

March 18, 2024

Donna Jerry, Health Care Administrator  
Green Mountain Care Board  
1 National Life - Davis 3  
Montpelier, VT 05633

**RE: Docket No. GMCB-014-23con, Development of an Inpatient Mental Health Unit for Adolescents**

Answers to questions dated March 12, 2024

Below find answers to questions about the Certificate of Need (CON) application from Southwestern Vermont Medical Center (SVMC) to create an inpatient mental health unit for adolescents (ages 12-17) on SVMC's Bennington Campus.

- 1. Statutory Criterion 2(i) requires the applicant to address the financial implications of the project on hospitals and other clinical settings. On page 35 of the application, it is stated: "However, there is recognition that launching the unit at SVMC will not be without negative impact on the Brattleboro Retreat." Please describe in detail the likely negative impacts on the Brattleboro Retreat's programs for adolescents.**

Currently, the Brattleboro Retreat is the only institution in Vermont providing inpatient mental health services to adolescents. Opening another inpatient mental health unit for adolescents anywhere in Vermont would undoubtedly siphon off some volume that would otherwise go to the Brattleboro Retreat. For example, patients from the Bennington area would likely elect to go to SVMC's local unit rather than travel to Brattleboro as is the current path for care. The shift of patients from the Brattleboro Retreat to SVMC's unit could have a range of impacts on the Brattleboro Retreat from little or no impact to significant impact, depending upon the statewide demand for inpatient mental health care by Vermont adolescents:

- Little or no impact on the Brattleboro Retreat- If statewide demand for adolescent inpatient mental health care exceeds the capacity of both the Brattleboro Retreat and SVMC unit combined, then the Brattleboro Retreat should not experience a decrease in patient volume or revenue upon the launch of SVMC's unit. For example, if 50 inpatient beds were hypothetically required to meet the inpatient mental health care needs of Vermont's adolescents, and the Brattleboro Retreat offered 20 staffed beds. Then adding 12 beds at SVMC might shift which patients go to Brattleboro, however, the statewide demand would still fill the capacity at the Brattleboro Retreat ( $50 > 20 + 12$ ) and there would be little or no impact on the Brattleboro Retreat's patient volume or revenue.
- Significant impact on the Brattleboro Retreat- If statewide demand for adolescent inpatient mental health care does not exceed the capacity of both the Brattleboro Retreat and SVMC unit combined, then the Brattleboro Retreat would experience a decrease in patient volume and revenue upon the launch of SVMC's unit. For example, if 25 inpatient

OUR FAMILY OF NOT-FOR-PROFIT ORGANIZATIONS INCLUDES:

Southwestern Vermont Medical Center • Centers for Living and Rehabilitation • Southwestern Vermont Health Care Foundation  
Southwestern Vermont Regional Cancer Center • SVMC Deerfield Valley Campus • SVMC Mountain Medical • SVMC Northshire Campus  
SVMC Pownal Campus • Southwestern Vermont Health Care Auxiliary

beds were hypothetically required to meet the inpatient mental health care needs of Vermont's adolescents, and the Brattleboro Retreat offered 20 staffed beds. Then adding 12 beds at SVMC would divide the patient demand ( $25 = 13 + 12$ ), resulting in a reduction in patient volume (20 patients to 13) and revenue at the Brattleboro Retreat. Although the Brattleboro Retreat could flex its operating model and expenses to accommodate the reduction in patient volume and revenue, fixed costs would likely prevent fully accommodating the change in patient volume.

The pressing question is 'what is the statewide demand for inpatient adolescent mental health beds?' The feasibility study conducted in partnership with the Department of Mental Health attempted to answer this question and determined that the available data is not definitive and the demand too dynamic to precisely predict the number of inpatient adolescent mental health beds needed to serve Vermont. The American Psychiatric Association created a model to estimate the number of adolescent psychiatric beds required to meet community demand<sup>1</sup>. Although effective, this comprehensive model requires more than 40 input parameters including; population size, incidence of acute mental health crisis per 100,000 adolescents, capacity of outpatient mental health counselors, capacity of school-based programs, availability of mobile crisis units, regulatory process times, and delays in admission approvals. Most model parameters have not been quantified across Vermont, making the model's utility impractical for calculating the additional number of inpatient mental health beds needed. Moreover many of the parameters are dynamic. For example, the capacity of school-based programs changes during school vacations. The dynamism of the demand for inpatient mental health beds is also driven by changes in the number outpatient mental health services and capacity anywhere in the state. For example, an outpatient counselor reducing or expanding their hours of service or the opening an intensive outpatient program would alter the demand for inpatient mental health beds. As such, it is nearly impossible to accurately and definitively determine the demand for inpatient adolescent mental health beds in Vermont. Because demand cannot be definitively determined it is similarly difficult to determine with precision the impact of the SVMC's inpatient mental health unit for adolescents on the Brattleboro Retreat.

SVMC appreciates that this explanation can appear obtuse and frustrating and therefore offers an alternative qualitative perspective anchored in available facts. First, adolescents across Vermont are waiting in emergency departments for excessive durations of time. In SVMC's emergency department adolescents wait an average of 31 hours for inpatient mental health admission – far too long. Second, too many Vermont adolescents do not seek the inpatient mental health care they need because of the wait and because inpatient beds are allocated by priority to those in most severe crisis (incidentally also complicating the demand analysis using current utilization numbers). Lastly, Vermont adolescents deserve choice. The care approach provided by the Brattleboro Retreat is excellent, however, it does not align with the needs of all of Vermont's adolescents. SVMC's mental health unit as an alternative to the Brattleboro Retreat may help these adolescents heal and advance to become productive Vermonters.

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<sup>1</sup> Report of the Presidential Task Force on Assessment of Psychiatric Bed Needs in the United States. Published in August 2022 Issue of The American Journal of Psychiatry ([Psychiatry.org - Psychiatric Bed Crisis Report](https://www.psychiatry.org/psychiatry/psychiatric-bed-crisis-report))

**2. Explain in detail the similarity and differences, focus of services and programming, and ages of individuals to be served by SVMC's new inpatient mental health unit relative to the Brattleboro Retreat's program.**

SVMC is not comprehensively versed in the full suite of service offerings and programming at the Brattleboro Retreat. Therefore it is not possible to provide a "detailed explanation of the similarities and differences" to the programming planned at SVMC. SVMC suspects that the care at the Brattleboro Retreat follows best practice and adapts to the specific needs of the individual patient. The care at SVMC's mental health unit will be guided by clinicians from Dartmouth Health's Department of Psychiatry and similarly adhere to best practice and adapt to the specific needs of the individual patient. However, there are likely to be nuances in the interpretations of best practice care that will cause the care approach and patient experience to be slightly different at the two facilities.

Because SVMC is a medical hospital with pediatricians, SVMC will be able to care for adolescents with a stable medical comorbidity in a manner that might be challenging to achieve for the Brattleboro Retreat that does not have ready access to these medical resources. It is unknown how the availability of medical care support might impact the mental health care provided at SVMC's mental health unit and how the availability of medical services at SVMC's unit might drive other differences from the mental health care provided at the Brattleboro Retreat.

SVMC's unit will serve ages 12-17. SVMC is unfamiliar with the ages of adolescents treated at the Brattleboro Retreat.

The Vermont Department of Mental Health might better be positioned to provide details of the services, programming, and age ranges cared for at the Brattleboro Retreat. In brief, SVMC does not expect services or programming at SVMC's inpatient mental health unit to differ substantially from those at the Brattleboro Retreat for adolescents ages 12-17, the age group being treated at SVMC's unit.

- 3. Explain in detail how SVMC will advertise and recruit for the required 44.1 FTE staff and 1.9 FTE physician staff noted in the Staffing Report, Table 8 and the list of staff noted on page 13 of the narrative application (including charge RNs, mental health technicians, mental health counselors, occupational therapists, unit coordinator, social work, nurse manager and providers from Dartmouth-Hitchcock) for weekday and weekend shifts. Of the total staff required, specify the number/percent of staff that will likely be travelers and those directly employed by SVMC for weekday and weekend shifts. If travelers are to be utilized, confirm whether the expenses associated with travelers are reflected in all affected financial tables. If not, please revise and resubmit all affected financial tables.**

Recruiting and retaining staff to operate SVMC's inpatient mental health unit for adolescents is likely to be challenge. SVMC will overcome this challenge without the use of travelling staff using tactics and approaches SVMC has used to staff many other services without the use of travelers. Discussion amongst existing SVMC staff have demonstrated interest in working on the new mental health unit. Importantly Dartmouth Health's Department of Psychiatry will be instrumental in recruiting and retaining provider staffing levels. One category of staff that might prove particularly challenging to recruit and retain are mental health technicians and counselors. SVMC is in discussion with regional education institutions about training the necessary talent through an education-to-career-pipeline program. These discussions cannot proceed past preliminary exploration until the CON is approved.

SVMC has a strong track record of not using traveler staff. Remarkably, throughout the pandemic SVMC used fewer than 5 travelers at any time point, often none. Currently SVMC has no nursing travelers and only 2 travelling imaging technologists while awaiting the next round of imaging technologist graduates this spring. SVMC does not anticipate needing to leverage travelers to staff the inpatient mental health unit. The current financial tables reflect this position and do not need to be altered.

- 4. Explain in detail how SVMC will: (a) work with the Brattleboro Retreat to reduce possible negative impacts on its programs for adolescents; and (b) your intention for "collaborating with the Brattleboro Retreat on care plans for adolescents who previously received care at the other institution." (See page 22 of application).**
- a) The potential negative impacts of SVMC's inpatient mental health unit on programming at the Brattleboro Retreat are unknown or highly variable as explained in the answer to question 1. Thereby it is unclear how SVMC might reduce these unknown and variable possible negative impacts on the Brattleboro Retreat.
- b) SVMC will collaborate with patients and the Brattleboro Retreat (and other counselors and providers in the patient's ecosystem of mental health care) to ensure that SVMC has the information required to develop the best mental health diagnosis and most effective treatment plan for the individual patient. Daily, SVMC cares for medical patients that have previously sought medical care at other institutions and SVMC obtains the medical

information required to accurately diagnose and effectively treat medical conditions. SVMC has a robust process for collaborating with patients to obtain medical records from other institutions. Sometimes the medical records obtained fail to sufficiently document the nuances of the patient's condition or treatment regimen and SVMC's clinicians contact the patient's previous provider to clarify. Upon request from the Brattleboro Retreat and approved by patients, SVMC will provide mental health record information to the Brattleboro Retreat. Both institutions share the common goal of providing the best care to patients, which requires comprehensive information sharing about previous care. It is important to note HIPAA specifies that patients control the sharing of their medical information and thereby patients will approve and direct the sharing of sensitive medical information between the Brattleboro Retreat and SVMC.

- 5. Confirm whether the anticipated payer mix for Medicaid is 78% or 75% and specify which percent is represented in the financial tables submitted with the application. If any financial tables and/or Assumptions are incorrect, please revise and resubmit all affected financial tables.**

SVMC does not have a method to accurately predict the percentage of Medicaid patients that will be treated on the proposed mental health unit with a precision of a few percentage points. Moreover the percentage of Medicaid patients will fluctuate from day to day. The anticipated average daily census is 11 patients. If 8 of the 11 patients are Medicaid, the percent Medicaid will be 72.72%. If 9 patients are Medicaid, the percentage will be 81.81%. The percentage of Medicaid patients on the unit will fluctuate dramatically from day to day and week to week. The number of days throughout the first 5 years with 8 or 9 Medicaid inpatients on the unit is nearly impossible to predict. We admit there is a discrepancy between the financial tables and the narrative with regards to anticipating 75% and 78% Medicaid patients. Using the assumption of 75% Medicaid patients for the CON financial tables makes sense and reflects a reasonable estimate at this early stage of the project and before the unit has been operational. The actual percentage of Medicaid patients throughout a year of service will be reported to the Department of Mental Health and the Department of Vermont Health Access during the annual financial true-up and rate adjustment to ensure that SVMC's inpatient mental health unit remains financially sustainable.

- 6. Confirm whether SVMC's equity contribution is \$300,000 (as represented in the Balance Sheet Assumptions) or \$293,006 as represented in financial Table 2. If Table 2 and/or the P and L Assumptions are incorrect, please revise and resubmit the P and L Assumptions and/or Table 2 and all other affected financial tables.**

SVMC will provide an equity contribution of \$293,006. SVMC apologizes for any use of the short hand phrase of "about \$300,000" in the assumptions document or application narrative. The financial tables accurately reflect the equity contribution of \$293,006.00.

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Docket No. GMCB-014-23con  
SVMC Inpatient Mental Health Unit CON Answers to Questions  
March, 2024

**7. Specify SVMC's current Days Cash on Hand (specify date) and the amount of Days Cash on Hand with the equity contribution of \$293,006 or \$300,000 (whichever is the correct amount).**

As of 1/31/2024 SVMC's Days Cash On Hand is 44.4 days for total unrestricted cash and investments. Committing \$293,006 to the project will reduce SVMC's Days Cash On Hand by only 0.5 days. Overall system projections indicate that SVMC's Days Cash On Hand will be 53.8 days after year 1 of the project, inclusive of the capital contribution of \$293,006, because the Days Cash On Hand projection considers other service line revenue changes and expense management activities across SVMC's full suite of services and operations.

We appreciate the Green Mountain Care Board's attention to the details of this important project.



James Trimarchi, Director Planning  
802 440 4051

[James.Trimarchi@svhealthcare.org](mailto:James.Trimarchi@svhealthcare.org)

Verification Under Oath

**STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD**

In re: Answers to questions )  
Certificate of Need to ) Docket No. GMCB-014-23con  
Inpatient Mental Health Unit )  
For Adolescents )

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

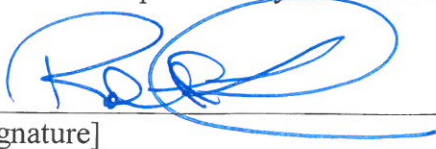
Robert Laba, being duly sworn, states on oath as follows:

1. My name is Robert Laba. I am the Chief Financial Officer and Vice President of Finance of Southwestern Vermont Medical Center. I have reviewed the answers to questions about the Certificate of Need Application for the project to create an inpatient mental health unit for adolescents.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the answers to questions about the project to create an inpatient mental health unit for adolescents is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the answers to questions about the project to create an inpatient mental health unit for adolescents is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with the answers to questions about the project to create an inpatient mental health unit for adolescents and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

James Trimarchi, Director Planning

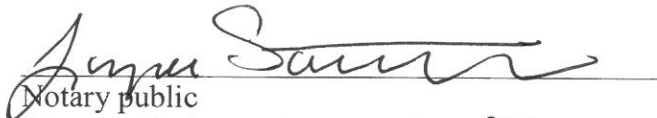
5. In the event that the information contained in the answers to questions about the project to create an inpatient mental health unit for adolescents becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green

Mountain Care Board and to supplement the answers to questions about the project to create an inpatient mental health unit for adolescents as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



[signature]

On 3 / 18 / 2024, Robert Laba appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires 1 / 31 / 2025

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