

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

July 1, 2016 through September 30, 2016

**Melissa Bailey, Commissioner
Vermont Department of Mental Health**

**Judy Rosenstreich, DMH Senior Policy Advisor,
prepared the CON Implementation Report with
input from the Vermont Department of Buildings
and General Services, Agency of Human Services/
DMH Information Technology Director, and Vermont
Psychiatric Care Hospital Chief Executive Officer.**

Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Vermont Psychiatric Care Hospital)
 CON Implementation Report) Docket No. 12-028-H
 July 1, 2016 to September 30, 2016)

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

Melissa Bailey, being duly sworn, states on oath as follows:

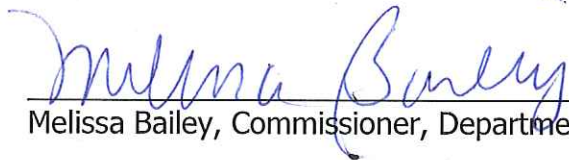
1. My name is Melissa Bailey. I am the Commissioner of the Vermont Department of Mental Health. I have reviewed the Certificate of Need Implementation Report for the Vermont Psychiatric Care Hospital.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained 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 departments of Mental Health and 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) Frank Reed, LICSW, Interim Chief Executive Officer, Vermont Psychiatric Care Hospital, has day-to-day senior management responsibility for hospital operations, regulatory compliance, human resources, system integration, external relations, and institutional leadership of the program for acute inpatient psychiatric care. During the 3rd quarter of 2016, the period of this CON Implementation Report, Jeff Rothenberg, LCMHC, was Chief Executive Officer of VPCH.
- (d) Alisson Richards, M.D., 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.
- (e) Brian Isham, B.A., AHS IT Director for the Vermont Department of Mental Health, provides direction and collaborative leadership for DMH staff planning the development/implementation of an Electronic Health Record (EHR) for the Vermont Psychiatric Care Hospital, serves as a resource for the IT infrastructure needs of the hospital, interfaces with the Vermont Department of Information and Innovation (DII), and supports the EHR project under the leadership of AHS Project Manager, Brian Tierney.
- (f) Brian Tierney, B.S., Business Management, Project Manager, Agency of Human Services/IT, serves as lead project manager with responsibility for the planning, development, and implementation of an Electronic Health Record (EHR) for the Vermont Psychiatric Care Hospital. Provides oversight of the project and vendor relations to ensure the project remains on schedule, in scope and within budget.

(g) Anna Strong, B.S., Business Management and Financial Accounting, Financial Director I for the Vermont Department of Mental Health, prepares the DMH portion of the spreadsheet, reporting Department of Mental Health and other non-BGS expenditures billed to, paid by, or obligated for development, installation, training, consulting, testing and equipping the Electronic Health Record in fulfillment of the Certificate of Need for the Vermont Psychiatric Care Hospital.

(h) 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.

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.



Melissa Bailey, Commissioner, Department of Mental Health

On March 10, 2017, appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires 2/10/19



Health Information Technology

For the July through September 2016 reporting period, the implementation schedule for the Electronic Health Record (EHR) continued to remain on track and on budget for an October 3rd "go-live" date. Work ramped up this reporting period as priorities of the project team, vendors, and staff moved from planning to implementation.

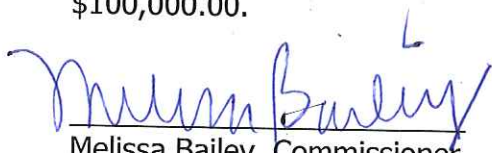
In July, the EHR test environment went live with a temporary VPN while network planning and architecture finalization was underway. The project team and Evident spent the reporting period working within the test system, designing and finalizing workflows, screens, reports, and e-forms. Staff also started training within the system. Evident made several site visits to VPCH to provide these hands-on trainings and work side-by-side with staff on the EHR implementation.

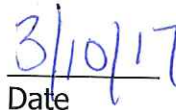
In August, the project team, Copley Hospital, the VPCH Pharmacy Director, and Evident started kick-off planning meetings for development of the interface between the CareFusion (Pyxis) pharmacy platform at VPCH and the new Thrive EHR.

In September, network infrastructure architecture for the EHR and Pharmacy was finalized. DII installed and configured two new firewalls, switches, and new wireless controllers. This allows greater VPCH network segregation and security designed specifically for the EHR utilization on the State's network. DII, CareFusion, Evident, and Copley coordinated efforts during the last week in September to iron out all network and firewall issues, and deemed the IT infrastructure ready for "full system go live" on October 3rd. Additionally, at the end of September, VPCH went live with a new CareFusion CCE server, console, test, and production environments. The Pharmacy interface between CareFusion and Evident was completed and tested and the Pharmacy was deemed ready to move off the Copley network on October 3rd.

Buildings and General Services

The Department of Buildings and General Services is still waiting on resolution of the amount of property we have for the facility. We have provided a counter proposal and are awaiting a response. As stated before, this may result in a modification to our subdivision approval for the parcels and will be included in the plans to be submitted for the amendment of our site plan approval for additional parking and the storage garage. The permit plans are ready for submission pending resolution of the property issue. The estimate for the garage and associated work remains unchanged at \$100,000.00.


Melissa Bailey, Commissioner
Vermont Department of Mental Health
Waterbury, Vermont


Date

Vermont Department of Mental Health
Vermont Psychiatric Care Hospital - Berlin, Vermont
CON Implementation Report #10
Project Costs - Period: 07/01/2016 - 09/30/2016

	Certificate of Need Approved Amount	Expenditures for 7/1/16 - 9/30/16	Dollars Expended to Date	Dollars That Remain	% Under/Over	Current Expense Values
Construction Costs						
1. New Construction	\$ 14,683,475	\$ 18,041	\$ 19,300,558	\$ (4,617,083)	31.4% 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	\$ -				\$ 645,680
7. Construction Manager Fee	657,320	\$ -	\$ 598,236	\$ 59,084	9% under	\$ 538,179
8. Other - Construction Costs	754,929	\$ -	\$ 232,931	\$ 521,998	69.1% under	\$ 283,354
Subtotal	\$ 20,430,574	\$ 18,041	\$ 22,455,773	\$ (2,025,199)	9.9% 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	\$ -	\$ 1,519,890	\$ (219,890)	16.9% over	\$ 4,048,059
3. Architectural/Engineering/Implementation Fees	2,050,000	\$ -	\$ 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 - Electronic Health Record	376,620	\$ 112,587	\$ 181,473	\$ 195,147	51.8% under	
Subtotal	\$ 17,581,008	\$ 112,587	\$ 6,341,118	\$ 11,239,890	63.9% under	\$ 14,586,878
Total Project Costs	\$ 38,011,582	\$ 130,628	\$ 28,796,891	\$ 9,214,691	24.2% under	\$ 36,758,699