

Vermont

UNIFORM APPLICATION

FY 2024/2025 Only Application Behavioral Health Assessment
and Plan

COMMUNITY MENTAL HEALTH SERVICES

BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 09/03/2024 12.19.58 PM)

Center for Mental Health Services

Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2025
End Year 2026

State Unique Entity Identification

Unique Entity ID YLQARK22FMQ1

I. State Agency to be the 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 Grantee of the Block Grant

First Name Emily
Last Name Hawes
Agency Name Agency of Human Services, Department of Mental Health
Mailing Address Weeks Building-166 Horseshoe Drive
City All Cities
Zip Code 05677
Telephone 8025953778
Fax (802) 241-0100
Email Address stephen.devoe@vermont.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name
Last Name
Agency Name
Mailing Address
City
Zip Code
Telephone
Fax
Email Address

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

From
To

V. Date Submitted

Submission Date 9/3/2024 12:19:19 PM
Revision Date 9/3/2024 12:19:27 PM

VI. Contact Person Responsible for Application Submission

First Name Stephen
Last Name DeVoe

Telephone 802-241-0090
Fax 802-241-0100
Email Address stephen.devoe@vermont.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

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

Fiscal Year 2025

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	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

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> [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: Kristin McClure

Signature of CEO or Designee¹: _____

Title: Interim Deputy Secretary, Vermont Agency of Human Services

Date Signed: _____

mm/dd/yyyy

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

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

PHILIP B. SCOTT
GOVERNOR



State of Vermont
OFFICE OF THE GOVERNOR

April 18, 2024

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 2025, 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

Sincerely,

A handwritten signature in black ink, appearing to read "Philip B. Scott", with a long horizontal line extending to the right.

Philip B. Scott
Governor

PBS/kp

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
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- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)

- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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.

- Social Services Block Grant
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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.

- Social Services Block Grant
- Preventative 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
- Low Income Home Energy Assistance Block Grant
- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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.

- Social Services Block Grant
- Preventative 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
- Low Income Home Energy Assistance Block Grant

- Community Services Block Grant
- State Plan on Aging (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

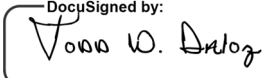
20. COORDINATION AND MAXIMUM UTILIZATION OF SERVICES

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 (Title III of the Older Americans Act)
- State Plans on Child and Family Services (45 CFR § 1357, 45 CFR § 1340, 45 CFR Parts 98 & 99, 45 CFR Part 260, 45 CFR 96)
- State Plan on State Council on Developmental Disabilities (45 CFR § 1386)

Vermont Agency of Human Services
Organization Name

Todd Daloz, Deputy Secretary
Name and Title of Authorized Representative

DocuSigned by:
 5/16/2024
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Signature



State of Vermont
Agency of Human Services

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

www.humanservices.vermont.gov

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

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

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 or (802) 786-5986.

Miranda Gray, Deputy Commissioner ESD
Name and Title of Authorized Representative

Todd Daloz, Deputy Secretary
Name and Title of Authorized Representative

DocuSigned by:
Miranda Gray 5/8/2024
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Signature

DocuSigned by:
Todd W. Daloz 5/16/2024
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE

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 person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

5/16/2024

Date

DocuSigned by:

Todd W. Daloz

Signature of Authorized Official

Todd Daloz, Deputy Secretary

Name and Title of Authorized Official (please print or type)

Vermont Agency of Human Services

Name of Agency Receiving/Requesting Funding

280 State Drive

Street Address

Waterbury, VT 05671

City, State, Zip Code

Please mail form to:

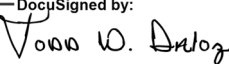
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W. Room 509F
Washington, D.C. 20201

**CERTIFICATION REGARDING PROGRAM FRAUD CIVIL
REMEDIES ACT (PFCRA)**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the statements herein are true, accurate and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

Vermont Agency of Human Services
Organization Name

Todd Daloz, Deputy Secretary
Name and Title of Authorized Representative

DocuSigned by:
 5/16/2024
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Signature

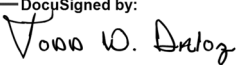
CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

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 5/16/2024
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Signature

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

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Signature

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:
 5/16/2024
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Signature

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:

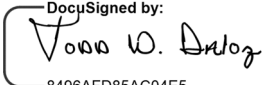
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a criminal judgment rendered against 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:
 5/16/2024
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 Signature

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

Public Hearing on AHS Block Grants
and State Plans taken on Tuesday,
June 18, 2024, by videoconference,
beginning at 2 p.m.

APPEARANCES:

Todd Daloz, Deputy Secretary VT AHS
Sarena Boland, AHS
Megan Mack, DCF
Karolyn Long, DCF
Ari Kisler, OEO
Ed Dwinell, DCF
Jim Uber, DAIL
Steve DeVoe, DMH
Alex Venafra, DMH
Adam Mozisek, VDH
Megan Hoke, VDH
Katherine Richardson VDH
Katie Stetler, VDH
Courtney Smalt, VDH
Ciara Kilburn, Steps to End Domestic Violence

CAPITOL COURT REPORTERS, INC.
P.O. BOX 329
BURLINGTON, VERMONT 05402-0329
(802) 863-6067
EMAIL: info@capitolcourtreporters.com

1 MS. BOLAND: I think that we probably
2 could get started. This is the FY25 Public Annual
3 Block Grant and State Planning public hearing. We
4 have a transcriptionist, Kim Sears. So what we would
5 like to do is go through everyone who is here and
6 introduce yourselves for her attendance record.

7 I can start. I'm Sarena Boland, and
8 I'm the Financial Manager for the Agency of Human
9 Services Fiscal Department, and more specific part of
10 the Grants Management Unit.

11 MR. DALOZ: Yes. Sarena, if you just
12 want to call on people, that may be the most
13 efficient way to --

14 MS. BOLAND: Sure. Why don't you go
15 ahead, Todd.

16 MR. DALOZ: Hi, folks. Todd Daloz he/
17 him pronouns. I am the Deputy Secretary of the
18 Agency of Human Services. I'll go through a little
19 spiel here in a minute once we all introduce
20 ourselves.

21 MS. BOLAND: How about we start with
22 DCF.

23 MS. MACK: Megan Mack. I work on --
24 for DCF on the Cost Allocation Team. And I am a
25 Financial Manager II. And I work under Ed Dwinell,

1 who is here.

2 MS. BOLAND: Okay. Next in DCF?

3 MS. LONG: This is Karolyn Long. I'm
4 the Director of Operations for the Child Development
5 Division and the Department for Children and
6 Families. Hi.

7 MS. BOLAND: Hi.

8 MS. KISLER: This is Ari Kisler with
9 the Office of Economic Opportunity here for the
10 Community Services Block Grant.

11 MS. BOLAND: Go ahead.

12 MR. DWINELL: Ed Dwinell, DCF business
13 office. We handle all the federal claiming for the
14 Block Grants and the Plan.

15 MS. BOLAND: Anyone else from DCF?

16 (No response)

17 MS. BOLAND: All right. Let's move on
18 to DAIL.

19 MR. UBER: Good afternoon. This is Jim
20 Uber. I'm the DAIL Financial Director.

21 MS. BOLAND: Thank you. Anyone else
22 from DAIL?

23 MR. UBER: I think I'm it.

24 MS. BOLAND: Okay. I'm not certain if
25 anyone from DOC is here. They are not really a part

1 of the Block Grant, but they are part of the Agency
2 of Human Services. So I think the invitation was
3 given to everyone. So if anyone from DOC is here
4 feel free to jump in and introduce yourselves.

5 (No response)

6 MS. BOLAND: Let's move on to DMH.

7 MR. DEVOE: Good afternoon, everybody.
8 I'm Steve DeVoe, he/him pronouns. I'm the Director
9 of Quality and Accountability at DMH, and then I'm
10 also our State Planner for our Community Mental
11 Health Block Grant.

12 MS. VENAFRA: Hello. I'm Alex Venaфра.
13 She/her pronouns. I'm a Financial Manager III
14 supporting our federal grants and all our sub grants.

15 MS. BOLAND: Anyone else from DMH?

16 (No response)

17 MS. BOLAND: Okay. Let's move on to
18 VDH.

19 MR. MOZISEK: I'm Adam Mozisek. I am
20 a Federal Grant Administrator in the Business Office,
21 and I prepare the financials for the Substance Abuse
22 Block Grant and the Public Health and Human Services
23 -- Preventative Health and Human Services Block
24 Grant.

25 MS. HOKE: Megan Hoke. I'm a Financial

1 Director of Vermont Department of Health.

2 MS. RICHARDSON: I'm Katherine
3 Richardson, she/her pronouns. I'm the Health
4 Division Admin for the Planning Unit, and I'm the
5 Block Grant Coordinator for PHS Block Grant. Thank
6 you.

7 MS. STETLER: Hi, everybody. I'm Katie
8 Stetler. I'm the Director of Planning and
9 Improvement at the Health Department, also at the
10 Preventive Health and Health Services Block Grant.

11 MS. SMALT: Hi. My name is Courtney
12 Smalt, I sit in SVH, and I'm the Title 5 MCH Block
13 Grant Coordinator.

14 MS. BOLAND: Anyone from Agency of
15 Human Services?

16 (No response)

17 MS. BOLAND: Let's move to anyone from
18 DVHA.

19 (No response)

20 MS. BOLAND: Okay. I think the floor
21 is all yours now.

22 MR. DALOZ: Thank you, Sarena. I also
23 just to want to make sure is there anyone else who we
24 didn't introduce or needs to be introduced just in
25 case they hopped on later.

1 MS. KILBURN: Hi, everybody. My name
2 is Ciara Kilburn. I'm the Director of Housing
3 Services at Steps to End Domestic Violence.

4 MR. DALOZ: Great to have you. Thank
5 you. Anyone else?

6 (No response)

7 MR. DALOZ: Okay. Well let me jump in
8 to the formal portion of today's meeting. Good
9 afternoon, folks. Welcome to the Agency of Human
10 Services Block Grant and State Planning hearing. I'm
11 Todd Daloz, the Deputy Secretary with the Agency of
12 Human Services.

13 Under federal regulation we must, prior
14 to the beginning of a new federal fiscal year,
15 conduct a public hearing for the following federal
16 block grants and state plans administered by Agency
17 of Human Services: Social Services Block Grant. The
18 Preventative Health and Health Services Block Grant.
19 The Maternal and Child Health Services Block Grant.
20 The Substance Abuse Prevention and Treatment Block
21 Grant. The Community Mental Health Services Block
22 Grant. The Low-Income Energy Assistance Block Grant.
23 And the Community Services Block Grant.

24 Under State of Vermont statute we must
25 announce the public hearing as community members have

1 a right to attend meetings of public agencies.
2 Advertisement and notices of public hearing were
3 placed in the Burlington Free Press, the Bennington
4 Banner, the Times Argus, Brattleboro Reformer and
5 Rutland Herald on Friday, May 31, 2024. An
6 electronic notice was also posted to the State of
7 Vermont Public Libraries' website.

8 Additionally, legislative leaders in
9 the Joint Fiscal Committee were notified via email of
10 this public hearing. Electronic summary documents,
11 as well as full draft grant applications, are
12 available on the AHS internet site and by request.

13 I should note that these Block Grants
14 and State Plans and the respective programs and
15 amounts are for the most part included in the state
16 fiscal year 2025 budget.

17 At this time we will take questions
18 from the public. As you heard in the various
19 introductions, the individuals present today are
20 members from each department who will address any
21 specific concerns or questions regarding these grants
22 and plans. We will record your questions and provide
23 a formal written response as soon as possible if one
24 is not given during the course of the meeting. In
25 addition, we will post all questions and answers to

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1 the Agency of Human Services' website.

2 So now I want to just open the floor
3 for any public questions or comments from any member
4 of the public who is joining us today.

5 (Pause)

6 MR. DALOZ: So for folks joining for
7 the first time, we are going to just wait about a
8 minute of silence if that's what we end up with in
9 case anybody wants to -- is having trouble connecting
10 or otherwise. And then we will end up leaving the
11 line open, and I request that people stay available
12 and in the meeting for about 20 minutes. I'll let
13 you know exactly at what time we will wrap up, but
14 just to make sure if people are joining late, we give
15 the public ample opportunity to ask questions and
16 make requests for information about these various and
17 very important programs.

18 So let me just give another 20 seconds
19 of silence, and as long as folks are still available,
20 we will leave the line open for about 20 minutes.

21 (Pause)

22 MR. DALOZ: All right. By my clock, we
23 will keep the line open and respond to questions
24 until 2:33. So if folks could stick around, I will
25 close the meeting when we -- if we don't get any

1 further questions -- at 2:33. So thanks for hanging
2 in there, and we will respond to any questions as
3 they come up.

4 (Pause)

5 MR. DALOZ: It is 2:23. We will keep
6 the line open for another 10 minutes until 2:33
7 absent any questions or comments from the public.

8 (Pause)

9 MR. DALOZ: All right. The time is
10 2:33. We kept the line open for about 20 minutes
11 after our initial opening of this year's annual
12 public hearing on Agency of Human Services Block
13 Grants and State Plans. Barring any last minute
14 public questions or comments, we will close the
15 meeting. Thanks, everybody, for coming. Thanks for
16 being available, and I think probably most
17 importantly, thanks for all the work it takes to get
18 the Block Grants together and then get the money out
19 the door to really support pretty incredible work
20 across the state in support of all those Vermonters
21 we serve.

22 So thanks very much, and please stay
23 cool for the next couple days and make sure folks you
24 know are also staying cool. Take care.

25 MS. BOLAND: Thank you.

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(Whereupon, the proceeding was
adjourned at 2:33 p.m.)

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I certify that the foregoing is a correct transcript from the record of proceedings in the above-entitled matter.

Date /s/ Kim U. Sears
Kim U. Sears

<p style="text-align: center;">0</p> <p>05402-0329 - 1:20</p> <p style="text-align: center;">1</p> <p>10 - 9:6 18 - 1:4</p> <p style="text-align: center;">2</p> <p>2 - 1:5 20 [4] 8:12, 8:18, 8:20, 9:10 2024 [2] 1:4, 7:5 2025 - 7:16 2:23 - 9:5 2:33 [5] 8:24, 9:1, 9:6, 9:10, 10:2</p> <p style="text-align: center;">3</p> <p>31 - 7:5 329 - 1:19</p> <p style="text-align: center;">5</p> <p>5 - 5:12</p> <p style="text-align: center;">8</p> <p>802 - 1:20 863-6067 - 1:20</p> <p style="text-align: center;">A</p> <p>above-entitled - 11:6 absent - 9:7 Abuse [2] 4:21, 6:20 Accountability - 4:9 across - 9:20 Adam [2] 1:13, 4:19 addition - 7:25 Additionally - 7:8 address - 7:20 adjourned - 10:2 Admin - 5:4 administered - 6:16 Administrator - 4:20 Advertisement - 7:2 afternoon [3] 3:19, 4:7, 6:9 agencies - 7:1 Agency [10] 1:1, 2:8, 2:18, 4:1, 5:14, 6:9, 6:11, 6:16, 8:1, 9:12 ahead [2] 2:15, 3:11 AHS [4] 1:3, 1:8,</p>	<p>1:9, 7:12 Alex [2] 1:12, 4:12 Allocation - 2:24 amounts - 7:15 ample - 8:15 announce - 6:25 annual [2] 2:2, 9:11 answers - 7:25 APPEARANCES - 1:8 applications - 7:11 Argus - 7:4 Ari [2] 1:10, 3:8 Assistance - 6:22 attend - 7:1 attendance - 2:6 available [4] 7:12, 8:11, 8:19, 9:16</p> <p style="text-align: center;">B</p> <p>Banner - 7:4 Barring - 9:13 beginning [2] 1:5, 6:14 Bennington - 7:3 block [24] 1:3, 2:3, 3:10, 3:14, 4:1, 4:11, 4:22, 4:23, 5:5, 5:5, 5:10, 5:12, 6:10, 6:16, 6:17, 6:18, 6:19, 6:20, 6:21, 6:22, 6:23, 7:13, 9:12, 9:18 Boland [19] 1:9, 2:1, 2:7, 2:14, 2:21, 3:2, 3:7, 3:11, 3:15, 3:17, 3:21, 3:24, 4:6, 4:15, 4:17, 5:14, 5:17, 5:20, 9:25 BOX - 1:19 Brattleboro - 7:4 budget - 7:16 Burlington [2] 1:20, 7:3</p> <p style="text-align: center;">C</p> <p>CAPITOL - 1:19 care - 9:24 case [2] 5:25, 8:9 certain - 3:24 certify - 11:4 Child [2] 3:4, 6:19 Ciara [2] 1:15, 6:2 claiming - 3:13 clock - 8:22 close [2] 8:25, 9:14 coming - 9:15 comments [3] 8:3, 9:7, 9:14 Committee - 7:9 community [5] 3:10, 4:10, 6:21,</p>	<p>6:23, 6:25 concerns - 7:21 conduct - 6:15 connecting - 8:9 cool [2] 9:23, 9:24 Coordinator [2] 5:5, 5:13 correct - 11:4 Cost - 2:24 couple - 9:23 course - 7:24 COURT - 1:19 Courtney [2] 1:15, 5:11</p> <p style="text-align: center;">D</p> <p>DAIL [4] 1:11, 3:18, 3:20, 3:22 Daloz [12] 1:8, 2:11, 2:16, 2:16, 5:22, 6:4, 6:7, 6:11, 8:6, 8:22, 9:5, 9:9 Date - 11:9 DCF [8] 1:9, 1:10, 1:11, 2:22, 2:24, 3:2, 3:12, 3:15 department [5] 2:9, 3:5, 5:1, 5:9, 7:20 Deputy [3] 1:8, 2:17, 6:11 Development - 3:4 DeVoe [3] 1:12, 4:7, 4:8 Director [6] 3:4, 3:20, 4:8, 5:1, 5:8, 6:2 Division [2] 3:5, 5:4 DMH [5] 1:12, 1:12, 4:6, 4:9, 4:15 DOC [2] 3:25, 4:3 documents - 7:10 Domestic [2] 1:15, 6:3 door - 9:19 draft - 7:11 DVHA - 5:18 Dwinell [4] 1:11, 2:25, 3:12, 3:12</p> <p style="text-align: center;">E</p> <p>Economic - 3:9 Ed [3] 1:11, 2:25, 3:12 efficient - 2:13 electronic [2] 7:6, 7:10 email [2] 1:21, 7:9 Energy - 6:22 everybody [4] 4:7, 5:7, 6:1, 9:15 everyone [2] 2:5, 4:3</p>	<p>exactly - 8:13</p> <p style="text-align: center;">F</p> <p>Families - 3:6 federal [6] 3:13, 4:14, 4:20, 6:13, 6:14, 6:15 feel - 4:4 Financial [5] 2:8, 2:25, 3:20, 4:13, 4:25 financials - 4:21 fiscal [4] 2:9, 6:14, 7:9, 7:16 floor [2] 5:20, 8:2 folks [6] 2:16, 6:9, 8:6, 8:19, 8:24, 9:23 foregoing - 11:4 formal [2] 6:8, 7:23 free [2] 4:4, 7:3 Friday - 7:5 full - 7:11 FY25 - 2:2</p> <p style="text-align: center;">G</p> <p>given [2] 4:3, 7:24 grant [20] 2:3, 3:10, 4:1, 4:11, 4:20, 4:22, 4:24, 5:5, 5:5, 5:10, 5:13, 6:10, 6:17, 6:18, 6:19, 6:21, 6:22, 6:22, 6:23, 7:11 grants [10] 1:3, 2:10, 3:14, 4:14, 4:14, 6:16, 7:13, 7:21, 9:13, 9:18</p> <p style="text-align: center;">H</p> <p>handle - 3:13 hanging - 9:1 having - 8:9 he/him - 4:8 Health [12] 4:11, 4:22, 4:23, 5:1, 5:3, 5:9, 5:10, 5:10, 6:18, 6:18, 6:19, 6:21 heard - 7:18 hearing [8] 1:3, 2:3, 6:10, 6:15, 6:25, 7:2, 7:10, 9:12 Hello - 4:12 Herald - 7:5 Hi [6] 2:16, 3:6, 3:7, 5:7, 5:11, 6:1 Hoke [3] 1:13, 4:25, 4:25 hopped - 5:25 Housing - 6:2 Human [12] 1:1, 2:8, 2:18, 4:2,</p>	<p>4:22, 4:23, 5:15, 6:9, 6:12, 6:17, 8:1, 9:12</p> <p style="text-align: center;">I</p> <p>II - 2:25 III - 4:13 Importantly - 9:17 Improvement - 5:9 included - 7:15 incredible - 9:19 individuals - 7:19 info@capitolcour - 1:21 information - 8:16 initial - 9:11 internet - 7:12 Introduce [4] 2:6, 2:19, 4:4, 5:24 introduced - 5:24 introductions - 7:19 invitation - 4:2</p> <p style="text-align: center;">J</p> <p>Jim [2] 1:11, 3:19 joining [3] 8:4, 8:6, 8:14 Joint - 7:9 jump [2] 4:4, 6:7 June - 1:4</p> <p style="text-align: center;">K</p> <p>Karolyn [2] 1:10, 3:3 Katherine [2] 1:14, 5:2 Katie [2] 1:14, 5:7 kept - 9:10 Kilburn [3] 1:15, 6:1, 6:2 Kim [3] 2:4, 11:8, 11:9 Kisler [3] 1:10, 3:8, 3:8</p> <p style="text-align: center;">L</p> <p>later - 5:25 leaders - 7:8 leave - 8:20 leaving - 8:10 legislative - 7:8 Let's [4] 3:17, 4:6, 4:17, 5:17 Libraries - 7:7 Low-Income - 6:22</p> <p style="text-align: center;">M</p> <p>Mack [3] 1:9, 2:23, 2:23 Management - 2:10 Manager [3] 2:8,</p>	<p>2:25, 4:13 Maternal - 6:19 matter - 11:6 MCH - 5:12 meeting [5] 6:8, 7:24, 8:12, 8:25, 9:15 meetings - 7:1 Megan [4] 1:9, 1:13, 2:23, 4:25 member - 8:3 members [2] 6:25, 7:20 Mental [2] 4:10, 6:21 minute [3] 2:19, 8:8, 9:13 minutes [4] 8:12, 8:20, 9:6, 9:10 money - 9:18 move [4] 3:17, 4:6, 4:17, 5:17 Mozisek [3] 1:13, 4:19, 4:19</p> <p style="text-align: center;">N</p> <p>needs - 5:24 note - 7:13 notice - 7:6 notices - 7:2 notified - 7:9</p> <p style="text-align: center;">O</p> <p>OEO - 1:10 office [3] 3:9, 3:13, 4:20 open [6] 8:2, 8:11, 8:20, 8:23, 9:6, 9:10 opening - 9:11 Operations - 3:4 opportunity [2] 3:9, 8:15 otherwise - 8:10 ourselves - 2:20</p> <p style="text-align: center;">P</p> <p>p.m [2] 1:5, 10:2 P.O - 1:19 Pause [4] 8:5, 8:21, 9:4, 9:8 PHHS - 5:5 placed - 7:3 Plan - 3:14 Planner - 4:10 Planning [4] 2:3, 5:4, 5:8, 6:10 plans [5] 1:4, 6:16, 7:14, 7:22, 9:13 please - 9:22 portion - 6:8 possible - 7:23 post - 7:25 posted - 7:6 prepare - 4:21 present - 7:19 Press - 7:3</p>
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<p>Preventative [2] 4:23, 6:18 Prevention - 6:20 Preventive - 5:10 prior - 6:13 probably [2] 2:1, 9:16 proceeding - 10:1 proceedings - 11:5 programs [2] 7:14, 8:17 pronouns [4] 2:17, 4:8, 4:13, 5:3 provide - 7:22 public [17] 1:3, 2:2, 2:3, 4:22, 6:15, 6:25, 7:1, 7:2, 7:7, 7:10, 7:18, 8:3, 8:4, 8:15, 9:7, 9:12, 9:14</p> <hr/> <p style="text-align: center;">Q</p> <hr/> <p>Quality - 4:9</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>really [2] 3:25, 9:19 record [3] 2:6, 7:22, 11:5 Reformer - 7:4 regarding - 7:21 regulation - 6:13 REPORTERS - 1:19 request [2] 7:12, 8:11 requests - 8:16 respective - 7:14 respond [2] 8:23, 9:2 response [7] 3:16, 4:5, 4:16, 5:16, 5:19, 6:6, 7:23 Richardson [3] 1:14, 5:2, 5:3 Rutland - 7:5</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>Sarena [4] 1:9, 2:7, 2:11, 5:22 Sears [3] 2:4, 11:8, 11:9 seconds - 8:18 Secretary [3] 1:8, 2:17, 6:11 serve - 9:21 Services [20] 1:1, 2:9, 2:18, 3:10, 4:2, 4:22, 4:23, 5:10, 5:15, 6:3, 6:10, 6:12, 6:17, 6:17, 6:18, 6:19, 6:21, 6:23, 8:1, 9:12</p>	<p>she/her [2] 4:13, 5:3 silence [2] 8:8, 8:19 sit - 5:12 site - 7:12 Smalt [3] 1:15, 5:11, 5:12 Social - 6:17 specific [2] 2:9, 7:21 spiel - 2:19 start [2] 2:7, 2:21 started - 2:2 state [12] 1:1, 1:4, 2:3, 4:10, 6:10, 6:16, 6:24, 7:6, 7:14, 7:15, 9:13, 9:20 statute - 6:24 stay [2] 8:11, 9:22 staying - 9:24 Steps [2] 1:15, 6:3 Stetler [3] 1:14, 5:7, 5:8 Steve [2] 1:12, 4:8 stick - 8:24 sub - 4:14 Substance [2] 4:21, 6:20 summary - 7:10 support [2] 9:19, 9:20 supporting - 4:14 SVH - 5:12</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>taken - 1:4 takes - 9:17 Team - 2:24 Thank [5] 3:21, 5:5, 5:22, 6:4, 9:25 thanks [5] 9:1, 9:15, 9:15, 9:17, 9:22 Title - 5:12 today [2] 7:19, 8:4 today's - 6:8 Todd [4] 1:8, 2:15, 2:16, 6:11 transcript - 11:5 transcriptionist - 2:4 Treatment - 6:20 trouble - 8:9 Tuesday - 1:4</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>Uber [4] 1:11, 3:19, 3:20, 3:23 Unit [2] 2:10, 5:4</p>	<hr/> <p style="text-align: center;">V</p> <hr/> <p>various [2] 7:18, 8:16 VDH [6] 1:13, 1:13, 1:14, 1:14, 1:15, 4:18 Venafra [3] 1:12, 4:12, 4:12 Vermont [5] 1:1, 1:20, 5:1, 6:24, 7:7 Vermonters - 9:20 via - 7:9 videoconference - 1:4 Violence [2] 1:15, 6:3 VT - 1:8</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>wait - 8:7 wants - 8:9 website [2] 7:7, 8:1 Welcome - 6:9 Whereupon - 10:1 wrap - 8:13 written - 7:23</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>year's - 9:11 yours - 5:21 yourselves [2] 2:6, 4:4</p>			
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State Information

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

Fiscal Year 2025

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	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

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> [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: Kristin McClure

Signature of CEO or Designee¹:  DocuSigned by:
Kristin McClure
2D24B62BE34A4C5...

Title: Chief Data Officer

Date Signed: 8/21/2024

mm/dd/yyyy

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


Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

MEMORANDUM

TO: Governor's Office
FROM: Candace Elmquist, AHS Financial Director
THROUGH: Jenney Samuelson, AHS Secretary 
DATE: August 12, 2024
RE: Governor's Delegation Letter for FFY2025 AHS Block Grants and State Plans

The Agency of Human Services receives seven federal block grants which require annual applications with signature of the Governor or Governor's delegate. Additionally, the Agency of Human Services submits state plans on a rotating schedule for other federal grants which require signature of the Governor or Governor's delegate. Applications and related certifications are submitted annually from June through December. The Governor's delegate must be identified each year in preparation for those applications and related certifications.

The Agency of Human Services had previously recommended that Todd Daloz, Deputy Secretary, serve as the Governor's delegate for all federal fiscal year 2025 AHS block grants and state plans. With Todd Daloz's recent departure from the Agency, the Agency of Human Services is now recommending the acting Deputy Secretary, serve as the Governor's delegate for all federal fiscal year 2025 AHS block grants and state plans.

Please contact Candace Elmquist with any questions.

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

Dear Secretary Becerra:

This letter is to advise that the Deputy Secretary of the Agency of Human Services, is the formal designee for all transactions required to administer the Vermont Human Services Plan Budget for FFY 2025, including each related block grant and plan as listed below. The Agency of Human Services of the State of Vermont is designated to administer the grants and plans 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

Application for Community Mental Health Services 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

Application 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 Child and Family Services
Social Security Act, Sec. 422 (42 U.S.C. 622), Sec. 432 (42 U.S.C. 629b), and Sec. 471 (42 U.S.C. 671). Child Abuse Prevention and Treatment Act (42 USC 5101). Regulations: 45 CFR, Parts 1357 and 1340

Sincerely,

Philip B. Scott
Governor
PBS/kp

Vermont: BSCA Funding Plan 2025

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 2022 American Community Survey 1-year estimate data profiles¹, Vermont has an estimated population of 647,064 with 21.6% of residents aged 65 years or older compared to the United States percentage of 17.3% for this same age range. Vermont is less racially diverse with 90.9% of residents identifying as White compared to the United States with 60.9%.

According to the United States Census, the 2022 Vermont median household income was \$73,991, which was less compared to the United States median income of \$74,755, yet the Vermont’s overall poverty rate was 10.4% compared to the national poverty rate of 12.6%. Although, the poverty rate of Vermont’s children (under age 18) was 11.6% in 2022 and the poverty rate for Vermonters ages 65 years and older was 7.9%.

Demographics	Vermont	National
% Female	50.4%	50.4%
% Age 65 or older	21.6%	17.3%
% Younger than Age 18	17.6%	21.7%
Median age	43.2	39.0
Median Household income	\$73,991	\$74,755
% Living in poverty	10.4%	12.6%
% Children (under 18) living in poverty	11.6%	16.3%
% Seniors (65 and older) living in poverty	7.9%	10.9%
% of Adults with High School graduate or higher	95.0%	89.6%
% of Adults with bachelor’s degree or higher	44.2%	35.7%
% White	90.9%	60.9%

¹https://data.census.gov/table/ACSDP1Y2022.DP05?q=United+States&g=010XX00US_040XX00US50

² % Black	1.0%	12.2%
% Asian	1.8%	5.9%
% 2 or more races	5.5%	12.5%
% Hispanic or Latino	2.3%	19.1%
% Persons with language other than English spoken at home	5.4%	22.0%
% Foreign Born	4.3%	13.9%
% Population with veteran status	6.5%	6.2%

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, the Substance Abuse and Mental Health Services Administration (SAMHSA) distributed 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 the 2025 funds will be two years from September 30, 2024, to September 29, 2026. Vermont's second allocation is \$140,136. The award includes mandatory minimum set asides: 10% set-aside for Early-SMI (ESMI) and First Episode Psychosis (FEP) and 5% set-aside for Crisis Services. SAMHSA is advising states to examine and address the need for mental health services in the aftermath of crisis- and disaster-related events that affect different communities.

Current Ongoing Activities

Vermont continues various initiatives focusing on mental health and its integration into the broader health system of care, including enhanced mobile crisis and disaster mental health planning. The State also maintains a focus on emergent- and crisis- related situations that Vermonters face through increasing access to the Vermont crisis continuum of care.

For more than 3 years, DMH continues to sustain Vermont's in-state 9-8-8 Lifeline Centers through its two partner DAs: Northeast Kingdom Human Services and Northwestern Counseling and Support Services. These agencies have an average in-state answer rate of 84.7% over the past state fiscal year 2024. Vermont is also tracking data on chats and texting to 9-8-8 to ensure that the state can meet client and family needs in a comprehensive manner through the full range of options to improve access to those disproportionately impacted by health inequities. Finally, DMH launched its statewide enhanced mobile crisis initiative on January 1, 2024. This is a major system of care reform effort that has included partnering with the state's 10 DAs to provide this service to all Vermonters.

Vermont's BSCA Funding Plan 2024 work continues the state's focus on mental health emergency preparedness and response planning, as well as implementation of a Coordinated Specialty Care (CSC) program. The primary focus of this plan is to continue activities focused on emergency preparedness and response plans to prominently include disaster mental health. This ongoing planning work that is being supported by a vendor with expertise in emergency preparedness planning to effectively address DMH's role and capabilities to support statewide efforts during disaster and crisis situations.

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 does not have a Coordinated Specialty Care (CSC) program to serve individuals who are experiencing early serious mental illness, in particular first episode psychosis. DMH is dedicated to implementing a CSC program in Vermont to best serve this population, therefore is proposing to use the majority of the allotted 2025 BSCA funds to support this work. At present, there is ongoing work to plan, develop, and implement a program that includes community input, broader health care provider education on CSCs, and research and evaluation activities to conduct analytics on the annual incidence of FEP in Vermont. The 2025 BSCA-funded portion of this initiative will continue a focus on disaster and crisis response for adults with SMI and children with SED who receive services from DAs and SSAs, specifically the role of a CSC program in the state's mental health system of care to ensure that individuals diagnosed with SMI and SED are prioritized effectively. Also, Vermont's CSC implementation work will focus on planning for potential resources needed for continuity of operations in disaster-related situations. Vermont has experienced multiple flooding events the past year, which has highlighted the need to adjusting plans for such programs to meet the needs of Vermonters with SMI and SED and their natural supports. A portion of the 2025 BSCA funds will go towards training and education on ways to access disaster-related resources to support adults with SMI and children with SED. Finally, the 5% crisis set aside will be used to support ongoing disaster mental health planning and education for local and regional providers.

- 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, Vermont has experienced multiple significant flooding events the past year that has caused much anxiety and trauma for impacted Vermonters. The launch of its statewide enhanced mobile crisis initiative on January 1, 2024, has offered further resources to build upon the array of crisis services available throughout the state. DMH is proposing to use its 5% crisis set aside from the 2025 BSCA award to continue supporting existing disaster mental health planning activities that will focus on how best to serve adults with SMI and children with SED and their families to access the appropriate levels of care through improved care coordination. This proposal includes coordination with other state agencies, such as Vermont Agency of Human Services, Vermont Agency of Education, and Vermont Emergency Management, to effectively coordinate existing emergency management plans.

- 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.**

Please see documentation referenced above.

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).

As referenced previously, while Vermont does not currently have a CSC program, there are different planning activities that are occurring that focus on the implementation of a CSC program. A part of this implementation planning is ensuring a sustainable funding model for this program. DMH proposes using the majority of its 2025 BSCA award to assist in ongoing efforts to establish a CSC program with a specific focus on the role of a CSC program in the updated DMH Disaster Mental Health Plan.

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.

Given the impact of multiple flooding events that have left many Vermonters facing mental health challenges, DMH continues its activities for updating its Disaster Mental Health Plan in partnership with other state government agencies, local health care providers, and other organizations that offer support for natural disasters. This includes a recent extension of the Starting Over Strong Vermont initiative that focuses on increasing access to mental health supports.

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.

For the current 2025 BSCA proposal, DMH does not intend at present to utilize any funds towards development/enhancement of culturally and linguistically tailored messaging. In the past year, DMH has used other MHBG awards to address culturally/linguistically appropriate supports for Vermonters to ensure equitable access to mental health resources.

FFY 2024 Budget for Proposed Activities (\$140,136)

Program Costs

Activity	Budgeted Costs
ESMI/FEP 10% Set Aside	\$100,000
Crisis 5% Set Aside	\$20,000
Training and Education	\$16,000
Administrative	\$4,136
TOTAL	\$140,136

Direct Costs – ESMI/FEP

- The primary focus of this supplemental award will be to support the ongoing planning and implementation work of a CSC program in Vermont. DMH will be hosting a CSC Conference in September 2024 to provide education on CSCs. as

well as offer opportunities for community partner input and engagement on how a CSC should fit within the updated Disaster Mental Health Plan.

Direct Costs – Crisis

- The Crisis Set Aside (\$20,000) of this proposal will be used to support the state’s ongoing crisis initiatives and how these initiatives will compliment a CSC program and its role in disaster-related situations to leverage any necessary resources on local, regional, and statewide levels.
- Direct Costs – Training
 - Vermont’s plan to implement a CSC program will require a significant amount of resources, which includes training and education of individuals seeking care, broader health care providers, community-based organizations, and other state government agencies. DMH has allocated \$16,000 towards training and education on the state’s emergency preparedness plans and ways to access resources to support Vermont adults with SMI and children with SED.

Indirect Costs

- The indirect costs outlined above (\$4,136) will be used to cover administrative expenses that pertains to disaster mental health planning activities.

State Information

Disclosure of Lobbying Activities

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

Standard Form LLL (click here)

Name

Kristin McClure

Title

Interim Deputy Secretary

Organization

Vermont Agency of Human Services

Signature:

Date:

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2026

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	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) ^a	I. COVID-19 Relief Funds (SUPTRS) ^a	J. ARP Funds (MHBG) ^b	K. BSCA Funds (MHBG) ^c
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention ^{dd}		\$140,000.00					\$0.00				\$16,000.00
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) ^{ee}		\$569,064.00					\$92,290.00		\$244,555.00		\$100,000.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital			\$35,929,656.00	\$2,909,212.00	\$27,145,580.00		\$159,366.00	\$0.00			
8. Other 24-Hour Care		\$240,000.00	\$104,560,518.00		\$110,012.00		\$353,926.00	\$60,000.00			
9. Ambulatory/Community Non-24 Hour Care		\$1,549,372.00	\$387,860,904.00	\$6,625,708.00	\$14,831,692.00					\$321,703.00	
10. Crisis Services (5 percent set-aside) ^{ff}		\$897,876.00	\$39,661,280.00				\$24,781.00				\$20,000.00
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately ^{gf}		\$100,000.00	\$7,207,176.00	\$10,904,876.00	\$9,023,340.00		\$41,960.00			\$40,000.00	\$4,136.00
12. Total	\$0.00	\$3,496,312.00	\$575,219,534.00	\$20,439,796.00	\$51,110,624.00	\$0.00	\$555,252.00	\$177,071.00	\$0.00	\$606,258.00	\$140,136.00

^aThe original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^bThe expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^cThe expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

^dWhile the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

^eColumn 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

^fRow 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

^gPer statute, administrative expenditures cannot exceed 5% of the fiscal year award.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

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

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2026

Activity	FY 2024 Block Grant	FY 2024 ¹ COVID Funds	FY 2024 ² ARP Funds	FY 2024 ³ BSCA Funds	FY 2025 Block Grant	FY 2025 ¹ COVID Funds	FY 2025 ² ARP Funds	FY 2025 ³ BSCA Funds
1. Information Systems								
2. Infrastructure Support	\$1,137,034.00	\$61,478.00	\$810,434.00	\$105,000.00	\$1,049,374.00	\$80,723.00	\$244,555.00	\$120,000.00
3. Partnerships, community outreach, and needs assessment	\$446,872.00	\$172,335.00			\$488,790.00	\$4,058.00	\$112,500.00	
4. Planning Council Activities (MHBG required, SUPTRS BG optional)		\$54,567.00	\$72,137.00				\$40,000.00	
5. Quality Assurance and Improvement	\$50,000.00	\$36,110.00	\$7,150.00		\$40,000.00	\$5,800.00		
6. Research and Evaluation		\$44,800.00			\$45,742.00	\$25,000.00		
7. Training and Education	\$114,250.00	\$2,428.00	\$22,493.00	\$30,000.00	\$124,250.00		\$209,203.00	\$16,000.00
8. Total	\$1,748,156.00	\$371,718.00	\$912,214.00	\$135,000.00	\$1,748,156.00	\$115,581.00	\$606,258.00	\$136,000.00

¹ The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

² 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 standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

³ The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.

CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.

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, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. 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 serious mental illness or children with serious emotional disturbances. 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.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, 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.

Each community mental health center in Vermont (10 total) has its own Emergency Services team that is designated to provide mental health crisis services to a region of the state twenty-four hours a day, seven days a week. Additionally, the state has two 9-8-8 call centers that cover 24/7/365 call, chat, and text in the state of Vermont. Both Vermont 9-8-8 call centers are also members of the designated agency community mental health system. When a face-to-face crisis response is required, the 9-8-8 call center will contact the local crisis team and dispatch the team to the individual in crisis. Additionally, there are crisis stabilization beds throughout the state that are available to offer short-term mental health treatment. Finally, Vermont launched a statewide enhanced mobile crisis initiative on January 1, 2024 that includes 10 different enhanced mobile crisis teams affiliated with each community mental health center.
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' 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 implemented 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.

Other program implementation data that characterizes crisis services system development.

1. Someone to talk to: Crisis Call Capacity

- a. Number of locally based crisis call Centers in state
 - i. In the 988 Suicide and Crisis 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 BH related

2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)

- a. Independent of first responder structures (police, paramedic, fire)
- b. Integrated with first responder structures (police, paramedic, fire)
- c. Number that employs peers

3. Safe place to go or to be:

- a. Number of Emergency Departments
- b. Number of Emergency Departments that operate a specialized behavioral 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 Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Safe place to go or to be	<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 launched its statewide enhanced mobile crisis initiative on January 1, 2024 that includes participation by all Vermont community mental health centers. Additionally, a multifaceted "alternatives to emergency departments" initiative is ongoing throughout different parts of the state to better serve Vermonters in community-based settings.

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

Someone to call: Currently, the State of Vermont has 24/7 9-8-8 call availability that includes chat and text capabilities to best serve Vermonters.

Someone to respond: Vermont launched its enhanced mobile crisis initiative that includes statewide coverage for two-person Mobile Crisis response. Ongoing performance and quality assurance activities are being regularly monitored.

Somewhere to go: State of Vermont has five "alternative to emergency department" programs with a sixth in the development stage statewide.

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

Vermont proposes to use a minimum of its required 5 percent set aside to continue funding Emergency Services teams at its community mental health centers.

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder 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 SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD 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, SUD 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.**¹

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.

¹<https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

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? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The Vermont Mental Health Block Grant Planning Council (MHBG PC) was involved in the development and review of this application, as well as the review of the last Implementation Report submitted on December 1, 2023.

The Vermont MHBG PC was involved in the development and review of this application through regular meetings and discussions amongst members. All members were provided an opportunity to review and submit feedback on this application before submission.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

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

Through its Agency Designation process, which is governed by the Vermont Administrative Rules on Agency Designation (For reference, please see: https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/Administrative_Rules_Agency_Designation_2003.pdf), DMH reviews and approves the development and implementation of local system of care plans that are created by each Vermont local community mental health center, which are called "Designated Agencies". These plans provide information about the service needs of children with SED and adults with SMI, respectively, within each local catchment area and include how these needs will be met based on client and family satisfaction surveys, staff training and education, and provision of any new services identified based on community stakeholder input. These plans are required to be reviewed and updated annually, as well as fully revised every three years. The two Vermont State Program Standing Committees, one charged with overseeing Children, Adolescent, and Family Mental Health and the other charged with overseeing Adult Mental Health, are responsible for reviewing and approving these plans, in addition to DMH Staff. Both of these committees are governor appointed and are required to be comprised of between 9 and 15 members, a majority of whom will be disclosed consumers and family members of the population that they represent (e.g., individuals with lived experience and/or family members of those with lived experience). It should be noted that the Vermont Mental Health Block Grant Planning Council is not charged with any oversight activities related to Agency Designation, but it is kept updated on monitoring activities of MHBG funding that is provided to these agencies.

In June 2024, Vermont was selected as one of 10 new states into the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program. This program will provide assistance with other ongoing, statewide initiatives to expand access to mental health and substance use disorders treatment through integrated care. The Vermont MHBG PC

will continue to be updated about the State's participation in this program due to CCBHC serving adults with SMI and children with SED.

- 3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? Yes No
- 4. 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
- 5. 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 meets 5-6 times per year to monitor, review, and evaluate the allocation and adequacy of mental health services in Vermont, review outcomes from previously funded initiatives, review budgetary information, identify their priorities for the mental health system of care, discuss gaps in the system and the service needs of adults with SMI and children with SED, and make recommendations to the Commissioner of Mental Health regarding the use of block grant funds. The MHBG PC is made up of a majority of people who identify as having lived experience with mental health conditions or are the parents of children with SED. Additionally, membership also includes mental health providers and advocates who are able to blend their perspective into the meetings so the council is able to ensure that meaningful input from people in recovery, families, and stakeholders is used to advise the Department of Mental Health on the initiatives that can have the greatest impact. Finally, the MHBG PC instituted 3 different committees during the last fiscal year to better focus the Council's efforts. These committees include: data and reporting, outreach and recruitment, and advocacy.

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

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.

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

**10/20/2023
Mental Health Block Grant Planning Council Minutes**

****FINAL****

Present Members: Marla Simpson (Chair) Dan Towle (he/him) Cinn Smith Laurie Emerson (NAMI) Laurie Mulhern Daniel Blankenship (VHSA)

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 Karen Barber Laura Flint Carolyn McBain Tom Coleman (DMH Contractor)

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

Public: Christopher Rotsettis David Silverberg Kristin Brynga Sandi Yandow

Agenda

- 1:00 Introductions & Member Updates
- 1:10 Review May 2023 Meeting Minutes
- 1:15 MHBG Updates
- 1:35 MHBG Planning Council 1-1 Meetings Update
- 1:45 Public Comment
- 1:50 Wrap-up and Closing Comments
- 2:00 Adjourn

Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
DMH Updates	Mobile Crisis initiative will be launching statewide early 2024 (date to be determined). This initiative will be funded through a mix of state and federal funding. It will be a two-person team that will include a mental health professional and a Peer Support Specialist. DMH has new positions for mobile crisis-related work and has hired a new Crisis Director, Jeremy Therrien. DMH is also hiring a Mental Health Analyst to support this work. Finally, a new position was filled on the DMH Quality Team, Megan Shedaker.

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

	<p>DMH received a CCBHC State Planning Grant from SAMSHA for one year. DMH will be required to certify two agencies as CCBHCs before applying to become a CCBHC Demonstration State, but no final decisions have been made on whether to apply. Home and Community-Based Services (HCBCs) related work is ongoing. Vermont was put under corrected action by the Centers for Medicare and Medicaid Services (CMS) to address conflict-of-interest issues for these services. See further information here: https://vermonthcbs.org/project-overview/</p>
<p>Member Updates</p>	<p>A member provided an update from her department. The Department for Children and Family Services is struggling with high-end care, which is a huge draw on staff. Special response teams are being created. Those individuals will be trained. Please contact Beth Sausville for more information.</p>
<p>Membership</p>	<p>Recruitment One individual is interested in being Chair but would like to have a Vice-Chair in place before accepting role. Federal statute requires at-large members, from several different agencies/organizations. Three more people have submitted their applications to join the MHBG PC as at-large members. The Mental Health Block Grant Operating, Policies and Procedure document was created in 2019. Steve is sharing for discussion by the council. Link to Operating Procedures for the Council link. https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/PC_OperatingProcedures_adopted_June_21_2019.pdf</p>
<p>Review July 2023 Meeting Minutes</p>	<p>A motion was made by Daniel Blankenship to approve the minutes and Cinn Smith seconded the motion. The vote to approve was unanimous.</p>
<p>MHBG Updates</p>	<p>The FFY 2024-2025 application was submitted, which included the Annual Base award and Bipartisan Safer Communities Act (BCSA) award. The BCSA award is from 2022 legislation. It is four one-year awards. It is for trying to serve Vermonters to address disaster-related mental health. For this application cycle, the BCSA proposal was focused on Coordinated Specialty Care (CSC) program. It is for around approximately \$138,000.</p>

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

	<p>SAMSHA expects that MHBG Planning Councils will review the application and provide feedback. Steve asked for members to share what went well with the MHBG PC review process and what didn't go well? The only response was that the process is very time-consuming but rewarding.</p> <p>May want to involve more subcommittee involvement in MHBG PC work.</p> <p>CSC Program update for First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI); 10% Set Asides for each MHBG award): DMH has been moving forward with creating a CSC, as Vermont is one of two states that does not have a Coordinated Specialty Care Program. SAMSHS said Vermont needs to establish a CSC to serve individuals with first episode psychosis. DMH is receiving technical assistance from SAMSHA. Carolyn McBain is the DMH lead on this project. DMH is looking at it in a phased approach. First, stake holder engagement meetings to collect information but also to provide information. This is meant to service anyone in Vermont, not just those served by the Designated Agencies (DAs). SAMSHA is expecting DMH to take an epidemiology approach to reporting on incidence of FEP in Vermont. There are existing models out there which DMH have been reviewing, in particular OnTrack NY is one program that has been around for a long time. DMH will conduct research and evaluation related to the incidents of first episode psychosis in Vermont.</p> <p>Link to OnTrack NY. https://ontrackny.org/</p> <p>Request for Proposals (RFPs) Updates: BSCA and Special Projects. Will be releasing an RFP update related to first BSCA Supplemental award. This will be to update the existing disaster planning documents (resource guide, etc.), which includes addressing any human-made or natural disasters. DMH has not historically had this type of plan on file. During the flooding this summer, the state emergency operation center was up and running and the State Emergency Management Plan guides that work. All disasters have a mental health piece.</p> <p>The other RFP will be the Special Projects Fund. More information will be provided at the next meeting.</p> <p>Site on website for the Mental Health Block Grant Council https://mentalhealth.vermont.gov/about-us/boards-and-committees/state-mental-health-block-grant</p>
<p>MHBG Planning Council 1-1 Meetings Update</p>	<p>Discussion on next steps for implementation. Steve will be reaching out to all the council members to follow up to discuss next steps.</p>

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

Public Comment	There was no public comment.
Adjourn	Cinn Smith made a motion to adjourn, and Daniel Blankenship seconded. Vote to adjourn was unanimous. The meeting was adjourned at 1:54 pm.

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

11/17/2023
Mental Health Block Grant Planning Council Minutes

****FINAL****

Present Members: Marla Simpson (Chair) Dan Towle (he/him) Cinn Smith Laurie Emerson (NAMI) Laurie Mulhern Daniel Blankenship (VHSA)

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 Karen Barber Laura Flint Carolyn McBain Tom Coleman (DMH Contractor)

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

Public: David Silverberg

Agenda

- 1:00 Introductions
- 1:10 Review October 2023 Meeting Minutes
- 1:15 MHBG and Planning Council Updates
- 1:25 Public Comment
- 1:30 Adjourn

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

Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
Introductions	Brief member introductions
Review October 2023 Meeting Minutes	A motion was made by Dan Towle to approve the minutes and Victoria Hudson seconded the motion. The vote to approve was unanimous.
MHBG and Planning Council Updates	<p>The FFY 2024-2025 application revisions were submitted. Awaiting final approval from SAMHSA.</p> <p>Discussion about making MHBG Planning Council work more relevant to its members, which may involve more subcommittee work.</p> <p>Coordinated Specialty Care (CSC) Program update for First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI); 10% Set Asides for each MHBG award): DMH continues to move forward with planning for CSC program implementation. This implementation involves 3 phases:</p> <ol style="list-style-type: none"> 1. Community and stakeholder engagement, including soliciting input and providing education about CSCs 2. Research and evaluation: conducting retrospective analyses on incidence of First Episode Psychosis in Vermont 3. CSC program implementation, which will initially involve planning and development
Public Comment	David Silverberg commented that he is excited about the CSC gaining attention in Vermont and being implemented as a program in the near future.
Adjourn	Cinn Smith made a motion to adjourn, and Laurie Mulhern seconded. Vote to adjourn was unanimous. The meeting was adjourned at 1:38 pm.

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

5/17/2024

Mental Health Block Grant Planning Council Minutes

****DRAFT****

Present Members: Dan Towle (Chair) Laurie Mulhern (Vice Chair) Marla Simpson Cinn Smith Laurie Emerson (NAMI) Kristin Brynga David Silverberg

Vermont Care Partners/DAs/SSAs: VCP Representative

DMH: Eva Dayon (they/them) Steve DeVoe (he/him) Trish Singer (she/her) Anne Rich Joanne Crawford Karen Barber Laura Flint Carolyn McBain Tom Coleman (DMH Contractor) Adrienne Wasserman (DMH Contractor)

State of Vermont: Heather Bouchey (AOE) Danielle Bragg (DVHA) Diane Dalmasse (DAIL) Victoria Hudson (DFR) Annie Ramniceanu (DOC) Emily Trutor (VDH DSUP) Beth Sausville (DCF)

Public: None.

Agenda

- 1:00 Introductions & Membership Discussion
- 1:15 Review March 2024 Meeting Minutes
- 1:20 MHBG and Planning Council Updates
- 1:50 MHBG New Business
- 2:10 Public Comment
- 2:30 Adjourn

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

Facilitator/Timekeeper: Dan Towle; Minutes: Joanne Crawford	
Agenda Item	Introductory and Membership Discussion
Introductory and Membership Discussion	<ul style="list-style-type: none"> • Introductions • Membership Discussion <ul style="list-style-type: none"> ○ Recruitment (Ongoing) – We will leave this on the agenda going forward. We have had a couple of resignations. We need to work on how to engage members of the public. Daniel Blankenship has resigned from the Mental Health Block Grant Council (MHBG Council). He was the Director of Homeless Programs and Policy for the VT Housing Authority. His role is one of the positions that needs to have representation on this Council per federal statute. Daniel recommended that we ask Shawn Gilpin, the Housing Division Director of the VT Department of Housing and Community Development about filling his role on the Council. Steve reached out to him but had not heard back. If anyone has any other recommendations, please reach out to Steve. ○ Cinn has spoken to a couple of people who might be interested in joining the Council. ○ The person now filling the Vocational Rehab and Hirability role is not attending the meetings, so Steve is working with this person to find a replacement.
Review March 2024 Meeting Minutes	<ul style="list-style-type: none"> • <u>Draft of March 2024 Minutes</u> – <ul style="list-style-type: none"> ○ Marla made a motion to approve the minutes. Victoria seconded the motion. The vote to approve was unanimous.
MHBG and Planning Council Updates	<ul style="list-style-type: none"> • Update on scheduled SAMSHA program review and potential outreach to MHBG Planning Council – SAMSHA is coming for a monitoring visit on July 16, 17, and 18. This is not a financial audit, only a programmatic audit. They will look at policies, procedures, systems of care and reports. Basically, they want to know how the State of Vermont conducts work related to the public mental health system. They would like to have an hour-long meeting with the Council members. They don't want to have Department of Mental Health (DMH) folks in attendance or the State Planner, in the hopes that the Council members will speak freely. This meeting does not need to be facilitated. The last monitoring visit from SAMSHA was in 2016. They are required to do a monitoring visit every 5 years, so this is part of their regular monitoring schedule. If any Council members have questions about this visit, please contact Steve. <ul style="list-style-type: none"> ○ Potential move of next MHBG PC meeting from July 19 to July 17 to coincide with SAMSHA site visit – The Council agreed to change the date of their next meeting to July 17 so that it coincides with the visit from SAMSHA. Steve will resend the meeting invitation with the new date. Steve asked SAMSHA if they could send the questions ahead of time, but SAMSHA said no. Steve will check in with SAMSHA to see if there is a way that any Council member unable to attend on the 17th can still provide feedback. The meeting will not be recorded.

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

<ul style="list-style-type: none">● Update on first subcommittee meetings held in April 2024<ul style="list-style-type: none">○ Discussion of subcommittee notes –<ul style="list-style-type: none">▪ There were 3 subcommittee meetings in April. There were 3 or 4 pages of brainstorming notes from these meetings.<ul style="list-style-type: none">● Key Issues and Priorities<ul style="list-style-type: none">○ Working with DMH to determine impact of changes to Open Meeting laws effective as of June 1○ Need to identify subcommittee chairs.○ To align with operating procedures, change language to label these as committees going forward.○ Focus on recruitment and participation.○ Suggestion by members: explore available sources for modes budgetary resources.● Brainstorming Highlights – Tom will send this information out to the group after the meeting today.<ul style="list-style-type: none">○ Data and Performance○ Outreach○ Advocacy▪ Would like more participation in these subgroups.▪ Tom Coleman and Adrienne Wasserman are resources for this work.▪ Three more meetings are schedule in May:<ul style="list-style-type: none">● May 20 at 9:15 Data and Performance Subcommittee● May 20 at 5:30 Outreach Subcommittee● May 24 at 1:30 Advocacy Subcommittee● If these times don't work for someone, please contact Tom and he will work with you.▪ SAMSHA was excited to see these subcommittees. This will help to make the work more meaningful and align with the work being done.▪ If any of these subgroups need more support from DMH, please let Steve know. There are resources available to you.▪ Using term “committee” rather than “subcommittee” going forward● Proposal to revisit the MHBG PC Council Charter and Operating Procedures -	
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This meeting was not recorded. Seven members are needed for a quorum.

	<ul style="list-style-type: none"> ○ Tom asked the group to look at the changes that are suggested and to provide feedback. In the next couple of weeks, figure out if the group should set up a workgroup or discuss the changes via email. Want to have revised draft by June 30. This is a living document that can be changed if necessary. ● Recruiting for the MHBG Council <ul style="list-style-type: none"> ○ Need additional language around the terms of the Council members. Technically, this is not a Governor appointment group, it exists by federal statute not a state statute. There is a state statute which allows appointments to be made at the Secretary's level rather than go to the Governor. There are no term limits that Steve is aware of in state statute but technically when a Secretary changes, there is supposed to be reapplication for members of the Council. Steve is still getting clarity from an agency attorney on this subject. ○ https://legislature.vermont.gov/statutes/section/03/053/03024 ● There was a request from a Council member to add advocacy and support as an agenda item for the next meeting. Need to work on removing the stigma of mental health. https://www.psychiatry.org/patients-families/stigma-and-discrimination
Emails	<ul style="list-style-type: none"> ● When replying to Steve and Tom regarding meeting attendance, please do not use reply all, send email directly to them.
Public Comment	<p>At the next meeting provide an update on the Coordinated Specialty Care development work. Make it a standing item on the agenda. That program is the one aspect that this group is missing in their work.</p> <p>Steve let the Council know that a contractor has done background research and has written a report on Coordinated Specialty Care in general and on the implementation of a program in the State of Vermont. Steve will send this report out to the Council.</p>
Adjourn	<p>Laurie Emerson made a motion to adjourn the meeting and was seconded by Kristin Brynga. Vote to approve was unanimous.</p>

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

3/15/2024

Mental Health Block Grant Planning Council Minutes

****FINAL****

Present Members: Dan Towle (Chair) Laurie Mulhern (Vice Chair) Marla Simpson Cinn Smith Laurie Emerson (NAMI) Daniel Blankenship (VHSA) Kristin Brynga David Silverberg

Vermont Care Partners/DAs/SSAs: VCP Representative

DMH: Eva Dayon (they/them) Steve DeVoe (he/him) Trish Singer (she/her) Nicole DiStasio (they/she) Anne Rich Joanne Crawford Karen Barber Laura Flint Carolyn McBain Tom Coleman (DMH Contractor) Megan Shedaker

State of Vermont: Heather Bouchey (AOE) Danielle Bragg (DVHA) Diane Dalmasse (DAIL) Victoria Hudson (DFR) Annie Ramniceanu (DOC) Emily Trutor (VDH DSUP) Tom Coleman Beth Sausville (DCF)

Public: Chrissy Rivers– Hannah’s House

Agenda

- 1:00 Introductions & Membership Discussion
- 1:15 Hannah’s House Overview
- 1:30 Review January 2024 Meeting Minutes
- 1:35 MHBG and Planning Council Updates
- 1:50 MHBG New Business
- 2:20 Public Comment
- 2:30 Adjourn

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

Agenda Item	Facilitator/Timekeeper: Dan Towle; Minutes: Joanne Crawford
<p>Introductions and Membership Discussion</p>	<ul style="list-style-type: none"> • Should the meetings be in Teams or Zoom. The group will discuss at the next meeting. • Introductions • Membership Discussion <ul style="list-style-type: none"> ○ Recruitment (Ongoing)
<p>Hannah's House Overview</p>	<ul style="list-style-type: none"> • <u>Who We Are</u> • Chrissy Rivers, Executive Director • Hannah's House has received MHBG funds. • Community support 5013c mental health resource service with offices in Waitsfield and Waterbury. Provide access to high quality mental health services in the Mad River Valley. It has been in operation for 14 years. The team currently consists of four affiliated therapists who are private practice, one psychiatric nurse, a therapy dog and 10 volunteer workers. Chrissy is the only employee of Hannah's House. • Provides a space for licensed and pre-licensed therapists to serve the community. • Provide over 3400 individual therapy sessions each year, offer community based mental health services in groups. • Block Grant funds used for children who were on their waiting lists. Created groups for children in age groups. • Licensed therapy would give them tools and toolboxes to work through their anxiety. • Provide educational programs in schools, mental health first aid, yoga, group drumming, etc. • They provide financial assistance provided to people who might not be able to afford counseling. • Help individuals get licensed to work in Vermont. • Track therapists unbillable time and Hannahs House reimburses them monthly. • MHBG Council expressed their thanks to Chrissy and Hannah House.
<p>Review January 2024 Meeting Minutes</p>	<ul style="list-style-type: none"> • <u>Draft of January 2024 Minutes</u> • The members and partners portion of the minutes needs to be cleaned up and remove individuals who are no longer participating. • If members of this group would like more updates on the different funding streams, timelines, etc. please reach out to Steve. • There was a question about whether or not to keep the orientation presentation link in the minutes. It will be kept in but the member contact information in the presentation should be removed. • Marla made a motion to approve the minutes and Cinn seconded the motion. The vote to approve was unanimous.

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

<p>MHBG and Planning Council Updates</p>	<ul style="list-style-type: none"> • Request for proposals (RFP's) Updates: Bipartisan Safer Communities Act (BSCA) and Special Projects Request for Mental Health Block Grant (MHBG) PC Representative for Disaster Mental Health Plan Steering Committee <ul style="list-style-type: none"> ▪ It is possible for a member of this group to be part of the RFP scoring process. Various members of the group could take part on a rotating basis. ▪ Steve provided a link to the list of RFPs that is on the Department of Mental Health (DMH) website. https://mentalhealth.vermont.gov/RFP ▪ One of the supplemental awards received was from the Bipartisan Safer Communities Act. Approximately \$140,000 annually and this award is meant to focus disaster mental health (human made or environmental). DMH wanted to update their disaster planning. All Clear Emergency Management Group was the vendor that was selected through the RFP process by DMH. They specialize in emergency preparedness and planning. <ul style="list-style-type: none"> • Link to All Clear Emergency Management Group: https://allclearemg.com/ • Trying to form an internal steering committee. Would like someone from this group to be on the steering committee. Any member interested should reach out to Steve. Whether there is a member on the group or not, this group still has the ability to review information and weigh in on the work. • Update on scheduled SAMSHA program review and potential outreach to MHBG Planning Council <ul style="list-style-type: none"> ○ Monitoring visit from SAMSHA for the block grant. <ul style="list-style-type: none"> ▪ This is only a programmatic audit. There will be time for this group to interface with the SAMSHA team. This will happen in July for 3 days. Steve will get the dates to the group as soon as they are confirmed. • Reminder and update on subcommittee formation – Call for volunteers <ul style="list-style-type: none"> ○ Subcommittee formation <ul style="list-style-type: none"> ▪ Several members of this group have stepped up to be on subcommittees. Now the subcommittees can start scheduling the initial meetings.
<p>MHBG New Business</p>	<ul style="list-style-type: none"> • Proposal to revisit the MHBG PC Council Charter and Operating Procedures <ul style="list-style-type: none"> ○ Membership Provisions – <ul style="list-style-type: none"> ▪ Looking at the MHBG Planning Council's charter and operating policies and procedures documents and wondering how often these documents should be reviewed and updated. This could be another subcommittee. The group could look at the documents and discuss any changes at next meeting. ▪ Currently there is a caveat in the State statute that every member of this planning council will serve for the duration of the Secretary. Maybe this council could define a certain time period for service

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	<p>and establish a reappointment process. Might not be able to get around having to do a technical appointment each time but we want to have a substantive reappointment.</p> <ul style="list-style-type: none"> ▪ Link to Vermont Mental Health Block Grant Planning Council, Operating Policies and Procedures – Adopted June 21, 2019, https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/PC_OperatingProcedures_adopted_June_21_2019.pdf ▪ Vermont Mental Health Block Grant Planning Council Charter – Steve will be sending this document to Dan and Laurie, as Chair and Co-Chair for a signature. Link to charter - https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/PC_Charter_09202022.pdf
Emails	<ul style="list-style-type: none"> • When replying to Steve and Tom regarding meeting attendance, please do not use reply all, send email directly to them.
Next Meeting	<ul style="list-style-type: none"> • Next meeting is May 17, 2024.
Public Comment	<p>No public comment.</p>
Adjourn	<p>Marla made the motion to adjourn, and Anne seconded it. The vote to adjourn was unanimous.</p>

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

1/19/2024

Mental Health Block Grant Planning Council Minutes

****FINAL****

Present Members: Marla Simpson (Chair) Dan Towle (he/him) Cinn Smith Laurie Emerson (NAMI) Laurie Mulhern Daniel Blankenship (VHSA)

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 Karen Barber Laura Flint Carolyn McBain Tom Coleman (DMH Contractor) Megan Shedaker

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

Public: David Silverberg Kristin Brynga

Agenda

- 1:00 Introductions & Member Updates
- 1:15 Review November 2023 Meeting Minutes
- 1:20 MHBG and Planning Council Updates
- 1:30 MHBG Planning Council Overview
- 2:10 Public Comment
- 2:15 Adjourn

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

Agenda Item	Facilitator/Timekeeper: Steve DeVoe; Minutes: Joanne Crawford
<p>Introductions and Membership Discussion</p>	<ul style="list-style-type: none"> • Introductions • Membership Discussion <ul style="list-style-type: none"> ○ Recruitment (Ongoing) <ul style="list-style-type: none"> ▪ Mental Health Block Grant (MHBG) PC Chair/Vice-Chair – <ul style="list-style-type: none"> • Dan Towle is willing to become the Chair for this group on the condition that there is someone who is willing to step up as Vice-Chair. <ul style="list-style-type: none"> ○ https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/PC_OperatingProcedures_adopted_June_21_2019.pdf • Laurie Mulhern is willing to be the Vice-Chair. • Steve DeVoe made a motion to approve Dan Towle as Chair and Laurie Mulhern as Vice-Chair. Victoria Hudson seconded the motion. The vote to approve was unanimous. <ul style="list-style-type: none"> ▪ At-Large Members <ul style="list-style-type: none"> • Ongoing recruitment for members. ○ Member Appointments Update <ul style="list-style-type: none"> ▪ David Silverberg and Kristin Brynga are prospective members with applications submitted for review by the AHS Secretary’s Office
<p>Review November 2023 Meeting Dates</p>	<ul style="list-style-type: none"> • Draft of November 2023 Minutes <ul style="list-style-type: none"> ○ Laurie Mulhern made a motion to approve the November minutes, Marla Simpson seconded the motion. The vote to approve was unanimous.
<p>MHBG and Planning Council Updates</p>	<ul style="list-style-type: none"> • Request for Proposals Updates: Bipartisan Safer Communities Act (BSCA) and Special Projects Fund <ul style="list-style-type: none"> ○ BSCA Supplemental: Updating Disaster Mental Health Plan The Council posted a request for proposals related to the BSCA Supplemental Award. The are several block grant awards: <ul style="list-style-type: none"> ▪ Annual base award – approximately a third (~\$575k) of the award has been received of the \$1,672,361 annual allotment ▪ American Rescue Plan (ARP) Supplemental which runs through September 2025

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<ul style="list-style-type: none">• Allotment: \$2,445,549.00▪ COVID-19 Recovery Supplemental Funding award which runs through this March 2024<ul style="list-style-type: none">• Allotment: \$1,415,844.00▪ COVID mitigation award – this was meant for COVID testing and supplies. This continues to be spent down.<ul style="list-style-type: none">• Allotment: \$125,000.00▪ Bipartisan Safer Communities Act (BSCA) supplemental award – specifically meant to go toward disaster planning or crisis service related to a disaster.<ul style="list-style-type: none">• Annual allotment: \$138,656.00; 4 awards will be provided to Vermont for a total allotment of \$554,624.00• The Department of Mental Health (DMH) does not have a current disaster plan that provides guidance for the agency to react to disasters. We post a request for proposals to create a disaster mental health plan for DMH. We received five bids. Steve was part of the group to review views. Still determining who the vendor will be.• FOLLOW UP – what is the criteria to meet the definition of a disaster?• Dan Towle (Chair) asked that a member of the MHBG Council to be involved in the review of the Request for Proposals (RFPs) in the future.<ul style="list-style-type: none">○ FOLLOW UP – DMH to inquire about member involvement in RFP reviews• Victoria mentioned the Starting Over Vermont Program that DMH set up - https://mentalhealth.vermont.gov/sosvt• Coordinated Specialty Care program updates for First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI; 10% Set Asides)<ul style="list-style-type: none">○ This work is ongoing. Currently working with an epidemiologist at the University of Vermont Medical Center to help provide data on the incidents of first episode psychosis in the State. Close to finalizing a contract with a consulting firm to start the early phase which includes research of programs that exist around the country. If you have questions about this work, please contact Steve DeVoe (Stephen.devoe@vermont.gov) or Carolyn McBain (carolyn.mcBain@vermont.gov)	
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This meeting was not recorded. Seven members are needed for a quorum.

<p>One member noted that he and others find the use of the term Behavioral Health interchangeable with Mental Health is offensive.</p>	
<p>MHBG Planning Council Overview</p>	<ul style="list-style-type: none"> • Tom Coleman, Vermont DMH (Contractor) • MHBG Planning Council Primer PowerPoint <ul style="list-style-type: none"> ○ A PowerPoint was provided for the group. A new member orientation has been proposed to help new members understand the role of the MHBG Council and their responsibilities as Council members. Tom Coleman went through the proposed VT MHBG Planning Council Orientation with the members. <ul style="list-style-type: none"> ▪ This was one of the items that came out of the one-on-one meetings with Council members. ▪ Each new member will be provided with this guide and an orientation. ▪ Do we want to include a link to the orientation guide in these minutes? To be determined at the next meeting. ○ It was asked if “serious emotional disturbance” and “serious mental illness” can be put in quotes when using to denote that we are using these terms only because they are the terms used by the federal government. • MHBG Planning Council Subcommittee Overview <ul style="list-style-type: none"> ○ At the end of this month a survey will be sent out to the group to assess the interest in subcommittees. ○ DMH will facilitate initial meetings to include process for selecting subcommittee chairs. ○ DMH will work with the MHBG Planning Council to determine how to best leverage subcommittee work.
<p>Public Comment</p>	<p>No public comment.</p>
<p>Adjourn</p>	<p>Dan Towle made a motion to adjourn the meeting. Marla Simpson seconded the motion. The meeting was adjourned at 2:18.</p>

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: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Heather Bouchey	State Employees			
Danielle Bragg	State Employees			
Kristin Brynga	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Diane Dalmasse	State Employees			
Laurie Emerson	Others (Advocates who are not State employees or providers)			
Olivia Gaudreau	State Employees			
Victoria Hudson	Family Members of Individuals in Recovery (to include family members of adults with SMI)			
Laurie Mulhern	Parents of children with SED			
Annie Ramniceanu	State Employees			
Anne Rich	State Employees			
David Silverberg	Parents of children with SED			
Marla Simpson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Cinn Smith	Parents of children with SED			
Dan Towle	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Emily Trutor	State Employees			

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Please note: at present, the Vermont Mental Health Block Grant Planning Council has a vacant seat for a representative from the State Housing Agency, the Vermont Department of Housing and Community Development. Recruitment is ongoing.

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
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)	2	
Parents of children with SED	3	
Vacancies (individual & family members)	0	
Others (Advocates who are not State employees or providers)	1	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	8	53.33%
State Employees	7	
Providers	0	
Vacancies	0	
Total State Employees & Providers	7	46.67%
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
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	
Total Membership (Should count all members of the council)	15	

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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:

<https://humanservices.vermont.gov/about-us/central-office/fiscal-operations/vermont-human-services-plan>

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

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

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

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes: