



March 28, 2024

Brattleboro Retreat

COMPREHENSIVE MENTAL HEALTH SERVICES SINCE 1834

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

Re: Docket No. GMCB-014-23con Development of an Inpatient Mental Health Unit for Adolescents, Cost: \$9,543,006—Brattleboro Retreat Request for Interested Party Status

Dear Ms. Jerry:

Pursuant to 18 V.S.A. § 9440(c)(7) and Green Mountain Care Board Rule 4.406, the Brattleboro Retreat hereby requests that it be granted Interested Party Status in the above captioned Application for 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 101 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 one general adult psychiatric inpatient unit provides care to primarily voluntary adults in need of acute psychiatric care

For several decades, the Brattleboro Retreat also operated an adolescent residential treatment program caring for 12-15 adolescents at a time. As this Board is aware, the Retreat is currently in the process of re-opening this program, in part because the absence of sufficient residential treatment options is creating patient boarding concerns within the Retreat's adolescent inpatient units and this, in turn creates pressure in emergency departments. (See Docket No. GMCB-015-23con).

The Brattleboro Retreat seeks interested party status in the above-captioned CON Application, because it will be substantially and directly affected by the new health care project under review. In addition, it can provide non-duplicative evidence relevant to the determination.

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II. The New Project Under Consideration Will Directly and Substantially Impact the Brattleboro Retreat

In its application, Southwestern Vermont Medical Center concedes that the new project may have a “negative impact . . . on the patient census at the Brattleboro Retreat, and thereby the institution’s fiscal sustainability.” (p. 22). SVMC further states “there is recognition that launching the unit at SVMC will not be without negative impact on the Brattleboro Retreat.” (p. 35). Furthermore, the Board’s Round One questions ask for detailed information about the Brattleboro Retreat’s capacity and programming that SVMC admits it is not able to adequately answer.

The Retreat seeks interested party status so that it may fully address the questions raised by the Board in its first round of questions. In the meantime, the direct and substantial impacts on the Retreat can be described as follows.

A. The Brattleboro Retreat Has Deep and Longstanding Commitment to Adolescent Inpatient Treatment and Its Most Recent Strategic Plan Focuses on Child and Adolescent Services

For at least fifty years, the Brattleboro Retreat has operated an inpatient service treating adolescents. The unit has served up to 24 adolescents. Currently, the Retreat operates 23 adolescent beds with an additional 4 beds that can be added for a total of 27 possible adolescent beds. As the only inpatient psychiatric facility for adolescents in Vermont, the Retreat has long been a leader in providing high-quality, high-intensity treatment to adolescents experiencing psychiatric crises. During the pandemic, that number of youth served shrank, largely because patients were delaying and avoiding hospitalization during the early phase of the pandemic, and later because staffing challenges became acute. The unit has long been staffed by highly qualified child psychiatrists, with deeply experienced social workers and committed nursing staff as equal partners in the treatment team.

In 2022, the Retreat’s Strategic Plan re-emphasized its focus on children’s and adolescent services across the continuum of care. To support that plan, the Retreat opened a second adolescent unit, and is in the process of re-opening its currently paused adolescent residential program. Today, Retreat operates two adolescent units, one with capacity for 11 patients and one with capacity for 12 patients. In addition, there are four beds on our children’s unit that can be used to treat younger adolescents when clinically appropriate for that unit. The patients that the Retreat currently treats are precisely the same patients that SVMC proposes to treat in its facility: medically stable patients with acute psychiatric illnesses. In fact, the Retreat has a medical services team on staff to treat youth with co-occurring medical conditions.

If granted interested party status, the Retreat will be able to provide the Board with more current data related to total state-wide capacity, and additional information related to statewide needs for adolescent inpatient care.

B. Several CON Criteria Relate to this Request to Intervene, and will be better evaluated with the Retreat as an Interested Party

The Retreat respectfully suggests that the following Statutory Criteria cannot be adequately evaluated without the Retreat's input:

§ 9437 (3): There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

The Retreat believes that the data submitted by SVMC does not reflect the current data related to the need for the proposed project. The Retreat believes that it currently meets the full need as identified in the feasibility study and that an additional 12 beds in the adolescent inpatient system will result in excess capacity, unless SVMC is prepared to take patients that the Retreat currently cannot treat such as patients with more medically complex diagnoses. The SVMC Application, relying on data that it admits is outdated, inaccurately states that the Retreat only operates 10-12 inpatient beds for adolescents (p. 38) and estimates the total statewide need to be 18.6 beds using the Massachusetts methodology, and 14-26 based on the Queueing Theory. The assessment of need does not include the Retreat's current capacity for 23-27 adolescents.

§ 9437 (2) (B)(i): The financial implications of the project on hospitals and other clinical settings including the impact on their services expenditures and charges

The Retreat believes that the addition of 12 adolescent inpatient beds to a system that already has 23 as well as 4 adolescent swing beds, will result in adverse financial consequences to the Brattleboro Retreat. It is hard to predict potential lost revenue with precision, in the absence of more nuanced data about payer mix, however, the 250 patients per year that SVMC proposes to treat, could reduce revenue at the Retreat by approximately \$6,000,000 to \$9,000,000. The Board already has access to the Retreat's financials and so can appreciate the consequence of this loss of revenue.

The Brattleboro Retreat is currently recovering from the extraordinary financial challenges imposed upon it by the pandemic. The method it has used to recover is to open more inpatient beds, to ensure that Vermonters in need of care can get it. If even a few of those beds go unfilled, the Retreat's financial picture may decay rapidly. The Retreat has limited ability to reduce fixed costs to accommodate for the lost revenue. Further, the Retreat does not enjoy the financial upside of profitable service lines that exist in acute care hospitals. Consequently, there is no way for the Retreat to offset or absorb the financial erosion that will occur if additional adolescent beds open at SVMC.

§ 9437 (7): The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.

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SVMC recognizes that it is not ideally located to serve the majority of the Vermont population. It also acknowledges that its own transportation services may not be sufficient to support patients in accessing its care. The Retreat would like to offer the Board additional details on the transportation waiver that SVMC references in its application, as the waiver and its use offer further insight into the needs in the adolescent mental health arena. The Retreat currently contracts with Rescue Inc. to provide dedicated and specially trained ambulance services to transport psychiatric patients from emergency departments all over the state to the Retreat. The Retreat has been a leader in creating and funding a transportation solution for Vermonters in need of access to mental health services.

In addition, to the Statutory Criteria listed above, the following HRAP Standards directly relate to the Retreat's request to intervene:

HRAP Standard 1.3: To the extent neighboring healthcare facilities provide the services proposed by the new health care project, an applicant shall demonstrate that a collaborative approach to delivering the services has been taken, or is not feasible or appropriate.

The Retreat currently collaborates with SVMC to treat their mutual patients. Patients routinely move between the Retreat and the Southwestern Vermont system of care. The Brattleboro Retreat believes that a collaborative approach to care could in fact solve the need identified by SVMC in its application.

There is no question that a need exists for medically acute patients with psychiatric diagnoses, and SVMC is a perfect hospital to care for patients with these conditions. The Brattleboro Retreat would be delighted to collaborate to ensure that patients with conditions like brittle diabetes, high-risk pregnancies, complicated alcohol detoxification, and certain acute eating disorders could find high quality care in their home state. However, the range of patients that SVMC proposes to treat in its Application is the same as the range patients that the Retreat treats.

HRAP Standard 3.3: Applicants seeking to add inpatient capacity shall demonstrate that such capacity is needed by the services area population and that services are not available at neighboring hospitals.

As noted above, the Brattleboro Retreat can routinely care for 23 adolescents, and can stretch to 27 in certain circumstances. The feasibility study that SVMC's application relies on does not support the needs for additional beds beyond that number.

The Retreat has information that would likely help the Board evaluate the other Statutory Criteria and HRAP Standards, but those identified above are the ones that most directly impact the Retreat's current operations. Therefore, the Retreat respectfully requests interested party status.

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C. The Retreat's Interests Relate to the Specific Application Under Review

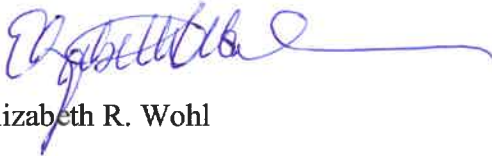
Finally, the Retreat is not merely abstractly interested in the Vermont mental health system of care. Many certificates of need in this area have been evaluated without the Retreat seeking interested party status. (See e.g. GMCB 002-21con; GMCB 016-19con; GMCB011-17con). The Retreat's financial and strategic interests relate to this specific application, because the Applicant proposes a service that the Retreat believes is duplicative, and therefore an improper use of health care resources within the system and an unnecessary use of taxpayer dollars.

III. Conclusion

As the Retreat noted earlier this year, there is an ongoing need for capacity in the adolescent mental health system at the residential and outpatient levels of care. Expanded capacity at the inpatient level is not needed. Expanded residential services so that there are adequate discharge options for adolescent patients are an ongoing need.

Because the Retreat has a deep understanding of the adolescent system of care, and both strategic and financial interests in the current application from SVMC, the Retreat respectfully requests interested party status.

Sincerely,



Elizabeth R. Wohl