

Vergennes H.O.P.E LLC  
The H.O.P.E. Program  
1 Alden Place  
Vergennes, Vermont 05491  
*jack.duffy@vvista.net*

September 10, 2015

VIA EMAIL (donna.jerry@vermont.gov) / ORIGINAL BY U.S. MAIL

Donna Jerry  
Health Policy Analyst  
State of Vermont  
Green Mountain Care Board  
89 Main Street  
Montpelier, VT 05620 – 3101

**Re: Docket No. GMCB-013-15con  
The H.O.P.E. Program, Proposed Residential Treatment Program in Vergennes.  
Annual Operating Costs: \$644,060**

Dear Ms. Jerry:

I am writing in response to your letter to me dated July 20, 2015 with respect to the above matter wherein we are seeking a determination of no jurisdiction. Since that time, plans for the program have continued to evolve. We now plan to serve only adolescent girls 13-17 years of age), who are stepping down from a higher level of care, such as hospitalizations. For that reason, we will no longer include evidence-based models.

What follows are your requests for additional information **in bold**, following by our responses.

**1. Provide more detail on the population to be served and the range of services and treatment that will be required for residents at The H.O.P.E. Program. Explain how and by whom the full range of services will be provided, including referral networks to be established and memoranda of understanding with organizations that may be needed.**

**a. Population to be served.**

The population to be served by the H.O.P.E. Program will be girls aged 13 through 17 who are exhibiting self-injurious behaviors. We will have eleven (11) beds. Please be advised that we had indicated in our letter to you dated July 15, 2015 that we also planned to serve women aged 18 through 22, but that is not the case at this time. Should we decide to treat that population we will come back to the Board before doing so.

In most circumstances, these adolescents would have already been treated in an acute treatment facility; similar to someone who is stepping down to a half-way house or a transitional living house.

The population served must meet the following Admissions Criteria:

- Adolescent is developmentally and chronologically between thirteen and seventeen years of age.
- Individual is not currently suffering from mental disorder or psychological impairment which prohibits participation in a residential treatment program; a recommendation for inpatient treatment would be made prior to HOPE accepting the resident. All referrals with co-occurring status will be reviewed with Program Director and/or Clinical Director for consideration and consultations.
- Individual has not exhibited a history of behavior that would jeopardize the safety of the treatment community (i.e. aggressive conduct disorder, pyromania, etc.). Program Director and/or Clinical Director will review all complicated cases with referral sources and/or clinical providers to insure all admission decisions reflect the best interests of the individual and the community.
- Individual has a history of self-injurious behaviors (i.e. cutting, burning, scab picking, binging/purging, etc.).
- Individual is not currently suicidal.
- Individual expresses a desire to stop self-injurious behaviors, and is willing to explore stopping.
- Individual must NOT be in emergent medical care.

**b. Range of services and treatment required for residents.**

Each resident will be required to engage in the following range of services and treatments:

- **Individualized Skill Building:** This will entail meeting with the Case Manager initially to create a Case Plan. Thereafter, the Case Manager and each resident will meet as needed (likely once weekly) to revisit the Case Plan and to tweak as necessary for the resident's success in the HOPE Program.
- **Group Skill Building Methodologies**
  - *Mindfulness Skills:* This group will be a daily meeting of all residents with the Case Manager or a Milieu Counselor to learn to be present in the moment, so skills such as grounding, deep breathing. In other words, they will implement and

use the fundamental skills they would have also learned through therapy while in a more acute setting.

- *Coping Skills*: This group will be a daily meeting of all residents to discuss triggers and to learn skills to manage these triggers, without engaging in harmful behaviors.
- *Expressive Based*: This group will be a semi-weekly meeting of all residents to engage in creative expression, art therapy, music therapy, etc.
- *Experiential Based*: This group will be a weekly meeting of all residents to engage in role playing, psycho-drama, sculpting, etc.
- *Vita Group*: This group will take place when residents as a group convene it to address whatever they would like to address, such as calling a peer out, etc. This could very likely be daily. Not to be confused with *Community Group* which is convened by a Case Manager or Milieu Counselor to address resident wishes, such as food, lighting, etc.

- **Education** - we will be obtaining a license and funding from the Department of Education.

- **Family Engagement Component**

- *Individual Family Engagement* - weekly
- *Family Retreat Weekends* - monthly
- *Experiential Family Engagement* – bi-weekly

**c. How and by whom services will be provided, including referral networks and MOU with organizations that may be needed.**

H.O.P.E. will engage with outside providers to provide medical services, dental services and psychiatric services. If needed, the Program would likewise engage with outside providers for OT, PT and SLP, but this is not likely. The Program does not anticipate engaging with psychologists, with the exception of the rare case when psychiatric testing is needed. The Program would anticipate using The Stern Center in such instances, and that is generally done through direct billing between The Stern Center and the third-party payor.

The Program has not yet made any efforts to identify physicians, dentists, etc. to whom it will refer residents, but will do so once the issue of the Green Mountain Care Board's jurisdiction is determined. The Program would also reach out to an ambulance service and local law enforcement to make arrangements for any emergency needs.

2. In a table format, please provide a list of all services (medical and non-medical) to be provided both on and off site and the level of provider or entity providing each service.

Service – Non-Medical	Service Medical -	On Site or Off Site	Provider/Entity level
Individualized Skill Building		On Site	Case Managers
Group Skills and Family Services		On Site	Case Managers and Milieu Counselors
Education		On Site	The Program will be receiving the funding for these positions, so they are not included in the list of FTEs previously provided.
	Medication Management - if needed	On Site	Nurse (RN or LPN) or trained staff members
	Chemical Dependency - if needed	On Site	Nurse (RN or LPN)
	Medical Care	Off Site	Outside health care provider
	Dental care - if needed	Off Site	Outside dentist
	Psychiatric care - if needed	Off Site	Outside psychiatrist
	Psychiatric testing - if needed	Off Site	Outside psychologist
Occupational Therapy - if needed		Off Site	Outside Occupational Therapist
Physical Therapy - if needed		Off Site	Outside Physical Therapist
Speech Therapy - if needed		Off Site	Outside Speech Therapist

3. **Provide detailed information on the treatment model, “evidence-based individual and group methodologies” noted on page 2 of your letter, and copies of peer-reviewed literature that supports the model to be implemented.**

Please see above (response to question 3) regarding individualized skill building, milieu management, mindfulness, and group skills building as pertains to methodologies

The HOPE Program will utilize S.A.F.E. Focus™, Support Group Participant Workbook, researched and published by the S.A.F.E. Alternatives Program since 1985. This will be the foundation for the self-injury skills development book. This is a methodology widely used in school systems. We will provide a copy of the facilitator’s manual as well as the participant workbook upon request. Since the restructure of the program to model a step-down, evidenced based treatments are not the focus, as our program would help our clients develop the skills to transition back into the community, while using the skills that they have previously developed in an acute level of care.

4. **Identify the number/percentage of individuals you project will be Vermont residents versus those from out-of-state.**

We believe that 50/60% will be made up of Vermont residents, and the balance from out-of-state. We have already experienced a high volume of in-State calls anticipating the program’s opening from providers that are desperate for this level of care. We also expect a fair number of referrals from New England facilities as a whole.

6. **Identify the projected payer mix for persons residing at The H.O.P.E. project.**

At the outset, we anticipate all self-pay, with some possibility of insurance reimbursement when step-down is available in their insurance benefit. In most cases, we will provide families with an itemized bill that reflects the services, and can be submitted to the insurance companies.

We are not anticipating Medicaid Reimbursement at this time. Should there be a demonstrated need in the state, we would reconsider applying for Medicaid.

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Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,  
  
Jack Duffy  
CEO/Managing Member, Vergennes H.O.P.E. LLC