
DELIVERED ELECTRONICALLY

May 2, 2024

James Trimarchi, Director of Planning
Southwestern Vermont Medical Center
100 Hospital Drive
Bennington, VT 05201

RE: Docket No. GMCB-014-23con, Development of an Inpatient Mental Health Unit for Adolescents, Cost: \$9,543,006

Dear Mr. Trimarchi:

Thank you for your responses to the first set of questions received on March 18, 2024. Please respond to the following:

Architectural

1. Explain in detail why a construction contingency of 15% is required.
2. Explain in detail the need for the 15% construction materials and labor escalation and provide historical data supporting the 15% number.

Programmatic/Number of Beds/ED Stays/Other Levels of Care

3. The Brattleboro Retreat (Retreat) maintains it currently operates 23 adolescent inpatient beds with the ability to flex to 27, and on page 38 of the application it is stated that the Retreat maintains 10-14 beds, and that SVMC states on pages 37-38 of the application that queuing theory calculates the need for 0 to 12 additional adolescent inpatient beds. Explain in detail the number of existing inpatient adolescent beds at the Brattleboro Retreat you used in your planning and analysis and explain and quantify how you arrived at the need for 12 additional adolescent inpatient beds to be developed at SVMC.
4. Explain in detail the extent to which SVMC considered whether the mental health impacts of the COVID-19 pandemic temporarily led to an increased need for adolescent inpatient mental health services and whether as the pandemic recedes, the need for inpatient services



may also recede. Additionally, please explain whether SVMC's data and statewide data has observed a decline in the number of adolescents waiting in EDs for inpatient mental health services since the end of the public health emergency.

5. The Feasibility Study states that the "available space could accommodate up to 12-bed rooms." Explain in detail whether SVMC considered constructing the inpatient unit with fewer bedrooms that might create an environment more conducive to healing. For example, is it clinically appropriate to locate a seclusion room directly across the hall from the "noisy social space"?
6. Your application states that the average wait times for adolescents in SVMC's Emergency Department (ED) is 31 hours. Explain in detail how the wait time is calculated. For example, does the 31 hours include all time starting when the adolescent patient arrives at the ED, when the adolescent is determined to be an appropriate candidate for transfer to an inpatient psychiatric unit, or when all the referral materials, labs, and consents have been completed and the patient is ready to transfer? Explain in detail whether the average wait time of 31 hours excludes adolescent patients who discharge from the ED to a placement other than an adolescent inpatient mental health bed.
7. Explain in detail whether the average 31-hour stay in SVMC's ED is inclusive of populations that will not be served by SVMC's adolescent inpatient mental health unit, e.g. adolescents with some presentations of autism spectrum disorder.
8. For the most recent 12-month period (specify months and year), in a table format provide the data supporting the number/percent of adolescents in SVMC's ED that have waited less than six hours, waited 6-12 hours, waited 12-24 hours, and waited longer than 24-hours before transferring to an inpatient adolescent psychiatric bed.
9. Weekly data provided by VAHHS indicates that the state-wide monthly average for adolescent patients boarding per day in EDs ranges between two patients per day and seven patients per day. As these are averages, for the most recent 12-month period, provide the number of days when there were no adolescents boarding in EDs both at SVMC and statewide.
10. Explain in detail whether the proposed adolescent inpatient mental health unit will accept pregnant adolescents, patients with brittle diabetes, wounds requiring daily wound care, and severe dehydration that accompanies an eating disorder.
11. SVMC indicates it will accept patients with stable medical conditions that the Retreat cannot accept. Provide information that demonstrates the Retreat cannot accept patients with these same stable conditions.
12. Explain in detail how the proposed inpatient adolescent mental health unit will contribute to a "comprehensive mental health ecosystem" (p. 29) when its services appear to replicate



those available at the Retreat without adding capacity for populations with specialized needs, such as adolescents with some presentations of autism spectrum disorder, some developmental neurological disabilities, or severe communication disorders.

13. The application represents that the coordination of care in the SVMC adolescent inpatient mental health unit will prompt discussions about outpatient mental health resources available to adolescents after discharge (p. 30) and that the SVMC team will develop timely systems of discharge of adolescents to independent counselors and designated mental health agencies across the state. (Feasibility Study, p. 8.) Explain in detail the planning that SVMC had completed to avoid extended adolescent inpatient stays for patients who are ready to be discharged to a lower level of care, but for whom residential and outpatient services are not available.
14. Explain in detail whether you have assessed that there are adequate resources to support adolescents both before and after an inpatient mental health admission, including sufficient residential beds, outpatient mental health counselors, school-based programs, crisis stabilization beds, and intensive outpatient programs. Also explain whether you are aware of any studies that have been conducted to determine whether Vermont youths are being recommended to inpatient services due to the lack of available services at the residential and outpatient levels of care.
15. The Feasibility Study notes there may be other considerations beyond state-wide quantitative demand that might influence the decision of the number of inpatient adolescent mental health beds to build and operate at SVMC including whether all new inpatient adolescent beds should be in a single location and whether all new beds should be in southern Vermont in proximity to existing inpatient beds at the Retreat. Explain whether SVMC evaluated the feasibility of family members travelling to and from Bennington and what additional support and assistance families might need, such as lodging, to be near their child during the course of care.

In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at donna.jerry@vermont.gov and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 1 National Life-Davis 3, Montpelier, Vermont 05633.

If you have any questions, please do not hesitate to contact me at 802-760-8162.

Sincerely,

s/ Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board

cc. Laura Beliveau, Staff Attorney, GMCB

