MEMORANDUM

TO: Donna Jerry, Senior Health Policy Analyst, Green Mountain Care Board

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: June 17, 2021

RE: Docket No. GMCB-002-21con, Construction of Secure Residential TreatmentProgram for Individuals Requiring Residential Treatment Program Services for Mental Health Conditions. Project Cost: $21,900,521.

Thank you for your questions dated June 9, 2021. Below please find our responses.

In addition to the information requested, we wanted to bring to the Green Mountain Care Board's attention that after much testimony in both the House and the Senate, the full funding needed by the Department of Mental Health (DMH) and the Department of Buildings and General Services (BGS) for this proposed project was included in the Capital Bill. The Governor signed the capital bill, Act 50 (2021), on June 1, 2021.

Financial

1. **Financial Tables 1 and 2 show different total project costs. Revise these tables so they reflect the same total project cost or explain in detail why the tables show different total dollar amounts for the project.**

   DMH met with BGS and the DMH, after meeting with BGS and the Department of Finance and Management, has amended Table 2 to reflect the Source of Funds in Section 2, Equity Contribution, in the amount of $5,427,136 (Debt Financing Expenses) and a corrected section 3b which formerly reflected the estimated premium amount of $1,875,207 (please see further explanation below in response to question 2).

   An updated version of Table 2 is included with this response.

2. **Table 2: Identify the source of the $1,875,207 shown in line item titled "Other".**

   The amount of $1,875,207 is an estimated premium on the bond. DMH has attached the worksheet prepared by Finance and Management that depicts this estimated premium. In addition, DMH has updated this amount in Table 2 Source of Funds section 3.d. to also include $373,385 from BGS with other capital funds.

3. **Table 6B: Explain in detail your assumptions for revenue sources.**

MTCR is currently being paid for with Global Commitment and funds paid to the State from individual residents who can pay for their room and board. We calculated the amount on the self-pay line using the amount of funds DMH received in FY 2019 from residents ($39,050/7 beds X 16 beds) and assumed the remainder would be paid with Global Commitment.

4. **Explain in detail your assumptions for operating expenses and whether debt financing and depreciation/amortization expenses are included.**

   DMH again utilized the FY 19 actual expenditures at MTCR where appropriate to calculate the operating portion of the facility and made estimates for contracts and other direct costs based on either the number of beds or number of contracted positions needed. This did not include debt financing or depreciation.

5. **Table 7: Explain in detail your assumptions for utilization.**

   DMH assumed that all 16 beds would be fully utilized every day in this submission (16 beds X 365 days).

6. **Table 9: Explain in detail your assumptions for staffing FTEs and confirm that the staffing and FTEs include 24/7 staffing coverage.**

   DMH did an assessment of staff using ratios of the current 7 bed facility where appropriate. Because of the facility's physical and programmatic structure, and because this is a stand-alone facility without the ability to share staff with VPCH (as is current practice), modifications to some of the minimum requirements were made for nurses and other professional staff.

   In addition, rather than purchase food from VPCH or an outside source, the new facility will have a fully staffed kitchen, thus the need for the food service staff.

   Below is an explanation in more detail of the direct care staffing needs required to safely provide 24/7 coverage for 16 beds at the new facility:

   - First Shift:
     - 2 RN's, 7 Mental Health Specialists
   - Second shift:
     - 2 RN's, 7 Mental health specialists
   - Additional staffing for first and second shifts:
     - Nurse Manager, Program Director, 2 psychologists, 2 social workers/LMHC, 2 Activities therapists.
   - Third shift:
     - 1 RN, 5 Mental Health Specialists

7. **Table 9: Explain the position titled "Secure Residential Program Director" and the meaning of "(Exempt?)" noted following this staff position. Explain whether this**

staff position is included in the total project cost and if not, please explain.

The funding for the Program Director is included in the budget.

Basic job description:

Planning, supervisory, advisory, administrative, and evaluation work involving secure residential services for all residents at the Department of Mental Health (DMH) state-run secure residential program, including supervision of training programs for direct care personnel. The role includes determination of a proper therapeutic physical and support services environment; necessary levels of staff training; number and distribution of personnel; operational procedures; and evaluation of results. The incumbent serves on a number of internal policy formulation bodies for the Department. Extensive interaction occurs with all key management personnel in the Department of Mental Health, the state-run hospital, and the Designated Hospitals system.

Plans, organizes, and directs secure residential program services and functions to comply with DMH long and short term goals and with department philosophy and policies. Determines facility staff requirements including levels of training needed and allocation to treatment functions and areas. Hires professional and direct care staff; supervises and may participate in hiring of paraprofessional staff. Adjusts staffing and allocation of resources as necessary to meet facility program and service standards, departmental policies, and resident treatment needs. Oversees the development of resident service plans and monitors their implementation and effectiveness. Continually evaluates quality of facility services delivered through conferences, reports, direct observation, resident record reviews, quality assurance studies, and other sources. Directs a staff training and education plan to promote growth and development of facility personnel.

This position is exempt to make the position more market equitable, with payment flexibility and with an understanding of the profound and heightened level of responsibility.

Per the Department of Human Resources, the meaning of "Exempt" is as follows:

The appointment process for exempt positions is governed by statute. Agency and independent department heads are generally appointed the Governor with the advice and consent of the senate. Commissioners and exempt directors within agencies are appointed by the Secretary with the consent of the Governor. Some officials are elected by the general assembly, while others are appointed by boards or commissions with the Governor's concurrence.

Exempt employees, except elected officials, are employees at will, and serve at the Governor's, or the appropriate appointing authority's pleasure. They are not part of the merit system, and are not entitled to the protections of the classified service.

Facility Size, Design and Location(s)

8. **Explain in detail whether the design of the facility reflected in the application includes**

two, eight-bed wings designed with the capability to allow separation of one wing from the main section of the facility if necessary and whether both wings are served by common clinical and activity spaces. Also, explain whether both wings have all the essential non-clinical living area functionalities available within each wing.

In accordance with Act 50, Section 3, the facility includes two eight-bed wings designed with the capability to allow for separation of one wing from the main section of the facility, if necessary. The facility is a Y shape with a resident wing representing each arm. Both wings are served by common clinical and activity spaces located in the central core area, with the staff wing representing the base of the Y. Each wing includes an adjacent sitting area, laundry facilities, and access to the core and to the outdoor spaces. The north resident wing features a set of fire doors that can be closed if separation of the wing is desired.

9. **Explain in detail whether and how the outdoor space is compliant with Act 50, Section 3 (c) and confirm that the space is not less than 10,000 square feet.**

   In accordance with Act 50, Section 3, the outdoor space is defined on the site plan and totals approximately 11,840 square feet. The outdoor space features the ability to be divided into approximately equal sized yards to accommodate separation of one wing, if desired.

10. **Explain in detail all amenities that are included in the outdoor area and all amenities that are not included in the proposed project as represented in the application. If not included in the proposed project, explain why these amenities are not included.**

    The 11,840 square foot outdoor space amenities include a paved walking loop, raised garden beds to support the greenhouse program, lawn areas, and patio areas including various seating options. A gazebo will be relocated from the MTCR. There is also a covered patio area outside the dining room including dining seating.

    The design includes two alternative built-in multipurpose seating areas. The alternates will be included in the project if the budget allows or could be added at a later time.

11. **Explain in detail the analysis that was conducted to arrive at the need for 16 beds.**
    DMH has been directed to study the need for secure residential beds by the Legislature on multiple occasions. Need for additional secure residential beds was first identified even before the destruction of the State Hospital in Tropical Storm Irene. After the storm, in 2014, pursuant to Act 178 (2014), t DMH identified a need for a secure residential facility that could accommodate at least 14 patients. The full Act 26, Section 2 (2019) report with in depth analysis can be found here.

    Following the legislative codification of the statutory basis for a secure residential facility in 2012, Act 178 of 2014[1] first proposed the creation of a 14-bed permanent secure residential replacement facility.

[1] https://legislature.vermont.gov/Documents/2014/Docs/ACTS/ACT178/ACT178%20As%20Enacted.pdf

DMH seeks to increase program bed capacity from seven (the size of the current MTCR) to up to 16 beds to serve a similar population who would otherwise have difficulty being admitted to community-based treatment programs. The current seven-bed program has operated at nearly full capacity since its opening. The Analysis of Residential Bed Needs Report[2] (submitted in 2020) found that point in time data surveying inpatient facilities indicate that at any given time 7 – 10 individuals could step down to a physically secure recovery residence if capacity were available. The proposal for a 16-bed program will address both current need, unmet demand, and future need as illustrated by the data.

In determining how many beds were needed at the new secure residential, the 2020 report analyzed a number of factors. The first factor that was the number of individuals inpatient with no discharge options as most other intensive residentials had denied them due to the acuity. The second factor was the number of individuals on the MTCR waitlist from Level 1 inpatient units. The last factor was the number of individuals served in the community with an enhanced funding plan and for whom the designated agency indicated that the individual would need inpatient treatment, the most restrictive level of treatment, without another community-based option such as MTCR, available.

Since planning began in earnest in 2014, DMH has continued to see comparable numbers of individuals eligible for this level of care even though there has been expansion of bed capacity, design improvements, and staffing supports in community programs. Recent data indicates that over the past two years nearly 100% of referrals to MTCR are from Level 1 units unable to identify adequate discharge options for individuals requiring more than residential or intensive residential programs can provide. Level 1 is the highest level of clinical acuity within Vermont's inpatient system, thus indicating the individuals served by the physically secure recovery residence have higher treatment needs and risk factors that impact public safety and exceed the capacity of community providers.

Recent attention on patient flow as highlighted once again the need to increase bed capacity in the state. Having a secure facility with expanded capacity is crucial to the flow of the system, assuring that individuals in need of this level of treatment can access it and in turn, individuals in need of hospitalization presenting in emergency rooms can access that level of care while seeing fewer unnecessary delays and lengthy wait times as the new facility allows movement out of inpatient beds.

12. **Explain in detail other alternative designs that were identified and explored in terms of bed size and one versus multiple locations in different parts of the state but were not selected and the reasons why each was not selected.**

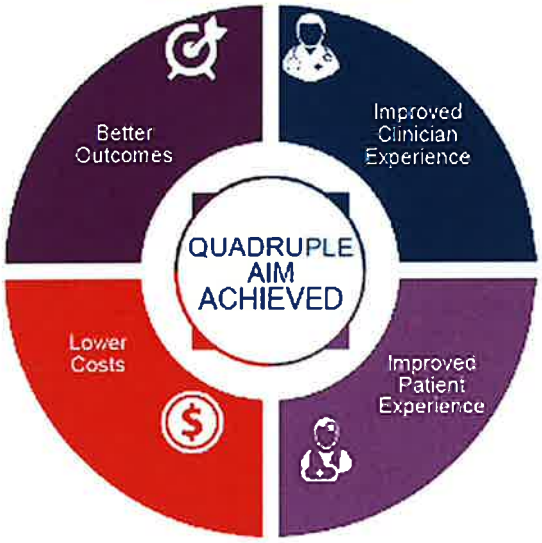
A full Legislative Report from February 2016 goes through, in detail, the RFI the Department conducted for sites and options for a secure residential facility. More recently the Department considered potentially siting 8 beds in at Rutland Regional Medical Center, and 8 beds in a State facility. One reason this project was not pursued was due to the staffing efficiency and overall costs.

[2] https://legislature.vermont.gov/assets/Legislative-Reports/Act-26-Section-2-Report_Analysis-of-Need_FINAL_01152020.pdf

13. **Explain in further detail how the proposed project is consistent with current health carereform initiatives at the state and federal level.**

The DMH Recovery Residence strongly supports both state and federal health care reform initiatives. Vermont's healthcare reform is founded on the Triple Aim of improved outcomes, lower cost and improved patient experience, but quickly moved to the Quadruple Aim when clinician care was added to the guiding principle.

The Quadruple Aim



The DMH Recovery Residence would significantly enhance Vermont's progress toward meeting the Quadruple Aim.

For example, the precursor of the DMH Recovery Residence is the temporary MTCR. Since MTCR opened in 2013, DMH has served fifty-two residents who otherwise might have remained hospitalized in higher, more restricted levels of care that are also more expensive. In addition, retaining people in a level of care that is in great need creates stressful situations for the patient who is ready to step down to a lower level of care, the patient who needs the higher level of care but must wait until a placement becomes available for the person now in that spot, while simultaneously endangering outcomes for both patients. The Doctors, nurses and others who care for these patients also find these circumstances very wearing and it is likely a source of moral injury[3] for many, which in turn is considered a key factor in physician burnout.

A primary goal of DMH is to work with community partners and other stakeholders to provide person-led care that strives to achieve the quadruple aim of healthcare reform of improving outcomes, reducing costs, improving quality, and the experience of providing care. DMH adopted healthcare payment and delivery system reform in 2019, beginning a shift in

[3] https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/

community-based reimbursements in our work with the Designated Agencies (DAs).

This work also supports the findings of the federally required Community Health Needs Assessments[4] (CHNAs). Part of the Patient Protection and Affordable Care Act, tax-exempt hospitals are required to carry out CHNAs every year[5]. A broad range of mental health needs are identified each year in most, if not all, communities.

In further support of systems change work, DMH embarked upon an ambitious project to engage Vermont's mental health system stakeholders to develop a 10-year vision to achieve a comprehensive, coordinated, and integrated mental health system for all Vermonters. The result was *"Vision 2030, A 10-Year Plan for an Integrated and Holistic System of Care."* *Vision 2030* aims to provide Vermonters timely access to whole health, person-led care that achieves the Quadruple Aim of healthcare: 1) increasing the quality of care and patient experience, 2) improving population health, wellness, and equity, 3) lowering per-capita costs, and 4) creating a better environment for Vermont's providers. By fully embracing an integrated system that works collectively to address population health, wellness, and equity, Vermonters will have improved access to care, be healthier and happier, and the state, as a whole, will realize significant economic benefits.

The concept behind the DMH Recovery Residence was developed to align with the goals laid out in *Vision 2030,* and those goals support the overarching healthcare reform initiatives in Vermont and nationally. For example, *Vision 2030* is built on eight "action areas". Action Area 2, "Influencing Social Contributors to Health," states that we must "ensure that all Vermonters' most basic needs are met, including, but not limited to, food stability; housing; transportation; affordable, accessible childcare; employment; a community responsive to their needs; a medical home; access to mental health services." The lack of a secure step-down residence for those on an order of non-hospitalization (ONH) means that such individuals might otherwise remain hospitalized due to lack of appropriate community residential support and service programs. MTCR currently fulfills that critical need, and the DMH Recovery Residence will expand the capacity to service this critical need.

MTCR has operated at over 90% capacity on average for the last six years. It provides a necessary and crucial level of care for individuals who might otherwise remain hospitalized. In effect, the lack of additional capacity at MTCR for the population of Vermonters needing this specialized level of care could leave them without access to the mental health services they need. Lack of bed capacity at MTCR regularly leaves Vermonters needing inpatient services without access to hospital beds and facing unnecessary wait times in emergency departments. Thus, this project is a critical keystone in the mental health system of care continuum to ensure that all Vermonters can access the care they need, when they need it, where they need it.

In addition, as discussed in *Vision 2030*, DMH is committed to "build, empower and sustain a strong peer network throughout Vermont." Peers will be key members of every resident's treatment team, and the programs and services at the DMH Recovery Residence will support

[4] https://astho.org/Programs/Access/Community-Health-Needs-Assessments/
[5] https://gmcboard.vermont.gov/hospital-budget/health-needs

residents in building their functional living skills, including establishing food and housing stability, employment, and connection to community. A strong relationship and coordination with primary care will also be fundamental to every treatment plan.

Vision 2030's Action Area 5, "Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis," calls for clear, consistent information and support for people in crisis; implementation of practices that improve an individual's experience while in a crisis; strengthening prevention, care coordination, and hospital diversion programs; development of alternative options to utilization of emergency departments.

As noted above, this project will provide an appropriate and available residential option for Vermonters experiencing ongoing mental health needs and requiring a secure setting but not a hospital level of care. The DMH Recovery Residence will directly contribute to reduced emergency department waits and access for people needing hospital beds by freeing up beds that may be currently occupied by those who would be able to "step down" to this residence.

Action Area 6 in *Vision 2030* is "Peer Services are Accessible at All Levels of Care." As noted, peers will be key members of every treatment team at the DMH Recovery Residence, helping to prepare residents to transition successfully back to their community, with peer connections and necessary supports for quality of life in community.

A critically important area for improving client experience in our system is building a culture of care that not only treats individuals with respect and dignity but supports them in leading the development of their own treatment plan and recovery goals. This project will not only provide the necessary beds at the appropriate level of care and security for those on an ONH, but also greatly improve respect and dignity in treatment.

Finally, the strategies in Action Area 7 of *Vision 2030* require holding the person's individual needs, values, and interests as the guiding beacon of care. Some of the steps outlined in this section include reshaping practices to include advance directives so that individuals can take the lead in their care from a position of wellness, rather than at the point of a mental health crisis and incorporating outcome measures and a clear system of feedback to support continual improvement of person-led service delivery. These are fundamental to the culture envisioned for the DMH Recovery Residence.

Since planning for the Recovery Residence began in earnest in 2014, DMH has continued to see comparable numbers of individuals eligible for this level of care even though there has been expansion of bed capacity, design improvements, and staffing supports in community programs. Recent data indicates that over the past two years nearly 100% of referrals to MTCR are from Level 1 units unable to identify adequate discharge options for individuals requiring more than residential or intensive residential programs can provide. Level 1 is the highest level of clinical acuity within Vermont's inpatient system, thus indicating the individuals served by the physically secure recovery residence have higher treatment needs and risk factors that impact public safety and exceed the capacity of community providers.

Having a secure facility with expanded capacity is crucial to the flow of the system, assuring

that individuals in need of this level of treatment can access it and in turn, individuals in need of hospitalization presenting in emergency rooms can access that level of care while seeing fewer unnecessary delays and lengthy wait times as the new facility allows movement out of inpatient beds.

As outlined in the CON application, the lack of a secure step-down residence for those on an ONH means that such individuals might otherwise remain hospitalized for lack of a community residential program adequate to meet their needs. Individuals can sometimes be nearly ready to discharge from an inpatient setting but are either not accepted or prioritized for admission into community residential programs. The average current occupancy of the MTCR exceeds 90% capacity at this necessary level of care and support.

In effect, this lack of additional capacity could leave this population of Vermonters without access to the mental health services they need when they are ready to step down from hospitalization. The DMH Recovery Residence, therefore, is a critical keystone in the mental health system of care continuum to ensuring that all Vermonters can access to the care they need when they need it. Availability of such a residential resource will help to ensure that individuals in need for hospitalization presenting to emergency rooms for inpatient beds will be able to access that level of care and not see delays or lengthy periods of wait times in emergency departments.

The DMH Residential Recovery program appreciates the importance of improving client experience and is focused on building a culture of care that not only treats those seeking care with respect and dignity, but also supports them to lead the development of their treatment plan and recovery goals. Strategies holding the person's individual needs, values, and interests as a guide for treatment services will be reflected in their services plan. Some of the steps outlined in *Vision 2030* (Action Area 7) include reshaping practices to include advance directives so that individuals can lead to the extent possible in their care from a position of wellness and incorporate outcome measures and a clear system of feedback to support continual improvement of person-led service delivery.

As a key component of the program, DMH has committed to "build, empower and sustain a strong peer network throughout Vermont." Peers will be key members of every resident's treatment team, and the programs and services will support residents in building their functional living skills, including establishing food and housing stability, employment, and connection to community. A strong relationship and coordination with their primary care physician will be fundamental to every treatment plan.

This project will provide an appropriate and available residential option for Vermonters experiencing ongoing mental health needs and requiring a secure setting but not a hospital level of care. The Residence will directly contribute to reduced emergency department waits and access for people needing hospital beds by freeing up beds occupied by those who would be able to "step down" to this residence.

The DMH Recovery Residence is in alignment with Vermont's strong statutory support for healthcare reform, as well.

Passage of Act 160 (2012) and Act 79 (2012) codified the statutory basis for a secure residential recovery facility, the resident population it would serve, and its state-run operations role within a "*diverse system and continuum of mental health care throughout the state.*" (Act 79 §7255 (8)).

Several other statutes are also supported by the DMH Recovery Residence concept:

18 V.S.A. § 7201(b):
The Department [of Mental Health] shall ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.

18 V.S.A. § 7251
Principles for mental health care reform
(4) The mental health system shall be integrated into the overall health care system and ensure equal access to appropriate mental health care in a manner equivalent to other aspects of health care as part of an integrated, holistic system of care.
(8) Vermont's mental health system shall be adequately funded and financially sustainable to the same degree as other health services.

18 V.S.A. § 9371
The General Assembly adopts the following principles as a framework for reforming health care in Vermont:
(1) The State of Vermont must ensure universal access to and coverage for high-quality, medically necessary health services for all Vermonters. Systemic barriers, such as cost, must not prevent people from accessing necessary health care. All Vermonters must receive affordable and appropriate health care at the appropriate time in the appropriate setting.
...
(3) The health care system must be transparent in design, efficient in operation, and accountable to the people it serves. The State must ensure public participation in the design, implementation, evaluation, and accountability mechanisms of the health care system.
...
(10) Vermont's health care system must include mechanisms for containing all system costs and eliminating unnecessary expenditures, including by reducing administrative costs and by reducing costs that do not contribute to efficient, high-quality health services or improve health outcomes. Efforts to reduce overall health care costs should identify sources of excess cost growth.

14. **Explain in further detail, how the secure residential treatment program will integrate and coordinate mental health, physical health, and other health care services for residents of the secure residential treatment program.**

All residents will have yearly medical physicals conducted by their primary care physician. If a resident is unable or unwilling to leave the facility, they will be offered a physical conducted at the facility in the exam room using a contracted physician, currently when this is needed the

physician that works at VPCH will come to MTCR to conduct a physical exam. The proposed program will have nursing staff on every shift to attend to medical issues that residents may have to do assessments as to appropriate medical care needed. Patients will be transported to appropriate medical care appointments in the community if they are not able to be provided in the facility. Groups on holistic living will be offered and a holistic approach will be integrated into all groups at the proposed facility. Physical health will be integrated into treatment plans and goals will be developed to help residents live a healthy lifestyle.

Mental Health will be integrated into all aspects of the program. There will be many trained mental health workers in-house including Mental Health Specialists, Recovery Specialists, Licensed Psychologists, Licensed Social Workers/Mental Health Counselors, Activity Therapists, and a Psychiatrist. Through the DAs, all residents will have a community team of mental health workers in their home community if they wish that will be involved with their treatment at the proposed program. This team will have input on the treatment plan and will be a vital support in integrating residents back to their home community. There will be many groups and activities at the proposed program where mental health and holistic health are integrated to teach skills to manage mental health. All treatment plans will be completed within 2 weeks of admission with updates at a maximum of 6 months. All plans will be updated whenever there is a significant change in the resident's treatment. There will be in-house counselors and psychologists to do therapy, skill building, and to help prepare residents for a step down to their community.

Exercise, movement, and activity will be a big part of the integrated treatment at the proposed program. The program has a big yard with a walking track that will allow residents and staff to spend time walking and getting fresh air. There will be multiple groups including walking groups, sports related groups, yoga, stretching, dancing, and other groups aimed at getting residents active and moving. Outings to walking paths and outdoors wellness and activities will be planned, when possible, to give residents different and new experiences to be active.

Nutrition will be integrated with the greenhouse, where residents will be able to grow nutritious food. Residents will learn about nutrition and how it affects the mind and body. These principles will be integrated into the food that is being served to residents and residents will have a part in meal planning and growing the fresh vegetables that will be used in the meals that they eat. The foods grown in the greenhouse will also be in the integrated skills kitchen program. In this skills kitchen, residents will learn proper hygiene when handling food, safety, and skills necessary to live independently in the community.

Art and Music will help to integrate interests, hobbies, and stress management into the holistic treatment approach. Residents will have the opportunity to paint, draw, and color to help self soothe anxiety and stress. Music will be integrated into groups as well as having its own group where residents and staff can connect through music and talk about how listening to and making music can be integrated into their overall mental health.

Groups such as Dialectical Behavioral Therapy (DBT) and Wellness Recovery Action Plans (WRAP) will help residents learn valuable coping skills that will make them successful living in a group environment and in the community.

Community outing will help residents learn social skills, coping skills and leisure activity skills that are vital for their successful return to community living.

Verification Under Oath

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Responses to questions posed In letter dated June 9, 2021 From the Green Mountain Care Board	))))	Docket No. GMCB-002-21con

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

Sarah Squirrell, being duly sworn, states on oath as follows:

1. My name is Michael K. Smith. I am the Secretary of the Agency of Human Services. I have reviewed the answers to the questions posed by the Green Mountain Care Board on June 9, 2021.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the answers to the questions posed by the Green Mountain Care Board on June 9, 2021, is true, accurate and complete, and does not contain any untrue statement of material fact and does not omit to state a material fact.
3. My personal knowledge of the trust, accuracy and completeness of the information contained in the answers to the questions posed by the Green Mountain Care Board on June 9, 2021 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
4. The following individuals have provided information or documents to me in connection with the answers to the questions posed by the Green Mountain Care Board on June 9, 2021 and each individual has certified, based either upon their actual knowledge on the subject information or, where specifically identified in such certification, based on information reasonably believed by them to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of material fact, and do not omit to state a material fact:

   Karen Barber, General Counsel, Department of Mental Health
   Kathy Hentcy, Mental Health & Health Care Integration Coordinator, Department of Mental Health
   Tabrena Karish, Project Manager, Department of Buildings and General Services
   Shayla Livingston, Policy Director, Department of Mental Health
   Anna Strong, Financial Director 1, Department of Mental Health
   Samantha Sweet, Operations & Care Management Director, Department of Mental Health
   Shannon Thompson, Financial Director, Department of Mental Health

5. In the event that the information contained in the answers to the questions posed by the Green Mountain Care Board on June 9, 2021 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 application to build a physically secure residential care facility as soon as I

know, or reasonable should know, that information or document has become untrue, inaccurate or incomplete in any material respect.

Michael K. Smith, Secretary, Agency of Human Services

On 10/18/2021, Michael K. Smith appeared before me and swore the truth, accuracy and completeness of the foregoing.

Notary Public
My commission expires 1/31/23