



**Administrative Office:**  
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Washington County Mental Health Services, Inc.  
*Where Hope and Support Come Together*  
Serving People with Mental Health and  
Developmental Challenges

**Mailing Address:**  
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Montpelier, VT  
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**DRAFT**

**MINUTES OF THE BOARD OF DIRECTORS MEETING  
MONDAY, January 8, 2024**

Admin Board Room, 885 South Barre Rd., Barre, Vermont and via Teams

**Board Members Present:** Sarah Holland, Kristin Chandler, Paul Wallace-Brodeur, Robert Harvey, Cindy Tabor, Chief Nordenson, Debbie Reynolds, Regan Demasi, Faith Covey

**Absent:** Amy Caffry, Kris Rowley

**Guest:** Danielle Mitchell, new CYFS Director

**Staff Members Present:** Mary Moulton, Executive Director; Heidi Hall, CFO; Jessica Kell, COO; Susan Loynd, HR Director; Jeffrey Rothenberg, Director of Quality Improvement & Compliance

**Sarah Holland called the meeting to order at 4:02 p.m.**

**Welcome and Introductions:** Sarah Holland welcomed Danielle Mitchell, the new CYFS Director and Faith Covey, the newly elected Board Director to the meeting. Everyone in attendance introduced themselves, their role, and town of residence.

**Public Comment:** None

**Today's Agenda:**

*Sarah Holland entertained a motion to accept today's agenda with the addition of a change in the meeting location to Other. Kristin Chandler so moved. Seconded Cindy Tabor. No further discussion. No abstentions. So voted.*

**Approval of the December 11, 2023 minutes:**

*Sarah Holland entertained a motion to accept the December 11, 2023 minutes as written. Paul Wallace-Brodeur so moved. Seconded by Kristin Chandler. No further discussion. No abstentions. So voted.*

**Introduction: Danielle Mitchell, Children, Youth and Family Director**

- Mary introduced Danielle who began her role as the new CYFS Director this morning at 8:30 am.
- Jessica has developed a thorough six-week introduction to WCMHS and the CYFS program for Danielle.
- Danielle is originally from Mississippi and attended Mississippi State. She moved to Vermont in 2003 and began working at another Vermont Designated Agency, Northwest Counseling and Support Services (NCSS) in St. Albans. She attended graduate school at the University of Vermont. For the last six years she has been the CYFS Director at NCSS.

- She is the mother of two daughters and looks forward to being here for a long time.

**Presentation: Executive Director Search Update** – Susan Loynd, HR Director:

- Susan said that the search is moving along.
- She is encouraged by the caliber of the applicants so far and through the pre-screening process they have narrowed an initial 20 applicants down to eight.
- Currently a small group is reviewing the applications. When the interviews begin the process will be more extensive and include other interested Board members, staff, community partners, peers, clients, and client family members.
- Susan reviewed the timeline and said that formal interviews will begin by the end of January.

**Presentation: Rep Payee Transfer** – Jessica Kell, Chief Operations Officer and Heidi Hall, Chief Financial Officer

- Heidi Hall explained that a Rep Payee receives and manages money on behalf of another person. WCMHS has been a Rep Payee for approximately 200 of its clients for several years.
- The exploration of transferring Rep Payee to an independent company outside of WCMHS came about mainly due to the following three reasons:
  1. Conflict of Interest – having a case manager that works for the same agency who is also the client’s main contact with WCMHS Rep Payee is a direct conflict. The move towards Conflict Free Case Management has served to highlight this conflict.
  2. Dr. Justin Knapp, WCMHS Medical Director, has repeatedly expressed his concern about this practice and the inherent conflict.
  3. There is one accounting staff that maintains the Rep Payee accounts and the administrative burden is tremendous.
- Heidi said that there are companies that only do Rep Payee work and do a much better job. Howard Center began using the top-candidate about a year ago and two other DAs are in the process of transferring to the same company. Not all DAs provide this service to their clients.
- Jessica stated that this has not been an easy process. It is difficult to find someone who will be part of our “family”.
- Balanced Care (BC) is the top-candidate after an extensive research and review process. They have been successfully doing this work since 2013. Their values, business model, overall welcoming warm caring approach, and understanding of our people and their families make them a great fit. As well as the array of services that they provide: management of SSI and Disability; wage reporting; the ability to cut multiple needs checks; provision of debit cards; provision of a case management portal; acting as an impartial, outside, trusted financial contact.
- WCMHS will also work with the Office of Public Guardians (OPG) for our at-risk clients who are not able to afford the monthly fee.
- WCMHS will have ongoing access to clients’ accounts – with their permission – and case management.
- This will be presented at the next Joint Standing Committee meeting for their input.
- It is important to develop a list of questions for Balanced Care so that we may create a comprehensive FAQ. The Howard Center has been very open about their process, and we can learn from them.
- Client and family feedback will be sought after the introduction.

**Finance Committee Report:**

- The timing of the January meeting is too early in the month for financials to be ready for presentation and will be back on track in February.
- Heidi Hall spoke of the Home and Community Based Services Grant Program (HCBBS) that Jessica Kell applied to earlier in the fiscal year. WCMHS received one award of just under \$1.8 million

dollars for the WCMHS Infrastructure Improvement Project 5- Granview Drive, Town of Barre, Vermont and received a second award of just over \$1.2 million for the WCMHS Care Model Project. Due to the amount of the award for the Infrastructure Project, WCMHS will need to complete a Certificate of Approval process. The Infrastructure Project involves urgent improvements to the 50 Granview Drive building. Some improvement examples are: new windows, new insulation, new roof, an elevator, an ADA restroom, and more accessible entrances/exits.

*Sarah Holland entertained a motion to approve proceeding with both awards and to move forward with the Certificate of Approval process for the HCBS Infrastructure Improvement Project 5 – Granview Dive, Town of Barre, Vermont. Kristin Chandler so moved. Seconded by Robert Harvey. No further discussion. No abstentions. Approved unanimously.*

#### **Executive Director's Report:**

- Heaton Update:
  - Discussions with Downstreet continue regarding the 24-unit conversion of Heaton St. – 14 studio apartments and 10 transitional apartments. And the second phase would see the construction of four 3-bedroom houses to encourage first-time home buyers who would reside there between one and three years before moving into a new location.
  - A presentation and conversation with the abutting neighbors will be held Tuesday, January 9<sup>th</sup> from 5:30 – 7:00 pm. A larger meeting will be held later.
  - The project is moving right along and is at least a year out.
- Home Community Based Services – Heidi covered.
- Substance Use integration work continues.
- AHS Legislative Recommendations:
  - Rate increase
  - Seclusion & Restraint Bill – schools
  - Housing Recommendation

#### **Presentation: Agency Data & Performance:** Jeffrey Rothenberg, Director of Quality Improvement & Compliance

- Reviewed the following data:
  - Number of clients seen by quarter
  - Number of clients seen by quarter by program
  - Payment Reform Targets for Children and for Adults
  - 5-Day measure – how many clients were contacted for an appointment within 5 days.
  - 14-Day Measure – how many clients received another service within the initial 14 days.

#### **New Data:**

- How many Adults were screened for Substance Use/Trauma/Depression
  - How many Adults received an ANSA (Adult Needs and Strengths Assessment)
- 
- Measures are being added for Children's substance use and depression screenings.
  - CDS is also adding measures.
  - Jeff has been training division directors and lead staff in each program to use Dashboards. The reports are tailored to each program and the information that they want to see and that is most useful to them. All of the reports are refreshed two times daily with real data so that the information is always current. Dashboards are extremely useful tools to create great reports.
  - The feedback Jeff has received about the trainings has been good and is directly tied to the trainee's interest in data.
  - He is in the process of hiring another data analyst as the need for more reports is increasing.
  - He asked the Board to reach out to him at any time with any data questions they might have.

**Adult Standing Committee Update:**

- Report tabled until February

**Our Family Gathering Place Update:**

- Report tabled until February. The Joint Standing Committee meeting will be held this week and work will begin on the Community Needs Assessment.

**Other Business:**

- The suggestion was entertained to move the meetings to the Group Room at Bldg. C on the CVMC campus due to its central location and to provide food to encourage in-person attendance. Teams would still be offered for those who prefer or need to meet off-site. The Board agreed to make the change beginning with the February 19<sup>th</sup> meeting.

**Adjournment:**

*Sarah Holland entertained a motion to adjourn the meeting at 5:48 pm. Robert Harvey so moved. Seconded by Regan Demasi. No further discussion. No abstentions. So voted.*

Respectfully Submitted,  
Clare Kimmel

**Next Meeting: February 19, 2024, 4:00 – 6:00 pm in the Building C Group Room on the CVMC campus, Berlin, Vermont and via Teams**

**Building C is the red brick building to the left as you turn into the hospital's main entrance at the light by the 802 Toyota dealership, second floor. There are stairs through the door on the left in the entrance, elevator through the second set of doors – turn left and it is on the right, the Group Room is at the end of the hall. Please call Clare Kimmel if you need more detailed directions.  
802-301-3121**

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**Community Developmental Services**  
**Standing Committee Minutes**  
**January 16, 2024**

The Committee convened to discuss the recent award of the HCBS Grant Program Award of the WCMHS Infrastructure Improvement Project 5- Granview Drive and the need to complete a Certificate of Approval for the project.

The planned improvements of the project consist of the following:

- New exterior siding,
- New roof,
- New replacement windows,
- A renovation of one bathroom to meet ADA standards,
- Addition of an elevator.

After much discussion the Committee agreed and approved of this project and its long over-due improvements to 50 Granview Drive, thus greatly benefitting the current and future consumers and staff of the WCMHS Community Developmental Services program.

# *Vermont Department of Disabilities, Aging and Independent Living*

## **Designation**

I, Monica White, Commissioner of the Department of Disabilities, Aging and Independent Living, acting in accordance with my powers and duties under Title 18 of the Vermont Statutes, including 18 V.S.A., 8907(a), do hereby **FULLY DESIGNATE**

### *Washington County Mental Health Services*

### *Community Developmental Services*

to provide community-based services and support for individuals in their geographic region. Ongoing programming must continue to conform to the Department's program requirements, including any changes in the program requirements subsequent to the date of this designation.

This designation shall remain in effect until the Department completes an evaluation for re-designation, which shall occur during calendar year 2026.

**SIGNED and DATED at Waterbury, Vermont this 23<sup>rd</sup> day of November 2022.**



\_\_\_\_\_  
Monica White, Commissioner  
Department of Disabilities, Aging and Independent Living

## *Agency Designation*

I, **Emily Hawes**, Commissioner of the Department of Mental Health, acting in accordance with my powers and duties under Title 18 of the Vermont Statutes, including 18 V.S.A. § 8907(a), do hereby redesignate

### ***WASHINGTON COUNTY MENTAL HEALTH SERVICES (WCMHS)***

as a Designated Agency to provide services and supports for individuals in the agency's geographic region for the following programs:

*Adult Mental Health Programs*  
*Children, Youth, and Family Services*  
*Emergency Services*

Ongoing programming must continue to conform to the Department of Mental Health's program requirements, including any changes in the program requirements after the date of this designation. This designation will expire January 23, 2027.

**SIGNED** and **DATED** at Waterbury this 21st Day of December, 2022.

DocuSigned by:  
*Emily Hawes*  
C50275615A62462...

Emily Hawes, LADC, Commissioner  
Department of Mental Health





# Washington County Mental Health 3-Year Strategic Plan

May 2017



## Introduction

The following 3-year plan was developed over several months by the leadership of WCMHS with input from staff and stakeholders. The goals are organized into three categories: Internal, External and Integration goals. Efforts towards attaining these goals position WCMHS as an active participant in the provision of health services and its transformation in Central Vermont. Information Technology, staff training and support, financial diversification, and community education and collaboration are central themes to this strategic plan. The subsequent objectives are creative, innovative, and promote WCMHS as a leader in the provision and coordination of services for individuals with mental health disorders, substance use disorders, and developmental disabilities.

## Materials Reviewed

A variety of sources were used to inform this plan, including information from prior strategic plans, leadership meetings, and a leadership survey; Figure 1. The information for the final strategic plan draws heavily upon the final leadership meeting that occurred on May 19, 2017, when leaders used information from the survey to construct the final plan.

Figure 1: Materials Used to Inform the 2017 Strategic Plan

- 2014 Strategic Plan
- Power point and notes from the 2/17/17 manager's retreat
- 2017 Board Staff feedback
- Prep meeting with Mary Moulton and Susan Loynd
- Pre-meeting Leadership Survey – May 2017
- Leadership meeting – 5/19/17

## Results

I. Pre-meeting Leadership Survey. In preparation for the final Strategic Planning meeting that occurred on May 19, 2017, Senior Leaders were provided with a survey (available in an accompanying file) asking them to indicate what would make the day successful and difficult, and what they hoped to get from the day; Figure 2. The leaders also used this survey to rank ideas generated at prior strategic planning sessions that pertained to the Internal, External, and Integrated categories and then provide a S.W.O.T. analysis of their top ideas. Results of this survey were compiled by category and presented to the leaders at the retreat to promote discussion. Figure 3 lists the priorities by category.

Figure 2: Leadership Feedback about Expectations for the May 19<sup>th</sup> Meeting

*What would make the day successful for you?*

- Coming away with a clear plan
- A clear agenda
- Fast-paced, moving discussion that gets to an outcome
- Contributing to the discussion and future direction of goals
- Learning from those who are more experienced
- Team building
- Time to discuss, get the conversation going, give time to expand, but maintain focus and stay on task
- Time to brainstorm and be creative

*What would make the day difficult for you?*

- All talking and no achievable outcomes
- Discussion that isn't moving in a direction
- Goals that are too lofty
- Team building exercises
- Long sessions with too many "pie in the sky" discussions
- No time to stretch and move around or grab snacks

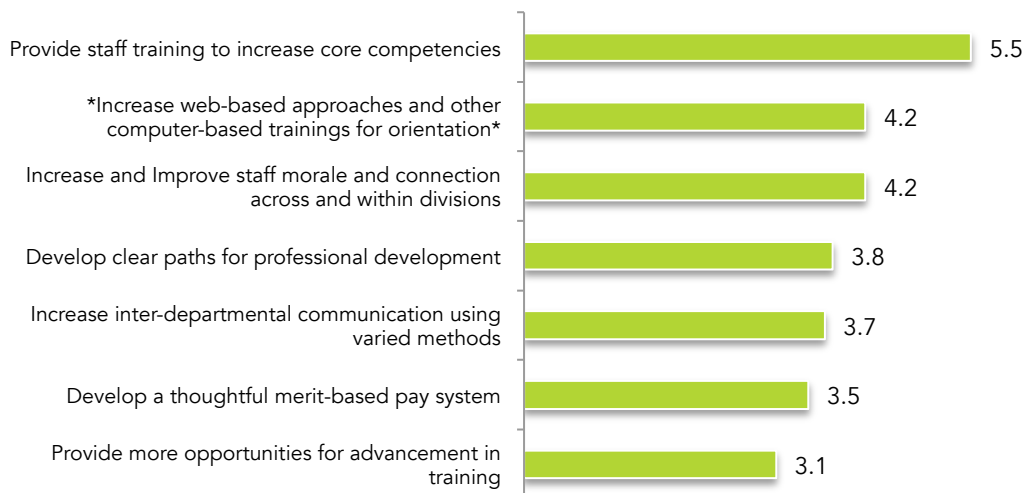
*At the end of the day, we want:*

- A concrete project plan with roles, responsibilities, timelines, and resource allocation

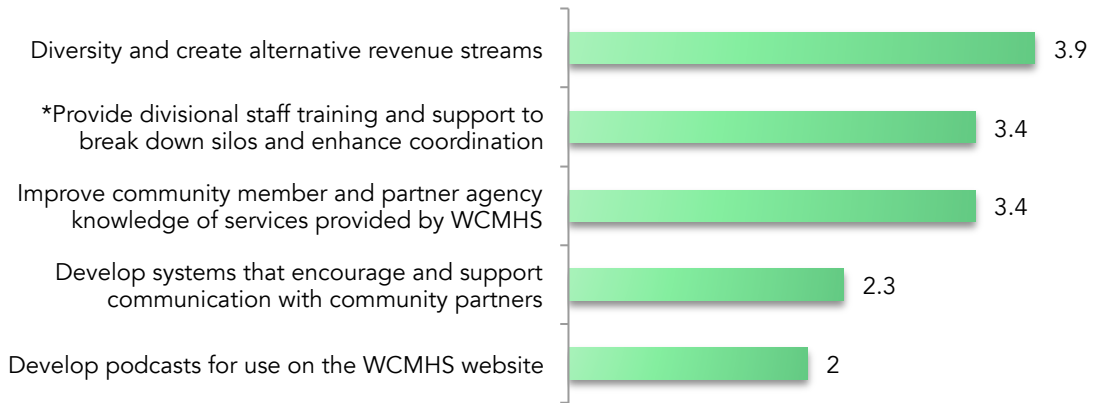
Figure 3: Priorities by for Internal, External, and Integrated Categories From Leadership Survey

Note: An asterisk indicates that the priority falls across categories.

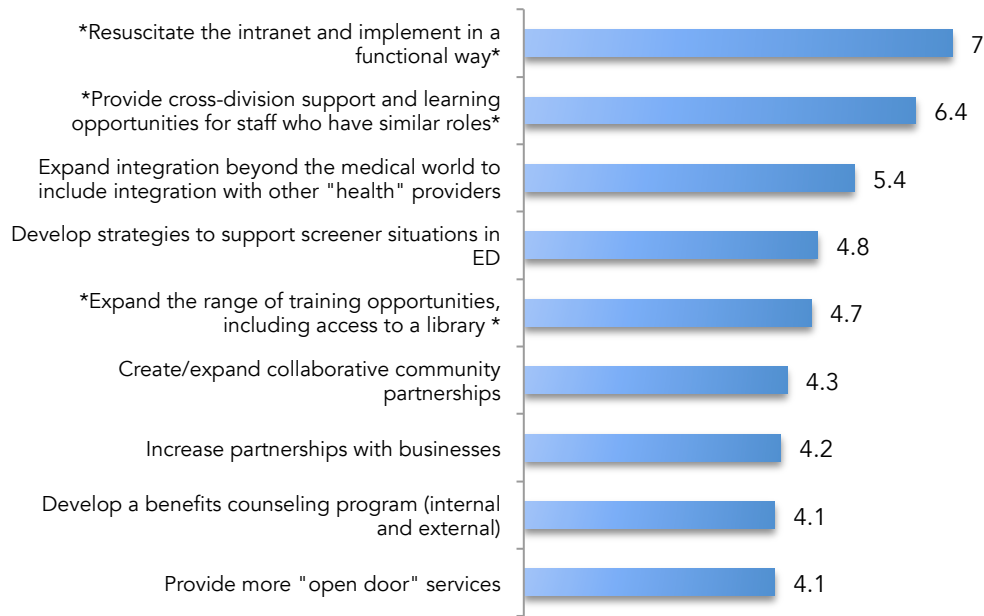
INTERNAL



EXTERNAL



INTEGRATED



II. May 19, 2017 Meeting. Twenty agency leaders met to discuss the definition of the Internal, External, and Integrated categories, and the subsequent priorities identified in Figure 3 with the goal of creating a final skeletal 3-year strategic plan.

a. Common Definition of Categories: Before we could prioritize the goals within each category, the group needed to clearly define the categories. Figure 4 provides a list of the common language.

Figure 4: Strategic Plan Categories – Common Language

**Definition – INTERNAL**

- In house
- Staff training, morale, etc.
- Across programs
- Consumers
- Services
- Working environment and buildings
- IT – information exchange
  - Improving clinical practice
  - Improving efficiencies
  - Enhancing work environment – make job easier
  - Improving clinical practice
- Silo busting (internally)
- Training/education of staff, consumers, and clients

**Definition - EXTERNAL**

- Community Relationships
- Revenue/Resources
- State partners
  - Expectations
- Education/Public Relations
- Information Exchange – IT
  - Information and data

**Definition – INTEGRATED**

- Develop collaborative partnerships
- Sharing information
- Shared treatment plans
  - Provider system has shared responsibility
  - Looking holistically and at wellness
  - Addressing Triple Aim
- MOU's – contractual arrangements, formal arrangements on the business end
- Silo busting with external partners

- b. Category Goals. The group discussed each category and the priorities presented from the survey results. Through this process, the group combined redundant goals and clarified the meaning of each goal. Figure 5 lists the final categories and goals.

Figure 5: Strategic Plan Goals

#### INTERNAL – FINAL GOALS

1. Improve ability to provide high quality and consistent clinical, community support, and administrative services
  - Be aware of and train on core competencies to ensure consistency and high quality across service that includes plan to evaluate effectiveness
  - Cross silos when possible
  - Target similar roles regardless of program or division
2. Assess current state of technology and its use at WCMHS to help:
  - Utilize web-based technologies including online, computer-based trainings for orientation
  - Build technology awareness and use
  - Analyze and build out system to support the unified EMR
  - Build implementation plan
3. Increase and improve staff morale and connection across and within divisions

#### EXTERNAL – FINAL GOALS

1. Diversify and create alternative revenue streams
2. Increase community member and partner agency knowledge of services provided by WCMHS through public relations and community education activities
3. Develop systems that encourage and support communication with community providers

#### INTEGRATED – FINAL GOALS

1. Expand integration beyond medical world to include integration with other service providers
2. Create and expand collaborative community partnerships that build upon integrated systems to promote access to appropriate levels of care
3. Define and assess current state, and improve upon interoperability with external systems
  - First - People
  - Second - Process
  - Third – Technology

- c. Objectives. As a final exercise, the group brainstormed specific objectives for each goal listed in Figure 5. The group then ranked objectives and discussed which would be included in the final Strategic Plan. A complete list of all the brainstormed

objectives can be found in the transcribed chart paper found in the document titled: WCMHS 5.19.17 Chart Paper Notes.doc. The final list of the strategic plan goals and objectives are listed in Appendix A.

- d. Developing next steps. As noted in Appendix A, the group developed an ambitious work plan for this Strategic Plan. Since the group has 3 years to accomplish the plan, they chose to prioritize the following goals for immediate work:
- INTERNAL Goal #2 - Assess current state of technology and its use at WCMHS to help:
    - Utilize web-based technologies including online, computer-based trainings for orientation
    - Build technology awareness and use
    - Analyze system and build out system to support the unified EMR
    - Build implementation plan
  - INTERNAL #3 - Increase and improve staff morale and connection across and within divisions
  - EXTERNAL #1 - Diversify and create alternative revenue streams

## Moving Forward

The last agenda item of the day was to discuss ways to insure success with implementing and following through with the strategic plan. The group generated a list shown in Figure 6. It is clear that the group has generated a very ambitious plan that even a well-resourced agency would have difficulty implementing all at once. The group made an important first step by prioritizing three goals for immediate work. The strategic plan, as written, still lists all goals as beginning at the same time. Some goals require further discussion by an assigned group to further develop the objectives. Some goals also need further discussion about resources and other partners to involve in the work. Given these considerations, the following recommendations are offered:

Figure 6: How to Keep Moving Forward with the Plan

- Look at it regularly
- Pick one thing and see it through
- Have a leader of a subgroup holding the group accountable
- Test for readiness to determine viability – include this on the excel monitoring sheet
- Keep resources available (\$, workforce, etc.)
- Senior management buy in
- Community feedback supports goal
- Include consumers – show them a draft
- Develop a realistic timeline – review list at senior manager and

1. Review the plan to revise timelines. The group decided that they would review the strategic plan at the next Senior Manager's meeting to determine appropriate timelines and assignment of roles.
2. Assign workgroups and specify tasks. Many goals require a leader and a work group to do the work. Once this group is identified, the group can meet to further develop the specific tasks to meet the overarching goal.
3. Regular review of plan. Regular review of the plan will help the group maintain momentum. The Strategic Plan Progress Monitor, an Excel document accompanying this plan, is a tool for use at leadership meetings and subgroups to monitor progress on the activities delineated within the plan.
4. Hold yourselves accountable. Scheduling quarterly meetings with the expressed purpose of reviewing the plan using this tool will also help to maintain momentum towards plan completion. In addition, continuing with your practice of discussing strategic plan progress with your board, advisory groups, and other stakeholders will support momentum towards achieving the goals identified in your plan.

## Things to Remember

Finally, the group identified several items for future consideration that may fall outside the scope of the strategic plan. These include:

- Developing a community partner survey and conducting phone interviews
- Include in internal core competencies – program development and advocacy with community organizations that address issues of cultural diversity
- Enhance working environment/buildings
- Discuss co-location – having staff from different departments and/or divisions working under the same roof



Appendix A: Final Strategic Plan Goals, Objectives, and Activities

Note: The Excel version of this table includes other columns to help with project management

Actions	Start Date	End Date	Assigned
<b>Internal #1 - 1. Improve ability to provide high quality and consistent clinical, community support, and administrative services</b>			
Convene committee	10/1/17	10/30/17	TBD
Develop agency-wide core competencies by role	7/1/17	6/30/18	Training Committee
Develop inventory/assessment of current trainings offered by agency	7/1/17	3/31/18	Training Committee
Complete a gap analysis of needed trainings	7/1/17	3/31/18	Training Committee
Develop training infrastructure to support core competencies	1/1/18	3/31/19	Training Committee
Build trainings for online and in person format	1/1/18	3/31/19	Training Committee





<b>Internal #2 - Assess current state of technology and its use at WCMHS to help develop web-based technology, technology awareness, and support of unified electronic health record</b>			
Convene committee and identify chairperson	6/1/18	3/1/18	CIO
Develop a workable and updated intranet	7/1/17	10/1/18	CIO and committee
House trainings on the intranet		3/31/19	CIO and committee
Develop a plan for building technology awareness and use	10/31/18		CIO and committee
Assess how to leverage our technology to address specific organizational needs	Ongoing	3/31/18	CIO and committee
Implement plan for the unified electronic health record – new system	Ongoing	3/1/20	CIO and committee
<b>Internal #3 - Increase and improve staff morale and connection across and within divisions</b>			
Convene committee and identify chairperson	7/1/17	1/1/18	Lisa & Karen committee
Identify, Develop and write up leadership tenets and principles	7/1/17	12/31/17	committee
Develop a plan to convey information to leadership teams and supervisors	1/1/18	7/1/18	committee
Implement plan	8/1/18	12/31/19	committee
<b>External #1 - Diversify and create alternative revenue streams</b>			



Convene committee and identify chairperson	7/1/2017	7/30/2017	Director of Development and committee
Develop donor list	7/1/17	7/31/20	committee
Identify needs per program	3/1/17	3/1/18	committee
Identify grant possibilities	7/1/17	11/1/17	committee
Discuss expanded service coverage of private insurers with emphasis on cost effectiveness of community services - Internal		10/31/17	Snr Mgrs
Relationship building with sponsors and donors to maintain donor list	1/1/18	7/31/20	committee



Estate giving - cultivate relationship with large donors	1/1/18	5/1/19	Director Development committee
Offering specialty consultations (base on in-house expertise)	1/31/18	6/30/20	committee
<b>External #2 - Increase community member and partner agency knowledge of services provided by WCMHS through public relation and community education activities</b>			
Convene committee and identify chairperson	10/1/17	10/31/17	TBD
Inventory current community education activities	10/1/17	10/31/20	TBD
Survey community partners and/or public via website to identify interests (use social media)	7/1/17	6/30/18	TBD
Outreach to communities to present forums	7/1/17	6/30/20	TBD
Develop ongoing series from community interest survey conducted in previous year	7/1/2018	6/30/2019	TBD
Examine development of web-based trainings, podcasts, and links on website	7/1/2019	6/30/2020	TBD
Expansion of wellness offerings	7/1/2019	6/30/2020	TBD
Sell trainings externally	1/1/18	12/31/18	Training Committee
<b>External #3 - Develop systems that encourage and support communication with community providers</b>			
Convene committee and identify chairperson	9/1/2017	9/30/2017	TBD



<b>Integrated #1 - Expand integration beyond medical world to include integration with other service providers</b>			
Convene committee and identify chairperson	10/1/2017	12/31/17	TBD
Inventory of current contracts	10/1/17	6/30/20	TBD
Explore new potential billable services (e.g., tele-health)	10/1/17	6/30/18	TBD
Consult in best practices with other professionals outside of our system (e.g., school personnel, nursing home staff, day cares)	10/1/17	6/30/19	TBD
Collaborate with teaching institutions	10/1/17	6/30/20	Susan
Develop models to market statewide	10/1/18	6/30/20	TBD
Continued embedding across systems (e.g., social worker with law enforcement, case manager in pediatrics, psychiatry/therapist in primary care)	10/1/18	6/30/20	TBD
<b>Integrated #2 - Create and expand community partnerships that build upon integrated systems and promote access to appropriate levels of care</b>			
Convene committee and identify chairperson	7/1/17	9/30/17	TBD
Explore urgent care space at CVMC	7/1/17	9/30/17	TBD
Study hours of operation and models to use	7/1/17	9/30/17	TBD



Assess access needed (e.g., days vs. nights, 24/7?)	7/1/17	9/30/17	TBD
Explore coding and billing	7/1/17	9/30/17	TBD
Improve urgent care by enhancing resources of psychiatric staff services in urgent care and the ED	7/1/17	1/30/18	TBD
<b>Integrated #3 - Define and assess current state of information and technology at WCMHS, and improve upon interoperability with external systems</b>			
Convene committee and identify chairperson	7/1/17	7/1/17	TBD
Demonstrations	7/1/17	7/30/17	TBD
Best and Final Offer	7/1/17	8/30/17	TBD
Continue to forget tri-level governance (develop project competencies within group)	7/1/17	7/30/17	TBD
Change management by governance group	7/1/17	7/30/17	TBD
Site visits	7/1/17	9/30/17	TBD
Contract negotiations	7/1/17	11/30/17	TBD
Best practice process development (LEAN analysis)	7/1/17	1/30/18	TBD
Converged BPPD - Statewide	7/1/17	5/30/18	TBD
Data integration and sharing	7/1/17	1/30/20	TBD



**State of Vermont**

Department of Mental Health  
166 Horseshoe Drive  
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<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

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[tty] 800-253-0191

Mary Moulton  
Chief Executive Officer  
Washington County Mental Health Services, Inc.

**VIA EMAIL ONLY**

January 8, 2024

Dear Ms. Moulton:


The Departments of Mental Health (DMH) and Disability, Aging, and Independent Living (DAIL) have reviewed your Letter of Intent for the “Infrastructure Improvement Project 5 – Granview Dr.” We have determined that your project does require you to go through the Certificate of Approval (COA) process as the capital expenditure threshold is \$1,500,000.00 and your Letter of Intent indicated a current financial projection of \$1,800,00.00.

While this project might touch both DMH and DAIL clients, the departments have determined that DMH will be the lead on your COA. Please direct all future correspondence to me.

We understand your desire to expedite the COA process. DMH will attempt to move as quickly as we can as we work through the required processes. The next step in the process is for you to complete and submit the application and required attachments. I would encourage you to be very thorough in your application so that we do not need to ask too many follow-up questions.

Please feel free to contact me with any questions or concerns.

Best,

DocuSigned by:  
  
334079014C9349A...  
Karen Godnick Barber  
General Counsel  
Department of Mental Health

CC: Emily Hawes, DMH Commissioner  
Shannon Thompson, DMH Finance Director  
Samantha Sweet, DMH Director of Mental Health





**State of Vermont**

Department of Mental Health  
166 Horseshoe Drive  
Waterbury, VT 05671-2010  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

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Mary Moulton  
Chief Executive Officer  
Washington County Mental Health Services, Inc.

**VIA EMAIL ONLY**

January 30, 2024

Dear Ms. Moulton:

The Department of Mental Health (DMH) has reviewed your Certificate of Approval (COA) Application as well as your responses to our questions dated January 29, 2023. Upon review of the additional information, DMH is satisfied with the information provided and considers this application now complete.


DMH will be posting the completed COA application to its website for 20 calendar days and noticing the public of a public meeting date for input. You, and any staff you wish to make available to briefly present the project, respond to questions, and hear public input, will be asked to attend the public meeting. Jennifer Rowell will be following up to find a suitable date, time, and location for the meeting.

Upon completion of these activities, a final determination regarding your COA application for this project will be issued by the Commissioner.

Thank you for the information provided to complete this COA application. A decision will be issued within 60 days and efforts will be made to expedite the time frame where possible.

Please feel free to contact me with any questions or concerns.

Best,

DocuSigned by:  
  
334079014C9349A...

Karen Godnick Barber  
General Counsel  
Department of Mental Health

CC: Emily Hawes, DMH Commissioner  
Shannon Thompson, DMH Finance Director  
Samantha Sweet, DMH Director of Mental Health





**State of Vermont**

Department of Mental Health  
166 Horseshoe Drive  
Waterbury, VT 05671-2010  
<http://mentalhealth.vermont.gov/>

*Agency of Human Services*

[phone] 802-241-0090  
[fax] 802-241-0100  
[tty] 800-253-0191

Mary Moulton  
Chief Executive Officer  
Washington County Mental Health Services, Inc.

**VIA EMAIL ONLY**

January 29, 2024

Dear Ms. Moulton:


The Department of Mental Health (DMH) has reviewed your Certificate of Approval Application. Based on this preliminary review, we believe that additional information is needed for us to proceed in rendering a final determination. The additional information we need is outlined below:

- Recognizing the significant amount of work WCMHS plans to undertake at the site, do you anticipate disruption to client services during the project? If so, how do you intend to mitigate that?

We will look forward to receiving this information, reviewing it, and determining if we have adequate information to rule the application complete. Once we determine that your application is complete, the COA procedures call for us to post the complete application on the web, formally review the application, and issue a decision within sixty (60) calendar days. DMH will attempt to expedite these processes where possible.

Please feel free to contact me with any questions or concerns.

Best,

DocuSigned by:  
  
334079014C9349A...  
Karen Godnick Barber  
General Counsel  
Department of Mental Health

CC: Emily Hawes, DMH Commissioner  
Shannon Thompson, DMH Finance Director  
Samantha Sweet, DMH Director of Mental Health







**VERMONT AGENCY OF HUMAN SERVICES  
DEPARTMENT OF MENTAL HEALTH AND  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

**CERTIFICATE OF APPROVAL APPLICATION  
COVER PAGE**

Applicant: Washington County Mental Health Services, Inc.

Project Title: WCMHS Infrastructure Improvement Project 5- Granview Drive

Principal Contact: Heidi Hall, CFO

Address: PO Box 647 Montpelier  
(street) (town/city)

VT 05601-0647 802-229-1399  
(state) (zip code) (telephone number)

**PROJECT TYPE & AMOUNT**

- Capital expenditure exceeding \$1,500,000 for construction, development, purchase or long-term lease of property or existing structure
- Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding \$1,000,000
- The offering of a health care service having a projected annual operating expense that exceeds \$500,000 for either of the next two budgeted fiscal years if the service was not offered by the health care facility within the previous three fiscal years.

A. Proposed Capital Expenditure (Total Table 1) \$ 1,778,441.00

B. Proposed Lease Amount (payment times term) \$ N/A I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: Mary Moulton, WCMHS Executive Director  
(Name & Title)

SIGNATURE:

DATE: January 17, 2024

**Administrative Office:**  
885 South Barre Road  
South Barre, VT 05670  
Telephone: (802) 229-1399  
Fax: (802) 223-8623



**Mailing Address:**  
P.O. Box 647  
Montpelier, VT  
05601-0647  
www.wcmhs.org

## **A. NARRATIVE: PROJECT OVERVIEW AND DETAILS**

### **1. Construction and renovation Project:**

WCMHS Infrastructure Improvement Project 5- Granview Dr.

#### **a) Provide dates for the duration of the proposed construction and renovation period.**

The project is Intended to begin mid-March 2024 and be finished or at least substantially completed by December 1, 2024.

#### **b) Include schematic drawing, at least 1/16" scale, for the existing and proposed facility.**

WCMHS is currently in the bid process – will not have plans until after COA is awarded and the after a bid has been awarded.

#### **c) Provide existing and proposed departmental net and gross square feet for each department affected by the project.**

No planned change to the building footprint.

#### **d) Provide assurance that the project will comply with ADA commercial construction standards.**

The agency will complete this project with fully approved permits, through licensed local contractors, to achieve 100% ADA compliance (per applicable project type), strong energy rating scores, and full regulatory and licensing approval. The contractor RFP has clearly outlined the expected scope of work that includes compliance with all State and Federal regulations regarding ADA compliance. In addition, this project's focuses are on meeting high environmental health benchmarks such as efficient thermal dynamics, improving ventilation through properly sized, high-efficiency heating and cooling systems, and lowering operating costs. WCMHS and the retained contractor will ensure all work will comply with current energy efficiency standards and all State of Vermont safety and energy regulations.

#### **e) Provide description of permitting processes (local/regional/state) that the project will be subject to.**

The agency will hire a contractor who will provide comprehensive project management to include securing all local/ regional/ and state permits for roofing, siding, window upgrades, and elevator installation. The agency's project director will ensure the contractor secures all necessary permits and will maintain oversight of all associated administrative workflows to ensure these are done in accordance with all required policies and procedures.

## **B. NARRATIVE: GENERAL CRITERIA**

### **Criterion I: Local Governance Support and Relationship of Proposed Project to Agency Strategic Plan.**

Please see Attachment A containing Board of Director's January 8, 2024 draft meeting minutes that note the board's approval and vote to support the construction plans at 50 Granview, Barre, VT as proposed in the HCBS Track 1 grant application for infrastructure improvement work. Attachment B contains meeting minutes from the adult local standing committees that discussed and supported the construction plan.

These building upgrades relate to our agency's strategic plan and system of care plans as we are committed to maintaining ADA accessible, safe, trauma informed, and client centric infrastructures that ensure equal access to care for all our clients. Our agency's mission is to advocate for the inclusion of all persons into our communities and actively encourages Self-Determination and Recovery and to serve all individuals and families coping with the challenges of developmental and intellectual disabilities, mental health, and substance use by providing trauma-informed services to support them as they achieve their highest potential and best possible quality of life. We see the maintenance, upgrades, and renovations of our infrastructure/ treatment spaces as a key to achieving our mission and vision. We have not sought any other public input into this project as the upgrades to the space are general renovations that will not change the internal or external structure of the building in any notable way. All renovations are essential maintenance focused on exterior siding, roofing, windows, and the renovation of one bathroom to meet ADA standards and an elevator.

### **Criterion II: Need for the Proposed Project**

What is the need for the proposed project and how will it assist your agency in fulfilling its mission or in continuing to provide and/or improve its services. Please demonstrate that the proposed project is needed to do one or more of the following and, if so, how.

#### **(a) Maintain the availability and accessibility of developmental/mental health services. Why is the status quo not adequate to meet the need; and/or,**

WCMHS identified facility improvement projects for our Community Developmental Services (CDS) program located at 50 Granview Dr., in Barre, Vermont. The agency has owned this building since 1985 and no renovations have been made since purchase. CDS has met the needs of 416 unique clients, provided 189,703 HCBS services, 364,859 hours of care, by 259 staff, in the past 2 years. To gain long-term stability to HCBS, this proposal seeks improvements to the accessibility and environmental sustainability of this facility. The project focus is to enhance HCBS client and staff experiences, safety, and comfort in our physical spaces to gain positive correlations between increased client and staff satisfaction, decreased no-show rates, improved engagement with care, and rising employee morale and performance. Upgrades to 50 Granview Dr. will strengthen HCBS in seven quality domains: client experience, service effectiveness, workday efficiencies, timeliness, client and staff safety, equity, and sustainability.

#### **(b) Meet specific unmet needs of the population. Provide a forecast of the unmet needs and describe the methodology for deriving this forecast; and/or,**

**c) Improve the mental health or developmental service needs of the population to be served. Describe the plan for accomplishing this and what the expected outcomes will be; and/or,**

WCMHS recognizes that disabled and minority populations experience disparities in the health care quality they receive, even when they have the same insurance, socioeconomic status, and comorbidities as their non-minority or non-disabled counterparts. The agency seeks to decrease preventable disparities and inequities for clients receiving HCBS services by improving building features that directly impact the way clients access its care settings, how clients navigate in them, what facilities are available within them, and how independently clients can operate throughout the building. Expanding safety and quality through building improvements at 50 Granview Dr. will impact multiple environmental factors that are known to reduce and resolve potential health disparities and inequities long-term. Proposed infrastructure improvement work will also enhance and sustain the agency's compliance with relevant HCBS regulations, safety standards, building codes, and ADA accessibility standards. This project will enhance client mobility and will increase their privacy, dignity, and autonomy in the spaces where they are served. WCMHS anticipates immediate strengthening of HCBS after project completion as clients experience more functional spaces that are easy to navigate, have adequate temperature control, lighting, room to move freely, clear lines of sight, and easy entry and exit areas. WCMHS seeks continuous quality improvement to client experiences by expanding safety, comfort, and utility in spaces that serve persons with a large variety of physical abilities and challenges. We seek to remove any architectural barriers when they are readily achievable to ensure all persons can receive services at the locations we operate. The agency's equity and inclusion work has informed the outcomes we seek and identified the proposed sites as opportunities to increase client autonomy and engagement as our projects decrease current access barriers. This will be measured through client feedback surveys, through building inspections, licensing reviews, and state regulatory compliance. Upgraded facilities and operational enhancements will lead to improved service quality, compliance with HCBS regulations, increased accessibility, and improved service environment.

**(d) Increase the efficiency of administrative functions.**

The agency seeks to become more HCBS-ready by increasing the utility of 50 Granview Drive. By completing these projects we will achieve the goals and objectives for this infrastructure improvement grant by ensuring the agency's HCBS providers deliver services more effectively and efficiently. Upgraded facilities and operational enhancements will lead to improved service quality, compliance with HCBS regulations, increased accessibility, improved service environment, enhanced client satisfaction, and maximizing client access to care in upgraded facilities that comply with all state and federal safety and licensing regulations and offer comfortable service environments that contribute to enhanced client satisfaction. Finally, upgrades to facility infrastructure and environmental health and safety improvements will strengthen HCBS providers' ability to deliver services in a secure and conducive environment. This includes upgrades to building safety and energy efficiency, adoption of best practices for environmental health, and modifications to improve staff experience, efficiency, and workflows. This infrastructure improvement plan will impact approximately 100 employees and up to 400 clients who access the 50 Granview building space. Auxiliary support staff who work throughout program administration, maintenance, and other operations make up an additional 50 individuals who will benefit from these infrastructure improvement projects. In total, the agency anticipates a combined impact to the lives of over 500 people associated with the provision of HCBS services at 50 Granview Dr.

**Criterion III: Organizational Structure, Affiliations and Operations**

**What is the organizational entity applying for this Certificate of Approval? Please describe any key organizational arrangements necessary to implement this proposal such as contracts, affiliations, or partnerships and the financial or other contributions that any affiliated organization or related party will be making to the project. What will be the impact of this project on your agency's operations such as staffing, management and programs?**

WCMHS is a Designated Agency. The organizational arrangement the agency will be making are those associated with the successful RFP for this work. The building upgrades will directly impact the stability of the building structure itself; all staffing, management, and program operations will continue as usual.

**Criterion IV: Financial Feasibility and Impact Analysis**

**Applicant must demonstrate the proposed project’s financial feasibility and project sufficient resources to sustain operations and/or debt service demands over time. In addition to submitting the attached financial tables, please provide any narrative information that you believe would help illustrate the financial impact and feasibility of this project. If the tables reflect anything significant that requires an explanation or clarity, please address this in the narrative.**

**Were any alternatives to this proposal considered and, if so, why were they rejected? Explain why you believe there are no other less costly or more effective alternatives to be considered.**

There were no alternatives considered for installing new siding, re-roofing, and installing window upgrades. The agency determined this work to be basic building maintenance projects that are typical in scale and cost for any building of similar size and age. The elevator installation was explored with a construction company that provided a cost estimate that identified the type of elevator and its installation process that was necessary given the building’s architecture and accessibility options. There are no other less costly or more efficient installation options for this building.

**Please describe the costs and methods of the proposed construction and demonstrate that they are reasonable as compared to the costs of similar construction in your local area.**

Final costs and methods of derivation will not be known until bids are received and reviewed – after the COA process is complete.

**Please address any of the following that are applicable to your proposed project:**

- **For projects that require high levels of debt financing relative to the cash flow of the institution, submit the previous year’s balance sheet and a projected balance sheet reflecting the increased debt level.**

Does not apply.

- **For projects whose financial feasibility is endangered by low utilization, submit a financial forecast in which utilization levels are only sufficient for the service to break even financially.**

Does not apply.

**C: FINANCIAL TABLES**

Please complete the following financial tables which are attached, or available, in an Excel format.

**TABLE DESCRIPTION**

- 1 Project Costs
- 2 Debt Financing Arrangement: Sources & Uses of funds
- 3A Income Statement: Without Project

3B Income Statement: Project Only  
3C Income Statement: With Project  
4A Balance Sheet-Unrestricted Funds: Without Project  
4B Balance Sheet-Unrestricted Funds: Project Only  
4C Balance Sheet-Unrestricted Funds: With Project  
5A Statement of Cash Flows: Without Project  
5B Statement of Cash Flows: Project Only  
5C Statement of Cash Flows: With Project