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June 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:

By this letter of transmittal, the Department of Mental Health submits the CON Implementation Report for the Vermont Psychiatric Care Hospital for the 1st Quarter of 2015. The spreadsheet is for January through March 2015.

In the course of obtaining expenditure information from the Department of Buildings and General Services (BGS) for this report, it was learned that BGS has been documenting capital expenditures only. Building the hospital was a capital cost. Starting in 2014, when BGS purchased various items of equipment and supplies to complete project development, open the hospital, and make it fully operational, there were acquisitions of items that did not come from the capital budget for the hospital. Staff involved in purchasing and accounting did not document these as CON expenditures and, therefore, they were not included on the spreadsheet for the period January through December 2014. This has been corrected and a revised spreadsheet for the 2014 report is enclosed. The 1st Quarter, 2015, spreadsheet is built upon the updated 2014 spreadsheet.

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

January 1, 2015 through March 31, 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
Information Technology, Vermont Psychiatric
Care Hospital and UVM Medical Center.**

VPCH in the System of Care

As the State's largest Level I inpatient psychiatric facility, and part of the Department of Mental Health, VPCH impacts all parts of the mental health system. It has connected with different groups in the system of care, including the Community Rehabilitation and Treatment (CRT) programs of the ten regional Designated Agencies through the CRT Directors who perform leadership roles. VPCH also hosts the Designated Agency Community Psychiatry meetings.

The Six Core Strategies to guide restraint and seclusion reduction is an evidence-based curriculum being implemented at VPCH with consultation from Dr. Kevin Huckshorn, a nationally recognized thought leader in mental health. After a one and a half day site visit at Vermont's Level I psychiatric hospital, staff noted her positive observations as well as opportunities for improvement. She commented on the beautiful building, thoughtful approach to clinical care, and the energetic level of staff in face of exhausting work. She also saw greater potential in using the Recovery Services space and hiring people with lived experience as part of developing a peer program. A final report will be submitted to VPCH.

Overall, Dr. Huckshorn stressed that VPCH was doing really well, especially given the start-up circumstances of transferring patients from one location to a brand new site, many new staff, and many traveling nurses, all of which suggests vigilance in moving forward.

By this reporting period, VPCH has met many system goals set out for it, specifically increasing Vermont residents' access and quality to Level I care as their mental health conditions require. We have seen a slight decrease in the amount of individuals waiting in emergency departments or Corrections awaiting a Level 1 bed.

Health Information Technology

The hospital's reliance on Health Information Technology remained unchanged during this reporting period; it continues to function as described in the July to December 2014¹ HIT section of the CON Implementation Report for Docket No. 12-028-H.

The VPCH Electronic Health Record project and project team continues to move forward through the RFP process as outlined in Bulletin 3.5 for contracting and procurement, with notable project milestones realized this period.

In January 2015, the Department of Mental Health entered into contract with Vermont Information Technology Leaders (VITL) for consulting services in regard to the Vermont Health Information Exchange Interoperability requirements in the E.H.R. vendor proposals. VITL served as the Interoperability subject matter expert during vendor demonstrations, clarification question and answers, and vendor follow-ups. VITL then provided a gap analysis of the finalists and their interoperability capabilities.

Vendor demos took place during February and included a broad forum of stake holders including DMH/VPCH executives, operations, clinical and quality leadership, AHS and DII

¹ Section II – July through December, 2014, of the CON Implementation Report has a typographical error in the first sentence of the Health Information Technology subsection. It should say 'July to December 2014' not 'July to December 2015.' It stands corrected.

security and Enterprise Architecture, project management, the Project Review Committee and VITL.

Subsequently, a small group that included Clinical, Operations and IT staff visited providers that currently use the finalists' solutions to evaluate "real world use" DII posted an RFP for Independent Review of the VPCH EHR Project as required by Bulletin 3.5 for all projects earmarked over one million dollars. Strategic Technology Services, Inc. was awarded the contract with a March 11, 2015, start date. Independent review is currently underway with ongoing interviews of stake holders on the State and vendor sides, including VITL. Additionally, all project documents, financials, cost, budget, requirements, deliverables, PM process and risk are also being reviewed. Strategic Technology Service, Inc. will present findings and recommendations in a report to the Commissioner of DII, Commissioner and Deputy Commissioner of DMH, DMH IT managers and PMO on April 23, 2015.

Psychiatric Services

The acute psychiatric problems that lead to hospitalizations also involve the delivery of medical care to address both acute and chronic health conditions. Furthering collaboration between psychiatrists and internal medicine specialists to provide excellence in patients' medical care is a focused effort at VPCH. Internal Medicine Specialists from the UVM Health Network are an integral part of the hospital's multidisciplinary team. A major initiative at the hospital aims to implement the philosophy of care and culture of recovery uniformly across disciplines by engaging all disciplines to improve communication between their professional groups. From an educational standpoint, VPCH is in the planning phase to become a training site for UVM medical students and psychiatry residents. Moreover, we have initiated constructive dialogues with the New Hampshire Hospital (<http://www.dhhs.state.nh.us/>) and Maine's Riverview Psychiatric Recovery Center (<http://www.maine.gov/dhhs/riverview/>) leadership, aiming to collaborate on developing a standardized approach to violence risk assessments. In addition, the VPCH Medical Staff contributed to exploring ways to broaden the use of Recovery Services space and integrate recovery principles more specifically and more in depth in the design of individualized treatment and behavioral plans.

Nursing Department

Recruitment of Registered Nurses has been a priority of the Nursing Department since VPCH opened. Currently, travel nurses compose about 50% of total nursing staff. The contracted travel companies have been responsive in providing qualified candidates yet efforts to recruit permanent staff are ongoing. Regular meetings with recruitment staff from the Vermont Department of Human Resources have resulted in focused advertising; VPCH staff continue to participate in a statewide workgroup tasked with generating a plan to address perceived salary inequities and a shortage of nurses.

Clinical Supervision, facilitated by the psychologists and the Associate Director of Nursing, was started at Green Mountain Psychiatric Care Center in Morrisville and continues at VPCH. Clinical Supervision is open to all members of the nursing staff, providing an opportunity to build skills and problem solve as a means of professional development. Attendance is described by the facilitators as "excellent" and has attendees from all three shifts.

In March, a class was initiated to give Mental Health Associates an opportunity to complete a compressed, high-intensity curriculum that would result in the graduates being promoted to

Associate Mental Health Specialists. This step reinstates a career ladder opportunity for direct care worker advancement through progressive competencies and training, previously available through the Vera Hanks School of Psychiatric Technology.² VPCH is exploring a long-term plan for continuing staff education.

Regular meetings of the Registered Nurses, facilitated by the Associate Director of Nursing, focus on developing or modifying internal processes, participative problem-solving, and overall professional development.

Pharmacy Services

The Pharmacy Department has two clinical pharmacists on staff, one of whom serves as the Director of Pharmacy, and two certified pharmacy technicians. Pharmacy seeks to maintain the highest quality of care for VPCH patients' safety and their medications. Pharmaceutical services are integral to clinical operations of the hospital. Pharmacy staff:

- 1-Attend daily interdisciplinary rounds
- 2-Maintain medication profiles on all patients
- 3-Monitor lab values for all VPCH patients
- 4-Quality improvement projects for patient safety
 - a-Accuracy of the medication administration process
 - b-Accuracy and complete accountability of all Controlled Substances used within VPCH
- 5-Review safety trends.
- 6-Enhance service delivery through open communication and participation in meetings with hospital staff, including nursing, pharmacy, therapeutic, and policy development committees.

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 and group therapies, and psychometric evaluation, psychology staff provides detailed assessments of individuals when questions arise about treatment or forensic issues. We 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, pro-social behaviors for community re-integration and enhancing the process of recovery. The Psychology Department has initiated supervisory groups for all nursing staff who work at VPCH. The monthly case conference series, organized by the Psychology Department, 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. We continue to provide best practice, state of the art psychological services, and learning opportunities for patients and staff at VPCH.

² The Vera Hanks School of Psychiatric Technology (formerly the VSH School of Psychiatric Technology) was established in 1950 to enable psychiatric technicians to learn the fundamentals of nursing, human anatomy and physiology, pharmacology, behavioral science, psychiatric technology, group process, and other areas of the curriculum. It was the mechanism for promotion among direct care workers until 2011.

Recovery Services

Recovery Services space consists of various rooms each furnished and equipped with a diversity of programming supplies, accessories, and features that are responsive to patient needs and interests. All are being utilized and enjoyed by patients. Our Learning and Resource Center is the most popular room at this time. A schedule of group and individual support activities cover a full continuum from formal, evidence-based practice work to leisure activities. The purchasing of items necessary to offer Therapeutic Groups and Individual Supports has been accomplished. In the future, Recovery Services will continue to enhance the environment of care with the goal of improving recovery outcomes for patients. This will enhance opportunities for patients whose variety of interests, strengths, talents, desires and goals can be incorporated into our hospital environment.

Quality Department

Quality overlaps with Operations, Facilities, and Infection Control through the Environment of Care Committee that meets regularly at VPCH. In this committee, Quality helps to identify opportunities to reduce safety risks to patients, staff and visitors, and improve the environment of care at the hospital. This is just one function of the Quality Department among many others.

Providing high quality care in a setting that is safe for patients, visitors and employees requires ongoing assessment of processes, performance, decisions, and human interactions that have the potential of impacting everyone under this hospital's roof. The Quality Department assesses these functions by identifying, measuring, analyzing, tracking, and reporting on indicators related to safety and patient care. Updating and creating policies and procedures as well as compiling patient satisfaction surveys, responding to grievances, and auditing of documentation are all strategies the Quality Department uses to monitor and assess care delivery at VPCH.

The Quality Department also manages accreditation and certification with the Joint Commission and Centers for Medicare and Medicaid Services (CMS). Surveys from state, federal, and national entities take place at VPCH. During these visits, reviewers observe hospital operations, review documentation, conduct interviews with patients and staff, and gather information about administrative processes at VPCH. Compliance with regulations connected to state and federal certifications is another way patient care and safety is measured.

Quality initiatives extend far beyond the boundaries of the Quality Department. Currently, nine departments implement their own performance improvement initiatives in addition to two hospital-wide initiatives. A majority of these projects include representatives from multiple departments and reflect a commitment to seeking out opportunities for positive change.

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 and dry storage space and cleaning and sanitizing area. A four week cyclic menu, which changes seasonally, provides patients with a wide variety of food options. Our focus is on freshness and we use very few pre-manufactured food items. Most meal items and snacks are prepared the same day they are served and finished minutes before serving. Expanding our service to feed the hospital staff is being considered; however, the hospital does not have a designated food service area with cafeteria style serving equipment. Purchase of cold to-go

meals which can be reheated and served is a potential future option. Personnel to manage the cafeteria and serve meals to staff will require additional staffing research. Future equipment requests include the purchase of a gas tilting brazier / skillet and installation of a steamer. These pieces of equipment, currently not available, are best suited for preparing high quality and fresh food.

The Nutrition Program continues to evolve at VPCH. Since the Registered Dietician began in January³, weekly nutrition programs addressing various topics have been offered, taking place in the Library as a discussion group or on a 1:1 basis when a patient prefers. Nutrition topics covered to date include: How to read food labels, Fat and Cholesterol, Nutrition Benefits of Chocolate, Portion Distortion, How Many Calories do I need?, just to name a few. Many of the topics have been requested by patients, and the dietician tailors the discussion to meet the needs of the patients.

Recovery Service runs an A to Z food group program. This program offers discussion regarding the nutrition attributes of a specific food corresponding to the letter of the day. Following this discussion, staff and patients do some food preparation and sample what they have prepared. The dietician attends to add support on how this food could be part of a healthy diet.

The role of the Registered Dietician continues to increase, meeting more frequently 1:1 with a patient and becoming part of the treatment planning process. Meetings with patients may occur d/t concerns with nutrition status (i.e., undesired weight gain or weight loss), patient challenged by selecting menus if therapeutic diets are recommended, or d/t diet restrictions by patient preference that may lead to potential nutrient deficiencies (e.g., Gluten and Dairy free, Vegetarian).

Custodial Service

The Department of Buildings and General Services is responsible for custodial services at VPCH. During the first three months of 2015, BGS added a custodial position to provide 2nd shift coverage on weekends, which VPCH did not have previously. Visitors continue to provide very positive feedback regarding visual impact and cleanliness of the building.

Maintenance

During the first three months of 2015, BGS maintenance staff continued to address warranty and repair issues involving appliances, tile, flooring, cabinet locks, window blind, water pressure, weather stripping, and door closures on the interior. Major issues with concrete walkways heaving are under evaluation by Engelberth Construction to determine warranty coverage, but no final determination has been made since the frost is not gone yet. Access to winter plowing damage is revealing repair work. The wood chip delivery system had two minor issues that were corrected under warranty. BGS's work during the first quarter was also partly routine (operating) maintenance such as painting, snow removal and salting of pavement, testing the sprinkler system on a quarterly basis, and other work orders not part of expenditure reporting for the CON. The building is being maintained in excellent condition. Plans to build a maintenance garage with onsite storage and to remove damaged pine trees are continuing.

³ Prior to January 2015, VPCH contracted with Copley Hospital for dietary services. The Registered Dietician is a full-time state employee position at Vermont Psychiatric Care Hospital.

A handwritten signature in blue ink, appearing to read "Frank Reed", is written over a horizontal line.

Frank Reed
Interim Commissioner
Department of Mental Health
Montpelier, Vermont

6/17/15
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
January 1 – March 31, 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) Heidi Gee, Hospital Operations Chief, oversees a broad scope of operational issues at the Vermont Psychiatric Care Hospital and reviewed the content of VPCH staff contributions to this report.
- (h) 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.
- (i) 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.
- (j) 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]

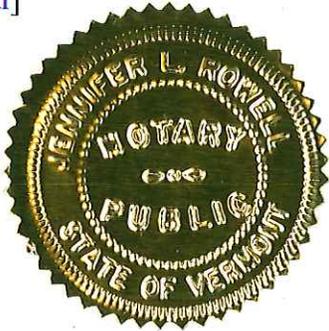
On June 15, 2015, Frank Reed appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Jennife Howell

Notary public

My commission expires [date] 2/10/19

[seal]



Vermont Department of Mental Health
 Vermont Psychiatric Care Hospital - Berlin, Vermont
 CON Implementation Report #4 Revised w/ BGS FFE added 6-5-15
 Project Costs - Period: 1/1/15 - 3/31/15

	Certificate of Need Approved Amount	Expenditures for 1/1/15 - 3/31/15	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	1,643,300	-				
5. Design/Bidding Contingency	941,550	-				\$ 645,680
6. Construction Contingency	657,320	-	\$ 598,236	\$ 59,084	9% under	\$ 538,179
7. Construction Manager Fee	754,929	-	\$ 232,931	\$ 521,998	69.1% under	\$ 283,354
8. Other - Construction Costs						
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	\$ 25,239	\$ 1,517,937	\$ (217,937)	16.8% over	\$ 4,048,059
3. Architectural/Engineering/Implementation Fees	2,050,000	-	\$ 2,079,640	\$ (29,640)	0.1% 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	\$ 25,239	\$ 6,154,047	\$ 11,426,961	65% under	\$ 14,586,878
Total Project Costs	\$ 38,011,582	\$ 25,239	\$ 28,445,431	\$ 9,566,151	25.2% under	\$ 36,758,699

Vermont Department of Mental Health
 Vermont Psychiatric Care Hospital - Berlin, Vermont
 CON Implementation Report #3 Revised w/ BGS FFE added 5-29-15
 Project Costs - Period: 1/1/14 - 12/31/14

	Certificate of Need		Expenditures for		Dollars Expended		Dollars That		% Under/Over	Current Expense Values
	Approved Amount	1/1/14 - 12/31/14	to Date	1/1/14 - 12/31/14	Remain	Remain				
Construction Costs										
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	\$ 598,236	\$ 59,084	9% under	\$ 645,680				
7. Construction Manager Fee	657,320	\$ 207,225	\$ 232,931	\$ 521,998	69.1% under	\$ 538,179				
8. Other - Construction Costs	754,929	\$ 195,907	\$ 22,291,384	\$ (1,860,810)	9.1% over	\$ 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	\$ 1,162,447	\$ 1,495,400	\$ (195,400)	15% 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)										
Subtotal	\$ 376,620	\$ -	\$ -	\$ 376,620		\$ 14,586,878				
Total Project Costs	\$ 38,011,582	\$ 10,912,162	\$ 28,422,894	\$ 9,588,688	25.2% under	\$ 36,758,699				