



August 15, 2023

Brattleboro Retreat

MENTAL HEALTH AND ADDICTION CARE

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State St.
Montpelier VT 05602

Re: Brattleboro Retreat Request for Jurisdictional Determination for Re-opening Temporarily Closed Adolescent Residential Beds

Dear Ms. Jerry:

Pursuant to 18 V.S.A. §9440 (b)(2)(A) and Green Mountain Care Board Rule 4.301, the Brattleboro Retreat hereby requests that the Board determine that the project described below does not require a certificate of need.

I. History

The Brattleboro Retreat is a mental health treatment system in Southern Vermont. The Retreat's programs include a robust outpatient clinic, partial hospitalization and intensive outpatient programs, a residential treatment program for children ages 14 and under, and 102 currently staffed and operating inpatient beds spread across multiple units.

The inpatient units each have a programming focus: currently, two Level 1 inpatient units provide care for Vermont's highest acuity involuntary patients; two inpatient units provide care to adolescents, one inpatient unit provides care to children 12 and under, one adult inpatient unit specifically focuses on the needs of LGBTQIA patients, and two general adult psychiatric inpatient units provide care to primarily voluntary adults in need of acute psychiatric care.

The Brattleboro Retreat holds a license to operate up to 149 inpatient beds. The Brattleboro Retreat also holds a license to operate 8 children's residential beds. These eight beds are dedicated to children under the age of 12.

In addition, for several decades,¹ the Brattleboro Retreat also operated an adolescent residential treatment program containing 12-15 adolescent beds, and providing residential care for youth ages 12-18.

II. Pandemic

The COVID-19 pandemic upended the Brattleboro Retreat's patient-flow and referral patterns as well as its staffing stability. During the pandemic period many programs were restricted or temporarily closed due to staffing shortages, difficulty getting patients across state lines, and concerns about managing COVID outbreaks in congregate living settings. The adolescent residential program was one of those programs. Referrals were down, and the staff were needed on the inpatient units. So, in early 2021, the Brattleboro Retreat temporarily closed its adolescent residential program.

¹ The Retreat has records indicating that the adolescent residential program was in operation in the mid-1970s.

III. Recovery

Once the pandemic abated, the Retreat worked intensely to return to pre-pandemic inpatient levels. The Brattleboro Retreat now wishes to shift focus and re-open its adolescent residential program. The Retreat responded to the recently published request for proposals (“RFP”) from the Vermont Department for Children and Families² to create a Psychiatric Residential Treatment Facility (“PRTF”) for 15 youth ages 12-18. In conjunction with that response, it seeks the Board’s determination that the project does not constitute a “new health care project” under § 9434(b).

The Retreat does not believe that re-opening its adolescent residential program in response to the RFP qualifies as a “new health care project” under any of the five definitions in § 9434(b).

1. The project does not qualify as a new health care project under § 9434(b)(1) because it does not meet the capital or operating expense thresholds.

The adolescent residential program has been housed in many different locations on the Brattleboro Retreat’s campus over the course of its history. When it closed, the adolescent residential program was located on one inpatient unit. That unit is now occupied with inpatients so the Retreat intends to house to program in a different space that previously was an inpatient unit. Because of this, very few changes to the space the Retreat currently proposes to use for the program are necessary. The recently submitted RFP response identifies expenses for furniture in the amount of \$20,000, technology in the amount of \$23,000, and “transportation” which includes vehicles, insurance and fuel in the amount of \$55,999. Taken together, these amount to \$98,999. Since this amount (assuming these would all be capitalized) is significantly below the Board’s current jurisdictional threshold of \$3,600,000, the project does not trigger jurisdiction based on this element.

Similarly, at the time the program closed, the actual, annual operating expenses for the program were:

YEAR	Operating cost	Resident Days	Average Daily census	FTEs
2020	\$2,393,852	1548	4.2	14.5

The Retreat projects that when the program re-opens it will be able to serve youth to the full extent of its license (which will hopefully be for 15 youth), therefore, projected operating costs for the next three years are:

YEAR	Operating Cost	Resident Days	Average Daily Census	FTEs
2024	\$6,923,360	5475	15	52
2025	\$7,269,528	5475	15	52
2026	\$7,633,004	5475	15	52

² <http://www.vermontbusinessregistry.com/BidPreview.aspx?BidID=57872>.

As previously noted, 2020 was an operationally challenging year, and the program was not able to serve all the youth it was licensed to serve. On a cost-per-resident-day basis, there is no projected increase from 2020 to 2024.

- 2. The Project does not qualify as a new health care project under § 9434(b)(2) and GMCB Rule 4.201 because the project does not propose to purchase a single piece of diagnostic equipment in excess of \$1,800,000.**

Perhaps it is self-explanatory, but the adolescent residential program will not require the purchase of any diagnostic equipment.

- 3. The Project does not qualify as a new health care project under § 9434(b)(3) and GMCB Rule 4.202 because it is not a new health care service or technology.**

The project does not propose to offer a new health care service or technology. The Brattleboro Retreat has delivered adolescent residential services continuously from at least the 1970s until 2021 when it suspended adolescent residential operations. The Retreat has maintained its adolescent inpatient and adolescent outpatient programs throughout the pandemic, demonstrating its ongoing commitment to the care of this population. In fact, the Retreat's strategic plan is aimed at strengthening the continuum of mental health services for children and adolescents. Resuming adolescent residential services is key to this vision.

Although the residential program closed temporarily from 2021 to 2023, the Retreat has maintained its license for children's residential services, and intends to renew its license for adolescent residential services. Furthermore, throughout the pandemic Retreat leadership stayed in close contact with leaders at the Department of Mental Health and the Department for Children and Families to discuss when it might be appropriate to re-open the paused adolescent residential program. Therefore, this adolescent program should not be considered a new program.

- 4. The Project does not qualify as a new health care project under § 9434(b)(4) because there is no change from one licensing period to the next in the number of licensed beds of a healthcare facility through addition, conversion, or through relocation from one physical facility or site to another.**

The adolescent residential program also does not need a new license, because the program most recently applied for re-licensure and was found to be in good standing in November of 2020. Neither the Retreat nor the Department for Children and Families have any records indicating that the Retreat permanently closed the program or communicated to the department an intent to relinquish the license. Instead, the records from that time indicate an intent to keep the program license.³ The Retreat intends to submit re-licensure paperwork as soon as it can, if it is awarded the project laid out in the Request for Proposals.

³ See Attachment A. Documentation of the most recent communication regarding licensure. The Retreat intends to resume these communications with the department where it left off, and once the facility is ready, request that DCF return for a re-licensing visit.

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In addition, throughout its history, the adolescent residential program has always been housed on the Retreat's campus on Linden Street in Brattleboro, Vermont. This project intends to maintain the location of the adolescent residential beds on the Retreat's campus. There is no plan to move the beds from one physical facility or site to another. As noted above, the program will simply move into a very similar unit on the same campus, since its most recent previous unit is currently occupied.

For these reasons, the project does not trigger this jurisdictional criteria.

5. The Project does not qualify as a new health care project under § 9434(b)(5) because it does not offer any home health service.

Again, at the risk of stating the obvious, the residential program does not contain any home health service components. Therefore, it does not trigger this jurisdictional criteria.

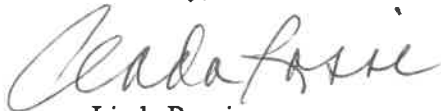
Conclusions

There is an ongoing need for capacity in the adolescent mental health system. Currently the Brattleboro Retreat operates 24 adolescent inpatient beds, and there are routinely young people waiting in emergency departments for those beds. Expanded capacity at the inpatient level has not, and is unlikely to completely resolve the demand for inpatient beds. This is because adolescents who have completed their inpatient treatment but who need a safe, step-down program do not have adequate placement options. Expanded capacity at the inpatient level, without expanding step-down options will likely increase the number of patients boarding in acute settings or being discharged to out-of-state programs. Re-opening the Retreat's residential program will allow the Retreat to more effectively stabilize and discharge acutely ill adolescent patients, thereby easing bottlenecks in the system.

Because this program has only been temporarily closed the Retreat trusts that the Board will find that this project does not trigger CON jurisdiction.

Thank you, in advance for your time.

Sincerely,



Linda Rossi
President and Chief Executive Officer