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March 17, 2015

Donna Jerry
Health Policy Analyst
Green Mountain Care Board
89 Main Street
Montpelier, VT 05602

RE: Docket 12-028-H
Vermont Psychiatric Care Hospital

Dear Donna:

This letter of transmittal accompanies the CON Implementation Report from Commissioner Paul Dupre for the Vermont Psychiatric Care Hospital. The report covers the year 2014 that had two distinct phases: completion of construction and the first six months of hospital operations. The report is presented in these two phases through discussion of the challenges and accomplishments of each. The spreadsheet is for the year 2014.

With construction completed, our next CON report on VPCH for January to March 2015 will share additional highlights on the progress at the hospital as it has now reached full bed capacity, programming is continuing to develop, and the environment of care is being more fully realized.

Please contact me should you have any questions.

Thank you.

Sincerely,

Judy P. Rosenstreich

Judy P. Rosenstreich
Senior Policy Advisor

CC: Paul Dupre
Michael Obuchowski
Frank Reed
Michael Kuhn
Hal Cohen
Justin Johnson

Docket No. 12-028-H
Emergency Certificate of Need Application

Berlin State-run Hospital

Vermont Psychiatric Care Hospital

CON IMPLEMENTATION REPORT

Report Submitted to the

Green Mountain Care Board

January 1, 2014 through December 31, 2014

**Paul Dupre, Commissioner
Vermont Department of Mental Health**

**Judy Rosenstreich, DMH Senior Policy Advisor,
prepared the CON Implementation Report in
collaboration with the Department of Buildings
and General Services, Agency of Human Services
Information Technology, UVM Medical Center,
Engelberth Construction, Project Design Team,
and individuals associated with the project.**

The period covered by this CON Implementation Report consists of two distinct phases:

- The first six months involved completing all but incidental construction; recruiting staff, hiring and training; planning for custodial services; preparation for admitting patients; obtaining licenses and approvals to operate; determining and planning for health information technology (HIT); contracting for medical, psychiatric and pharmacy services; and multiple other tasks associated with opening a state psychiatric hospital.

The last six months of 2014 was the initial project implementation phase in which the Vermont Psychiatric Care Hospital opened on July 2, 2014, and admitted its first patients. All that was required to operate VPCH occurred from July through December, 2014.

- ✓ provide psychiatric treatment and recovery programming,
- ✓ learn about the new environment of care,
- ✓ prepare and serve healthy meals,
- ✓ address maintenance issues,
- ✓ modify locks, doors, and other building details,
- ✓ complete furnishing, equipping, and stocking the building
- ✓ meet all operational requirements, and
- ✓ finalize construction

Accordingly, the report is presented in two phases: SECTION I and SECTION II.

SECTION I – January through June, 2014

By January, the Vermont Psychiatric Care Hospital is nearing completion. The team in place meets weekly at the job site to observe construction progress, make decisions, and stay focused on the goal of completing the project on time for the first group of psychiatric inpatients to transfer over from temporary space in Morrisville to the new hospital in Berlin. Walk-throughs to see the facility and call attention to safety and other concerns increasingly bring to light the extraordinary features of the new hospital that individually and collectively help to create a therapeutic recovery-oriented environment. The quality of the work from the masonry in the courtyard to the tile setting in patient bathrooms; from the wardrobe and other built-in patient furniture to the millwork in activity rooms; from the flooring to the lighting fixtures; and in so many other visible respects, the facility we planned for is coming to life.

Construction Progress

Construction of the Vermont Psychiatric Care Hospital continues with schedule and budget adjustments made in response to project management factors during this reporting period. The painstaking level of detail in the ongoing assessment of installation methods and materials with an eye to the safety of patients and staff is not reflected in the construction summary provided here, but should be noted.

Site work & Concrete work

- Nothing new in site work or concrete work through the winter months

Masonry

- Balance of slate panels installed

Miscellaneous Metals

- Most of the miscellaneous metals are installed including railings, miscellaneous support and trim angles

Wood & Plastics

- All blocking complete
- Chapel roof complete
- Millwork fabrication underway and installation in all areas started

Thermal & Moisture

- Building envelope complete
- Roofing – Fired the roofing contractor for breach of contract and hired The Melanson Company – Commercial and Residential Roofing to finish the project. Melanson completed the balance of roofing and flashing as required. Delivery of siding to complete the penthouses is delayed until late June. This strictly cosmetic issue on the exterior does not impact issuance of a Certificate of Occupancy, use of the building, or move-in of patients.
- Interior caulking underway

Doors & Windows

- Overhead doors and sectional doors installed
- Interior doors are about 80% installed
- Curtain wall framing complete in most areas, approximately 80% complete
- Exterior glazing installed on all installed curtain wall
- Britplas windows are 100% other than punch list items
- Interior glazing 90% complete in Inpatient Areas and 50% in Ambulatory Areas

Finishes

- All drywall complete in all phases
- Tile work complete in Inpatient Wings and 75% complete in Ambulatory
- Flooring 90% complete in Inpatient wings and 70% in Ambulatory

- Ceilings complete in Inpatient Wings
- Painting complete in Inpatient Wings and 50% in Ambulatory
- Seclusions rooms complete
- Urethane Floor in Kitchen area complete

Specialties and Toilet Accessories

- Toilet accessories started in all areas, 40% complete
- Specialties 40% complete
- Kitchen Equipment installed

Mechanical, Plumbing and Fire Protection

- All mechanical systems installed and ready for startup at beginning of April
- Duct Cleaning complete in Inpatient Areas and started in Ambulatory
- All MEP finishes started
- Fire Protection complete in all areas except final head cutback & installation of final sprinkler heads
- Wood chip boiler installed

Electrical

- Permanent power installed
- Electrical rough ins complete for entire project
- Added emergency circuits per code, complete
- Electrical finishes being installed including lights, outlets, communication and fire alarm, 70% complete
- Generator installed

Changes to Building Plan for this period

- Add emergency circuit per code requirement
- Change exhaust fan motor at kitchen hood
- Add mural wall to west wall of Ambulatory corridor
- Additional tree removal on West side of facility for safety reasons
- Change siding material at skylights to cedar
- Add stainless steel panels behind cooking equipment in kitchen
- Add intake air for gas boiler
- Modify cubbies at patient rooms to allow visual inspection
- Add smoke & CO detectors per Fire Marshal
- Modify & add data drops
- Add Air Phone at Sally port
- Changes in phone system
- Modify temperature sensor controls
- Add linoleum flooring to greenhouse floor.

Construction Schedule

Adherence to the construction schedule necessitates consolidation of tasks and close coordination with the departments of Buildings and General Services

(BGS) and Mental Health (DMH) to accomplish this. Due to circumstances beyond Engelberth Construction's control such as the late spring and the requirement to add emergency power, the schedule is pushed out about a month, but the date for patient occupancy does not change. As of May, the project is on track for the Certificate of Occupancy inspections, training and certifications, installation of furnishings, and admission of patients June 30th.

Construction Status for the Period January through June

- Site work including landscaping is completed in June; however, there are some trees that will be replaced under warranty in the fall
- Concrete is completed in June including the decorative concrete
- All masonry is completed in June including all stonework
- All miscellaneous metals are completed including all railings.
- All interior millwork is completed by mid-June
- All roofing is completed including the balance of the metal siding. The only items that remain at the end of June are the final roof inspection that was scheduled for late July and the final warning tape that was on order and scheduled for installation the last week in July
- All doors and windows are complete
- All finishes are complete
- All mechanical, plumbing and fire protection are complete
- All electrical is complete including modifications required to the emergency power system
- Punch lists have been received and all punch list items have been corrected as of the end of July
- All final permits and the Certificate of Occupancy for patient use were received on or before June 30th.
- Patients moved into the facility on schedule

Operations

The Facility Group meets weekly to discuss facility design, construction, and operational issues. The group identified the need for additional data/voice jacks in some rooms in the facility. We discussed the need for additional vehicles, determining that it would be more cost effective to contract for an accessible van instead of purchasing one. In the context of recruitment and hiring, recall letters went to former VSH employees affected by the reduction in Force (RIF) following closure of VSH. Among former employees, ten initially accepted the recall; three later declined. Recruitment, hiring, orientation and training are ongoing.

During the weekly walk-throughs, it was discovered that the ceiling space in the Recovery Services area is going to be exposed leaving a potential safety hazard for patients. Licensing and Protection was contacted and will be conducting a walkthrough in May.

VPCH staff reviewed Policies and Procedures in planning meetings attended by members of the public. Meetings continued until all Policies and Procedures were addressed.

Part of planning for opening VPCH involved formation of a local Worksite Committee at the Green Mountain Psychiatric Care Center (GMPCC) in accordance with the state employees' collective bargaining agreement to address smoking at the new hospital. The committee reviewed the facility site plan and identified a potential smoking location away from the facility and not within patients' view outside the staff entrance and across the parking lot. During this period, legislation related to tobacco use restrictions was pending in the Legislature that could determine whether or not smoking was permitted on VPCH property. Act 135 of 2014 became law and mandated a smoke-free campus for the Vermont Psychiatric Care Hospital effective July 1, 2014.

Staffing and Contractual Services

Recruiting, hiring, training and, finally, orientation accelerated during this period. New employees participated in more extensive training than existing staff. A new Social Work Team, Recovery Services Team, Nutrition Team, and the largest group of direct care staff, the Mental Health Specialists, were on board by the end of June. Still, there were 16 nurses' vacancies and one open position in Recovery Services. The Legislature approved 183 classified positions, a level intended to offer patients the level of care, treatment, safety and security in a facility built with multiple spaces for varying degrees of privacy and solitude, of quiet activities as well as athletic pastimes, and widely spaced settings all requiring degrees of staff supervision.

Medical and Psychiatric Services

The State contracted with The University of Vermont Medical Center (formerly Fletcher Allen Health Care) to provide clinical leadership, direction, and staffing of medical and psychiatric services for the Vermont Psychiatric Care Hospital. The contract was in place April 1, 2014. Services under contract include:

- ✓ Furnish the psychiatrists
- ✓ Furnish the primary health care physician

- ✓ Provide a joint leadership structure of an Executive Medical Director and Associate Medical Director at VPCH
 - Executive Medical Director is a .5 FTE on site 20 hours/week
 - Associate Medical Director is 1.0 FTE on site 40 hours/week whose responsibilities are evenly divided between Associate Medical Director and staff psychiatrist
- ✓ Provide psychiatric assessment, diagnosis and treatment services
- ✓ Provide clinical guidance in the coordination and integration of patient care between VPCH and psychiatric treatment programs and facilities throughout the State in collaboration with the Department of Mental Health Medical Director with the objective of optimizing public mental health services in Vermont

Affiliation with an academic health center engaged in teaching, research and clinical care will contribute to continued development of a qualified workforce to provide high quality care in this specialized setting. The hospital is managed and staffed by employees of the State of Vermont. The State retains authority and control for operation and administration of VPCH.

Custodial and Maintenance Services

Planning for custodial services was an integral part of facility planning. The BGS District Facilities Manager who oversees maintenance and custodial services for the Montpelier District and VPCH was a member of the Department of Mental Health's Facility Group that met weekly for an extended period of time, and less frequently as the agenda warranted. The DFM shared his plans and calculations with the group regarding the staffing expectations for custodial upkeep in a hospital environment. Nursing staff provided essential consultation on cleaning of patient areas, specifically the optimal time of day to clean patient rooms and baths when most of the patients would be awake. BGS worked with the state Department of Human Resources to define and approve positions for custodial and maintenance functions. Some positions were transferred from the Morrisville temporary hospital scheduled to close when the new hospital opened while one custodian was re-assigned from Montpelier to Berlin. To accomplish the goals and address issues of coverage for a 24/7 facility, the Custodial Supervisor would work the first shift to interact with vendors and management staff. Taking multiple factors into consideration, BGS established a staffing plan, and initiated recruitment, hiring and training.

To maintain the hospital campus, BGS determined the necessity of a truck with a plow, a tractor with a snow blower attachment, mower and cab. In addition, snow plowing for VPCH would be contracted out, but to keep areas open at all times would require our own equipment.

As the project was nearing completion it became evident that storage space on site was inadequate for all "attic stock" and spare parts from construction for the building that had to be kept on hand. A temporary solution was to rent a 10' X 30' storage unit in Middlesex to satisfy storage needs for VPCH only.

By mid-June prior to patients arriving, staff began working and training in the hospital to learn everything they could about the building's interior as well as on the grounds where they pruned and re-located apple and crabapple trees. Finally, maintenance and custodial staff participated in two days of Professional Assault Crisis Training (Pro-ACT) for professionals who work with people who may become assaultive. This training is the program selected by VPCH to provide violence / aggression management focused on maintaining the safety and dignity of the client while keeping everyone safe. Familiarizing maintenance and custodial staff with the ProACT philosophy and principles prepared them to work in the environment of an acute psychiatric hospital, upgraded their skills and knowledge, and promoted teamwork among all staff at VPCH.

Health Information Technology

Planning for Health Information Technology continued during the period covered by this CON Implementation Report. Its major focus for the long term was an "Information Technology Request for Proposal (RFP) for Vermont Psychiatric Care Hospital Electronic Health Record Solution." The RFP was released on April 17, 2014, with proposals due August 29, 2014. In the short term, work focused on HIT readiness of the hospital to open on schedule at the beginning of July.

In terms of its high degree of complexity, high dollar amount, and multi-departmental development, the Agency of Human Services / Project Management Office (PMO), established a project team in May 2013. Its role is to manage the project. One aspect of this was assignment of a Business Analyst who over a six-month period met with Department of Mental Health subject matter experts to elicit the needs of a new EHR and document those needs in a series of Business Requirements, Use Case, and Workflow diagram documents. This is intended to ensure that the RFP addressed and the EHR procured is configured to meet the specific needs of the Vermont Psychiatric Care Hospital and the State of Vermont.

Cost projections for the EHR cannot be updated at this time given the strictures of the RFP process. The February 4, 2014, CON Implementation Report stated that "initial projected costs could likely exceed \$3 million for start-up, with annual ongoing costs of up to \$600,000 with a 24/7 day per week 'turn-key' EHR

service and support system for the new hospital." Such projections are being held in abeyance until responses to the RFP are in, vendor demonstrations and site visits are complete, and an award announcement is made. The Department of Mental Health will continue to keep the Green Mountain Care Board informed as is prudent given the evolving process of development and the competitive nature of a process that has gone out to bid.

Timeline projections as of the February 4, 2014, report anticipated that the sequential steps of the RFP process leading to implementation "may require up to a year." It is now clear as specified in the RFP that the anticipated start date of a contract with the vendor selected is July 2015, resulting in a significantly longer period of time before full implementation. Therefore, a vendor-hosted, single, fully-integrated Electronic Health Record system¹ is not expected to go live until the following year, or approximately July 2016.

The use of PsychConsult will continue in the interim for patient admissions and data tracking. To implement the contractual agreement with Copley Hospital for pharmacy services, technological connectivity between Copley's system, the Pyxis medication supply and dispensing system, and the State's information technology system was configured to work together in preparation for opening.

SECTION II – July through December, 2014

Final Construction Status for the Period July through December

Occupancy of the new Vermont Psychiatric Care Hospital began in early July 2014 with the first patients moving from the Morrisville facility to Berlin. A few minor items were completed by the contractor at the same time, but these punch list items were mainly in areas of the facility that were not part of the initial occupancy. During the first six months of hospital operations, a number of warranty items came up, as with all newly constructed facilities, that needed repair by the construction contractor. The protocol put in place at the conclusion of the construction worked very well with the DMH staff notifying the on-site BGS maintenance facility staff of the concern who in turn contacted the contractor of the need for warranty repair. Among these items were door

¹ CON documentation from DMH has consistently affirmed the intent to develop and implement a fully-integrated EHR system. The RFP defines *fully integrated* as "completely integrates physical, behavioral, pharmacy, dietary and lab functions in a single system. In addition, the chosen EHR will include features and functions to help facilitate the attainment of "Meaningful Use" Attestation (Stages 1-3), and will have interoperability with Vermont Health Information Exchange (VHIE) through Vermont Information Technology Leader (VITL)."

adjustments, lighting controls, door-top alarm operations, maintenance of hot water temperatures, moisture penetration onto FV filters, fire alarm notification issues, flooring and ceramic tile grouting failures, millwork repairs, and security system operations. These issues were addressed appropriately by the contractor in an extremely expeditious manner, especially those of concern for patient and staff.

During this same time period, a few operational concerns arose. Some of these items have already been addressed, including the addition of an uninterrupted power supply for the operation of the woodchip boiler and the addition of some magnetic door hold-open devices. Others include the realized need for a garage facility for maintenance equipment and replacement supply storage. There is a need to harden some doors due to concerns for possible patient elopement as well as better security at the kitchenettes that BGS is addressing. Finally, there continues to be concern with the remaining trees that are a part of the old growth forested area to the west side of the site. Some of these trees have already fallen or were removed and replaced with new plantings. As part of the permitting process for the new garage, we are going to include the removal of the remaining old growth trees and replacement with new plantings to assure we do not experience any more blowdowns of these trees.

Otherwise, the facility is operating as designed. The sustainable wood chip heating system that feeds the radiant heat floor slabs appears to be very effective in maintaining comfort for the patients and staff. These along with other energy efficient components are performing very well. Finally, BGS is beginning to perform ongoing and periodic testing of critical systems within the facility to assure continued system performance as well as for future reporting requirements in support of the facility's certifications by the Joint Commission and CMS. In early May, 2015, BGS will perform a one year warranty walk through of the facility for the purpose of notifying the contractor of any further warranty work that needs to be accomplished prior to the end of the warranty period.

Operations and Staffing

VPCH opened with seven patients from its temporary location in Morrisville. Units were incrementally opened, as staff became more familiar with the new facility. Staff had to learn how to adapt already established operational and clinical policies to the new space. Other complicating factors included the formation of brand new clinical teams with a majority of new employees (some with minimal experience with this patient population) combined with a turnover of traveling nurses. Use of the outdoor space, recovery services area and the spread of patients over large square footage complicated the assignment of

human resources to maintain the ability for emergency response as necessary. As such, the opening of each additional unit had to be carefully planned taking into account the increase in level of risk inherent in delivering the care to this particular patient population.

Medical and Psychiatric Services

The provision of medical and psychiatric services began with the seven patients who were brought to the new location and facility of the Vermont Psychiatric Care Hospital in Berlin.² To manage the level of risk inherent in delivering care to this patient population, additional units were opened incrementally as staff became more familiar with how to provide safe care in the new environment. Adaptation of already established operational and clinical practices to a new, recovery-oriented environment presented challenges and opportunities for all staff. A majority of new employees with diverse backgrounds and experiences, staff from the temporary state hospital location in Morrisville, and employees of the former state hospital in Waterbury created a new staffing landscape. New clinical teams were formed. Nurses were among the most difficult positions to recruit, as anticipated, and this contributed to a turnover of traveling nurses. The large amount of square footage, including outdoor space for recreation as well as contemplation, featured many options designed to support the recovery of patients. Areas not fully equipped, programs still in development, and assignment of human resources to serve patients were among the challenges upon opening the hospital. In the first six months of hospital operations, clinical and administrative leadership worked toward development of staffing, programs, services, and culture to fulfill the potential of the architectural design, a process that is continuing.

The main clinical challenge is to balance principles of safety against those of autonomy, dignity, trauma-informed care and recovery. Those principles do not always align. An architectural design to foster the movement of patients about the hospital also challenged the clinical thinking of staff that may have been used to waiting to allow patients off the unit until after they have reached a certain level of autonomy. Balancing competing values and expectations required creative approaches to using the architecture and environment of care with its many options, including expansive living space, library, sensory room, greenhouse, fitness room, and outdoor space. It also requires consistently high staffing ratios with highly qualified professionals. Units where 4-5 patients are hospitalized allow for certain patients to be clustered together in order to maximize safety and therapeutic benefits for all and minimize potentially

² These individuals were patients at the temporary state hospital in Morrisville, which closed the day that the new, permanent hospital opened in Berlin on July 2, 2014.

negative patient-to-patient interactions. Patients are offered an array of therapeutic group therapy and activity options, individual therapy, social work services, discharge planning coordination as well as medical and psychiatric services, encompassed under individualized plans of treatment.

Nutrition Program

The concept of a healthy food program with emphasis on fresh ingredients was formulated during the planning stages of VPCH, including configuration and design of the kitchen, hiring of a Supervising Chef, accommodation of patients' needs and requests, and recognition that good nutrition is part of the recovery process. Services of a Registered Dietician (RD) were provided on a contractual basis through Copley Hospital during the first six months of VPCH operation.³

Prior to opening, dietary staff were hired, trained, and began work setting up and fully equipping the kitchen, developing menus, establishing relationships with vendors, and working with clinical staff to prepare for the serving of meals. The Registered Dietician provided education on therapeutic diets and topics as appropriate. Increasingly, the Registered Dietician will be integrated with the Recovery Services team. The RD serves a liaison role between the patient units and the kitchen staff, provides patient nutrition assessments, and collaborates with the kitchen to meet the needs of all our patients. The goal of providing a healthy diet is being fulfilled at VPCH.

Tobacco Cessation and Support

A recently enacted state law required the Vermont Psychiatric Care Hospital to address the implications of a smoke-free campus for staff, patients, and visitors. Effective July 1, 2014, "the possession of lighted tobacco products in any form is prohibited on the grounds of any hospital or secure residential facility owned or operated by the State, including all enclosed places in the hospital or facility and the surrounding outdoor property." (Act 135 of 2014) Measures to facilitate compliance were offered by the Department of Health/Health Promotion and Disease Prevention, including meeting with the VPCH Chief Executive Officer, facilities and clinical staff to discuss smoke-free campus signage type and placement, staff smoking concerns, and treating patients for tobacco withdrawal. Signs were ordered and placed in several locations previously agreed upon for maximum visibility for staff, visitors and service personnel. The

³ As of January 12, 2015, the Registered Dietician providing these services through Copley began working a 32-hour schedule as a State employee of VPCH, enabling a greater role in providing staff and patient education, fitness/wellness programs, and group discussion on healthy eating.

current location designated for staff to smoke just off campus is out of sight of patients. Patients that may smell tobacco/secondhand smoke on staff who smoke during working hours remain a concern. The local Tobacco Treatment Specialist at Central Vermont Medical Center offers cessation classes and resources for VPCH staff. Class flyers are sent for posting in employee break rooms and elsewhere as appropriate. Limited participation has occurred to date as the first six months of hospital operations required focused effort in multiple areas. The benefit of training VPCH staff as Tobacco Treatment Specialists to serve patient needs is under discussion; training announcements have been sent. Promotion of this training will continue by the DMH through its *Advisory* newsletter sent to all VPCH staff.

Custodial and Maintenance Services

BGS maintenance staff cared for the landscaped hospital campus, which was installed prior to opening. This included mowing, trimming, weeding flower beds, and leaves and debris cleanup. BGS keeps walkways and hard surfaces clear of snow by means of contracting with a snowplow service in conjunction with their own state equipment.

Upkeep of the property, interior as well as exterior, requires materials, equipment and supplies for which existing allocation of storage space is inadequate. The State plans to build a garage on site for this purpose.⁴ BGS maintenance staff also worked to rectify construction and operational issues of the building during the first few months after opening, commonly referred to as the "punch list."

Health Information Technology

During this period (July to December 2015) the hospital's reliance on Health Information Technology (HIT) was similar to what was used at its temporary location in Morrisville (formerly Green Mountain Psychiatric Care Center) and at the former Vermont State Hospital. Patient medical records at VPCH are created and maintained in a paper based system. Upon admission, hospital staff members create a new hard copy "chart" or medical record for each patient. Each patient's medical record accompanies the patient and remains on that patient's assigned unit throughout the hospitalization.

Clinical staff document on paper forms and other documents that are stored in the hard copy medical record. When the volume of material in a particular patient's record reaches a certain point, documents from earlier in the hospital

⁴ The Department of Mental Health notified the Green Mountain Care Board of this plan and described it in greater detail in a letter dated January 20, 2015.

stay are moved to a secondary chart that is also maintained on the patient care unit. A lengthy hospitalization will eventually result in the accumulation of a high volume of paper documents pertaining to that patient. When the volume of a given patient's medical record reaches a certain point, the overflow is taken to the Medical Records Department, where those materials are organized and stored so they remain available to clinical staff when needed.

Following a patient's discharge, all paper documentation of the hospital stay is organized and stored in folders and cabinets in Medical Records. In accordance with CMS regulations, at least 5 prior years of medical records must remain on-site, accessible to hospital staff and regulators.

VPCH has maintained a computer software program named PsychConsult for many years; PsychConsult is used to store demographic information for all patients, as well as primary psychiatric diagnosis, admissions, unit-to-unit transfers, and discharges. A significant amount of information about each emergency involuntary procedure that occurs in the hospital is also stored in PsychConsult. A separate software program is integrated into PsychConsult that is capable of producing management reports on demand, based on the data previously entered into PsychConsult's information storage system.

Another critical element of the hospital's communication and record keeping system operates in the pharmacy. Under the contractual agreement with Copley Hospital for pharmacy services, the Copley EHR in Morrisville is connected remotely to the VPCH pharmacy. The Copley electronic pharmacy system provides technological control of the Pyxis medication storage and dispensing system, produces the Medication Administration Record, and accomplishes many additional functions necessary to the ongoing operation of a hospital pharmacy.

During this interim period as we move toward a new electronic medical record, the hospital will continue to use the paper based system of clinical documentation, will use PsychConsult as described above, and will depend upon the Copley pharmacy EHR. We anticipate that when the new electronic medical record goes live, it will replace and integrate all elements of the current medical record system.

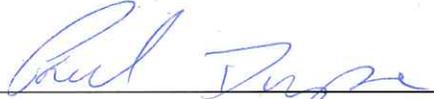
The RFP process begun in 2014 advanced to include the opening of bids on August 29, 2014, at which four bids were received.⁵ Oversight of project

⁵ BGS included IT infrastructure in the building plan and cost projections for the Certificate of Need. The infrastructure is in place. Development and implementation of an Electronic Health Record (EHR) was not included; once an EHR system is selected and cost known, the State will submit the plan for regulatory review.

development is provided by a certified Project Management Professional (PMP)⁶ from the Agency of Human Services and a project manager from the Department of Information and Innovation (DII) in addition to the Department of Mental Health AHS-IT Manager. A Selection Committee drawn from subject matter experts in both clinical and technical areas from DMH, AHS IT and DII took the lead in reviewing and scoring vendor proposals, considering functional (clinical), nonfunctional (technical), legal, and cost factors. State of Vermont policy guidelines are followed with respect to evaluation of proposals, exchange of questions with vendor interviewees, reference checks, and the contract development.

Overview of VPCH in 2014

- Opened on time
- Hired over 80 new employees
- Continued trend of reduced staff injuries
- Continued trend of reduced EIPs (Emergency Involuntary Procedures)
- Added new Executive Medical Director
- Added new Associate Medical Director
- Retained Joint Commission Accreditation
- Gained CMS certification



Paul Dupre, Commissioner
Department of Mental Health



Date

⁶ Certification is from the Project Management Institute, a not-for-profit professional membership association for the project, program and portfolio management profession.

Form B: Verification FormSTATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Vermont Psychiatric Care Hospital)
 CON Implementation Report) Docket No. 12-028-H
 January 1 - December 31, 2014)

Exhibit A – Form of Verification Under Oath when filing correspondence and additional information subsequent to a Certificate of Need Application.

Paul Dupre, being duly sworn, states on oath as follows:

1. My name is Paul Dupre. I am Commissioner of the Vermont Department of Mental Health. I have reviewed the CON Implementation Report for the Vermont Psychiatric Care Hospital.
2. Based on my personal knowledge, after diligent inquiry, the information contained in the CON Implementation Report for the Vermont Psychiatric Care Hospital is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading, except as specifically noted herein.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the CON Implementation Report for the Vermont Psychiatric Care Hospital is based upon either my actual knowledge of the subject information or, where identified below, upon information reasonably believed by me to be reliable and provided to me by the individuals identified below who have certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading.
4. The following certifying individuals have provided information or documents to me in connection with the CON Implementation Report for the Vermont Psychiatric Care Hospital, and each such individual has certified, based on his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the certifying individual to be reliable, that the information or documents they have provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact necessary to make the statement made therein not misleading:
 - (a) Judy P. Rosenstreich, MSA, Senior Policy Advisor, Department of Mental Health, developed the CON Application for the Vermont Psychiatric Care Hospital, has lead responsibility for this CON Implementation Report, serves as the Applicant's

liaison with the Green Mountain Care Board on regulatory matters, and advises the Department of Buildings and General Services on the CON process.

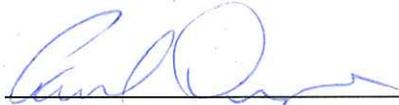
- (b) Michael Kuhn, RA, Project Architect, Vermont Department of Buildings and General Services (BGS), managed development and construction of Vermont Psychiatric Care Hospital, provided financial oversight of project costs, ensured compliance with building codes and occupancy requirements, authorized modifications during construction and after opening the facility in July, and prepared the spreadsheet to include all CON expenditures attributed to BGS.
- (c) Whitney Tucker, Financial Specialist III, Vermont Department of Buildings and General Services, generates the financial statements for reporting BGS costs and payments of approved invoices that are part of the CON's Total Project Costs for development of the Vermont Psychiatric Care Hospital.
- (d) John Hebert, District Facilities Manager, Vermont Department of Buildings and General Services, planned and implemented the program of custodial services and maintenance functions provided by state employees, and reported these activities within the scope of the CON.
- (e) Brian Isham, B.S., AHS IT Manager for the Vermont Department of Mental Health, provides direction to DMH staff engaged in the development of an Electronic Health Record (EHR) for the Vermont Psychiatric Care Hospital, serves in an advisory role on the IT infrastructure needs of the hospital, and helps steer the EHR project under leadership of AHS Project Manager, Cheryl Bertram.
- (f) Cheryl Burcham, Project Management Professional (PMP), Project Manager, AHS IT, serves as lead project manager with responsibility for the planning, development, and implementation of an Electronic Health Record for the Vermont Psychiatric Care Hospital.
- (g) Jeff Rothenberg, M.S., LCMHC, Chief Executive Officer, Vermont Psychiatric Care Hospital, directed operational planning for opening the facility in July, and provided senior management of the program of acute inpatient psychiatric care during the first six months of hospital operations covered by this CON report.
- (h) Isabelle Desjardins, M.D., Executive Medical Director, Vermont Psychiatric Care Hospital; Medical Director of Inpatient Psychiatry, UVM Medical Center; Associate Professor of Psychiatry, UVM College of Medicine, is the lead clinician and director of the medical staff contracted by the State to provide psychiatric and general medical care at VPCH. Dr. Desjardins contributed to this CON report, regarding the clinical perspective of treating the patients in the care of the Commissioner of Mental Health at VPCH.
- (i) Heidi Gee, Hospital Operations Chief, oversees a broad scope of operational issues at the Vermont Psychiatric Care Hospital and contributed to this report.
- (j) Shannon Thompson, Finance Director, Vermont Department of Mental Health, reviewed the financial spreadsheet of Total Project Costs as provided by the

Department of Buildings and General Services; verified additional costs for FF&E paid by DMH; and finalized the spreadsheet for this CON Implementation Report.

(k) Cathy Deyo, B.A., Mental Health Operations Manager, Vermont Department of Mental Health, documented expenditures for FF&E purchases required to furnish and equip the Vermont Psychiatric Care Hospital to ensure it is fully operational.

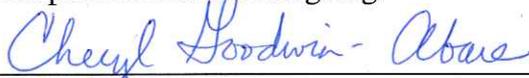
(l) Frank Reed, LICSW, Deputy Commissioner, Department of Mental Health, provided senior management review of the CON Implementation Report.

5. In the event that the information contained in the CON Implementation Report for the Vermont Psychiatric Care Hospital becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board, and to supplement the information/document subject to verification as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



Paul Dupre, Commissioner
Vermont Department of Mental Health

On March 17, 2015, Paul Dupre appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires [date] 2/10/2019

[seal]

Vermont Department of Mental Health
 Vermont Psychiatric Care Hospital - Berlin, Vermont
 CON Implementation Report #3
 Project Costs - Period: 1/1/14 - 12/31/14

Construction Costs	Certificate of Need Approved Amount	Expenditures for 1/1/14 - 12/31/14	Dollars Expended to Date	Dollars That Remain	% Under/Over	Current Expense Values
1. New Construction	\$ 14,683,475	\$ 8,050,713	\$ 19,136,169	\$ (4,452,694)	34.9% over	\$ 18,328,754
2. Renovation				\$ -		
3. Site Work	1,750,000	420,647	2,324,048	\$ (574,048)	32.8% over	\$ 2,375,854
4. Fixed Equipment			\$ -	\$ -		
5. Design/Bidding Contingency	1,643,300					
6. Construction Contingency	941,550	645,680				\$ 645,680
7. Construction Manager Fee	657,320	207,225	598,236	59,084	9% under	\$ 538,179
8. Other - Construction Costs	754,929	195,907	232,931	521,998	69.1% under	\$ 283,354
Subtotal	\$ 20,430,574	\$ 9,520,172	\$ 22,291,384	\$ (1,860,810)	9.1% over	\$ 22,171,821
Related Project Costs						
1. Major Moveable Equipment	\$ 1,175,000		\$ -	\$ 1,175,000		\$ 219,904
2. Furnishings, Fixtures & Other Equipment	1,300,000	1,108,502	1,441,455	(141,455)	10.9% over	\$ 4,048,059
3. Architectural/Engineering/Implementation Fees	2,050,000	183,638	2,079,640	(29,640)	0.1% over	\$ 2,117,350
4. Land Acquisition	2,400,000	9,395	2,314,765	85,235	3.6% under	\$ 2,400,000
5. Purchase of Buildings				\$ -		
6. Administrative Expenses & Permits	575,000	36,510	241,705	333,295	57.9% under	\$ 521,682
7. Debt Financing Expenses (see below)	9,704,388		\$ -	\$ 9,704,388		\$ 5,279,883
8. Debt Service Reserve Fund			\$ -	\$ -		
9. Owners Contingency			\$ -	\$ -		
10. Other - (Please Specify)	376,620		\$ -	\$ 376,620		
Subtotal	\$ 17,581,008	\$ 1,338,045	\$ 6,077,565	\$ 11,503,443	65.4% under	\$ 14,586,878
Total Project Costs	\$ 38,011,582	\$ 10,858,217	\$ 28,368,949	\$ 9,642,633	25.3% under	\$ 36,758,699

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- Submit the Change of Address form available on your profession specific website
- You can also change your address at our website using your Username and Password
- Renewal notices are sent to the address the office has on file and are not forwarded to a new address

Verification of Licensure – All verification of licensure can be done through our website: www.vtprofessionals.org

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- Address changes or convictions not reported to the Office within 30 days can be considered unprofessional conduct and may result in disciplinary action.

Replacement License – Go Online to www.vtprofessionals.org, login with your User Name and Password and select Print License in the left hand menu box, and print your own copy at no charge.

Checks should be made payable to: **Vermont Secretary of State**

Mailing Address: Office of Professional Regulation National Life Building, North, FL2 Montpelier, VT 05620-3402



State of Vermont PHARMACY

Institutional Pharmacy

Pharmacist Manager: Ms. Diane Leigh

Vermont Psychiatric Care Hospital

350 Fisher Rd
Berlin, VT 05602-9162

Credential #: 037.0104290
Status: ACTIVE
Effective: 06/24/2014
Expires: 07/31/2015

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit www.vtprofessionals.org



State of Vermont PHARMACY Institutional Pharmacy

Pharmacist Manager: Ms. Diane Leigh
Vermont Psychiatric Care Hospital

350 Fisher Rd
Berlin, VT 05602-9162

James C. Condes
Secretary of State

037.0104290 Credential #	ACTIVE Status	07/31/2015 Expires
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For the most up to date record, visit www.vtprofessionals.org

VERMONT PSYCHIATRIC CARE HOSPITAL
VERMONT PSYCHIATRIC CARE HOSPITAL PHARMA
350 FISHER ROAD
BERLIN, VT 05602-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV4639881	05-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	HOSPITAL/CLINIC	06-25-2014
VERMONT PSYCHIATRIC CARE HOSPITAL 350 FISHER ROAD BERLIN, VT 05602-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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VERMONT PSYCHIATRIC CARE HOSPITAL 350 FISHER ROAD BERLIN, VT 05602-0000		

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VERMONT DEPARTMENT OF HEALTH - FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

ID# Name Time In 10:00 Time Out 10:45 Date 6-11-14 Travel Time
Routine Follow-up New/Change of Owner Preliminary Complaint Other Dem. of Knowledge: Yes No
Establishment Name Vt. Polytechnic Institute 25 people License Type
Licensee Name Vt. Registrar for Public Hosp. Street Address 250 Pichon Rd. Town Berlin
Water Supply Public Sewage Disposal Public Dining Capacity: Indoor Outdoor Total 25 License Posted: Yes No

Table with columns: Item, Debit Points, Description, Item, Debit Points, Description, Item, Debit Points, Description. Includes categories like 5-204 Source of Food, 5-205 Food Protection, 5-208 Food Equipment & Utensils - Cleanliness, 5-214 Insect & Rodent Control, 5-215 Floors, Walls & Ceilings, 5-216 Lighting, 5-217 Ventilation, 5-218 Dressing Rooms, 5-219 Miscellaneous Inspection Items, 5-212 Toilet & Handwashing Facilities, 5-213 Garbage & Refuse Disposal.

Total Debit Points 1
Rating Score 98

All refrigeration needs thermometers where they can be seen

Sanitarian R.M. Burns Date Re-Inspect By Voluntarily Closed Reopened
Person Interviewed Title Signature

*Critical items require immediate attention. Circled debit points indicate non-compliance.

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Certificate of Substantial Completion

PROJECT:
(Name and address):
Vermont State Psychiatric Hospital
Fisher Road
Berlin, Vermont

PROJECT NUMBER: /12-6628
CONTRACT FOR: General Construction
CONTRACT DATE: October 22, 2012

OWNER:
ARCHITECT:
CONTRACTOR:

TO OWNER:
(Name and address):
State of Vermont
Building and General Services
2 Governor Aiken Avenue
Drawer 33
Montpelier, Vermont 05633

TO CONTRACTOR:
(Name and address):
Engelberth Construction, Inc.
463 Mountain View Drive
Colchester, Vermont 05446

FIELD:
OTHER:

PROJECT OR PORTION OF THE PROJECT DESIGNATED FOR PARTIAL OCCUPANCY OR USE SHALL INCLUDE:

Vermont State Psychiatric Hospital

The Work performed under this Contract has been reviewed and found, to the Architect's best knowledge, information and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated above is the date of issuance established by this Certificate, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:

Warranty
One (1) Year

Date of Commencement
June 27, 2014

Sara K. Wengert, AIA
Architecture+
297 River Street
Troy, New York 12180

ARCHITECT

BY

 6/27/2014

DATE OF ISSUANCE

A list of items to be completed or corrected is attached hereto. The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment.

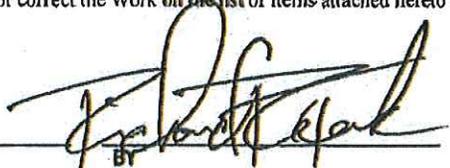
Cost estimate of Work that is incomplete or defective: \$ See attached punchlist. Total punchlist items do not exceed \$100,000.00.

The Contractor will complete or correct the Work on the list of items attached hereto within Zero (0) days from the above date of Substantial Completion.

Richard Terk, VP Project
Management
Engelberth Construction, Inc.

CONTRACTOR

BY

 6/27/14

DATE

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User Notes:

(1716021369)

The Owner accepts the Work or designated portion as substantially complete and will assume full possession at (time) on June 27, 2014 (date).

Michael J. Kuhn
State of Vermont

OWNER

BY

Michael J. Bushwartz

DATE

6/27/2014

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work and insurance shall be as follows:

(Note: Owner's and Contractor's legal and insurance counsel should determine and review insurance requirements and coverage.)

Contractor's responsibilities include:

1. Close out documents, including warranties, O&M Manual with operational instructions, product data, and As-built Drawings.
2. Submit final Application for Payment and all Final Release and Waiver of Liens from all Subcontractors.
3. Complete punchlist as agreed upon by Owner and Contractor.

Owner's responsibilities:

1. As of the date of Substantial Completion, Owner shall be responsible for insurance, security, maintenance, utilities, and damage to the Work.
2. Processing of any pending Change Orders.
3. Release of remaining retainage and Final Payment.



Division of Fire Safety
Barre Regional Office
 1311 US Route 302, Suite 500
 Barre, VT 05641-7301
www.firesafety.vermont.gov
 July 28, 2014

Department of Public Safety

Phone (802) 479-4434
 Fax (802) 479-4446
 Toll Free (888) 870-7888

Below are all of the required inspections completed by the Vermont Division of Fire Safety – State Fire Marshal’s Office, for Occupancy of the Vermont Psychiatric Care Hospital in Berlin VT

Authority	Division of Fire Safety – State Fire Marshal
Description/Name of license	Hood & Hood Suppression System Inspection & Test
Inspection (date)	May 12 th 2014
Status	Occupancy Granted to the Systems
Approval (date)	May 12 th 2014

Authority	Division of Fire Safety – State Fire Marshal
Description/Name of license	Sprinkler System Inspection & Test for Occupancy
Inspection (date)	May 14 th 2014
Status	Occupancy Granted to the System
Approval (date)	May 14 th 2014

Authority	Division of Fire Safety – State Fire Marshal
Description/Name of license	Fire Alarm System Inspection & Test for Occupancy
Inspection (date)	May 14 th 2014
Status	Occupancy Granted to the System
Approval (date)	May 14 th 2014

Authority	Division of Fire Safety – State Plumbing Inspector
Description/Name of license	Final Plumbing Inspection
Inspection (date)	May 29 th 2014
Status	Code Complying Installation
Approval (date)	May 29 th 2014

Authority	Division of Fire Safety – State Fire Marshal
Description/Name of license	Occupancy Inspection
Inspection (date)	June 24 th 2014
Status	Occupancy Granted For Patents & Staff
Approval (date)	June 24 th 2014



Authority
Description/Name of license
Inspection (date)
Status
Approval (date)

Division of Fire Safety – State Electrical Inspector
Final Electrical Inspection
June 24th 2014
Occupancy Approved
June 24th 2014

Authority
Description/Name of license
Inspection (date)
Status
Approval (date)

Division of Fire Safety – State Fire Marshal
Occupancy Inspection - CMS
June 20th 2014
Occupancy Granted For Patents & Staff
June 24th 2014

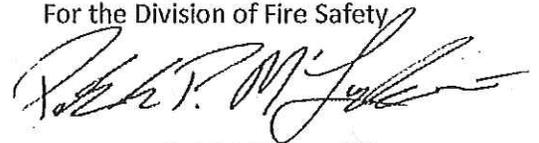
Authority
Description/Name of license
Inspection (date)
Status
Approval (date)

Division of Fire Safety – State Fire Marshal
Occupancy Inspection – Underground LP Tank
June 24th 2014
Occupancy & Use Approved
June 24th 2014

State Fire Marshal: Patrick McLaughlin
State Electrical Inspector: Wayne Dunlap
State Plumbing Inspector: Johns Hammer

Any questions let me know

For the Division of Fire Safety



Patrick McLaughlin
Assistant State Fire Marshal