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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

December 20, 2018

The Honorable Mary Jane Wallner, Chairman
Fiscal Committee of the General Court, and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

[Signature]
Approved by Fiscal Committee Date

REQUESTED ACTION

1. Pursuant to RSA 14:30-a, VI, authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services to accept and expend federal funds in the amount of \$445,000 from US Department of Health and Human Services, Health Resources and Services Administration (HRSA) to fund the Pediatric Mental Health Care Access Program effective upon date of approval by the Fiscal Committee and Governor and Council, through June 30, 2019, and further authorize the funds to be allocated as follows. Grants funds awarded for periods after SFY 2019 will be included in the operating budgets for SFY2020 and SFY 2021. 100% Federal Funds.

05-95-90-902010-70480000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM

SFY 2019

Class/Object	Class Title	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Budget
000-400146	Federal Funds	\$0	\$445,000	\$445,000
Total Revenue		\$0	\$445,000	\$445,000
020-500200	Current Expense	\$0	\$2,707	\$2,707
037-500173	Technology-Hardware	\$0	\$1,700	\$1,700
038-500175	Technology-Software	\$0	\$1,000	\$1,000
039-500188	Telecommunications	\$0	\$1,000	\$1,000
041-500801	Audit Cost Set Aside	\$0	\$445	\$445
059-500117	Temp Full Time	\$0	\$40,599	\$40,599
060-500601	Benefits	\$0	\$30,716	\$30,716
066-500546	Employee Training	\$0	\$250	\$250
070-500707	In State Travel Reimbursement	\$0	\$500	\$500
080-500717	Out-of-State Travel Reimbursement	\$0	\$4,040	\$4,040
102-500731	Contracts for Program Services	\$0	\$362,043	\$362,043
Total Expenses		\$	\$445,000	\$445,000

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2. Pursuant to the provisions of NH RSA 124:15, Positions Restricted, and subject to the approval of item 1 above, authorize the Department of Health and Human Services, Division of Public Health Services, to establish a full-time temporary (Class 059) position at the following level: one Program Specialist III, labor grade 23 utilizing funds from US Department of Health and Human Services, Health Resources and Services Administration (HRSA), effective upon date of approval by the Fiscal Committee and Governor and Council, through June 30, 2019.

EXPLANATION

The Pediatric Mental Health Access Program is a federal-state partnership designed to improve the mental health and well-being of New Hampshire children through increasing access to affordable and appropriate treatment and recovery services in the community.

Twenty percent (20%) of federal money must be matched with non-federal funds; meaning the match can originate from state or other non-federal sources. The twenty percent (20%) match is from the State Loan Repayment Program (SLRP). Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Pediatric Mental Health Access grant will pay for 0.8 FTE staff position (Program Specialist III New Hampshire Division of Public Health Services, Maternal & Child Health Section) to ensure compliance with HRSA grant activities and contracted services which support the implementation of this new statewide New Hampshire Pediatric Mental Health Care Access Program.

Through this program, the Maternal & Child Health Section will collaborate internally with the Division of Behavioral Health, Bureau of Children's Behavioral Health, Bureau of Bureau of Special Medical Services (SMS) and Medicaid. The New Hampshire Department of Health and Human Services will also partner with academic, health care and family support organizations to establish a statewide pediatric mental health team and implement a telehealth access program and to provide training and technical assistance to primary care providers. Hence, the program will expand New Hampshire providers' training, knowledge and skills in screening and treating these conditions by using evidence-based practices and methods, such as Project ECHO (Extension for Community Healthcare Outcomes) model.

The New Hampshire Pediatric Mental Health Team will establish and expand pediatric providers' capacity for the timely detection, assessment, treatment and referral of children and adolescents with mental and behavioral health disorders through telehealth especially for those living in rural and underserved areas.

Funds are budgeted as follows:

Class 020 – Current Expenses will be used to print provider and public educational materials related to pediatric mental health and related care/conditions, telehealth and access to care and to purchase general office supplies needed to support the grant objectives.

Class 037 – Technology-Hardware – Anticipated purchase of new computer hardware.

Class 038 – Technology-Software – Anticipated purchase of software for the purchased computer above.

Class 039 – Telecommunications – To pay for telecommunication and telephone conferencing services.

Class 041 - Audit costs per State requirements.

Class 059 and Class 060 – To Fund Full Time Temporary—Salaries and Benefits for the Program Specialist III for oversight and implementation of the program.

Class 066 – Employee Training will be used to pay for employee training opportunities related to pediatric mental health and related care/conditions, telehealth and access to care.

Class 070 – In State Travel Reimbursement will be used to pay for travel to meetings and trainings, site visits, technical assistance, etc.

Class 080 – Out-of-State Travel Reimbursement will be used to pay for travel for the Program Manager (or designee) to attend one national and one regional professional conference focused on telehealth in the first year.

Class 102 –.Contracts for Program Services – to contract with a vendor to provide services to support the program.

The following information is provided in accordance with the Comptroller's instructional memorandum dated September 21, 1981:

- 1) List of personnel involved:

Program Specialist III, LG 23, Position #9T2952

- 2) Nature, need and duration:

The Program Specialist III will have responsibility for administrative and program operations of the Pediatric Mental Health Care Access Grant, and be the point-of-contact for all activities at New Hampshire Department of Health and Human Services.

- 3) Relationship to existing agency programs:

The activities will be coordinated with the current Maternal and Child Health Section responsibilities, the Division of Public Health Services and the Department of Health and Human Services as a whole.

- 4) Has similar program been requested of the Legislature and denied?

No

- 5) Why wasn't funding included in the agency's budget request?

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These funds were awarded October 26, 2018. It was not known that these funds would be available at the time the agency established its SFY 2018-2019 biennial budget.

- 6) Can portions of the grant funds be utilized for other purposes?

Federal funds allocated to the state cannot be used for other purposes.

- 7) Estimate the funds required to continue this position:

Position (Salary & Benefits)	FY 2019	FY 2020
Program Specialist III	\$71,315	\$74,388

In response to the anticipated two-part question, "Can these funds be used to offset General Funds?" and "What is the compelling reason for not offsetting General Funds?" the Division offers the following information: These funds may not be used to offset General Funds as they are specifically granted to the State for the purpose of providing the services described above.

These funds will not change the program eligibility levels. No new program will be established with the acceptance of these funds.

Area served: Statewide

Source of funds: These funds are 100% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration to fund the Pediatric Mental Health Care Access Program. Attached are the Division of Personnel authorization, Notice of Grant Award and award history. Notice of these funds was received on October 26, 2018. They were not added to the operating budget because these are new funds recently granted to the State and were not anticipated at the time the budget was developed.

In the event that these Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

LM/JAM/sc/amm/ecl

1. DATE ISSUED: 10/26/2018		2. PROGRAM CFDA: 93.110		 <p>HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III Part B, § 330M (42 U.S.C. 254c-19), as amended by the 21st Century Cures Act, Sec. 10002 (Public Law No: 114-255) Public Health Service Act, § 330M (42 U.S.C. § 254c-19), as amended</p>																																																						
3. SUPERSEDES AWARD NOTICE dated: 09/14/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
4a. AWARD NO.: 6 U4CMC32316-01-01		4b. GRANT NO.: U4CMC32316						5. FORMER GRANT NO.:																																																		
6. PROJECT PERIOD: FROM: 09/30/2018 THROUGH: 09/29/2023																																																										
7. BUDGET PERIOD: FROM: 09/30/2018 THROUGH: 09/29/2019																																																										
8. TITLE OF PROJECT (OR PROGRAM): Pediatric Mental Health Care Access Program																																																										
9. GRANTEE NAME AND ADDRESS: HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 129 Pleasant St Concord, NH 03301-3852 DUNS NUMBER: 011040545				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) AnneMarie Mercuri HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF 29 Hazen Dr Concord, NH 03301-3852																																																						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																						
<table border="0"> <tr><td>a. Salaries and Wages:</td><td>\$40,599.00</td></tr> <tr><td>b. Fringe Benefits:</td><td>\$30,716.00</td></tr> <tr><td>c. Total Personnel Costs:</td><td>\$71,315.00</td></tr> <tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr> <tr><td>e. Equipment:</td><td>\$0.00</td></tr> <tr><td>f. Supplies:</td><td>\$6,407.00</td></tr> <tr><td>g. Travel:</td><td>\$4,540.00</td></tr> <tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr> <tr><td>i. Other:</td><td>\$695.00</td></tr> <tr><td>j. Consortium/Contractual Costs:</td><td>\$393,000.00</td></tr> <tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS:</td><td>\$475,957.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td>\$58,043.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$534,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td>\$89,000.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$445,000.00</td></tr> </table>				a. Salaries and Wages:	\$40,599.00	b. Fringe Benefits:	\$30,716.00	c. Total Personnel Costs:	\$71,315.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$6,407.00	g. Travel:	\$4,540.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$695.00	j. Consortium/Contractual Costs:	\$393,000.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$475,957.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$58,043.00	q. TOTAL APPROVED BUDGET:	\$534,000.00	i. Less Non-Federal Share:	\$89,000.00	ii. Federal Share:	\$445,000.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$445,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td>\$0.00</td></tr> <tr><td> ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$445,000.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$445,000.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$445,000.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00
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				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																						
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00																																																										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																										
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This NoA is issued to remove one or more Grant Conditions imposed on projects.																																																										
Electronically signed by LaShawna Smith, Grants Management Officer on : 10/26/2018																																																										
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1026000618B3		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																				
18 - 3894700	93.110	18U4CMC32316	\$0.00	\$0.00		18PMHCA																																																				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 1 U4CMC32316-01-00 is hereby lifted.

Within 30 days of this Notice of Award, grantee must submit a revised 424A budget that includes both the Federal and the required 20% Non-Federal Match in the Object Class Categories for years 1-5. Grantee must also submit a corresponding budget narrative that breaks down all expenses for both Federal and Matching funds for years 1-5.

Include a copy of the Indirect Cost Agreement with your revised budget submission.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Annemarie Mercuri	Program Director	annemarie.mercuri@dhhs.nh.gov
Rhonda Siegel	Authorizing Official	rhonda.siegel@dhhs.nh.gov
Anne Marie Mercuri	Point of Contact, Business Official	annemarie.mercuri@dhhs.nh.gov

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Madhavi Reddy at:
HRSA/MCHB/DMCHWD
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: madhavi.reddy@hrsa.hhs.gov
Phone: (301) 443-0754

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Crystal Howard at:
Mail Stop Code: 10N 176D
OFAM
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: choward@hrsa.gov
Phone: (301) 443-3844
Fax: (304) 443-6343

**AWARD HISTORY
PEDIATRIC MENTAL HEALTH CARE ACCESS
U4CMC32316-01-01**

Pediatric Mental Health Care Access U4CMC32316-01-01 Award Ending 09/29/2019	445,000
Expended through 6/30/18	-
Unobligated Balance Unable to Spend	<u>-</u>
Award Balance 7/1/18	\$ 445,000
SFY 19 Appropriation **	-
Balance Forward	<u>-</u>
Available to Accept in SFY 19	445,000
Amount Requested this Action	<u><u>445,000</u></u>

**** SFY 19 Appropriation**

010-090-70480000	Current	OYR	Total	This Action	Revised Budget
PEDIATRIC MENTAL HEALTH CARE ACCESS				445,000	445,000



State Of New Hampshire
DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex – 28 School Street
Concord, New Hampshire 03301

Charles M. Arlinghaus
Commissioner
(603) 271-3201

Lorrie A. Rudis
Director
(603)271-3261

Date 11/15/18

Marilyn G. Doe, Administrator
Bureau of Human Resources
Department of Health & Human Services
129 Pleasant St.
Concord, NH 03301

Regarding: Request to establish a full-time temporary Program Specialist III, LG 23, pay schedule A000 – Position # 9T2952.

Dear Ms. Doe:

The Division of Personnel approves the New Hampshire Department of Health and Human Service's request to establish a #9T position for a full-time temporary Program Specialist III, LG 23; pending approval of funding. This position is being established to support the Pediatric Mental Health Care Access Program (PMHCAP) and has been assigned position number 9T2952.

This position number will remain inactive until you receive funding approval from the Fiscal Committee (per RSA 124:15).

It will be your responsibility to bring the request for funding before the Fiscal Committee. You may use this letter as confirmation of our decision. Once you have obtained Fiscal Committee approval, please notify the Classification Section with documentation.

Thank you.

Sincerely,

Marianne Rechy
Classification & Compensation Administrator

Cc: Lorrie A. Rudis, Director of Personnel

SUPPLEMENTAL JOB DESCRIPTION

Classification: Program Specialist III

Function Code: 7125-095

Position Title: Pediatric Mental Health Care
Access Program Coordinator

Date Established: 11/15/18

Position Number: 9T2952

Date of Last Amendment:

SCOPE OF WORK: To perform the daily operations and coordination of the Pediatric Mental Health Care Access Program as well as to provide consultation and technical assistance to contracted agencies, medical professionals, and the general public.

ACCOUNTABILITIES:

- Serves as the Project Coordinator for the NH Pediatric Mental Health Care Access Program (PMCHAP), in collaboration with staff from the Maternal and Child Health and the Office of Rural Health, to plan, operationalize, and evaluate high quality pediatric mental health services that are cost effective in underserved communities.
- Analyzes and interprets information as it relates to pediatric mental health and telehealth for the purposes of developing and recommending program policies, procedures, standards and guidelines.
- Makes formal presentations to explain federal and state regulations, and describe program status in order to implement PMHCAP program policies and procedures and inform administrators in decision-making.
- Acts as the liaison between the Maternal and Child Health Section and other state and federal offices, departments, agencies, and committees to enhance telehealth services and coordination of PMHCAP program planning, policies and procedures.
- Performs all daily activities of PMHCAP and provides consultation to stakeholders on pediatric mental health and telehealth on behalf of the Maternal and Child Health Section.
- Uses information technology for collecting, analyzing, maintaining and disseminating data and information in order to recommend effective program, policy and procedure changes.
- Acts as a liaison with HRSA and sub-recipients to ensure compliance with federal grant activities including: developing request for proposals and contracts of sub-recipients, monitoring sub-recipients fiscal/program performance to ensure compliance with contracts and efficient use of funding to achieve program goals and objectives, participating in HRSA grant activities, providing technical assistance to sub-recipients for effective program implementation.
- Prepares, reviews, and administers HRSA grant and prepares/submits grant reports/deliverables to ensure compliance with federal grants and reporting requirements for the continuation of the pediatric mental health care access program.
- Coordinates on-going program planning and develops program plan which includes long and short term goal settings, detailed objectives and activities, and annual timeline. Oversees the development and implementation of the program's evaluation plans, and monitors progress toward performance measures.
- Participates in formal and informal quality improvement activities in order to promote increased efficiencies and improved health outcomes within the section, bureau and division.
- Plans and leads the telehealth programs in the Division of Public Health Services and consults with state and local officials, as well as private agencies, to ensure coordination in the implementation of telehealth programs. Reviews, modifies and implements telehealth program policy, to comply with state and federal laws, and rules.

MINIMUM QUALIFICATIONS:

Education:

Bachelor's degree from a recognized college or university with a major study in nursing, public health, health administration, social work or education with a focus in the areas of mental/behavioral health. Each additional year of approved formal education may be substituted for one year of required work experience.

Experience:

Four years' professional or paraprofessional experience in nursing, public health, health administration, or education with a focus in the areas of mental/behavioral health and/or women's health, with responsibility for program implementation, direct service delivery, planning or program evaluation. Each additional year of approved work experience may be substituted for one year of required formal education.

License/Certification:

Valid driver's license and/or access to transportation for use in statewide travel.

SPECIAL REQUIREMENTS: For appointment consideration, Program Specialist III applicants must successfully participate in a structured interview measuring possession of knowledge, skills and abilities identified as necessary for satisfactory job performance by this class specification. The structured interview is developed and administered, according to Division of Personnel guidelines, by representatives of the state agency in which the vacancy exists.

DISCLAIMER STATEMENT: The supplemental job description lists typical examples of work and is not intended to include every job duty and responsibility specific to a position. An employee may be required to perform other related duties not listed on the supplemental job description provided that such duties are characteristic of that classification.

SIGNATURES:

I have reviewed this job description for content.

Reviewer's Name, Title, Position #: Administrator II, #14792

Reviewer's Signature

Date Reviewed

I have reviewed the content of the above job description with my supervisor.

Employee's Signature

Date Reviewed

I have discussed the work responsibilities outlined by the job description with the above employee.

Supervisor's Name, Title, Position #: Public Health Nurse Consultant, #42911

Supervisor's Signature

Date Reviewed

 VH

11/15/18

Division of Personnel

Date Approved