



State of Vermont

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August 20, 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:

By this letter of transmittal, the Department of Mental Health submits the CON Implementation Report for the Vermont Psychiatric Care Hospital (VPCH) for the 2nd Quarter of 2015. The spreadsheet is for April through June 2015.

As VPCH opened July 2, 2014, this report completes CON reporting for the first year of hospital operations. The circumstances of developing and completing the hospital in a relatively short time frame made it difficult to anticipate all of the FF&E items that would be required to furnish and equip the facility to meet patient, staff, custodial and maintenance needs. Many essential purchases of this nature were made during the first year, all of which were reported on the FF&E line item. At this point, the Department of Mental Health considers future purchases of furnishings, fixtures, and equipment to be operating costs, not CON expenses. They are responses to the operating needs of the hospital. As such, it may no longer be necessary for VPCH and BGS staff to continue to code expenditures for CON reporting purposes. The hospital is built and operating. Still, there are apt to be some changes to the building in the category of renovations based on safety and other operating considerations. One example is the replacement of the kitchenette doors as the original doors lacked the strength and configuration to function safely. Your guidance may allow us to pay for ongoing FF&E items outside CON purview. Note that this request would not apply to the acquisition and installation of the planned Electronic Health Record, the costs of which are CON expenditures.

Please contact me should you have any questions. Thank you.

Sincerely,

Judy P. Rosenstreich

Judy P. Rosenstreich
Senior Policy Advisor

CC: Frank Reed
Hal Cohen
Michael Obuchowski
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

April 1, 2015 through June 30, 2015

**Frank Reed, Interim 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/
DMH Information Technology, Vermont Psychiatric
Care Hospital and UVM Medical Center.**

VPCH in the System of Care

During this time period, staffing levels started to decline, especially at the end of June, and management could see that staffing throughout the summer would remain an issue due to lower than expected traveling nurses starting in May and June, and few scheduled for July. This comes on top of continued permanent nurse recruitment issues. These staffing pressures have affected the hospital's capacity to safely and effectively care for and treat acutely ill psychiatric patients in the hospital's charge. The patient population did not change noticeably in the last three months of the State fiscal year.

Health Information Technology

The month of April focused primarily on Strategic Technology Service, Inc. gathering and reviewing information as outlined in Docket No. 12-028-H to complete its Independent Review. The deliverables included acquisition cost assessment; technology architecture review; implementation plan assessment; cost analysis and model for benefit analysis; and impact analysis on net operating cost. The independent reviewer certified a recommendation to Richard Boes, the state Chief Information Officer and Commissioner of DII, to proceed with the project. DMH senior leadership, including VPCH CEO, IT Director, Finance Director and EHR Project Manager met with Strategic Technology Services, Inc. and Richard Boes to review the Independent Review final report. On May 4, 2015, Richard Boes accepted, agreed and signed off on the recommendation to move forward.

A contract committee was formed in late April that includes key stakeholders from DMH, AHS IT and AAG. During the months of May and June, the committee worked on writing a contract and negotiating with the EHR Selection Committee's preferred vendor. Contract negotiations were continuing, but not yet completed as of June 30th. Regular weekly meetings of the Steering Committee are ongoing to update current VPCH workflows, define implementation roles, and plan for contract implementation.

Psychiatric Services

Clinical Delivery of Care

As anticipated before VPCH's opening in July 2014, the building's architecture is gradually informing and shaping the philosophy of care in a slightly different direction. It is influencing the context in which regulations are interpreted. More specifically, it is forcing VPCH clinicians to rebalance the weight placed on a number of the competing values coming into play when making critical decisions regarding emergency involuntary procedures (EIPs). Moreover, the human resources structure of care delivery is forcing VPCH clinicians to revisit the dynamic working relationship between disciplines, during EIPs.

In an effort to bring more uniformity to the critical thinking process inherent in management of challenging behaviors in the population of individuals served at VPCH, we are placing emphasis in physicians' education program on:

- trauma informed care, and
- physician's role during EIPs

We introduced the concept of "Universal Precaution" as it applies to Trauma Informed Care, a shift towards the assumption that all individuals treated at VPCH have been exposed to a traumatic situation in their past. In doing so, we aim to encourage uniform clinical attention to:

- focus on the individual's regulation of emotion and development of the capacity to self-soothe;
- aim to avoid re-victimization;
- appreciate that many maladaptive behaviors began as understandable attempts to cope;
- strive to maximize choices for the individual and control over the healing process;
- seek to be culturally competent;
- understand each individual in the context of their life experiences and cultural background.

VPCH physicians are also making an effort to foster a culture where the physician is not the sole decision-maker in situations of emergency in an effort to build on the benefit of the plurality of multidisciplinary input.

Nursing Department

The Nursing Department at VPCH, while continuing efforts to recruit new staff, has focused on professional development of current staff.

- Clinical Supervision, facilitated by our psychologists and Associate Director of Nursing Kathleen Bushey, continues with robust attendance from staff. Clinical Supervision provides an opportunity for problem solving, skill development, and team building.
- Dr. Ernest Lapierre was hired as Education and Training Coordinator to fill the vacancy, and will significantly increase the ability of VPCH to provide staff education and training. Primary among the tasks is to develop a method for staff advancement to replace the Vera Hanks School of Psychiatric Technology, the former vehicle for Mental Health Specialists to become eligible for promotion to Associate Mental Health Specialists.
- Tina Champagne, internationally renowned expert on Sensory Modulation, will work with Education and Training staff to do trainings on Sensory Modulation.

Pharmacy Services

The Pharmacy as designed and equipped has ample space and utilizes all of the original shelving and furnishings. The large counters work out beautifully when getting medications ready for delivery. No alterations to the design have occurred.¹

The Pharmacy is staffed by two Clinical Pharmacists, one of whom serves as Director of Pharmacy, and one Certified Pharmacy Technician. A second pharmacy technician was eliminated by implementation of a staffing change.

Pharmacy services continue to include, but are not limited to:

- Attend interdisciplinary rounds (Clinical Pharmacist)
- Monitor all medication profiles and lab values for VCPH patients
- Participate in Quality Improvement projects
- Meet with Leadership, Pharmacy, and Therapeutics Committee Meetings

¹ The Albany College of Pharmacy and Health Sciences provided consultation services for no charge at the request of the Department of Mental Health during the design phase of the Vermont Psychiatric Care Hospital.

- Maintain open communication with all departments to provide the highest quality of pharmaceutical care

Pharmacy's mission is to provide the highest quality of care regarding patient safety and their medications.

Psychology Department

The Psychology Department at VPCH is comprised of two licensed psychologists who provide direct services to about half of the patient population at any given time. As members of a multi-disciplinary team, the director of psychology can receive referrals from patients, nurses, psychiatrists, social workers or recovery support staff. In addition to providing individual therapy, the psychology department provides detailed assessments of individuals when questions arise about treatment or forensic issues. Psychologists maintain a specialized expertise in the assessment and treatment of psychological trauma. The psychology department often works in collaboration with treatment team members and patients to increase the acquisition of adaptive behaviors needed for community re-integration and to enhance the process of recovery. The psychology department continues supervisory groups for all nursing staff who work at VPCH. Their monthly case conference series is a well-attended forum for all staff to meet and discuss pertinent clinical topics. We provide educational opportunities to graduate students from The University of Vermont, Saint Michael's College, and Antioch University New England. They continue to provide best practice, state-of-the-art psychological services and learning opportunities for all those who live and work at VPCH.

Social Work

As members of the interdisciplinary treatment team, the Social Work role is to provide interface between the inpatient hospital services and community aftercare supports for individuals who have been hospitalized. Prior to admission, initial contact with referring hospitals or community agencies may be made to identify precipitant stressors to hospitalization as well as personal (i.e., family, friends,) and other unmet psychological, financial, housing or other community support needs.

Between April 1st and June 30th, 2015 the Social Work Department facilitated the discharge of 21 individuals from VPCH to community settings. During the hospital stay, psychiatric social workers assist with maintaining and strengthening existing community connections, while making referrals for new or additional services. It is helpful, wherever possible, to have family members and community providers involved throughout the hospitalization in treatment planning, discharge planning, and for supportive/therapeutic contacts in general.

It is especially important, in the context of stretched resources across the state and beyond, to partner with community providers in a mutually supportive fashion. The VPCH Social Work Department has established regular coordination times with some community agencies, and has the goal of increasing regular contacts with others. The long-standing collaborative relationships with Designated Agencies has carried through to our new setting, providing continuity of care from community to hospital, and back to the community team at discharge. Thus, the hospital treatment does not occur in a vacuum that is removed from the individual's normal life. Information and feedback is actively gathered from community partners about the VPCH discharge planning process, and the Social Work Department utilizes this feedback to inform our process.

The Social Work Department supervised the first social work intern at VPCH from September 2014 through May 2015. The intern provided services to patients and helped gather and analyze Patient Satisfaction surveys in support of the feedback process.

Quality Department

Six Core Strategies

In collaboration with the Vermont Department of Mental Health, VPCH is participating in a year-long initiative aimed at eliminating violence and reducing the use of seclusion and restraint. Six workgroups including VPCH staff and community partners are implementing each of the Six Core Strategies, an evidence-based model developed by Dr. Kevin Huckshorn. Activities of the workgroups include: data collection and monitoring of trends in emergency involuntary procedures; evaluation and identification of employee training needs; debriefing of patients and staff following emergency involuntary procedures; and seclusion and restraint prevention. The Leadership Committee monitors and reviews the progress made by the workgroups on a bi-monthly basis, in addition to reviewing seclusion, restraint, and event reporting data.

In addition to the Six Core Strategies initiative led by VPCH Executive Leadership, the Quality Department coordinates data-driven performance improvement initiatives across all departments at the hospital. Initiatives during this quarter by VPCH Facilities, Maintenance, Operations and Custodial departments resulted in process improvements through which hospital services are delivered, as well as in hospital operations. Interdisciplinary initiatives by the Pharmacy and Nursing departments focused on improvements in medication safety and delivery of patient care. Projects by the Medical staff and Psychology Department have evaluated the implementation and effectiveness of direct clinical services. After implementation, departments continue to monitor performance to ensure gains are sustained in safety, quality of care, treatment and hospital services.

Nutrition Services

The mission of the VPCH Nutrition Services Department is "to provide freshly prepared, quality food, in a safe and sanitary environment for VPCH patients". The kitchen is resourced to handle all patient dietary needs with adequate equipment, food preparation areas, refrigerator, freezer, dry storage space and cleaning and sanitizing area. The summer four week cyclic menu focused on a large assortment of fresh vegetables and salads and provided patients with a wide variety of food options. Twenty-nine different fresh salads were offered to patients and sourced from local growers when available. Summer related menus such as BBQs were incorporated into the menu cycle to celebrate the season. Feedback is good with patients enjoying fresh food items. Menus that were not well received were changed or eliminated.

Buildings and General Services

The conclusion of this 3-month reporting period marks one year since construction was completed on the new hospital facility. The Department of Buildings and General Services (BGS) was mindful of any warranty issues that may have arisen to ensure that all were addressed in a timely manner by the contractor. New instances of a continuing problem with expansion joints in flooring have developed; BGS notified the contractor of the re-occurrence of this problem, recognizing that a different solution is required to eliminate it from re-occurring.

BGS has not made further progress on planning for a garage nor will there be a need for acquisition of additional land in response to the hospital's parking expansion request. As time devoted to other projects allows BGS to complete a proposed design for the garage, a permit application to the Town of Berlin will seek approval for the garage, parking expansion, and tree removal/replacement.

Custodial Service

These duties and activities are ordinarily of a routine nature in state office buildings, however, at VPCH where custodial staff is working in patient-occupied areas there are inherent safety considerations and risks. All efforts are made to keep these at a minimum, but they should be acknowledged. Custodians new to this location take Pro-Act Training and, in the case of new employees, undergo background checks to work at VPCH. When vacancies occur, overtime may be used and employees in Montpelier may be called from their usual job-site.

Maintenance

BGS continues to maintain the hospital inside and out, performing routine maintenance duties as well as repairs and replacement of such items as the staff entry steps and blue stone under the pavilion in Recovery Services yard. It was determined that a pressure washer costing approximately \$400 is a necessary piece of equipment for the facility; this purchase is reflected in the FF&E line item of the spreadsheet.



Frank Reed, LICSW
Interim Commissioner
Department of Mental Health
Montpelier, Vermont

8/20/15
Date

Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Vermont Psychiatric Care Hospital)
CON Implementation Report) Docket No. 12-028-H
April 1, 2015, to June 30, 2015)

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

Frank Reed, being duly sworn, states on oath as follows:

1. My name is Frank Reed. I am the Interim Commissioner of the Department of Mental Health. I have reviewed the Certificate of Need Implementation Report for the Vermont Psychiatric Care Hospital.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the Certificate of Need 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.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Certificate of Need Implementation Report for the Vermont Psychiatric Care Hospital is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the Certificate of Need Implementation Report for the Vermont Psychiatric Care Hospital and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:
 - (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, Buildings Engineer III, 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 on July 2, 2014, and prepared the spreadsheet to include all CON expenditures attributed to BGS.

- (c) Stephanie Fuller, Financial Manager III, Agency of Administration Financial Services Division, supervises accounting staff and functions related to paying approved invoices of the Department of Buildings and General Services that are included in Total Project Costs for the Vermont Psychiatric Care Hospital.
 - (d) Cathy Deyo, B.A., Financial Director I, Vermont Department of Mental Health, reviewed the spreadsheet of Total Project Costs provided by the Department of Buildings and General Services; added DMH expenditures for FF&E purchases; and finalized the spreadsheet for this CON Implementation Report.
 - (e) Jeff Rothenberg, M.S., LCMHC, Chief Executive Officer, Vermont Psychiatric Care Hospital, directed operational planning for opening the facility in July 2014, and continues to provide executive leadership of the program of acute inpatient psychiatric care at the Vermont Psychiatric Care Hospital.
 - (f) 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.
 - (g) 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.
 - (h) 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.
 - (i) 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.
5. In the event that the information contained in the Certificate of Need 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 Certificate of Need Implementation Report for the Vermont Psychiatric Care Hospital as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

Frank Reed
[signature]

On August 20, 2015, Frank Reed appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Jennifer L. Royce
Notary public
My commission expires [date] 2/10/19
[seal]



Vermont Department of Mental Health
 Vermont Psychiatric Care Hospital - Berlin, Vermont
 CON Implementation Report #5
 Project Costs - Period: 4/1/15 - 6/30/15

	Certificate of Need Approved Amount	Expenditures for 4/1/15 - 6/30/15	Dollars Expended to Date	Dollars That Remain	% Under/Over	Current Expense Values
Construction Costs						
1. New Construction	\$ 14,683,475	\$ -	\$ 19,136,169	\$ (4,452,694)	34.9% over	\$ 18,328,754
2. Renovation				\$ -		
3. Site Work	\$ 1,750,000	\$ -	\$ 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					
7. Construction Manager Fee	657,320		\$ 598,236	\$ 59,084	9% under	\$ 645,680
8. Other - Construction Costs	754,929		\$ 232,931	\$ 521,998	69.1% under	\$ 283,354
Subtotal	\$ 20,430,574	\$ -	\$ 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	1,953	\$ 1,519,890	\$ (219,890)	16.9% over	\$ 4,048,059
3. Architectural/Engineering/Implementation Fees	2,050,000	3,645	\$ 2,083,285	\$ (33,285)	0.2% over	\$ 2,117,350
4. Land Acquisition	2,400,000	-	\$ 2,314,765	\$ 85,235	3.6% under	\$ 2,400,000
5. Purchase of Buildings				\$ -		
6. Administrative Expenses & Permits	575,000	-	\$ 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	\$ 5,598	\$ 6,159,645	\$ 11,421,363	65% under	\$ 14,586,878
Total Project Costs	\$ 38,011,582	\$ 5,598	\$ 28,451,029	\$ 9,560,553	25.2% under	\$ 36,758,699