continues to blossom with excellence. We are very impressed by their attention to detail; specific information they impart so well; the highly advanced graphs, charts, outcomes using the Results Based Accountability framework.

The MHBG Planning Council Members are so grateful to DMH & SAMHSA. We honor an excellent working relationship. There is an "I" in "ILLNESS," but a "WE" in WELLNESS. We can achieve great results working together for the greater good. The Council exudes strong hopes that our funding dollars & hard work helps as many people as humanly possible. Everyone is interconnected!

The Vermont Mental Health Block Grant Planning Council would like to thank SAMHSA for its generous regard & consideration of Vermont. On behalf of the whole Council, we convey our sincere gratitude. Everyone working together, is what makes this group "Excellent."

Respectfully & Sincerely,

M.S. Simpson, M.A.  
Chair  
Vermont Mental Health Block Grant Planning Council



# Environmental Factors and Plan

## Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

- State Education Agency
- State Vocational Rehabilitation Agency
- State Criminal Justice Agency
- State Housing Agency
- State Social Services Agency
- State Health (MH) Agency.
- State Medicaid Agency

Start Year: 2023      End Year: 2024

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Daniel Blankenship	Providers	Vermont State Housing Authority		
Heather Bouchey	State Employees	State of VT Agency of Education		
Danielle Bragg	State Employees	Department of Vermont Health Access		
Diane Dalmasse	State Employees	Division of Vocational Rehabilitation		
Laurie Emerson	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Michael Hartman	Providers			
Victoria Hudson	State Employees	Dept for Children and Families (Social Services)		
Alice Maynard	Others (Advocates who are not State employees or providers)			
Michael McAdoo	Others (Advocates who are not State employees or providers)			
Laurie Mulhern	Parents of children with SED/SUD			
Annie Ramniceanu	State Employees	Department of Corrections		
Anne Rich	State Employees	State of Vermont Department of Mental Health		
Caroline Rubin	Others (Advocates who are not State employees or providers)			
Marla Simpson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Cynthia Smith	Parents of children with SED/SUD			
Dan Towle	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			

Emily Trutor	State Employees	Alcohol and Drug Abuse Programs		
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\*Council members should be listed only once by type of membership and Agency/organization represented.

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**Footnotes:**  
NOTE: The Vermont Department of Mental Health successfully recruited a state housing authority representative from the Vermont State Housing Authority, Daniel Blankenship, to serve on our state planning council. He has been added as an Advisory Council Member to the roster.

# Environmental Factors and Plan

## Advisory Council Composition by Member Type

Start Year: 2023 End Year: 2024

Type of Membership	Number	Percentage
<b>Total Membership</b>	<b>19</b>	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	2	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	1	
Parents of children with SED/SUD*	2	
Vacancies (Individuals and Family Members)	2	
Others (Advocates who are not State employees or providers)	3	
<b>Total Individuals in Recovery, Family Members &amp; Others</b>	<b>10</b>	<b>52.63%</b>
State Employees	7	
Providers	2	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>9</b>	<b>47.37%</b>
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ+ Populations	2	
Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations	0	
<b>Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ+ Populations</b>	<b>2</b>	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	

\* States are encouraged to select these representatives from state Family/Consumer organizations or include individuals with substance misuse prevention, SUD treatment, and recovery expertise in their Councils.

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**Footnotes:**

## Environmental Factors and Plan

### 22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

#### Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings?  Yes  No

b) Posting of the plan on the web for public comment?  Yes  No

If yes, provide URL:

Electronic notices for the State Plan and MHBG Planning Council meetings are posted here:

[https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc\\_library/Vision\\_2030.pdf](https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/Vision_2030.pdf)

<https://outlook.office365.com/calendar/published/c903965306604c928f5dfd6ec61bfe49@vermont.gov/e02c45678f92402c94170d42f6ad19c79535142241067188661/calen>

Additionally, the public has previously been made aware of these resources via advertisements in print media.

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

The final version has not been posted yet, as the State of Vermont MHBG is still being implemented from prior federal fiscal year.

c) Other (e.g. public service announcements, print media)  Yes  No

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#### Footnotes:

The SABG FFY23 was provided for public comment via public hearing.

## Environmental Factors and Plan

### 23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act](#), 2018 (P.L. 115-141) signed by President Trump on March 23, 2018<sup>3</sup>.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers<sup>4</sup>. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs<sup>5</sup>: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>,

1. [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>,
2. [Centers for Disease Control and Prevention \(CDC\) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016](http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf) The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. [The Substance Abuse and Mental Health Services Administration \(SAMHSA\)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs](http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf) <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf>,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

<sup>4</sup> Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

<sup>5</sup> ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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**Footnotes:**

# Environmental Factors and Plan

## Syringe Services (SSP) Program Information-Table A

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

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**Footnotes:**

Not applicable for Vermont