
**Report to
The Vermont Legislature**

**Report on
AHS Major Facilities**

**In Accordance with Sec. 20 of Act 84 (H.923) of 2018
An Act Relating to Capital Construction and State Bonding**

Submitted to: House Committees on Appropriations, Corrections and Institutions, Health Care, and Human Services, and the Senate Committees on Appropriations, Health and Welfare and Institutions

Submitted by: Al Gobeille, Secretary, Agency of Human Services
Chris Cole, Commissioner, Buildings and General Services

Prepared by: Prepared by Dawn O'Toole, AHS Chief Operations Officer, Agency of Human Services with support from:
Karen Barber, General Counsel, Department of Mental Health
Ashley Berliner, Director of Healthcare Policy and Planning, Department of Vermont Health Access
Matt D'Agostino, Financial Director, Department of Corrections
Mourning Fox, Deputy Commissioner, Department of Mental Health
Monica Hutt, Commissioner, Department of Disabilities, Aging and Independent Living
Mike Kuhn, Project Manager, Buildings and General Services
Sherilyn Lafley, Facility Planner and designer, Buildings and General Services
Candace Morgan, AHS Principal Assistant
Ken Schatz, Commissioner, department for Children and Families
Shannon Thompson, Financial Director, Department of Mental Health
Mike Touchette, Commissioner, Department of Corrections
Monica Weeber, Administrative Services Director, Department of Corrections
Leslie Wisdom, General Counsel, Department for Children and Families

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EXECUTIVE SUMMARY

The Agency of Human Services (AHS) views its facilities as resources which enable our services and help us achieve good outcomes. To complete this report, AHS evaluated existing facilities to examine how they do or do not serve all of the populations in our custody and care. AHS also examined the facilities where our employees carry out their work and included this information as part of the report.

At any point in time there are approximately 91 children in our care that are placed out of state and there are roughly 200 offenders placed out of state in Mississippi. There is potential for substantial savings if fewer children were placed out of state but that will require a significant investment into a new residential facility for youth. We face the same challenges with Corrections. If we value keeping offenders close to home and family, then we must invest in building capacity to bring those offenders home. There is the potential for substantial savings in both maintenance and health care costs if the legislature approves the Governor's initiative to build a new scalable campus for Corrections.

In this report, we will examine several possibilities to address these special populations. Consistent with the facilities report produced from Act 84, AHS envisions that we update our correctional system to include a scalable 850-bed facility to allow for the return of our out of state prisoner population and to better serve our current population.

Key findings of the report include:

- AHS continues to support the replacement of the Middlesex Therapeutic Community Residence as the number one priority for capital improvements.
- AHS has gathered additional data to support the achievement of substantial savings by building a state-operated 850-bed facility for the Department of Corrections
 - Operational savings will begin as soon as the new facility is open
 - Existing facilities are aging and the costs of maintaining these buildings will increase over time
- Analysis of the needs of Vermont youth supports the need for both detention and long-term treatment; both could be provided by rebuilding Woodside Juvenile Rehabilitation Center.
- DAHL has successfully increased geriatric psychiatric capacity and will need to continue to increase capacity to meet the needs of this growing population.

INTRODUCTION

Act 84 of 2017 required the Secretary of Human Services (AHS), in consultation with the Commissioner of Buildings and General Services (BGS), to develop a plan to address the pressing facility needs of the following populations:

- (1) individuals who no longer require hospitalization but who remain in need of long-term treatment in a secure residential facility setting;
- (2) elders with significant psychiatric needs who meet criteria for skilled nursing facilities;
- (3) elders with significant psychiatric and medical needs who do not meet criteria for skilled nursing facilities;
- (4) children in need of residential treatment;
- (5) juvenile delinquents in need of residential detention;
- (6) offenders in correctional facilities; and
- (7) any other at-risk individuals.

Section 20 of H.923 requires an update of the facilities plan and recommendations required by 2017 Acts and Resolves No. 84, Sec. 31, taking into consideration changes proposed in the 2018 legislative session. As a result of the session, AHS was asked to include information on a 400-bed detention center and the addition of 150 beds to Southern State Correctional Facility.

This report also includes a thorough examination of the existing facilities and the required maintenance, as well as if any should be closed. For a complete view of the current state of facilities, please see the chart in Appendix A.

INDIVIDUALS IN NEED OF MENTAL HEALTH TREATMENT

Brattleboro Retreat Plan

Act 190 (2018) directed AHS and BGS to work with the Brattleboro Retreat (BR) to create 12 additional Level 1 inpatient psychiatric beds. The target completion date was to be December 2019. On October 15, 2018, the AHS Secretary, pursuant to the terms of the legislation, notified the Chairs of the House Committees on Corrections and Institutions and on Health Care, and of the Senate Committees on Health and Welfare and on Institutions, that an agreement between the State of Vermont and BR had been reached.

Since last session AHS, DMH, BGS and BR have worked together to move this project forward. The BR plan includes two phases. First, to renovate a currently empty floor in the Linden Lodge building for a 16-bed unit for co-occurring disorders (currently these patients are on the first floor of the Tyler building, known as Tyler 1). Once this is completed, and the patients are moved, BR will begin renovations on the Tyler One unit to create a 16-bed high acuity unit. 12 of the beds will be designated Level 1 beds. The remaining four beds can be used for involuntary patients who do not require Level 1 services. DMH will contract, and pay higher rates, for only the 12 Level 1 beds.

BGS and AHS signed a construction contract on December 12, 2018 and the construction process is underway. DMH and BR are working together to amend the current Level 1 contract to add the new 12 beds.

University of Vermont Health Network Plan

During the hospital budget approval process last year by the Green Mountain Care Board (GMCB), the GMCB found that the University of Vermont Health Network (UVMHN) earned \$21 million dollars over its approved budget. UVMHN proposed, and the GMCB approved, a plan to spend that money to expand inpatient mental health care services. Initially UVMHN proposed doing an analysis to figure out how many additional inpatient beds were needed in the state and building those on the CVMC campus along with 25 beds to replace the Level 1 beds at Vermont Psychiatric Care Hospital (VPCH). This would then solve the Institutions of Mental Disease (IMD) issue at VPCH. The plan was then to turn VPCH into the new secure residential facility.

UVMHN's plan has since changed. UVMHC completed its psychiatric adult inpatient capacity demand analysis in the fall of 2018. It determined that an additional 29 to 35 beds were needed in Vermont. Their analysis considered the numbers of beds needed to reduce delays (5-9), beds needed for unmet need (18-20), and beds needed for forecasted inpatient psychiatric growth (6). Given this number and the size of CVMC currently, UVMHN will be unable to build enough beds at CVMC to account for the needed beds and the 25 Level 1 beds at VPCH without triggering the IMD exclusion.¹ CVMC currently has 65 total beds, 15 of them inpatient

¹ A general hospital can continue to receive Medicaid funding for inpatient psychiatric beds as long as the number of psychiatric beds is less than 50% of the total beds in the hospital.

psychiatric beds. This means that the most beds CVMC could build to still receive Medicaid funding is 34. Therefore, CVMC will not be able to absorb the 25 beds from VPCH. Unfortunately, UVMHN does not believe they will be able to house the estimated number of beds needed because federal Medicaid funding is a barrier to a project of this size. Health network administrators report that they must ensure that any new mental health project does not lead the federal government to label the entire facility as an institution for mental disease. Although the Central Vermont campus is not licensed as a psychiatric hospital, it could be designated as an IMD if the overall character indicated the primary focus was for psychiatric care.

Although a definitive number has not been determined, UVMHN is certain that the IMD rules will limit the number of additional beds that can be built on the Central Vermont campus to fewer than the 29-35 beds needed statewide.

Middlesex Therapeutic Community Residence

The Department of Mental Health continues to recommend the replacement of the Middlesex Therapeutic Community Residence (MTCR). The seven-bed secure residential program, temporarily sited in Middlesex, was created from Act 79 in 2012. The intent of the legislature in creating MTCR was to create a step-down facility for those who were no longer in need of inpatient care but continued to need intensive services involuntarily in a secure setting. In order to be placed at MTCR, an individual needs to be in the custody of the DMH Commissioner on an Order of Non-Hospitalization (ONH). While many individuals receive services in the community under an ONH, in order to be placed at MTCR the judge needs to specifically find that the clinically appropriate treatment for the patient's condition can only be provided safely in a secure residential recovery facility.

The MTCR was designed as a temporary facility, using Federal Emergency Management (FEMA) funds until a long-term residence could be completed/identified. The temporary facility is failing and must be replaced, or the state will have to reimburse FEMA. The state is at risk for a claw back of roughly \$1.2 million, an inability to receive additional funds of up to \$800,000 for the construction of the temporary facility and another \$350,000-450,000 for decommissioning the temporary facility in Middlesex. BGS and AHS have requested an extension until July 1, 2022.

Leading up to the last legislative session, AHS, DMH and BGS had begun touring properties for a new secure residential facility. However, when the UVMHN proposal came out and included a plan for the secure residential to be in the vacated VPCH building, this ceased. Now that we know the new beds at CVMC will not include the VPCH 25 beds, the search for a new facility for the secure residential needs to begin anew. This search is the highest priority for AHS.

OLDER VERMONTERS WITH SIGNIFICANT PSYCHIATRIC NEEDS

AHS, led by DMH and DAIL, continues to explore the options within our system to address the needs of older Vermonters with psychiatric and complex needs.

Older Individuals with Psychiatric and Complex Needs at Nursing Home Level of Care

It is often difficult to secure placement within a nursing home for older individuals with complex and psychiatric needs. Often, these complex needs represent a combination of psychiatric, behavioral and medical needs. Nursing homes in Vermont are reluctant to admit individuals due to the risk of CMS regulatory citations, the threat of disruption to residents who have chosen to make the facility their home, the risk of physical harm to other residents and/or staff, physical settings that are not conducive to supporting someone with behavioral issues or psychiatric concerns, and an inability to appropriately staff at a level which would enable them to address and de-escalate potentially threatening situations. The lack of psychiatrists and behavioral consultation to support care plans in nursing facilities is also a significant barrier and presents an obstacle to quality of care. Based on those risk factors, we have found that the private, nursing home industry has been challenged to assist in ensuring that older Vermonters move from higher levels of care into more appropriate settings.

DAIL, DMH and the Division of Rate Setting (DRS) worked for almost 2 years with the Centers for Living and Rehabilitation (CLR) in Bennington to develop a complex needs unit for individuals who meet nursing home level of care but who are unable to step down from higher levels of care (inpatient psychiatric beds, emergency rooms, hospitals) due to complex needs.

Unfortunately, over the course of continued explorations, the rate required for CLR to build, staff and maintain a unit as we had envisioned it began to increase beyond our original projections. Initially we planned for a rate around \$600/per day but start up and staffing costs for a separate unit eventually drove that number up and we realized collectively that it was prohibitive.

It is worth noting that one of the feasibility concerns for implementation of a Vermont specialty-care unit was the operational differences between Massachusetts and Vermont laws in successfully supporting complex psychiatric and behaviorally challenged individuals in specialty or long-term care facilities. As part of CLR's exploration of specialized care facilities in Massachusetts, it discovered that Massachusetts state law, under a "Roger's Guardianship", appeared more streamlined for the administration of court-ordered medication in those settings and nursing homes than in Vermont. In Massachusetts, a guardian for an incapacitated person must still seek authority from the court for administration of psychotropic medication; but the likelihood of granting authority based on decompensation history without medication suggested fewer barriers to providing treatment in order to keep the individual functionally stable in the specialty care setting. The process appeared to be more supportive of prescriber clinical judgement regarding medication recommendations, dosage ranges to be considered, as well as, alternative medications that could also be considered for a twelve-month review and monitoring period once granted. The process, unless specifically limiting administration to voluntary or non-forcible means, allows administration to occur over resident objection. Experientially, the Vermont processes available to respond to clinically similar individual cases are less streamlined to proactively address changing individual care needs or prevent a clear decompensation path that could avoid unnecessary hospitalizations. CLR expressed concern that failing to address timely an individual's decompensation creates unsafe situations for other

vulnerable individuals. Potential for actual harm is therefore significant to others, as well as the risks for the provider.

Concurrently, we finalized a rate option within our current regulations (Methods, Standards, and Principles for Establishing Medicaid Payment Rates for Long-Term Care Facilities, section 14.2) designed specifically to facilitate the movement of nursing home eligible individuals from Level 1 beds or VPCH. We finalized that rate option within the regulations. The resulting rate gives us a broad range of incentive payments that can be added to the existing rate for any facility to ensure that adequate staffing and supports will be in place. This rate needs to be certified quarterly by DAIL and DMH and is individual in nature which means it could fluctuate. Costs for that option tend to run between \$200 and \$400/per day. To-date, five different nursing homes have been willing to admit and serve individuals with complex needs and 43 distinct individuals have been served since January of 2018. With the addition of a complex care team in DAIL dedicated to working with facilities to locate appropriate levels of care, we have made progress in ensuring flow within the system for older individuals with more complex needs.

Choices for Care Adult Family Care

One model that has continued to grow and to demonstrate great success for those individuals with complex needs is the Adult Family Care (AFC) Home service option under the Choices for Care (CFC) Program. AFC is a 24-hour home and community-based service option that provides participants with person-centered supports in a home environment that is safe, family oriented and designed to support autonomy and maximize independence and dignity. With AFC, the CFC participant is matched with a home provider who provides care and support to no more than two unrelated people in the provider's home. Providers are paid based on a tiered system that takes into consideration the needs of the individual. Because this model is so individualized, we have already seen a number of matches made in AFC for people with complex needs who were previously "stuck" in Level I psychiatric beds, emergency rooms and/or hospitals.

Older Individuals with Psychiatric and Complex Needs in Residential Care Homes

Older Vermonters seeking housing supports and services through our residential care homes present a unique challenge to the system. Although they fall into a global geriatric psychiatry category, they do not qualify for the level of care offered by a nursing home. Additionally, Residential Care homes operate within a level of licensing that may or may not include enhanced care. Most often, they are supported through basic community Medicaid, Assistive Community Care Services (ACCS). The ACCS rates have not changed significantly since 2012 and total just \$37.25 per day. In order to create more capacity within residential care for this population, we may need to consider an increase to this base rate as well as the creation of some specially targeted rates for individuals with more complex needs. Although we had hoped to pilot some approaches in this arena, we have not yet created a pilot plan. This area remains a gap in our system.

Older Individuals with Psychiatric and Complex Needs in Community

Older Vermonters with psychiatric issues also require access to outpatient care. This outpatient care should be targeted specifically at the unique needs and issues facing older Vermonters, to include the issue of medication management and mismanagement – a direct correlation to the issue of opioid use and addiction in older Vermonters. Currently we have increased from eight to eleven the Elder Care Clinicians at seven of the designated agencies through an agreement with our Area Agencies on Aging (AAA) network. Most of these positions are not full time, however, we have reduced our gap in coverage from five counties across the state to only one county (Bennington) still without Elder Care coverage due to difficulties in recruiting licensed clinical social workers.

Statewide, the clinicians provide clinical treatment to approximately 400 homebound older Vermonters with a range of diagnoses from depression and anxiety to adjustment disorder and dementia. Many of these individuals manifest co-occurring physical and behavioral conditions. With treatment, clients report decreased symptoms and increased quality of life outcomes – leading to healthier individuals, fewer hospitalizations and decreased health care costs. The AAAs report that this treatment is often the critical component in keeping participants from institutional placement.

While an increase in the investment in Elder Care Clinicians could increase capacity across the state, changes in federal policy to enable Medicare billing for psychiatric and substance abuse care for older Vermonters for licensed mental health clinicians in addition to the current, allowable billing by licensed clinical social workers would also help expand access.

INSTITUTIONS OF MENTAL DISEASE

The Institutions of Mental Disease (IMD) exclusion prohibits the use of federal Medicaid funding for care provided to individuals aged 22-64 in mental health and substance use disorder residential treatment facilities larger than 16 beds. The IMD exclusion has been part of the Medicaid program since Medicaid's enactment in 1965. In 1966, as part of its original 1115 Demonstration for the Vermont Health Access Plan Medicaid Expansion, Vermont received a waiver of the IMD exclusion that permitted Medicaid reimbursement of IMDs. In 2004, Federal Centers for Medicaid and Medicare Services (CMS) policy changed to no longer permit IMD waivers under 1115 Demonstration authority; states with existing IMD waivers were given a schedule to phase out Medicaid reimbursement. Vermont and CMS negotiated IMD expenditure authority using investment dollars that was time limited for the duration of the extension period (January 1, 2017-December 31, 2021). Vermont was required to submit a phase-down plan to CMS in December 2018 for loss of federal financial participation for mental health services provided to individuals in IMDs starting in calendar year 2021 and concluding by the end of calendar year 2026. See legislative report [Vermont's Institutions of Mental Disease \(2018, Act 200, Sec. 10\)](#) and the IMD CMS report): [Phasedown Plan for Vermont's Psychiatric Institutions of Mental Disease \(IMDs\)](#) for more detail around options for replacing IMDs.

Vermont intends to pursue an amendment to its Global commitment to Health 1115 Demonstration waiver to receive authority to pay for short-term residential treatment services

in an IMD for individuals with severe mental illness. Similar to the Substance Use Disorder (SUD) IMD 1115 waiver opportunity, Vermont is already well-poised to take advantage of this change in federal policy.

Vermont is encouraged by the waiver opportunity, but concerns remain that the 30-day length of stay requirement will continue to cause funding challenges for IMDs. Although a 30-day length of stay limitation falls within evidence based best practice for the treatment of substance use disorders, and therefore is a rational guardrail for the SUD IMD 1115 demonstration, no such length of stay best practice exists for mental health treatment. The length of medically necessary inpatient stays appropriately varies based on the clinical complexity of the patient.

CHILDREN IN NEED OF MENTAL HEALTH TREATMENT; JUVENILE DELINQUENTS IN NEED OF RESIDENTIAL DETENTION

Woodside Juvenile Rehabilitation Center

The Woodside Juvenile Rehabilitation Center (Woodside) is a 30-bed locked facility for youth in the custody of the Department for Children and Families (DCF), with a pending or adjudicated delinquency charge. Woodside provides residential treatment that includes psychiatric services, counseling and therapeutic programming for youth in its care. From 2011 through October 1, 2016, Woodside was able to utilize Medicaid dollars through the Global Commitment waiver to support the therapeutic care of youth. However, during the renegotiation of the new Global Commitment waiver the Centers for Medicare and Medicaid Services (CMS) determined that as of October 1, 2016, Woodside could no longer draw down Medicaid funds. CMS made this decision as a result of its determination that youth at Woodside are considered to be “inmates of a public institution” and, therefore are no longer eligible to receive Medicaid funding. In light of this decision, we realized we needed to take this opportunity to consider the future of Woodside.

First, we considered and reviewed utilization of Woodside. Youth served by Woodside typically present violent behavior. The youth at Woodside are there because they require a high level of security due to their risk of harm to themselves or others, and while there, they receive trauma-informed treatment. Historically, Woodside has been asked to serve all youth referred to the program, without respect to whether the youth’s needs can be met by the program. They may come in the middle of the night and often arrive with little advance notice. Woodside is the only program in the state that cannot reject youth for admission.

As the most restrictive placement for youth in Vermont, we are always considering whether a youth may be served in a less restrictive setting. Consequently, it is good news that we are seeing a downward trend in the number of youth placed at Woodside. Below is comparative data for calendar years 2014 through 2018.

Woodside Census Information							
Calendar Year	Number of Admissions	Number of Individual Youth	Average Daily Population	Average Length of Stay	High Daily Population	Low Daily Population	Total Bed Days
2014	148	105	20	154	25	15	6817
2015	145	101	16	136	22	8	5875
2016	119	87	14	121	18	9	4960
2017	134	87	13	106	20	6	4613
2018	86	64	12	112	16	7	4281

It is noteworthy that the average length of stay (ALOS) and the number of bed days has remained high despite the drop in the number of admissions. We believe this is due to successfully placing youth in less restrictive alternatives, resulting in the youth currently placed at Woodside having greater challenges with higher acuity.

In considering the future of Woodside, we met with our Woodside staff, the Department of Mental Health, the Vermont Coalition of Residential Providers, the Designated Agencies, the Office of the Defender General and Disability Rights of Vermont. After those discussions, we considered three options:

- No secure facility
- A small 15-bed facility used for detention or short-term placement; or
- A 30-bed facility for both short, and long-term treatment.

No Secure Facility

After considerable thought and discussion, we believe there is a need for a secure facility for youth in Vermont. There was consensus among service providers of this need for those youth who exhibit aggressive and violent behaviors, who cannot be managed by less secure programs. While our foster homes and residential programs in Vermont manage a wide variety of behaviors, we agree they cannot manage the youth in Vermont who present significant violent behaviors.

Small 15-Bed Facility for Short-Term Needs

The current Woodside building is an old, jail-like, inefficient structure that presents a liability for many reasons. In addition to the fact the building does not present as a therapeutic setting, it is also in ill repair with 35 outstanding work orders for repair and maintenance, some dating back to 2017.

If we were to develop a plan for a small secure facility, we would recommend a new, modern structure that is not subject to health and safety concerns and is consistent with Vermont’s legislative juvenile justice purpose “to remove from children committing delinquent acts the taint of criminality and the consequences of criminal behavior and to provide supervision, care and rehabilitation....” 33 V.S.A. § 5101 (a)(2).

In considering a small short-term facility, the issue to be addressed is where those youth would go for longer term treatment. They are currently at Woodside because they exhibit aggressive and violent behaviors requiring a high level of security due to their risk of harm to themselves or others. The clear message we heard from the Vermont Coalition of Residential Providers is that Vermont residential programs cannot provide the high level of security needed for these youth.

Consequently, a significant number of the youth who currently are placed at Woodside, would go to out-of-state programs. Right now, DCF has 57 youth placed in out-of-state programs. These programs can pick and choose which youth they accept; can be expensive; involve challenges for families and our DCF staff to maintain contact; and create obvious difficulties in aftercare and transition back to home communities. We don't support a path that would result in more Vermont youth being sent out of state. Therefore, we don't believe creating a small secure facility is the best approach. Please see below for some 30-bed versus 15-bed program comparative cost information.

30-Bed Facility for Both Short and Long-Term Treatment.

We would like to maintain the current approach to programming, with both a short-term and long-term program. A new 30-bed building designed with multiple wings and various levels of security, i.e. staff-secured in addition to locked areas, would allow the facility to accommodate a wing that could provide a separate long-term treatment program. This design is consistent with the existing feasibility study conducted in December 2016 by Duncan Wisniewski Architecture. The FY 19 capital budget included specified funds for the design and planning of a new facility. We are currently waiting on the assignment of a BGS project manager to begin this planning phase and develop next steps.

We believe it is beneficial to the State to build a 30-bed facility with the potential to alleviate the necessity of sending so many youths to out-of-state residential programs. This would allow some of the youth who are currently out of state to be successfully treated here in Vermont.

Our proposed plan is to maintain the status quo of the Woodside program, including the current funding level. We understand that construction of a new Woodside facility is several years in the future. It is noteworthy that Woodside, even without Medicaid funding, is a less expensive program per bed than other intensive residential mental health programs.

In considering a 30-bed facility as opposed to a smaller 15-bed short-term facility, cost was a factor that weighed in favor of the 30-bed option. The majority of the costs at Woodside are staffing costs. These costs can be reduced with a smaller facility, but these savings are not worth some of the other costs and associated consequences discussed below, including the fact that even more youth would end up going out-of-state for long-term treatment.

Woodside Program Type	Number of Beds	Staffing and Other Costs	Total Woodside Annual Cost
Residential Treatment	30	SFY19 Staffing/contracted \$5,480,213 SFY19 BGS fee for space \$237,138 SFY19 Other operating \$479,457	\$6,196,808
Short-Term/Detention	15	Estimated* staffing/contracted \$3,559,129 BGS fee for space \$237,138 Estimated other operating \$400,000	\$4,196,267
Total Difference			(\$2,000,541)

* projects a reduction in 13 Woodside staff persons and a significant reduction in UVM contracted psychiatrists (contract reduction from approximately \$270,000 per year now to \$60,000 annually with a 15-bed detention facility).

Although we anticipate saving staffing costs with a smaller Woodside facility, we could spend at least this amount and potentially more by sending youth out-of-state and to other programs for long-term treatment. About half of the youth at Woodside currently are there for long-term treatment. Daily rates for facilities that are similar in level of security and safety as compared to Woodside have a daily rate ranging between \$275 and \$757 per day. Other long-term program options for less secure treatment range from \$218 to \$696 per day. If we sent 32 youth (half of the number of youth served in calendar year 2018) to other programs because Woodside no longer had a long-term treatment program, with an average cost per day of \$500 for 100 days each, it would cost the state \$1,600,000 gross (about \$739,200 general fund if Medicaid is available for each placement). In these projections, we would be paying for all of the Woodside costs, \$4,196,267 for a 15-bed facility plus \$739,200 general fund in other long-term placements.

Estimated Total Costs for Serving Youth with a 15-Bed Short-Term Woodside Program		Total General Fund
Woodside Projected Total Costs for 15-Bed Short-Term Program	See table above	\$4,196,267
Projected Costs at Other Programs for Youth Who Need Long-Term Treatment and Would No Longer be Served by Woodside	32 youth annually Average rate \$500/day 100 days per year for each youth 32*500*100 = \$1,600,000 State general fund share = \$1,600,000 *0.462 = \$739,200	\$739,200
Total Estimated Costs for Serving Youth		\$4,935,467

While this is a projected total savings of about \$1,261,341 in general fund (please see below), we do not believe this amount of general fund is worth the burdens on our staff, youth and families of placing more youth out-of-state in addition to the loss of therapeutic programming with a smaller short-term facility. In addition, there are additional Family Services Division costs that are not reflected in these calculations for staff traveling and monitoring youth who are placed in out-of-state facilities as well as ensuring that youth attend required court hearings in Vermont related to their delinquency cases.

Comparison	Total General Fund
Total Costs of 30-Bed Woodside	\$6,196,808
Total Costs of 15-Bed Woodside, including costs of sending long-term youth to other programs	\$4,935,467
Total General Fund Savings	\$1,261,341

Importantly, in considering a 30-bed option over a 15-bed option, quality of care and treatment at Woodside also weighed in favor of a 30-bed program. The transition from a treatment facility to a short-term detention model allows for significant reductions in treatment and education staff and costs, but also means a reduction in therapeutic programming for youth in contrast to our statutory purpose. With the 15-bed option, we would be losing many important services. The cost projections anticipate reducing consulting psychiatric staff from 40 hours to 4 hours per week. This would mean that the psychiatrists’ role at Woodside would be limited to prescribing medications with far less contact with the residents and treatment team staff. The projected costs also represent a reduction in education staff in addition to reducing youth counselors, clinical and other staff. Finally, with a reduction in treatment and an increase in “idle time”, we anticipate that there would be an escalation in dangerous behaviors by youth and a corresponding increase in high-level interventions at Woodside (restraint and seclusion).

Residential Programs for Youth

Currently, DCF has 76 youth in 11 in-state residential treatment programs and an additional 57 youth in 19 out-of-state programs. In SFY '18, DMH paid for residential treatment for 138 youth, 84 in state and 64 out of state.

The current system of care is not meeting the needs of youth and adolescents with mental health needs. Extremely concerning is the high number of youths sitting in emergency departments, awaiting placement. In SFY '18, DCF had 35 youth waiting longer than overnight in the emergency room for placement in a program. There have been some constructive conversations with Brattleboro Retreat about the expansion of their services for children and youth. Our recommendation is that the State retain a consultant to review the system of care for children and youth with mental health needs and make recommendations on how best to meet those needs.

As for the financial structure of these programs, most of them have a daily rate consisting of three components:

1. Room and board- funded through Title IV-E for eligible kids or GF if not;
2. Education- invoiced directly to AOE
3. Treatment- funded through Medicaid

For the Vermont programs, the rates are set by the Division of Rate Setting. For the out of state programs, most have their own rate setting bodies that determine the rates that we pay. The rules governing the Private Non-Medical Institution (PNMI) programs allow in-state residential programs to request rate adjustments and Extraordinary Financial Relief (EFR) as needed throughout the year. These requests come throughout the year and are not planned or budgeted for in advance. The table below shows the number and breakdown of these requests for SFY '16 and SFY '17:

	Total # Requests	Rate Increase	EFR	Amt Requested	Amt Granted
SFY '16	9	5	4	\$1,093,700	\$513,413
SFY '17	13	9	4	\$2,259,356	\$1,718,839

The total amount of such increases is shared between the Department for Children and Families, Department of Mental Health, and the Agency of Education. While the state has discretion to approve or deny requests for additional funding, the residential programs that operate in the state are small and many would have to terminate services without the additional funding. The current rate setting structure funds programs for actual costs from the last full fiscal year for which figures are available. Practically, this means that programs have rates based on their expenses from the fiscal year that ended two years prior. This creates a built-in deficit for programs that they seek to address through the rate adjustment and Extraordinary Financial Relief provisions in the PNMI rules. We believe a review of the PNMI process would be helpful with the goal of alleviating the unfunded budget pressures. Passage of the Family First Prevention Services Act (FFPSA) seriously impacts our ability to use Title IV-E dollars for the room and board portion of the cost for eligible kids in these programs as there are limitations on Title IV-E foster care payments for placements that are not foster family homes. This provision does not go into effect until 10/1/2019 at the earliest, but Vermont has indicated to our Federal partners that we plan to delay the implementation for up to another 2 years (10/1/2021). We are currently analyzing the impact on our system and planning for the future under FFPSA.

In 2015, the Turn the Curve Advisory Committee was created to review the State's use of residential placements for treating children and this committee submitted a report to the Vermont General Assembly on November 9, 2017. The report can be found at: <https://legislature.vermont.gov/assets/Legislative-Reports/Combined-Act-85-E.317-Use-of-Residential-Care-Facilities-Report-11.13.17.pdf>

PLANNING FOR THE FUTURE OF THE DEPARTMENT OF CORRECTIONS

The need to replace aging facilities and provide sufficient housing for all Vermont inmates in the DOC is pressing. Several facilities are operating past their 30-year expected use. These include the Chittenden Regional Correctional Facility, Northeast Regional Correctional Facility, and Caledonia Work Camp, and Marble Valley Regional Correctional Facility, and Northwest State Correctional Facility. Deferred maintenance within our correctional facilities is in the millions. The impact on staff, inmates, and visitors is significant. Every nook and cranny of each facility is occupied and most space is often used for multiple purposes. Southern State Correctional Facility, the second largest facility, lacks space and resources to provide vocational training. Aesthetically, the interiors of several facilities are worn and beyond repair. The system lacks sufficient infirmary space and ADA compliant cells. For the better part of two decades, inmates have been housed in cells on “sled beds” which are hard plastic, portable sleeping units. Unit designs are inefficient at providing good lines of sight to ensure the safety and security of staff and inmates. These are a few examples of the inadequacies of the system.

The Vermont system suffers from a lack of economy of scale. There are two facilities that have a capacity of 135 inmates. As an example of the inefficiencies, the Newport facility has 72-man units, or 53% of the capacity of these two small facilities housed in one unit. A small facility requires all the administrative, programming, health services, special housing, food services, etc. of a large facility. This drives the up cost per inmate, per year.

Health services costs could be substantially reduced by the economy of scale created by a scalable 850-bed facility. According to the report *Vermont Department of Corrections: Assessment of Health Care System Costs prepared by CGL*, <https://lifo.vermont.gov/assets/Uploads/d4aac0c147/Vermont-Correctional-Health-Care-Cost-Review-01-v2.15.19.pdf> the Vermont DOC spent \$21 million on inmate health care in FY 2018, an average of \$1,186 per inmate per month. The report recommends replacing the current system of small facilities with a centralized correctional complex such as the one we are recommending in this report.

850-bed Scalable Facility

The proposal to build a scalable 850-bed facility remains the most viable option in terms of cost, safety and delivery of the services required for good health and to promote change and growth with the population. An initial plan must include an administrative building, program space, medical space, and at least one housing unit. The building can be designed in hub and spoke format, which is commonly used in modern prison construction. All the central services will be located at the hub and housing units built off as spokes. The scale of an initial build will determine the corresponding offset. An 850-bed facility can lead to the goals of closing aging facilities and returning the out of state inmate population to Vermont. The size of the housing units and timing of the construction will determine when those goals are reached.

Significant savings can be achieved from the closure of Chittenden Regional Correctional Facility and Northwest State Correction Facility and the related costs of deferred maintenance. This

design would effectively end the need for private contracts for supplemental housing of inmates in out of state correctional facilities. These inmates could be housed in Vermont, putting them closer to their families, and make it possible for the DOC to end a contract that has cost over \$7 million annually for the past several years. There would also be the opportunity to offset costs by increasing the number of federal beds used by the US Marshals. There is an opportunity to design, build, and maintain a scalable 850-bed facility and achieve savings and additional revenues. This, combined with the closure of 2 facilities that have significant deferred and scheduled maintenance costs, will yield a savings over time that can also be used to address the ongoing needs at other state correctional facilities.

PROS	CONS
<ul style="list-style-type: none"> • Closes out of state program. • Creates economy of scale – will be the lowest cost per capita of any in-state facility. • Replaces 2 existing facilities, both with significant deferred and scheduled maintenance. • Scalable – able to be built and used for what is needed to meet demands of population both now and going forward • Increased revenue from federal beds to support operations costs. • Long term savings 	<ul style="list-style-type: none"> • Citing and construction costs may be prohibitive, based on BGS estimates. • Large price tag • Risk in building over time; increases costs; delays costs savings

Build a 400-bed detention center

Another option to impact bed space is building a 400- bed detention center. The pros and cons of this option are outlined below.

PROS	CONS
<ul style="list-style-type: none"> • A central detention facility can potentially decrease facility to facility transports for population management purposes. • Allows for the use of video conferencing to courts around the state. • Lower overall cost to build than the scalable 850-bed facility. 	<ul style="list-style-type: none"> • Requires multiple video conferencing rooms to accommodate the court hearings across the state. • Does not eliminate the need for Sherriff’s transports as appearances are required for certain court hearings. Potential impact for Sherriff’s that are further away depending on facility location.

<ul style="list-style-type: none"> • Eliminates the need for a supplemental housing contract 	<ul style="list-style-type: none"> • Facility can only be used for one purpose. If detention decreases, the beds cannot be used for other space needs. • Facility would be full upon opening. • Does not close any currently operating facility • Would cost more than running the out of state program • Does not address the long-term issues of aging facilities
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Expansion of Southern State Correctional Facility

In this option, beds would be added at the Southern State Correctional Facility. The site already has pads for the construction of a new unit that could create 150 more beds and a vocational building. Cost estimates for the new beds will be needed from the Department of Buildings and General Services. Additional funds would be required to add vocational space; the most recent projection was nearly \$5 million for this space. Adding bed capacity without adding vocational space should not be considered. If this option is pursued, Southern State would become the largest correctional facility in the state at 477 beds. In order to effectively deliver the risk and needs reduction services and provide employment skills to this population, it is imperative that space is provided to support this work.

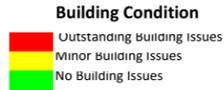
PROS	CONS
<ul style="list-style-type: none"> • No need for siting and major construction • Increased job opportunities • Vocational opportunities expand to SSCF 	<ul style="list-style-type: none"> • Out of state unit remains open, but for a smaller group • Vermont’s out of state population has been on the decrease for several years. This is a great thing, but the less inmates we have for out of state consideration, the harder it becomes to find partners to house smaller populations. • Not able to close CRCF or NWCF • No additional revenue from the Marshalls

	<ul style="list-style-type: none"> • Continue to incur costs of deferred and scheduled maintenance on open facilities • Most difficult to hire health services staff in the Springfield area • Local agreements could be costly to the state
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AHS SPACE SUMMARY

Although this report focuses on the special populations and bed capacity needs described in 2017 Acts and Resolves No. 84, Sec. 31, we thought it was important to include the facility needs of our workforce. Through the State of Vermont, the Agency of Human Services has 56 individual work sites (not including correctional facilities), some state owned and many leased spaces. The quality of this work space ranges from new, state of the art buildings such as the Waterbury State Office Complex, to old and challenging spaces like the old funeral home in St. Johnsbury, now occupied by the Department of Health and the Morrisville district office, last upgraded 37 years ago. As the demographics of Vermont continue to shift to a smaller and older population and new technologies reduce the need for in-person visits to district offices, the time has come to consider the possibility to reducing the district office presence of 12 offices to a smaller, regional approach. This path would allow the closure of some of the smaller offices which have some of the highest lease rates and most significant deferred maintenance costs. Appendix A lists all of these facilities and includes location, condition, and security status. The second tab of the appendix includes the correctional facilities and the third tab includes lease information for the Agency.

AHS SPACE SUMMARY



Correctional Facilities n.i.c.

TOWN	ADDRESS (E-911)	LEASE OWN	BLDG COND.	DEPARTMENT OR DIVISION	STAFF	PARKING	LEASE ORIGIN	LEASE EXPIRE	YEARS @ LOCATION	BUILDING PHOTO	PHYSICAL SECURITY PANIC BUTTONS - LOCKDOWN - CAMERAS	LOCATION NOTES
Barre	5 Perry St.	OWN		VR, ESD, DVHA, VDH		Adequate					PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	Good location - Building in very good condition. There is growth space and adequate parking
Barre	255 No. Main St. (Court)	OWN		FSD, DOC	59	Adequate-					PANIC BUTTONS	Court Building with court security. DOC/FSD are not co-located with rest of AHS district office staff. AHS spaces were renovated 2016.
Barre	219 North Main Street (City Place) Suite 401	LEASE		DCF-OCS	12	Adequate- Parking included in lease agreement. Spaces are spread out over several lots	2/1/2014	1/31/2026	5.0		PANIC BUTTONS - CAMERAS (I) - LOCKDOWN	Currently only AHS occupant is OCS (4th floor). Building shared with other State and non-State entities.
Barre	21 Metro Way Unit #4	LEASE		DOC- P&P work crew	2	Adequate	12/1/2017	11/30/2022	1.2			Storage and workshop for DOC P&P work crews. Landscaping equipment and vehicle storage. No staff are permanently assigned here.
Bennington	200 Veteran's Memorial Dr.	OWN		VR, ESD, FSD, OCS, DVHA, DOC		Adequate					PANIC BUTTONS - CAMERAS - LOCKDOWN	Court Building with court security. Good location - Renovated in 2010. Good parking and access
Bennington	324 Main St.	OWN		VDH	28	Adequate						Space is adequate however VDH is not co-located with D.O. staff. Building shared with other State and non-State entities.
Berlin	350 Fisher Road	OWN		DMH - State Hospital	230	Adequate					PANIC BUTTONS - CAMERAS - LOCKDOWN	High Level Security - good location. Constructed in 2015 (staff numbers include all 3 shifts)
Berlin	322 Industrial Lane (shared w/ ANR/AGR)	LEASE		CO (DDC Boards)	3	Adequate	4/1/2011	3/31/2018	7.8			Converted warehouse space after Irene - Lease expiring in January
Bradford	549 Lower Plains Rd, Bradford	LEASE		DCF ESD Satellite Office	2	Adequate	11/1/2016	10/31/2019	2.3			2 Person Satellite - good location
Brattleboro	232 Main Street	OWN		VDH, ESD, FSD, DVHA	57	Not adequate. Leasing 37 additional parking spaces from Town (22) & Legion (15)	6/6/1979				PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	Client Service FSD - 1st floor good location. Space is near capacity and parking is bad.
Brattleboro	28 Vernon Street	LEASE		DAIL (Voc Rehab)	14	Adequate	9/1/2004	2/29/2020	14.4			Marlboro College - 2nd floor space - good location
Brattleboro	13 Springtree Road	LEASE		DOC	2	Adequate	6/1/2002	3/31/2022	16.7			H.S. class room - Older building - could use upgrades. DOC not co-located with D.O. staff
Brattleboro	41 Springtree Road	LEASE		DOC, OCS, VDH (ADAP)	30	Adequate	4/1/2002	3/31/2022	16.8			Older building - could use upgrades. DOC not co-located with D.O. staff. Building shared with other State and non-State entities.
Burlington	108 Cherry / 119 Pearl St.	OWN		ESD, VDH	440	Burlington - Parking is Challenging					PANIC BUTTONS - CAMERAS - LOCKDOWN - VISITOR MANAGEMENT	Downtown location -
Burlington	32 Cherry St.	OWN		DCF (Lawyers), OCS, DOC P&P	15	Burlington - Parking is Challenging					CARD READER	High Level Security - good location
Burlington	50 Cherry St.	OWN		DOC - P&P	47	Burlington - Parking is Challenging					PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	Former office building/warehouse - Good Location although vehicle access is difficult. DOC not co-located with D.O. staff
Burlington	110 Cherry 1st & 2nd Floor	LEASE		DAIL (Voc Rehab), DVHA	38	Burlington - Parking is Challenging	2/1/2011	1/31/2025	8.0		CARD READER - PANIC BUTTONS - IDS	DAIL/DVHA not co-located with D.O. staff
Burlington	111 Colchester Ave - UVM	LEASE		VDH Medical Examiner	5	Adequate	3/19/1997	3/31/2027	21.9			Within UVM Medical Center
Colchester	245 South Park Drive	OWN		VDH (Health Lab)	45	Adequate					PANIC BUTTONS - CAMERAS - LOCKDOWN	Good location - New Building
Colchester	382 Hercules Drive (Storage / Generator)	LEASE		VDH (Health)	0	Adequate	1/1/2010	12/31/2019	9.1			Heated Storage and required by federal regulation
Essex	26 Woodside Drive East	OWN		DCF-FSD	50	Adequate					PANIC BUTTONS - CAMERAS - LOCKDOWN	Program and operational function has changed and the building is in need of a major renovation/replacement
Essex	26 Woodside Drive East (GYM)	OWN		DCF-FSD	0	Adequate						Need to relocate
Essex	IBM - Building (958)	LEASE		DVHA	200	Adequate - huge lot	9/19/2011	4/30/2019	7.4			Good parking and security with Visitor management system. No issue remaining in this location until Waterbury location is identified

AHS SPACE SUMMARY

Building Condition
■ Outstanding Building Issues
■ Minor Building Issues
■ No Building Issues

Correctional Facilities n.i.c.

Hartford	118 Prospect St.	LEASE	■	VR-DBVI, ESD, FSD, VDH, DVHA, DOC	110	All 132 assigned spaces to AHS but others using spaces - Landlord is working on the issue	5/1/2015	3/1/2027	3.8		PANIC BUTTONS - CAMERAS - LOCKDOWN	New Building - (12 year lease) Building shared with other State and non-State entities.
Hyde Park	252 Main Street	OWN	■	DAIL (Guardianship)	3	Adequate						Older building - could use upgrades. Basement space - Building shared with other State and non-State entities.
Lyndon	1713 Industrial Parkway (Academy)	LEASE	■	DOC (Corrections)	4	Adequate	8/1/2012	7/31/2023	6.5			Good location for building with unique training requirements
Middlebury	7 Mahady Court Street	OWN	■	DOC - P&P (Probation and Parole)	9	Adequate					PANIC BUTTONS - CAMERAS	Court Security - Metal Detector
Middlebury	156 South Village Green	LEASE	■	VR, ESD, FSD, VDH	60	Adequate	4/1/2011	3/31/2021	7.8		PANIC BUTTONS - CAMERAS (E) - LOCKDOWN	At capacity - need more meeting space
Middlesex	1076 US Rt. 2 (Temporary Facility)	OWN	■	DMH	6	Adequate						Temporary Facility. Building needs to be replaced and removed.
Newport	217 Main Courthouse	OWN	■	DOC	13	Adequate						Court Security - Metal Detector - DOC not co-located with rest of district office
Newport	100 Main St.	OWN	■	VR, ESD, FSD, DOC, VDH		Adequate- Garage					PANIC BUTTONS - CAMERAS (I) - LOCKDOWN	Good downtown location - adequate space. Building shared with other State and non-State entities.
Montpelier	81-83 River St	LEASE	■	DAIL - OPG	5	Adequate	4/1/2008	5/31/2021	10.8			Good location for group
Montpelier	14/16 Baldwin	OWN	■	Human Services Board	6	Montpelier - depends on time						Older building in need of renovations
Montpelier	100 State (Capital Plaza) suite 200	LEASE	■	DAIL (DBVI)	6	Montpelier - Assigned spaces	4/1/2016	3/31/2021	2.8			lgood location and assigned parking
Morrisville	63 Professional Drive	LEASE	■	VR, ESD, FSD, OCS, DVHA, VDH	70	Adequate	2/1/1993	9/30/2019	26.0		PANIC BUTTONS - CAMERAS (I) - LOCKDOWN	Building needs many upgrades including windows and HVAC (no fresh air). Looking at alternatives
Morrisville	197 Harrel St	LEASE	■	DOC (includes 200 sf Garage space)	7	Adequate	10/1/2005	9/30/2019	13.3			Building needs many upgrades including windows and HVAC (no fresh air). Looking at alternatives
Randolph	12 Prince Street Unit 4A	LEASE	■	DCF-ESD	4	Adequate	1/1/2014	12/31/2019	5.1			2 Person Satellite
Rutland	88 Merchants Row	OWN	■	VR, ESD, FSD, OCS, DVHA, VDH	140	Rutland garage - Adequate					PANIC BUTTONS - CAMERAS (E) - LOCKDOWN	Needs work (Carpet, paint, etc.)
Rutland	92 State St	OWN	■	DOC - P&P (Probation and Parole)		Adequate					CARD ACCESS	good location next to court - DOC not co-located with rest of District office
Rutland	1 Scale Ave - Howe Center	LEASE	■	DAIL (Guardian Services)	14	Adequate	4/1/1992	3/31/2019	26.8			Old space - could use updates
Rutland	140 Granger St (Bldg. #16 Storage)	LEASE	■	DOC (Corrections)	0	Adequate	12/1/2009	3/31/2019	9.2			Storage
Springfield	100 Mineral Street	OWN	■	VR, ESD, FSD, OCS, DOC P&P, VDH	180 (ALL)	Lower Lot - Staff do not like					PANIC BUTTONS - CAMERAS - LOCKDOWN	Building has had several BRINS and a history of IAQ complaints
Springfield	71 Main St	LEASE	■	DAIL - OPG	5	Adequate	9/1/2014	9/1/2018	4.4			
St. Albans	27 Federal St	LEASE	■	VR, ESD, FSD, DVHA, DOC P&P, VDH	130	Garage - 170 Spaces included in lease	12/1/2014	12/28/2034	4.2		PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	New building - most expensive lease for state - no growth space
St. Albans	100 Lake St	LEASE	■	DCF - OCS	11	15 assigned space	7/1/2017	6/30/2022	1.6		PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	Client Service model - several recent building issues including leaks and mold
St. Johnsbury	1016 US Route 5	LEASE	■	VR, ESD, FSD, DVHA, DOC P&P	85	Adequate	4/24/2017	5/30/2022	1.8		PANIC BUTTONS - CAMERAS (I/E) - LOCKDOWN	Client Service

AHS SPACE SUMMARY

Building Condition

- Outstanding Building Issues
- Minor Building Issues
- No Building Issues

Correctional Facilities n.i.c.

St. Johnsbury	1153 Main St - 2nd floor	LEASE	DCF - OCS	12	behind Post Office - limited	9/1/2008	12/31/2018	10.4		PANIC BUTTONS	Moving out of this space as of 12/31/18
St. Johnsbury	107 Eastern Ave	LEASE	VDH (Health)	20	Adequate	9/1/2008	8/31/2019	10.4			Older building - need for upgrades. Security improvements in progress
Waterbury	280 State Dr	OWN	CO, DAIL, DCF, DMH, DOC, DVHA	700	Adequate					PANIC BUTTONS - CAMERAS (I/E)	On site Security
Waterbury	152 South Main Street	LEASE	ADPC, Parole Board, Rate Setting	40	Adequate	3/1/2016	2/28/2021	2.9		AIRPHONE	Good location
Waterbury	93 Pilgrim Park	LEASE	DCF - DDS	54	Adequate	4/1/1996	3/31/2021	22.8		AIRPHONE	average office space
White River Jct	226 Holiday Drive (shed - Cold Storage)	LEASE	DOC - P&P (Probation and Parole)	0	Adequate	8/1/2014	7/31/2020	4.5			Storage
Williston	208 Hurricane Lane (suite 103)	LEASE	FSD Call Center	35	Adequate	5/1/2016	4/30/2020	2.8			
Williston	289 Hurricane Lane (suite 101 & 202)	LEASE	HSE DVHA	64	Adequate	1/1/2006	3/15/2019	13.1			Moving February 2019
Williston	312 Hurricane Lane, Hillside East (2nd floor)	LEASE	Multiple (DAIL, DVHA)	70	Adequate	10/1/2003	3/15/2019	15.3			Moving February 2019
Williston	426 Industrial Ave	LEASE	DCF - FSD	51	Adequate	8/1/2007	3/15/2019	11.5		PANIC BUTTONS - CAMERAS - LOCKDOWN	Client Service _ FSD not co-located with District office -

Owned Spaces 22
Leased Spaces 40

Print Date 2/1/2019
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DEPARTMENT OF CORRECTIONS BUILDINGS

NOTES:

Information for the Building Notes and Facility Condition Index were taken from the Correctional Building Assessments that were conducted by the EMG group in 2013.

Windsor (SESCF) is vacant and not included.

The Facility Condition Index (FCI) gives an indication of a building's or portfolio's overall state of condition. The values are based on a 0-100%+ scale and are derived by dividing the repair costs for a facility by a theoretical replacement value. The higher the number, the greater the capital requirements. Usually an FCI of 10% and below signals a building with good effective age. An FCI greater than 10% suggests the building is beginning to deteriorate, with components reaching the end of their life cycle.

- Poor - fair immediate repair, replacement, or significant maintenance is required.
- Good - Repair or replacement is required due to current physical condition and/or estimated remaining useful life
- Excellent - Satisfactory as-is. Requires only routine maintenance over the evaluation period.

TOWN	ADDRESS (E-911)	BLDG COND.	Building Condition FCI	YEAR CONSTRUCTED	BUILDING PHOTO	BUILDING NOTES
Newport	NSCF Building A-1 Admin 2559 Glen Road		0.91%	1992		Building A-1 houses the administrative offices for the facility including offices, training rooms, locker rooms and visitor reception and waiting areas. The single story building has a mezzanine level which houses the mechanical equipment. The exterior finishes consist of textured CMU walls and standing seam metal perimeter roofing with an adhered EPDM membrane system for the flat central roof. The building is heated by forced hot water from the central plant fed through air handlers, unit ventilators, VAV boxes, and unit heaters. The air handlers also provide outside air. There are exhaust systems for the overall building, locker rooms, restrooms and utility rooms. Electricity is provided to the building via a subpanel fed from the main distribution system. Domestic water and sewer are handled by the central systems. The building is fully sprinklered and has a fire detection and alarm system linked with the main system in building A-2.
Newport	NSCF Building A-2 Admin SEG-ETC 2559 Glen Road		0.82%	1992		Building A-2 is a one story building with exterior finishes consisting of CMU exterior walls and EPDM membrane and metal panel roofing. It has a partial basement with concrete walls. It houses the dining facilities, segregation and intake areas, visiting areas, main control and the main electrical and mechanical systems. It is heated by the central hot water plant and cooled in some areas by split systems serving air handlers. The mezzanine level houses the HVAC distribution equipment, electrical distribution equipment and security system panels. The central heating boilers and equipment are located in the basement level along with a 100,000 gallon sprinkler water storage tank. There are wood heating boilers, oil fired domestic hot water boilers, the main electrical room, and a diesel fired emergency generator on the first level.
Newport	NSCF Building B Building GYM 2559 Glen Road		0.00%	1992		B Building is a common area building providing amenities and services to the facility. The building consists of a gymnasium, classrooms, vocational teaching labs, and offices. The exterior walls are comprised of concrete masonry units (CMU) and the building has a rubber membrane roof with a metal panel sloped roof perimeter. Heat is provided by hot water from the central heating plant which is located in the main administration building. The entrance is off the main courtyard on the east side of the building.
Newport	NSCF Building Living Unit C 2559 Glen Road		4.77%	1992		Building C is a living unit. The exterior finishes consist of, CMU exterior walls and EPDM and metal panel roof systems. The mezzanine level contains the HVAC, plumbing and electrical distribution equipment. The building is heated by the central boiler plant via air handlers and VAV boxes. The heating water and domestic hot and cold water are piped to the building via the tunnel system from Building A-2. There are group showers and restrooms in the living areas and a staff restroom. The main entrance is on the northwest elevation facing the courtyard
Newport	NSCF Building Living Unit D 2559 Glen Road		5.37%	1992		Building D is a living unit. It has a concrete perimeter wall and slab foundation, CMU exterior walls and EPDM and metal panel roofing. The mezzanine level contains HVAC, plumbing and electrical distribution equipment. It is heated by hot water from the central heating plant. The heating water and domestic hot and cold water are run to the building via the tunnel system from Building A-2. The main entrance is on the northwest elevation, facing the courtyard. The interior is organized into two living areas with cells on the ground level and on a second level accessed via elevated walkways. The core areas consist of entry and staff spaces. There are group showers and restrooms in each living area along with a separate staff restroom.
Newport	NSCF Building Living Unit E 2559 Glen Road		0.95%	1992		Living Unit E is an inmate living unit building. The building is located on the southeast end of the courtyard. The structure is comprised of a concrete slab foundation, with CMU exterior walls and a single ply roof membrane on the field of the roof and metal panel roofing at the roof perimeter. The mezzanine level contains HVAC, plumbing and electrical distribution equipment. The building is heated by hot water from the central heating plant located in the main administration building. The heating water and domestic water are supplied via a tunnel system from building A-2. The interior is organized into four living areas with cells on the ground level and on a mezzanine level. The core areas contain staff offices and conference rooms. There are group showers and restrooms in each living area with separate staff restrooms located near the main entrance of the building.
Newport	NSCF Building A-1 Admin VCI 2 2559 Glen Road		21.57%	1993		The building is located on the southwest corner of the facility and is utilized as a Vermont Correctional Industries (VCI) building. The building houses an industry program for the manufacture of wooden furniture and products. The building is equipped with an exhaust system to filter out wood dust and collect it in a centralized collection location. It is heated by hot water from the central heating plant. The air handler is a multi-stage system dedicated to process the air associated with the paint booth used in the finishing room. The entire building is heated by hot water sourced units mounted to the ceiling. The only section of the building air conditioned is the supervising room and drafting room located in a central location of the building. The roof of the building is original and has an asphalt shingle roofing system.
Rutland	167 State St Building		1.00%	1979		The Marble Valley Regional Correction Facility (MVRCF) was constructed in 1979. The Main Building is approximately 31,948 square feet and was intended to house 94 inmates, associated support facilities and administrative offices. The facility currently houses approximately 150 inmates. The approximate five acre site which is bound by State Street to the south, Pierpoint Avenue on the west, Rutland Creek on the east, and municipal owned property to the north, also accommodates the Education Building (2,160 sf) constructed in 1990, the Modular Building (2,280 sf) constructed in 1992, the Storage Building (200 sf) constructed in 2000, and asphalt paved drive aisles and parking lots which accommodate approximately 57 vehicles.
Rutland	167 State St Education Building			1990		The Education Building (2,160 sf) constructed in 1990,
Rutland	167 State St Storage			2000		The Modular Building (2,280 sf) constructed in 1992,
So. Burlington	7 Farrell St.		16.47%	1974		The Chittenden Regional Correctional Facility (CRCF) is a 51,211 square foot correctional facility. The facility was built in 1974. In 1983, additions were made to the physical plant adding living units and office space to accommodate the growing population. The facility has had an active capital improvement plan over the last three years including replacement of the oldest windows, interior and exterior lighting upgrades to fluorescent T-8 and LED systems, electrical service and emergency generator systems, mechanical systems replacement, two conventional boilers are being replaced with three condensing modulating boiler and roof top package units are in the process of being replaced.
Springfield	700 Charlestown Road (Rt 11) Main A Building		0.03%	2004		The Core Building contains administration, secure receiving, booking, security control, kitchen and dining, infirmary, high school, library, gymnasium, maintenance repair shop and staff areas. The building contains all daily indoor activities for 350 to 380 inmates and 160 staff. Since the site was developed in 2004, with expansion area for one dormitory and a vocational building, the Core Building easily accommodates current staff and inmate requirements.
Springfield	701 Charlestown Road (Rt 11) Maintenance		0.03%	2004		The Core Building is in good condition. The Maintenance, Energy Building, and Generator Building are in good condition
Springfield	702 Charlestown Road (Rt 11) Energy Building		0.03%	2004		The Core Building is in good condition. The Maintenance, Energy Building, and Generator Building are in good condition
Springfield	703 Charlestown Road (Rt 11) Generator Building		0.03%	2004		The Core Building is in good condition. The Maintenance, Energy Building, and Generator Building are in good condition

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■ Good - Repair or replacement is required due to current physical condition and/or estimated remaining useful life
■ Excellent -Satisfactory as-is. Requires only routine maintenance over the evaluation period.

Springfield	700 Charlestown Road (Rt 11) Building DEF	■	0.00%	2004		The SSCF Building DEF is one of the housing units, Housing Unit B, which includes D, E, and F blocks. The building was constructed in 2004, is approximately 19,248 square feet, and houses approximately 192 inmates.
Springfield	700 Charlestown Road (Rt 11) Building GHI	■	0.00%	2004		The SSCF Building GHI is one of three housing units, Housing Unit C, which includes A (Segregated), B, and C Blocks. The building was constructed in 2004, is approximately 24,020 square feet, and houses approximately 114 inmates.
Springfield	700 Charlestown Road (Rt 11) Building BC Seg	■	0.00%	2004		The SSCF Building BC-Seg is one of three housing units, Housing Unit C, which includes A (Segregated), B, and C Blocks. The building was constructed in 2004, is approximately 28,215 square feet, and houses approximately 114 inmates.
St. Albans	3649 Lower Newton Rd. Main Building	■	22.86%	1969 renovated 1973/1983		The Corrections Building houses administration, medical, booking, visitation, offices and the majority of the inmate housing units. The original building was constructed in 1969 with expansions constructed in 1973 and 1983. The building is a single story structure with a second story mezzanine in the C unit. The building exterior consists of brick veneer with rubber membrane flat roofing and asphalt shingle finishes on the gable roofs. The HVAC system and domestic hot water is provided by a central plant consisting of three natural gas boilers.
St. Albans	3649 Lower Newton Rd. Greenhouse	■	0.00%	2008		The green houses consist of three structures: Two greenhouse structures and one preparation building. The two green houses are accessed through the preparation building. The green houses are high tunnel galvanized steel tube framed structures. The frames are sheathed in a double layer of polyethylene greenhouse film. A continuous air blower unit circulates air between the two layers of film. The greenhouses are positioned above a monolithic poured concrete slab with central drains. The green houses are supplemented with additional heat in the winter time via a natural gas direct air fan blower mounted to the structure at the north end of the green houses.
St. Albans	3649 Lower Newton Rd. Farm House	■	253.00%	1900		The property that the house sits on was originally a homestead site. The original homestead home is still standing on the property and sits north of the main facility. The house is outside of the security fencing of the facility. The house dates roughly to the 1900s and is considered historic. In the 1980s and 1990s the house saw minor renovation to accommodate occupancy. The house has since been abandoned.
St. Albans	3649 Lower Newton Rd. Print Shop	■	0.57%	1990		The print shop building is located east of the main corrections building and directly south of the wood shop building. The print shop and wood shop buildings are connected via an enclosed corridor. The building is no longer used as a print shop and all equipment associated with the industry has been removed. The building currently does not have a specified use.
St. Albans	3649 Lower Newton Rd. Wood Shop	■	0.05%	1990		The wood shop is located east of the main corrections building. The wood shop is connected to the print shop via a connecting enclosed corridor. The building is no longer used as a wood shop. The facility central laundry and laundry storage is now located in the building. The laundry area is located in the front half of the building while the back half is a storage garage for the landscaping equipment.
St. Albans	3649 Lower Newton Rd. Auto Shop	■	4.26%	1995		The automotive shop is located east of the print and wood shop buildings. The automotive shop is positioned within the main facility perimeter fencing. The building houses an automotive shop at the south end of the building, office space and storage in the middle, and a classroom on the north end of the building.
St. Albans	3649 Lower Newton Rd. Program Building	■	9.62%	1990		The program building is located north of the main corrections building. It is positioned within the main facility security fence. The building is used for educational program purposes for the inmates. The building contains classrooms and offices.
St. Albans	3649 Lower Newton Rd. 50 Bed Satellite Building	■	17.38%	1996		The Satellite Unit building is located north of the main corrections building. The building is positioned within the main facility perimeter fence. The building functions as a housing unit for inmates as well as office and conference space. The building exterior consists of a brick veneer and a rubber membrane roof. Along the perimeter of the building is a sloped parapet finished with asphalt shingles. The windows throughout the building are in poor condition as evidenced by condensation built up and reported air infiltration. The doors are in poor condition showing signs of wear. The door locking systems are traditional and are not adequate for the needed institutional use. Replacement of all doors in the building is recommended to establish a secured and controlled building interior. The water heater does not meet the demands of use.
St. Albans	3649 Lower Newton Rd. Generator Building	■		1969		The Generator Building is located across from the main loading dock of the Corrections building kitchen. The building houses the emergency generator for the facility as well as two fuel tanks that supply the generator. The roofing finishes are in good condition however the wooden gable ends and soffits are in poor condition. The paint is flaking exposing the wooden underneath and requires maintenance painting.
St. Albans	3649 Lower Newton Rd. Lift Station	■		2010		The Lift Station Building is located in the south eastern corner of the property. It is outside of the security perimeter fence that surrounds the main facility. The building is 300 square feet and houses the sewer lift pumps, sewer processing equipment and sewer monitoring equipment associated with the facility. All equipment is owned and operated by the City of St. Albans Vermont. But the building is owned by the facility itself.
St. Albans	3649 Lower Newton Rd. Barn	■		1900		The Barn is located north of the main facility outside of the security fencing. The Barn was constructed circa 1900 and is considered historic. In the 1980's and 1990's the Barn saw minor renovation to accommodate an automotive shop and a small gymnasium for the facility. The renovation included a concrete floor slab, wall construction on the 1st floor, HVAC additions, and overhead roll-up doors.
St. Albans	3649 Lower Newton Rd. Sewage Building	■		1983		The Sewage Building is located in the southeastern corner of the property. The building is used by the City of St. Albans, Vermont for sewer treatment activities and operation. Treatment equipment and treatment chemicals are stored within the building. The building is not occupied on a daily basis. All equipment, treatment materials and chemicals are monitored, owned and operated by the city of St. Albans, Vermont. The building itself is owned by the facility.
St. Albans	3649 Lower Newton Rd. Futures	■		1996		The Futures Storage Shed is located south of the main correction building within the security perimeter fencing and is used for storage. The building is wood framed with exterior finishes consisting of board and batten siding with a galvanized steel roof. The finishes are in fair condition with only minor deterioration in the wood siding and slight corrosion in the steel roofing.
St. Johnsbury	1270 US Rt. 5 Main Building	■	1.03%	1982		The Northeast Regional Correctional Facility (NERCF) was constructed in 1982. The Main Building is approximately 31,709 square feet and intended to house 110 inmates, associated support facilities, and administrative offices. The facility was reported to be housing approximately 130 inmates at present. The approximate 54.65 acres includes the NERCF Main Building, Program Building (2,343 SF), and seven support structures including storage buildings, wood sheds, and a pump station.
St. Johnsbury	1270 US Rt. 5 Program Building	■	0.00%	1982		The Northeast Regional Correctional Facility (NERCF) Program Building (2,343 SF) is located in the rear yard area of the correctional facility. The building, reportedly constructed in 1982, is used as a learning center for the inmates. The building underwent an extensive upgrade in 2008 which included the replacement of the heating plant, air-conditioning system, domestic water heater, and lighting retrofit, as well as updated finishes. The seams of the metal roof panels were also resealed within the past two years.

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St. Johnsbury	1270 US Rt. 5 Pump Station		1.03%	1990		
St. Johnsbury	1270 US Rt. 5 Green house		1.03%	1990		
St. Johnsbury	1270 US Rt. 5 Building	Storage	1.03%	1990		
St. Johnsbury	1270 US Rt. 5 shed(s)	Wood	1.03%	1990		Wood Sheds 2, 3, and 4 support facilities associated with the Northeast Regional Correctional Facility (NERCF). The sheds are wood-framed and sided and have no permanent foundation structure. The sheds have no services, electrical, mechanical, plumbing or fire safety. Parking facilities and other site amenities are addressed in the NERCF Main Building report and are not duplicated here. The facilities have no public accommodation
St. Johnsbury	1266 US Rt. 5 Administration Building	Main	6.88%	1994		The CCWC is a minimum security facility. The Main Administration Building is associated with approximately 35,000 square feet of driveway and parking area to the south. This area is now surfaced with compacted gravel. According to site personnel, the gravel lots and drive have been washed out in recent storm events. An engineering study is recommended to determine the appropriate paving options and storm water management controls required.
St. Johnsbury	1266 US Rt. 5 Dormitory	CCWC	4.30%	1994		The Dormitory is divided in the center by a center lobby and rear laundry and mechanical rooms. On each side of the lobby are two living quarters, each with a large bunk room, a day room and common toilet and showers. Interior and exterior lighting has been updated in recent years. The Administration and Maintenance Buildings are heated by the three boilers in the Dormitory, namely the wood boiler and two oil boilers. The oil boilers were updated recently. The wood boiler is reported to be undersized for the facility. A new larger capacity boiler is planned. The original digital control system is dated and will require replacement along with the air handlers.
St. Johnsbury	1266 US Rt. 5 Maintenance Building		0.00%	1994		The Maintenance Building contains an office for inmate fieldwork management, a wood shop, and storage for safety equipment, tools, tractors, mowers, trailers and construction materials. The building is empty much of the time. Work crews begin and end the workday here. There are caged secure lockers. The warehouse building has structure mounted fan coil heaters using hot water piped from the Dormitory boilers. Two insulated overhead doors are in frequent use. The office has baseboard heat. There is a single toilet room with hand sink served by a small instant water heater. For hot water equipment and vehicle washing, domestic hot water is fed from the direct hot water tanks in the Dormitory.
St. Johnsbury	1266 US Rt. 5 Wood Shed(s)			2000-2004		Outside the secure perimeter are three smaller wood sheds which have been constructed in recent years for use by inmate crews for tools and operations. The wood sheds are comprised of timber construction and are not heated.

Print Date 2/1/2019

Picture set at Row height 90

Town	Property Location	Lease #	Occupancy	Years @ Location	Tenant	Total SF	Cost Per SF	Monthly Rent	Yearly Rent	Lease Start	Expiration Date	Staff	Next rate Increase	New rate
Barre	219 N Main St	449	2/1/2014	5.00	DCF OCS	4,548	\$20.48	\$7,761.92	\$93,143.04	1/1/2013	1/31/2026	12	2/21/2021	\$22.83
Barre	21 Metro Way Unit 4 - Garage	1081	12/1/2017	1.17	DOC P&P	5,000	\$4.50	\$1,875.00	\$22,500.00	12/1/2017	11/30/2022	0		
Berlin	322 Industrial Lane	420	4/1/2011	7.83	DDC	576	\$16.45	\$789.60	\$9,475.20	4/1/2016	3/31/2018	3		
Bradford	549 Lower Plain	1070	11/1/2016	2.25	DCF ESD	527	\$11.39	\$500.00	\$6,000.00	11/1/2016	10/31/2019	2		
Brattleboro	13 Springtree Rd	278	6/1/2002	16.67	DOC	1,872	\$12.95	\$2,020.20	\$24,242.40	4/1/2012	3/31/2022	2	4/1/2019	\$13.20
Brattleboro	28 Vernon Street	297	9/1/2004	14.42	DAIL	5,360	\$14.32	\$6,395.57	\$76,746.84	3/1/2017	2/29/2020	14	4/1/2019	\$14.60
Brattleboro	41 Springtree Rd	25 & 182	4/1/2002	16.83	DOC - DCF- VDH	6,178	\$12.95	\$6,667.09	\$80,005.10	4/1/2012	3/31/2022	30	4/1/2019	\$13.20
	Brattleboro 32 Linden St - License	621	9/1/2013	5.42	AHS			\$644.05	\$7,728.56	9/1/2017	8/31/2020	0	9/1/2019	\$656.93
Burlington	110 Cherry St	392	2/1/2011	8.00	VR	8,885	\$24.50	\$19,590.21	\$226,382.50	2/1/2018	1/31/2025	38	2/1/2020	\$24.99
Burlington	110 Cherry St	431	2/1/2012	7.00	VR	1,368	\$21.19	\$2,415.66	\$28,987.92	2/1/2018	1/31/2025	-	2/1/2020	\$21.61
Burlington	110 Cherry St	1061	7/1/2016	2.58	VR	1,280	\$23.70	\$2,528.00	\$30,336.00	7/1/2016	6/30/2021	-	7/1/2019	\$24.06
Burlington	110 Cherry St	452	12/1/2012	6.17	DVHA	1,013	\$23.80	\$2,009.12	\$24,109.40	2/1/2018	1/31/2025	12	2/1/2020	\$24.28
Burlington	111 Colchester Ave	206	3/19/1997	21.87	VDH/Medical Examiner	5,352	\$0.00	\$3,685.81	\$44,229.72	4/1/2007	3/31/2027	5		
Colchester	382 Hercules Drive, Suite 12 (Storage)	366	1/1/2010	9.08	VDH	10,075	\$10.73	\$9,008.73	\$108,104.75	1/1/2015	12/31/2019	0	1/1/2019	\$11.00
Essex Jct.	1000 River St, Building 958	1057	9/19/2011	7.37	DCF/DVHA	36,540	\$19.79	\$60,260.55	\$723,126.60	5/1/2016	4/30/2019	200	5/1/2019	\$20.09
Hartford	118 Prospect St	495	5/1/2015	3.75	AHS	33,682	\$25.77	\$72,332.10	\$867,985.14	4/1/2015	3/1/2027	110	4/1/2019	\$26.48
Lyndon	1713 Industrial Parkway	443	8/1/2012	6.50	DOC	4,047	\$8.86	\$2,988.04	\$35,856.42	8/1/2014	7/31/2023	4		
Middlebury	Middlebury South Village	363	4/1/2011	7.83	AHS	17,000	\$32.59	\$46,169.17	\$554,030.00	4/1/2012	3/31/2021	60	3/31/2019	\$33.57
Montpelier	100 State Street	1064	4/1/2016	2.83	DAIL DBVI	1,852	\$20.52	\$3,166.92	\$38,003.04	4/1/2016	3/31/2021	6	4/1/2019	\$20.83
Montpelier	81-83 River St	346	4/1/2008	10.83	DAIL Guardianship Services	1,550	\$21.08	\$2,722.83	\$32,674.00	6/1/2016	5/31/2021	5	6/1/2019	\$21.29
Morrisville	197 Harrel Street	314	10/1/2005	13.33	DOC	2,400	\$16.79 office - \$4.30 Garage	\$3,078.17	\$42,098.00	10/1/2016	9/30/2019	7		
Morrisville	63 Professional Drive	164	2/1/1993	26.00	AHS	17,445	\$16.79	\$24,408.46	\$292,901.55	10/1/2016	9/30/2019	70		
Randolph	12 Prince Street Unit 4A	492	1/1/2014	5.08	ESD	700	\$16.29	\$950.25	\$11,403.00	1/1/2017	12/31/2019	4	1/1/2019	\$16.53
Rutland	1 Scale Ave Howe Center Bldg 16 (Storage)	367	12/1/2009	9.17	DOC	1,371	\$6.42	\$733.49	\$8,801.82	4/1/2016	3/31/2019	0		
Rutland	1 Scale Ave Howe Center Bldg 3	103	4/1/1992	26.83	DAIL OPG	3,200	\$13.98	\$3,728.00	\$44,736.00	4/1/2012	2/28/2019	14		
Springfield	71 Main St	1007	9/1/2014	4.42	DAIL OPG	1,800	\$10.29	\$1,543.50	\$18,522.00	9/1/2014	8/31/2019	5		
St Albans	100 Lake St	1071	7/1/2017	1.58	DCF OCS	3,010	\$22.28	\$5,588.57	\$67,062.80	7/1/2017	6/30/2022	11		
St Albans	27 Federal St	493	12/1/2014	4.17	AHS	42,619	\$23.30	\$91,086.18	\$1,093,034.15	12/27/2013	12/28/2034	130	12/1/2019	\$23.29
St Albans	South Side Alley Parking	1040	1/1/2015	4.08	5 parking spaces	NA		\$208.33	\$2,500.00	1/1/2015	12/31/2023	0	1/1/2021	\$2,750.00
St. Johnsbury	1016 US Rt 5	1075	4/24/2017	1.77	ESD FSD VR DOC DVHA	24,058	\$18.87	\$37,831.21	\$453,974.46	6/1/2017	5/30/2022	85	6/1/2019	\$19.25
St. Johnsbury	107 Eastern Ave, Suite 9	341	9/1/2008	10.42	VDH	6,993	\$12.70	\$7,400.93	\$88,811.10	9/1/2015	8/31/2019	20		
St. Johnsbury	1153 Main St	349	9/1/2008	10.42	OCS	3,091	\$13.86	\$3,570.32	\$42,843.87	1/1/2013	12/31/2018	12		
Waterbury	152 South Main	1050	3/1/2016	2.92	ADPC-Rate Setting-Parole Bd	9,024	\$20.72	\$15,581.44	\$186,977.28	3/1/2016	2/28/2021	40		
Waterbury	Pilgrim Park	1090	4/1/1996	22.83	DCF DDS	13,764	\$16.70	\$19,154.90	\$229,858.80	9/1/2018	8/31/2025	50	9/1/2019	\$17.12
Waterbury	Pilgrim Park	1091	9/1/2018	0.42	DVHA - Program Integrity	5,399	\$16.70	\$7,513.61	\$90,163.30	9/1/2018	8/31/2023	27	9/1/2019	\$17.12
White River Junction	226 Holiday Drive (Red Storage)	1035	8/1/2014	4.50	DOC	531	\$4.99	\$220.81	\$2,649.69	8/1/2015	7/31/2020	0		
Williston	208 Hurricane Lane	1062	5/1/2016	2.75	FSD Call Center	5,300	\$16.70	\$7,375.83	\$88,510.00	9/1/2018	8/31/2023	35	9/1/2019	\$17.12
Williston	289 Hurricane Lane	318	1/1/2006	13.08	HSE PMO & DVHA	6,110	\$22.63	\$11,522.44	\$138,269.30	1/1/2018	12/31/2019	34		
Williston	289 Hurricane Lane	1063	5/1/2016	2.75	AHS MMIS	13,000	\$21.25	\$23,020.83	\$276,250.00	5/1/2018	4/30/2020	30		
Williston	312 Hurricane Lane	287	10/1/2003	15.33	DVHA	18,478	\$22.43	\$34,538.46	\$414,461.54	3/1/2017	12/31/2018	70		
Williston	426 Industrial Ave	337	8/1/2007	11.50	FSD	16,904	\$19.95	\$28,102.90	\$337,234.80	10/1/2016	9/30/2018	55		
	Total Leases					Total sf	Average Cost / SF	Monthly Total	Yearly Total	Total w/BGS charge		Total		
	40					341,902	\$16.91	\$580,689.18	\$6,964,730.09	\$7,356,147.92		1,202	Print Date	2/1/2019

Summary - DOC Correctional Facility Cost Projections through FY2038, Status Quo versus New Scalable Facility

Old/Status Quo	Total Costs (FY20-FY24)	Total Costs (FY25-FY29)	Total Costs (FY30-FY39)	Total Costs over next 20 years
CRCF	71,013,094	90,038,016	236,547,292	397,598,402
NWSCF	101,063,305	127,843,855	328,795,724	557,702,885
OOS	44,498,907	56,793,135	164,994,062	266,286,104
MVRCF	56,947,524	69,353,689	187,216,351	313,517,564
NECC	86,935,177	105,331,392	285,757,905	478,024,475
NSCF	134,289,993	164,170,144	430,427,488	728,887,624
SSCF	129,137,714	157,654,246	431,572,685	718,364,645
Total	623,885,714	771,184,476	2,065,311,508	3,460,381,699

New	Total Costs (FY20-FY24)	Total Costs (FY25-FY29)	Total Costs (FY30-FY39)	Total Costs over next 20 years
New Scalable Facility - 850 Corrections Beds	-	202,420,152	822,334,631	1,024,754,783
CRCF	71,013,094	33,911,856	-	104,924,950
NWSCF	101,063,305	-	-	101,063,305
OOS	44,498,907	44,300,008	-	88,798,915
MVRCF	56,947,524	69,353,689	187,216,351	313,517,564
NECC	86,935,177	105,331,392	285,757,905	478,024,475
NSCF	134,289,993	164,170,144	430,427,488	728,887,624
SSCF	129,137,714	157,654,246	431,572,685	718,364,645
Total	623,885,714	777,141,487	2,157,309,060	3,558,336,261

Operating Costs	FY30	FY35	FY39	Total Costs over next 20 years
New Scalable Facility - 850 Corrections Beds	47,202,473	62,115,234	72,666,038	1,029,225,770
CRCF (Status Quo)	18,630,271	22,666,574	26,516,685	374,785,222
NWSCF (Status Quo)	25,929,568	31,547,284	36,905,861	521,625,197
OOS (Status Quo)	14,324,817	18,282,500	22,222,493	290,788,448
Total (Status Quo)	58,884,656	72,496,358	85,645,039	1,187,198,867
New Scalable Facility Operating Savings	11,682,183	10,381,124	12,979,000	157,973,098

Note - 20-year New Campus cost includes CRCF, NWSCF, and OOS costs through the completion of this project.

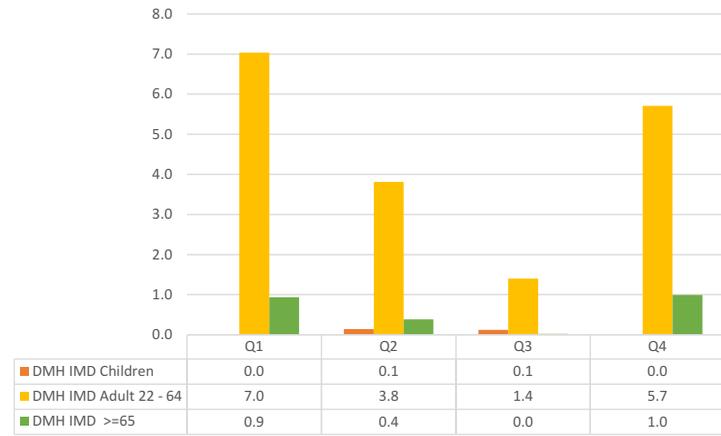
Assumptions:
Phased build approach - would reduce other department costs over several years. New Campus would need staff, so NWSCF could be closed first and federal beds could also be added to the new ste. This would be followed with the closure of CRCF, then reduction of OOS beds (reduce cost centers in order from largest to smallest)
4% annual inflator, which factors staff cost of living adjustments, operational cost increases, and other inflationary items.
Bond or private financing cost estimates based on 20-year amortization, 3% interest and 240 total monthly payments.
OOS population has an Average Daily Population of 230 beds over this time period.
OOS per diem cost inflation set at 5% annually (this is subject to demand, so may be much higher).
Design and total size of facility impact staffing ratio - New campus assumes total inmates to staff at 3.36:1.
Staffing need at New Campus estimated at 253. Building design will impact this and much more analysis will be necessary, which may dramatically change the total staffing need (any number at or above 215 staff would mean that no department jobs would be eliminated).
3.36:1 ratio is based on increased capacity for vocation, and all specialty populations housed within (includes forensics).
Additional federal bed revenue will be approximately \$2.9 million annually and will be used to offset facility lease costs.
Approximately 620 inmates would be moved from CRCF, MVRCF, and OOS to the New Campus, and an additional 60 more federal detainees. The remaining 160+ correctional beds would be filled by consolidating specialized units statewide to create efficiencies. There would likely be significant savings at the remaining facilities (health services staff would be concentrated in one place to address the aging/infirm, inmates in the infirmary, and a correctional forensic population housed there as well).

Brattleboro Retreat Medicaid spend for Inpatient grouped out by Type

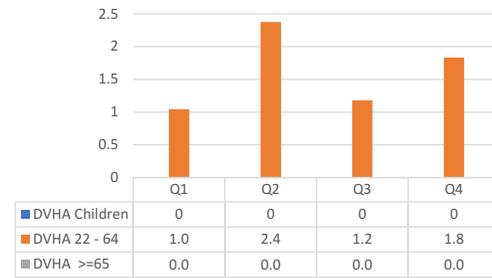
Inpatient & Inpatient crossover spend

	Under 21	21-64	65 & Older	Grand Total
Psych	\$ 10,206,842	\$ 8,298,044	\$ 7,820	\$ 18,512,706
SUD	\$ 42,868	\$ 1,656,537	\$ 48,345	\$ 1,747,750
Grand Total	\$ 10,249,710	\$ 9,954,581	\$ 56,165	\$ 20,260,456

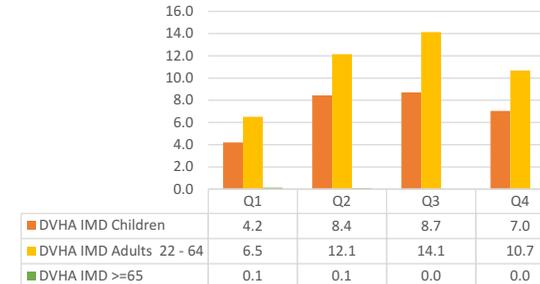
Average Number of Medicaid Beds
DMH Inpatient Psychiatric - All Age Groups



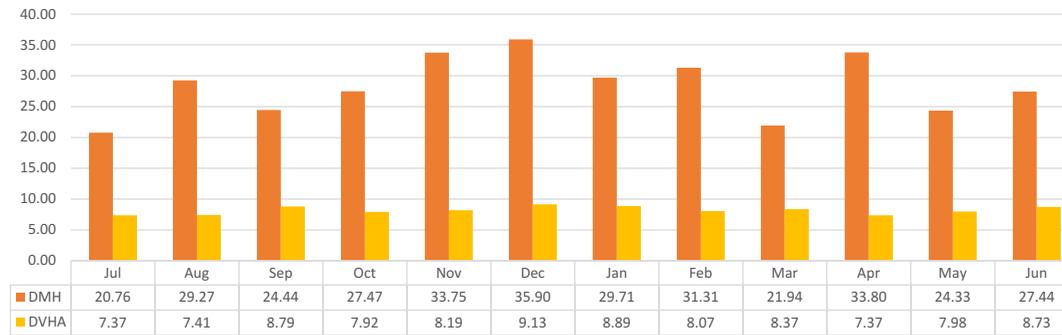
Average Number of Beds
DVHA Substance Use Disorder - All Age Groups



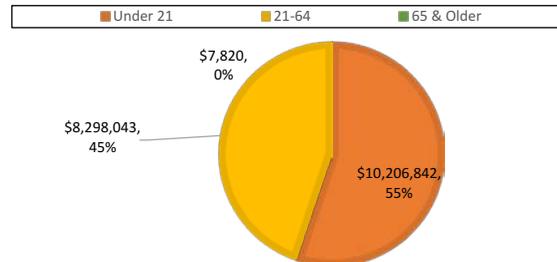
Average Number of Beds
DVHA Inpatient Psychiatric - All Age Groups



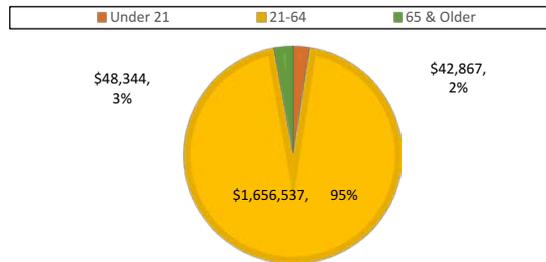
Average Length of Stay based on admission date, by Department



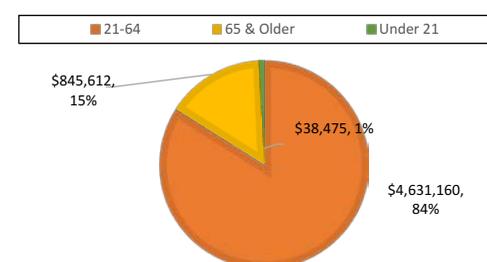
DVHA Inpatient & Inpatient Crossover Psychiatric spend, by Age Group



DVHA Inpatient & Inpatient Crossover Substance Use Disorder spend, by Age Group

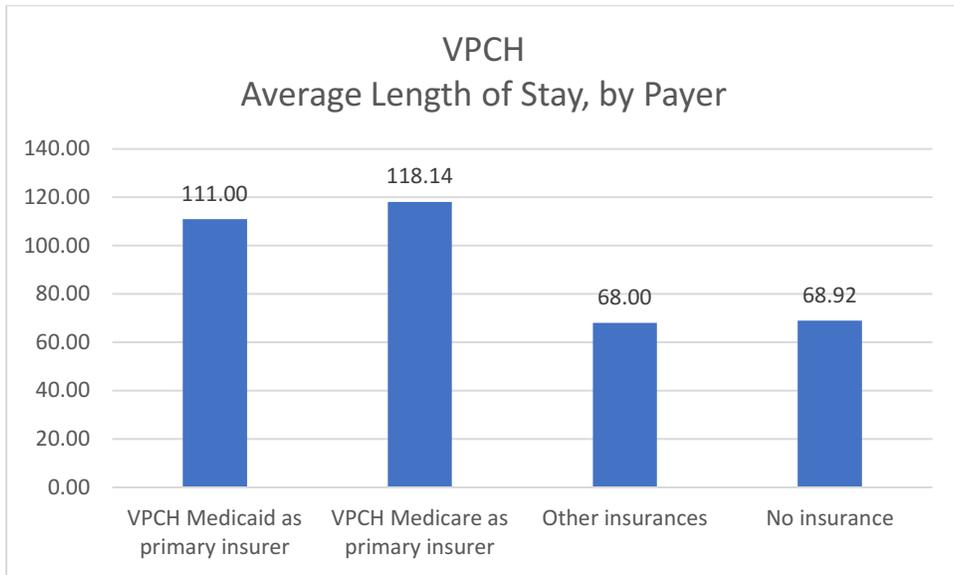
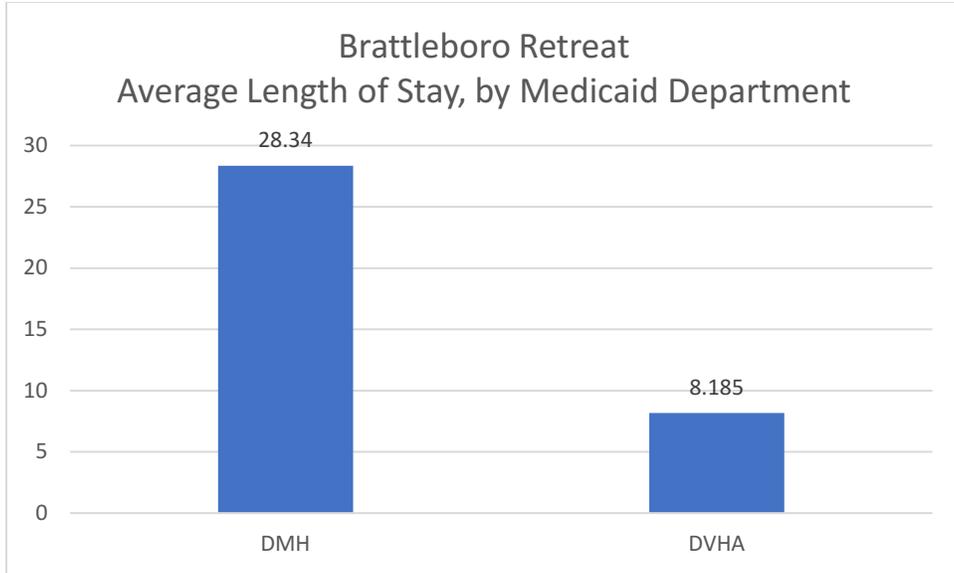


DMH Inpatient & Inpatient crossover Psychiatric spend, by age group

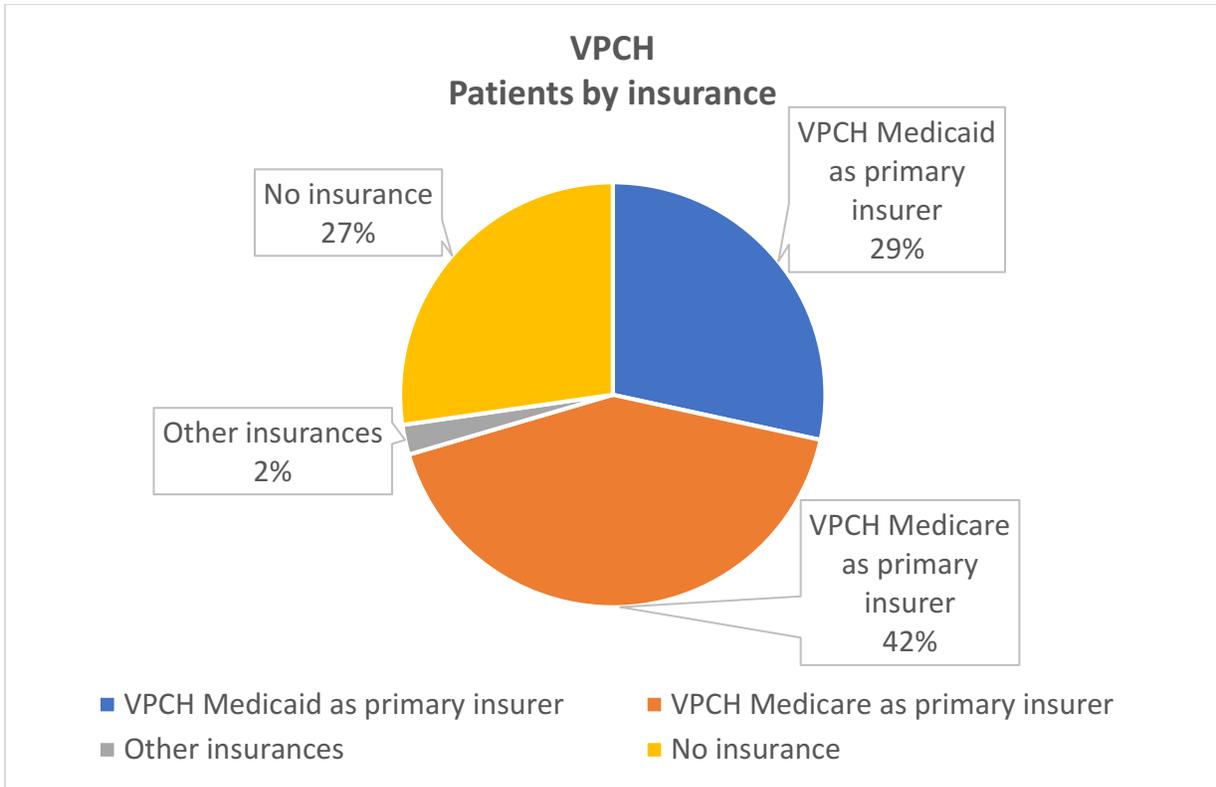
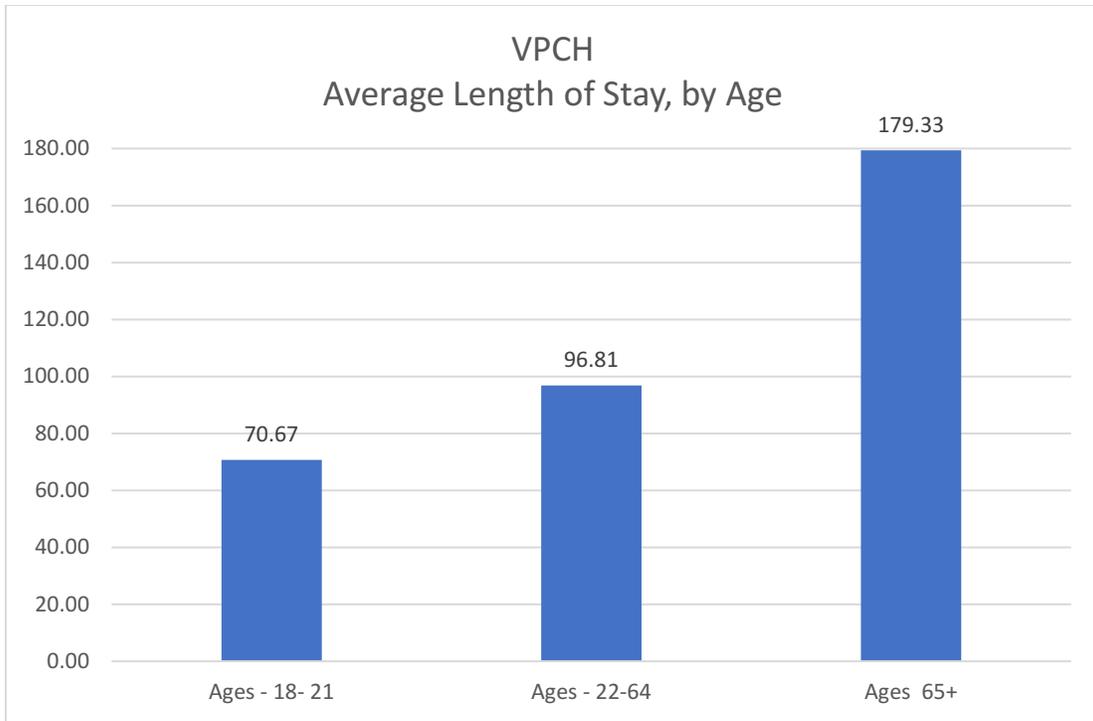


Claims are grouped by admitting diagnosis code for both SUD and Psych
*SFY 18 Paid Claims

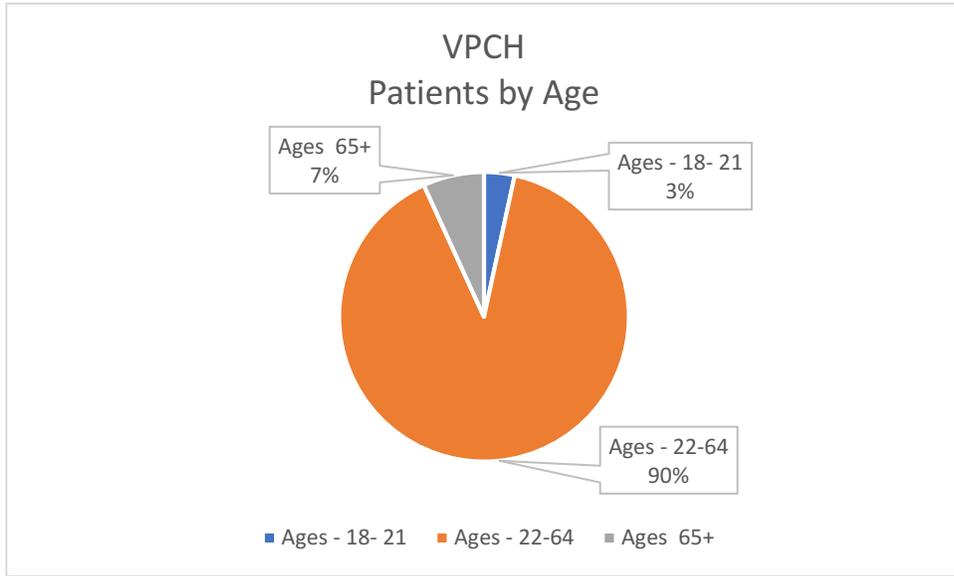
FY 2018 Data – Length of Stay



FY 2018 Data – Length of Stay



FY 2018 Data – Length of Stay



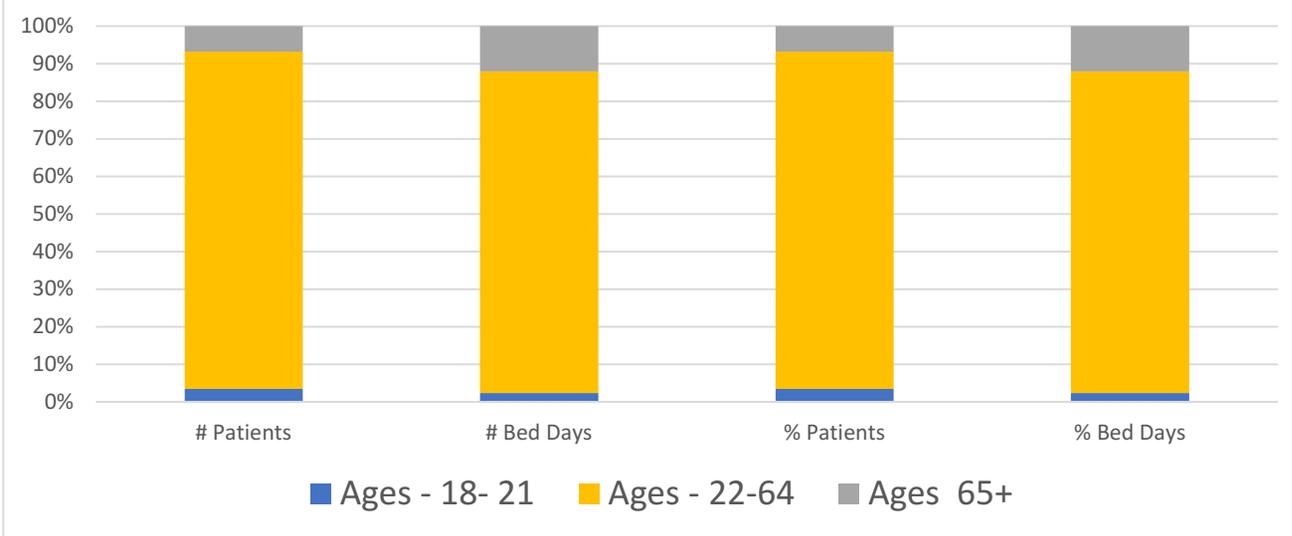
VPCH Patient Census Information FY 18

VPCH Insurance	VPCH Medicaid as primary insurer	VPCH Medicare as primary insurer	Other insurance	No insurance	Total
# Patients	25	37	2	24	88
# Bed Days	2775	4371	136	1654	8936
% Patients	28%	42%	2%	27%	100%
% Bed Days	31%	49%	2%	19%	100%

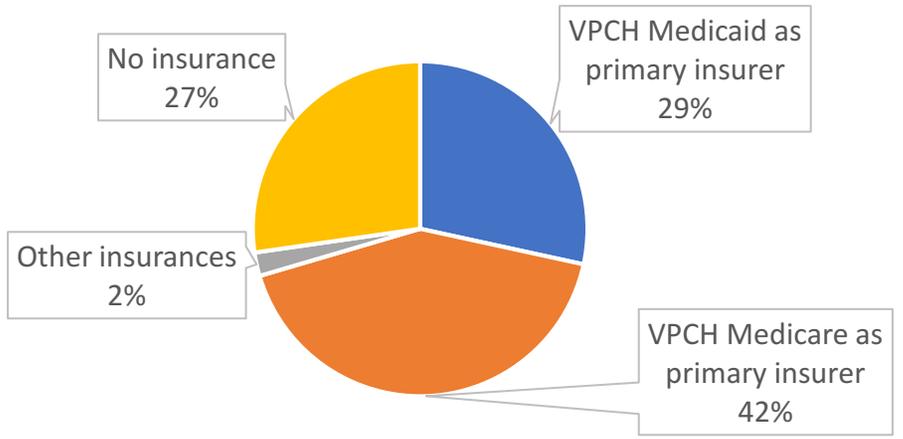
VPCH Age range	Ages - 18- 21	Ages - 22-64	Ages 65+	Total
# Patients	3	79	6	88
# Bed Days	212	7648	1076	8936
% Patients	3%	90%	7%	100%
% Bed Days	2%	86%	12%	100%

VPCH DATA FOR PATIENTS IN FY18 - PULLED FROM FY 18 CENSUS REPORTS.

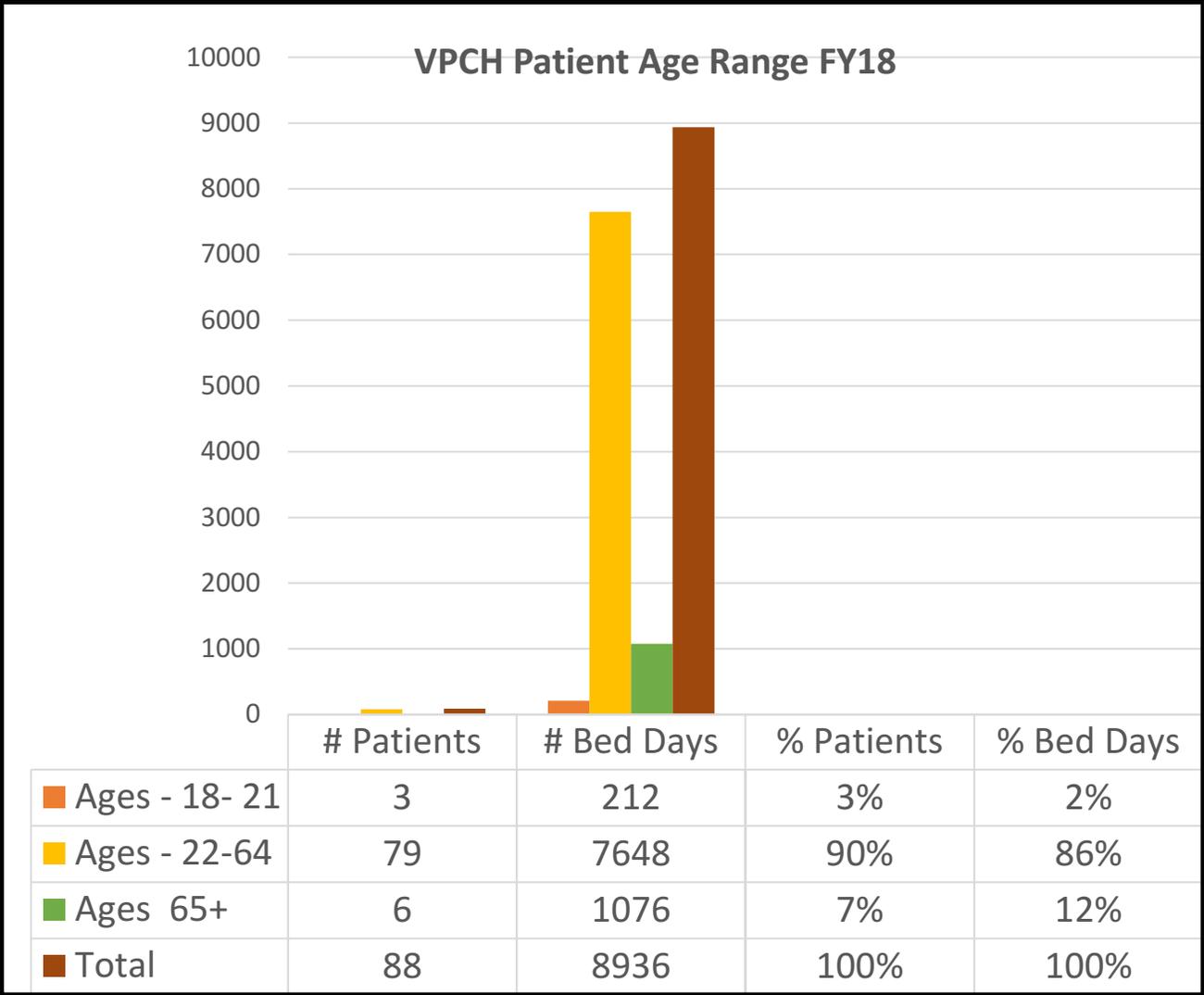
VPCH Patient Age Range FY18



VPCH insurance FY18

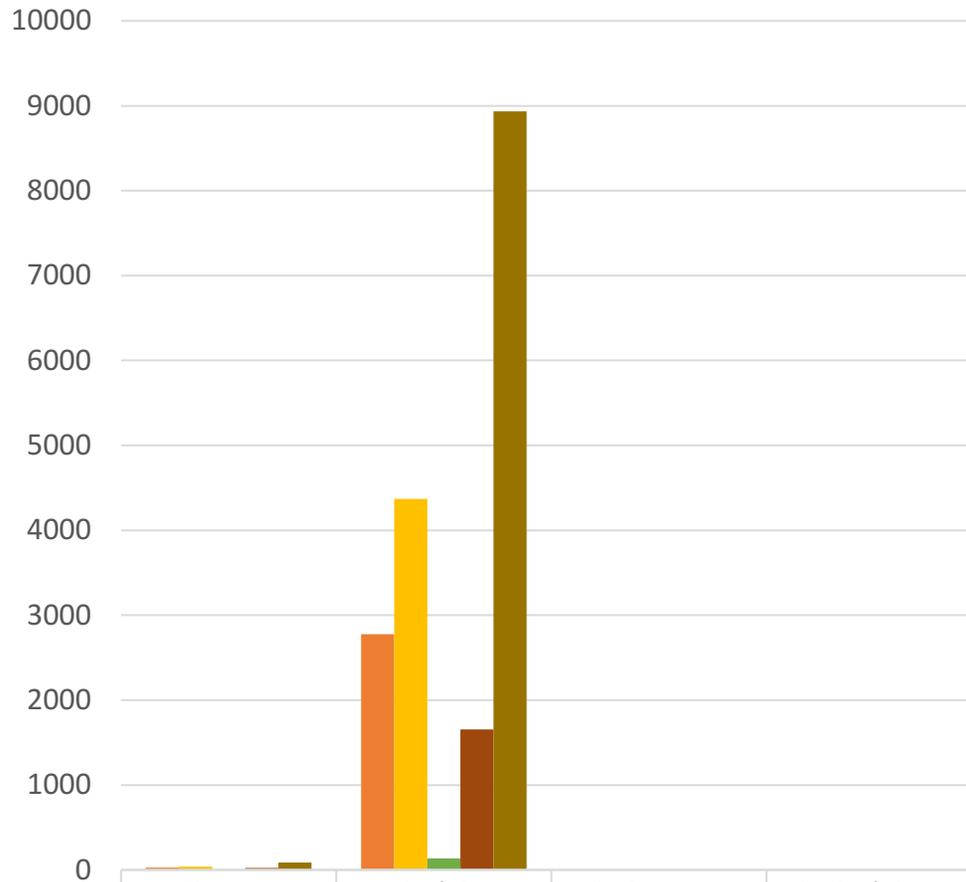


- VPCH Medicaid as primary insurer
- VPCH Medicare as primary insurer
- Other insurances
- No insurance



VPCH Bed Days

VPCH insurance FY18



	# Patients	# Bed Days	% Patients	% Bed Days
VPCH Medicaid as primary insurer	25	2775	28%	31%
VPCH Medicare as primary insurer	37	4371	42%	49%
Other insurance	2	136	2%	2%
No insurance	24	1654	27%	19%
Total	88	8936	100%	100%