

THE
University of Vermont
HEALTH NETWORK

To: The Honorable Kevin Mullin, Chair, Green Mountain Care Board

From: John Brumsted, MD, President and Chief Executive Officer, University of Vermont Health Network

Date: November 15, 2021

Subject: UVM Health Network quarterly report on inpatient mental health capacity

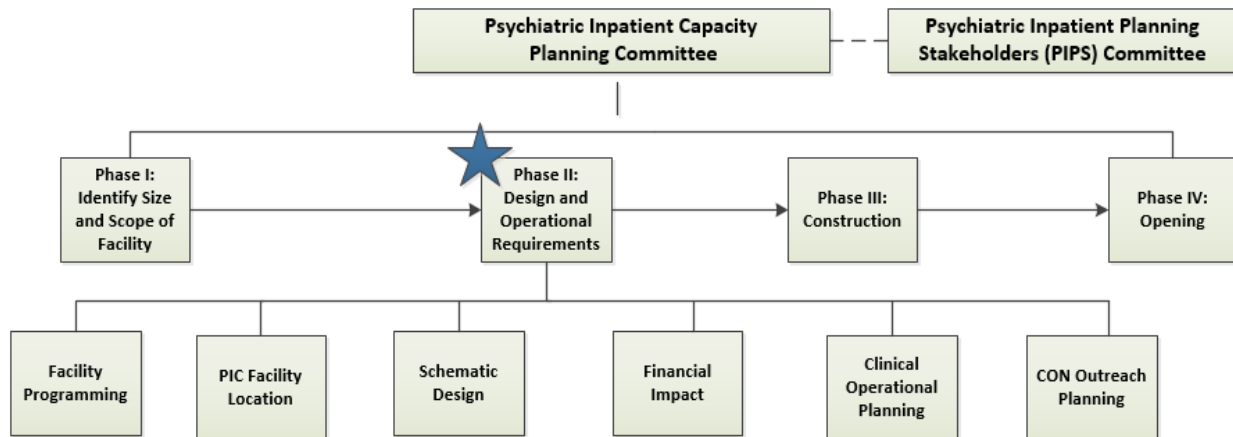
Please accept this memorandum as the UVM Health Network's quarterly status report on the planning for the new inpatient adult psychiatric capacity on the Central Vermont Medical Center (CVMC) campus. We look forward to discussing this report at an upcoming public hearing to be scheduled at the Board's convenience, if the Board should desire that.

This is the first comprehensive quarterly report submitted by the UVM Health Network since project efforts were formally put on hold in April, 2020 to address the COVID-19 pandemic. This report will provide an update on the planning work conducted to date, the work we have done to evaluate and reaffirm our efforts since they were put on pause, planning work in progress, and a revised project timeline. Additionally, this memo addresses the following GMCB requirements for our quarterly reports:

- Identify the stakeholders from whom the Network will seek input, and how those stakeholders will be engaged
- Describe additional analyses to be conducted and summarize results of the needs assessment
- Provide timeline/work plan and progress report for the following:
 - Obtaining public/stakeholder input
 - Hiring architect and developing schematic-level architectural drawings that are compliant with Facility Guideline Institute guidelines.
 - UVM Health Network, CVMC, and UVM Medical Center Boards to consider and approve the proposal
 - Developing and submitting the CON application
- Describe the flow of funds from \$21 million FY2017 net patient revenue overage*

*In FY2017, the UVM Medical Center received approximately \$21M in unbudgeted net revenue by providing more care than budgeted. The GMCB directed the UVM Health Network to reinvest that revenue to increase access to inpatient psychiatric care in Vermont.

Project Overview



The UVM Health Network committed in 2018 to a 3-4 year timeframe to “significantly improve access to inpatient psychiatric care.” While this important effort was paused due to the pandemic, we have resumed our efforts in earnest and are in phase two of a four- phase project. Over the past few months, the team has completed the following milestones: reconfirmed the facility location on CVMC’s main campus; reconfirmed the facility program; and identified several elements for cost savings from the previous design. We have also refreshed our data analysis and confirmed the number of beds being planned for both inpatient psychiatry and the related emergency department renovation.

In addition to re-affirming the project scope and program, we adjusted our project timeline. We have generated a revised timeline with input from our architect and construction manager that supports patients receiving acute inpatient psychiatry care at the earliest possible date. We estimate our first patient day to be in the fall of 2025. Currently, this timeline assumes minimal impact from future supply chain disruptions.

Needs Assessment: Updated Data Analysis

Given the length of the pause due to COVID-19, we revisited the analyses underlying the estimated bed need for the adult inpatient psychiatry unit and for the treatments spaces in the Emergency Department (general treatment and dedicated spaces for patients with emergent psychiatric diagnoses). The reduced supply of adult inpatient psychiatric beds since May 2020, has further increased the number of patients waiting in Emergency Departments across our state for an inpatient bed to become available. Given that the Institution for Mental Disease (IMD) rules counsel in favor of capping the number of inpatient psychiatric beds at CVMC at 40 beds, the size of our proposed project, it was clear that the original program size was still valid.

We conducted a refresh of the data for the CVMC Emergency Department that closely examined the number of treatment areas available to provide safe spaces for patients with emergent psychiatric diagnoses, including pediatric patients. The refreshed analysis was reviewed by Emergency Department leaders at CVMC and the Network. Our initial analysis was confirmed: the Emergency Department includes the following spaces to address the needs of the subset of patients requiring psychiatric care and needing a private, quiet and safe space: four transitional care area (TCA) rooms with access to a common milieu, two TCA 'swing' rooms which have the option to be connected to the common milieu space, and two 'swing' general treatment/psychiatric rooms which have the flexibility to provide safe spaces for patients with an emergent psychiatric diagnosis.

Finally, we undertook an analysis to ensure that the number of general emergency department treatment rooms was sized to the forecasted number of patients requiring general treatment care (to include those patients requiring psychiatric care who did not require a TCA or swing room), taking into account demographic shifts or other drivers of ED utilization. We confirmed that the original program was sufficient to meet the updated forecasted needs. It is critically important to note that these forecasts assume that patients in our inpatient beds are able to be discharged to the right care setting when they are clinically ready; this is true for patients requiring both psychiatric as well as medical/surgical care.

Inpatient Psychiatric and Emergency Department Schematic Design Update

In our last full report to the GMCB (February 2020), we outlined the schematic design for the project. The design included 40 new inpatient psychiatry beds, an addition of 25 beds to the current 15-bed capacity on the CVMC campus. It also included a new emergency department with three additional beds dedicated to patients requiring psychiatric care, directly connected to the inpatient psychiatry units. The building programs for the inpatient psychiatry units and the emergency department were developed, revised, and approved through a series of meetings with a multi-disciplinary, cross-organizational design group consisting of peer advocates, patient and family advisors, nursing and physician staff, operational leaders, and ancillary and support service staff.

As outlined in our report in February 2020, the conceptual cost estimate was higher than anticipated, and prior to the pandemic, we began to explore options for reducing costs without impacting the clinical programming. After pausing the project in April of 2020 to support the pandemic response, we recommenced the work in earnest this fall. The team explored all options for reducing costs, including locating the build on other sites on the CVMC campus, repurposing space in the existing hospital, and modifying/reducing the building program. The project steering committee evaluated the options based on the following criteria:

- Time to first patient day
- Program requirements
- Alignment with CVMC master plan
- Patient, service and visitor access
- Clinical and operational impacts
- Relative cost
- Enabling work and domino renovations
- Site and infrastructure impacts
- Constructability and construction logistics

Both the site of the project on the CVMC campus and previously developed program elements were confirmed. The team concluded that the program design, inclusive of the emergency department and three tiers of acute inpatient psychiatry, is integral to meeting the standard of care for the adult inpatient psychiatric population. The proposed building, near the current entry to the CVMC hospital on the main campus, was verified as the optimal location for the project given the overall site constraints and required connections and adjacencies.

The team identified several elements as areas of potential cost savings, including the elimination of a new parking garage, elimination of an entry connector from the parking garage to the facility, and simplification of the mechanical systems. The design team, construction manager, and the team are working together to complete a revised Schematic Design package for updated pricing to include in our upcoming Certificate of Need (CON) submission.

Business Plan Development

The business plan development for the project is underway. The plan will outline operating program models and a financial pro forma for the inpatient psychiatry units and emergency department. Updates of the clinical staffing models are currently being vetted through internal stakeholders and subject matter experts. We continue our consultation with colleagues from the Vermont Department of Mental Health, Rutland Regional Medical Center, and Brattleboro Retreat regarding staffing and related operating costs with a particular focus on the needs of high acuity patients.

We are updating the reimbursement model for the inpatient psychiatric unit to reflect current and projected payer mix. The reimbursement workgroup includes finance and reimbursement leaders from CVMC and the Network, as well as participants from OneCare Vermont, the Vermont Association of Hospitals and Health System, and various subject matter experts from the office of Health Care Reform, the Department of Vermont Health Access, the GMCB and the Department of Mental Health. It is imperative that CVMC, the Board, and the Department of Health Access understand how the construction and operation of this statewide resource will impact the financial stability of CVMC and the UVM Health Network. As always, we appreciate the valuable contributions to assist us in the modeling.

Project Timeline

Despite the negative impact of COVID-19—specifically the necessity of pausing the planning process—we are committed to and focused on developing a schedule and process for this project that brings about the earliest possible first patient day. We considered an earlier CON submission date, but determined that an April submission of our application will not affect our first patient day and will allow us to submit a CON based on a schematic design package and associated cost estimate, versus a December submission that would have been based on less complete and less accurate design and cost information. The driving factors of the ultimate schedule are the alignment of the construction with Vermont’s winter season and the construction duration of a project of this size. In other words, earlier filing of our CON application would not change the ultimate completion date for the project. Below is an updated timeline with key projected milestones for the project, assuming CON approval.

| Timeframe | Milestone |
|------------------|--|
| March, 2022 | Schematic Design, Cost Estimate and Cost Reconciliation Complete |
| March, 2022 | Business Plan Complete |
| April, 2022 | Business Plan Approvals and CON Submission |
| Fall, 2025 | Estimated First Patient Day |

Stakeholder Engagement to Date

The Network remains committed to reviewing the project with key constituents from across Vermont, at strategic points as the project progresses. We have reconvened our Psychiatric Inpatient Planning Stakeholders (PIPS) committee, comprised of representatives from state government, designated agencies, clinicians, mental health advocates and individuals with lived experience, to meet on a quarterly basis. We will hold several targeted meetings with the Design Advisory group, who actively participated during the earlier schematic design work, which will focus on elements of the design specific to patient care and experience. Additionally, we will include peer advocates and patient advisors in future design planning sessions per our standard facility planning process.

The following table reflects key constituents and forums that have been engaged in the PIC planning process, beginning in August, 2021, when work recommenced. Please see Appendix A for stakeholder engagements prior to August, 2021.

| Date | Tactic | Audiences |
|------------|--------------------------------------|--|
| 8/02/2021 | Update Meeting | Rep. Anne Donahue |
| 10/25/2021 | Update Meeting | Rep Anne Donahue |
| 10/25/2021 | PIC Update Presentation | Secretary Mike Smith, AHS Deputy Secretary Jenney Samuelson, AHS Commissioner Emily Hawes, Department of Mental Health Deputy Commissioner Alison Krompf, Department of Mental Health |
| 11/02/2021 | PIC Presentation and Regroup Meeting | Psychiatric Inpatient Planning Stakeholders Group (PIPS) – see list of invited agencies in Appendix B |
| 11/15/2021 | GMCB Report Distribution | Green Mountain Care Board, PIPS, UVM Medical Center Program Quality Committee |

Funds to Date

To date, UVM Health Network has expensed \$1,633,410.15 of the \$21 million FY2017 net patient revenue overage, without taking account of the significant internal resources already devoted to the planning process. The below table reflects the breakdown of funds allocated to date.

| Time Period | Description of Transaction | Amount of Expenditure | Amount of Revenue | Balance |
|-------------|--|-----------------------|-------------------|-----------------|
| 7/3/2018 | Halsa Consulting | \$19,588.72 | \$21,000,000.00 | \$20,980,411.28 |
| 9/13/2018 | Halsa Consulting | \$25,170.92 | \$20,980,411.28 | \$20,955,240.36 |
| 12/5/2018 | Manatt Group | \$33,381.00 | \$20,955,240.36 | \$20,921,859.36 |
| 1/11/2019 | Manatt Group | \$217.50 | \$20,921,859.36 | \$20,921,641.86 |
| 1/16/2019 | Halsa Consulting | \$1,397.85 | \$20,921,641.86 | \$20,920,244.01 |
| 3/8/2019 | Halsa Consulting | \$15,000.00 | \$20,920,244.01 | \$20,905,244.01 |
| 3/31/2019 | E4h | \$20,240.00 | \$20,905,244.01 | \$20,885,004.01 |
| 4/22/2019 | Halsa Consulting | \$3,403.67 | \$20,885,004.01 | \$20,881,600.34 |
| 4/30/2019 | E4h | \$8,840.00 | \$20,881,600.34 | \$20,872,760.34 |
| 5/16/2019 | PIC Site Visits | \$6,675.21 | \$20,872,760.34 | \$20,866,085.13 |
| 5/21/2019 | Halsa Consulting | \$30,000.00 | \$20,866,085.13 | \$20,836,085.13 |
| 5/31/2019 | E4h | \$5,613.12 | \$20,836,085.13 | \$20,830,472.01 |
| 6/20/2019 | Halsa Consulting | \$5,063.97 | \$20,830,472.01 | \$20,825,408.04 |
| 10/29/2019 | Cx Associates & GeoDesign | \$8,465.61 | \$20,825,408.04 | \$20,816,942.43 |
| 11/30/2019 | Cx Associates: Commissioning | \$734.00 | \$20,816,942.43 | \$20,816,208.43 |
| 11/30/2019 | GeoDesign - Geotechnical Borings and Analysis | \$17,006.92 | \$20,816,208.43 | \$20,799,201.51 |
| 11/30/2019 | E4h - Architectural Design and Engineering Services | \$315,514.62 | \$20,799,201.51 | \$20,483,686.89 |
| 11/30/2019 | E4h - Architectural Design and Engineering Services | \$249,668.32 | \$20,483,686.89 | \$20,234,018.57 |
| 12/31/2019 | GeoDesign - Geotechnical Borings and Analysis | \$958.50 | \$20,234,018.57 | \$20,233,060.07 |
| 12/31/2019 | Dubois/King - Traffic & Parking Studies | \$2,038.28 | \$20,233,060.07 | \$20,231,021.79 |
| 12/31/2019 | Dubois/King - Traffic & Parking Studies | \$7,351.01 | \$20,231,021.79 | \$20,223,670.78 |
| 12/31/2019 | Dubois/King - Traffic & Parking Studies | \$12,289.25 | \$20,223,670.78 | \$20,211,381.53 |
| 12/31/2019 | Dubois/King - Traffic & Parking Studies | \$8,537.00 | \$20,211,381.53 | \$20,202,844.53 |
| 12/31/2019 | Vermeulens - Cost Consulting | \$32,400.00 | \$20,202,844.53 | \$20,170,444.53 |
| 1/31/2020 | Cx Associates - Commissioning | \$633.50 | \$20,170,444.53 | \$20,169,811.03 |

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|-----------|---|--------------|-----------------|-----------------|
| 1/31/2020 | GeoDesign - Geotechnical Borings and Analysis | \$19,571.18 | \$20,169,811.03 | \$20,150,239.85 |
| 1/31/2020 | GeoDesign - Geotechnical Borings and Analysis | \$13,049.50 | \$20,150,239.85 | \$20,137,190.35 |
| 1/31/2020 | E4h - Architectural Design and Engineering Services | \$177,598.28 | \$20,137,190.35 | \$19,959,592.07 |
| 1/31/2020 | E4h - Architectural Design and Engineering Services | \$132,410.80 | \$19,959,592.07 | \$19,827,181.27 |
| 1/31/2020 | Dubois/King - Traffic & Parking Studies | \$2,497.00 | \$19,827,181.27 | \$19,824,684.27 |
| 1/31/2020 | Dubois/King - Traffic & Parking Studies | \$898.00 | \$19,824,684.27 | \$19,823,786.27 |
| 1/31/2020 | Dubois/King - Survey | \$7,735.34 | \$19,823,786.27 | \$19,816,050.93 |
| 2/29/2020 | K-D Associates | \$4,500.00 | \$19,816,050.93 | \$19,811,550.93 |
| 2/29/2020 | E4h - Architectural Design and Engineering Services | \$217,231.76 | \$19,811,550.93 | \$19,594,319.17 |
| 2/29/2020 | Dubois/King - Traffic & Parking Studies | \$3,333.75 | \$19,594,319.17 | \$19,590,985.42 |
| 2/29/2020 | Dubois/King - Traffic & Parking Studies | \$5,294.40 | \$19,590,985.42 | \$19,585,691.02 |
| 2/29/2020 | Dubois/King - Survey | \$6,944.00 | \$19,585,691.02 | \$19,578,747.02 |
| 2/29/2020 | EJ Prescott - Hydrant Flow Survey | \$400.00 | \$19,578,747.02 | \$19,578,347.02 |
| 2/29/2020 | EJ Prescott - Hydrant Flow Survey | \$1,200.00 | \$19,578,347.02 | \$19,577,147.02 |
| 3/31/2020 | Cx Associates - Commissioning | \$2,562.50 | \$19,577,147.02 | \$19,574,584.52 |
| 3/31/2020 | GeoDesign - Geotechnical Borings and Analysis | \$15,574.50 | \$19,574,584.52 | \$19,559,010.02 |
| 3/31/2020 | Vermeulens - Cost Consulting | \$48,800.00 | \$19,559,010.02 | \$19,510,210.02 |
| 3/31/2020 | Vermeulens - Cost Consulting | \$673.83 | \$19,510,210.02 | \$19,509,536.19 |
| 4/30/2020 | GeoDesign - Geotechnical Borings and Analysis | \$888.05 | \$19,509,536.19 | \$19,508,648.14 |
| 4/30/2020 | E4h - Architectural Design and Engineering Services | \$31,549.45 | \$19,508,648.14 | \$19,477,098.69 |
| 4/30/2020 | Dubois/King - Traffic & Parking Studies | \$2,680.96 | \$19,477,098.69 | \$19,474,417.73 |
| 4/30/2020 | Dubois/King - Traffic & Parking Studies | \$466.65 | \$19,474,417.73 | \$19,473,951.08 |
| 4/30/2020 | Whiting Turner - Preconstruction Services | \$97,020.00 | \$19,473,951.08 | \$19,376,931.08 |
| 4/30/2020 | Dubois/King - Survey | \$445.73 | \$19,376,931.08 | \$19,376,485.35 |
| 5/31/2020 | GeoDesign - Geotechnical Borings and Analysis | \$8,770.50 | \$19,376,485.35 | \$19,367,714.85 |
| 6/30/2020 | GeoDesign - Geotechnical Borings and Analysis | \$1,125.00 | \$19,367,714.85 | \$19,366,589.85 |

Conclusion

In conclusion, my entire team and I remain absolutely committed to this important project and look forward to the progress that we will continue to make in this planning process. Our next quarterly report is scheduled to be submitted on February 15, 2022.

Appendix A

Stakeholder Engagement Grid September 1, 2018 to July 31, 2021

| Date | Tactic | Audiences |
|------------|--|---|
| 9/6/2018 | Presentation: PIC Modeling Analysis | Internal Sub-group preliminary |
| 9/6/2018 | Presentation: PIC Overview | Community Collaborative |
| 9/7/2018 | Presentation: PIC Modeling Analysis | Full internal group review |
| 9/17/2018 | Presentation: PIC Modeling Analysis | PIC Steering Committee |
| 9/18/2018 | Presentation: PIC Overview | BOT Planning |
| 9/19/2018 | Presentation: PIC Modeling Analysis | THRIVE: Barre |
| 9/24/2018 | Presentation: PIC Modeling Analysis | DMH |
| 9/26/2018 | Presentation: PIC Modeling Analysis | Network Board Planning |
| 9/27/2018 | PIPS Meeting | Community Stakeholders Group |
| 10/4/2018 | Presentation: PIC Modeling Analysis | Community Collaborative |
| 10/5/2018 | GMCB Meeting | Green Mountain Care Board and Staff |
| 10/12/2018 | Presentation: PIC Modeling Analysis | VAHHS Board meeting |
| 10/12/2018 | Presentation: PIC Modeling Analysis | VAHHS CMO Meeting |
| 10/15/2018 | Presentation: PIC Modeling Analysis | Howard Center (Catherine Simonson and Charlotte McCorkel) |
| 10/15/2018 | GMCB Report Distribution | Green Mountain Care Board |
| 10/16/2018 | PIC overview | Program Quality Meeting |
| 10/16/2018 | CVMC Community Town Hall | CVMC key influencers and public |
| 10/23/2018 | Presentation: PIPs Follow-up Deep Dive | Rep. Anne Donahue, Ward Nial and Daniel Towle |
| 10/25/2018 | GMCB Report Distribution | PIPs Committee; UVMMC Program Quality Committee |

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|-------------------|--|--|
| 10/26/2018 | Meeting with Legislators | Rep. Lori Houghton and Rep. Ben Jickling |
| 11/6/2018 | AHS Meeting | AHS Secretary |
| 11/27/2018 | Legislative Update | Rep. Mary Hooper |
| 11/28/2018 | GMCB Hearing | Green Mountain Care Board |
| 12/5/2018 | AHS Meeting | AHS Secretary and key staff (Al Gobeille, Michael Costa, Ena Backus, Cory Gustafson, Mourning Fox) |
| 12/20/2018 | Inpatient Psych Presentation | Vermont Medical Society |
| 12/20/2018 | PIPS Meeting | Community Stakeholders Group |
| 1/4/2019 | VAHHS ED Medical Directors | ED Medical Directors |
| 1/8/2019 | Meeting with Peer Advocates | Elaine Toohey , Vicki Warfield and Ward Nial |
| 1/15/2019 | GMCB Report Distribution | Green Mountain Care Board, PIPS |
| 1/17/2019 | UVMC Community Leaders Breakfast | AHS, GMCB, PIPS, Community members |
| 1/24/2019 | PIC Update Presentation | VAHHS Designated Hospitals |
| 2/6/2019 | PIC Update Presentation | House Corrections and Institutions Committee |
| 2/12/2019 | PIC Overview Presentation | CVMC Clinical and Administrative Leadership Meeting (CALM) |
| 2/20/2019 | GMCB Hearing | Green Mountain Care Board |
| 3/20/2019 | PIC Presentation - Overview, IMD, Bed Planning | Psychiatric Inpatient Planning Stakeholders Group (PIPS) |
| 3/27/2019 | PIC Update Presentation | CVMC Community Town Hall |
| 4/2/2019 | PIC Overview Presentation | Senate Institutes Committee |
| 4/9/2019 | Follow-up meeting | Ken Libertoff |
| 4/16/2019 | Follow-up meeting | Rep. Anne Donahue and Ward Nial |
| 5/15/2019 | GMCB Report Distribution | Green Mountain Care Board, PIPS, UVMC Program Quality Committee |
| 5/17/2019 | PIC Presentation - Overview, IMD, Bed Planning | Commissioner of the Department of Mental Health - Sarah Squirrel |
| 6/12/2019 | PIC Facilities Presentation | Green Mountain Care Board and attending public |
| 7/9/2019 | PIC Presentation - Facilities Planning | Psychiatric Inpatient Planning Stakeholders Group (PIPS) |
| 8/9/2019 | Update Meeting | Green Mountain Care Board |
| 8/12/2019 | Update meeting | Rep. Anne Donahue |

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|---|---|--|
| 8/13/2019 | PIC Presentation - Facilities and site planning | Psychiatric Inpatient Planning Stakeholders Group (PIPS) |
| 8/14/2019 | AHS Meeting | AHS key staff (Martha Maksym, Sarah Squirrel, Mourning Fox) |
| 8/15/2019 | GMCB Report Distribution | Green Mountain Care Board, PIPS, UVMCC Program Quality Committee |
| 9/18/2019 | GMCB Hearing | Green Mountain Care Board |
| 10/22/2019 | Update Meeting | Rep. Anne Donahue |
| 11/4/2019 | Meeting with Peer Advocates | Anne Donahue, Ward Nial |
| 11/5/2019 | PIC Presentation: Facilities and Site Planning | Psychiatric Inpatient Planning Stakeholders Group (PIPS) |
| 11/15/2019 | GMCB Report Distribution | Green Mountain Care Board, PIPS, UVMCC Program Quality Committee |
| 11/18/2019 | Update Meeting | Rep. Anne Donahue |
| 12/16/2019 | Update Meeting | Rep. Anne Donahue |
| 1/14/2020 | Update Meeting | Rep. Anne Donahue |
| 2/10/2020 | Update discussions with legislators | Rep. Donahue, Hooper and Lippert. Sen. Lyons and Balint |
| 2/11/2020 | PIC Presentation - Facility Plans | Psychiatric Inpatient Planning Stakeholders Group (PIPS) |
| 2/14/2020 | GMCB Report Distribution | Green Mountain Care Board, PIPS, UVMCC Program Quality Committee |
| 5/4/2020 | Update Meeting | Rep. Anne Donahue |
| Project placed on-hold due to Covid-19 | | |

Appendix B

Psychiatric Inpatient Planning Stakeholder (PIPS) Invited Agencies

| Designated Agencies/Home Health | |
|--|---|
| Washington County Mental Health | Howard Center |
| Northeast Kingdom Human Services | Vermont Care Partners |
| Central Vermont Home Health and Hospice | |
| Cities and Towns | |
| Berlin Select Board Chair/Town Admin. | Mayor of Montpelier |
| Mayor of Barre | |
| Law Enforcement | |
| Montpelier | Berlin |
| Lamoille County | |
| Facilities Providing Psychiatric Care: Administrators | |
| VPCH CEO | Brattleboro Retreat |
| Clinicians | |
| Clinicians | |
| Community Practitioner | VPCH |
| Rutland Regional Medical Center | |
| Advocacy and Policy Groups | |
| NAMI | Vermont Psychiatric Survivors |
| Vermont Center for Independent Living | Pathways Vermont (Burlington) |
| Alyssum (Rochester) | Statewide Standing Committee on Adult Mental Health |
| Vermont Psychiatric Association | Another Way Drop-In Center (Montpelier) |
| Legal Advocates and Judiciary | |
| Disability Rights Vermont | Vermont Legal Aid/Mental Health Law Project |
| Chief Superior Judge | Downs Rachlin Martin: Health Care Law |
| Legislature | |
| Vermont State Representative (Washington) | Vermont State Representative (Hinesburg) |
| Vermont Senate (Chittenden) | |
| Other | |
| Community Members | Department of Mental Health |
| VAHHS | |
| UVM Health Network | |
| CVMC President; Committee Chair | CVMC VP Patient Care Services, CNO |
| CVMC VP Support Services | CVMC Nursing Director, ED and Inpatient Psychiatry |
| CVMC Communications | UVM Health Network Communications |
| CVMC Medical Director Emergency Department | CVMC Medical Director Inpatient Psychiatry |
| UVM Health Network Deputy Counsel | UVM Health Network Quality and Project Manager |
| CVMC Director Projects and Properties | UVM Health Network VP Strategic and Business Planning |