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July 1, 2020

Pursuant to the action taken by the Joint Fiscal Committee on June 15, 2020 regarding the Brattleboro Retreat, please find the first monthly update from the Agency of Human Services. This monthly update includes:

- 1) Summary of Concerns that would impact the ability of the Retreat to achieve financial stability
- 2) Policy and Fiscal Decisions
- 3) Progress on High Priority Action Items

Please let us know if you have any questions regarding the report.

Brattleboro Retreat - Action Plan Implementation Monitoring & Report

Executive Summary

The Brattleboro Retreat (Retreat) and the Vermont Agency of Human Services (AHS) have focused since January 2020 on the sustainability challenges faced by the Retreat. AHS and the Retreat worked together to develop a comprehensive Action Plan for Sustainability. The Action Plan allows the Retreat and AHS to remain true to their shared mission of quality patient care for Vermonters. There is still much work to be done for the Retreat to get on solid financial footing, but with this foundation the Retreat will continue its tradition of clinical excellence as it seeks to better capitalize the Hospital and work towards creating a successful 21st century mental health inpatient facility.

In the near term, additional interim funding has been appropriated by the legislature to provide bridge funding while the Retreat implements strategies articulated in the Action Plan. The funding will also address significant capacity and revenue challenges due to the continued impact of COVID-19. The 9-point Action Plan for Sustainability includes clear implementation steps and measurable performance metrics to monitor implementation progress. The interim funding proposal is tied to the Action Plan Performance Metrics and material progress on the Action Plan must be demonstrated.

The AHS and Retreat Team are continuing to meet on a bi-monthly basis to execute and monitor the Action Plan strategies. Further, working sessions for specific Action Plan items are ongoing. This report will serve to meet the reporting requirements set forth by the Joint Fiscal Committee (JFC) as part of the provision of funding for the Retreat that was approved on June 15, 2020.

Summary of Concerns that would impact the ability of the Retreat to achieve financial sustainability

The achievement of material, transformational and sustainable viability for the Retreat will require long term commitment, planning and partnership on behalf of AHS and the Retreat. Consideration should also be given to the fact that this sustainability planning is occurring at a time dominated by a public health crisis and that some of the steps needed to achieve success will take time to develop.

The Retreat and AHS agree that the successful implementation of the Action Plan as presented will result in greater viability and stability for the Retreat. It should also be noted that COVID-19 has impacted healthcare providers across Vermont who are struggling due to changes in utilization and increased costs to respond to the COVID19 crisis. The impact of COVID-19 has significantly threatened the Retreat's ability to provide mental health care to Vermonters, and Retreat's financial situation is tenuous due to client census running low. The continued impact of COVID-19 will continue to be a factor for the Retreat.

Policy and Fiscal Decisions

There are currently no additional policy or fiscal decisions that may need to be taken at this time. Currently AHS is reviewing additional fiscal information provided by the Retreat that may result in adjustments to the payment provisions going forward.

Progress on High Priority Action Items

The implementation progress report below addresses the degree to which the high priority action items in the sustainability plan have been met by the Retreat working in close collaboration with AHS.

Action Area 1: Inpatient Services Unit Reconfiguration

Proposal to reconfigure inpatient facility for a total of 116 beds with a focus on high acuity patients. Including; 26 Level 1 beds, state hospital for children and adolescents, stabilize and increase census and develop a 12 bed acute residential unit

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
	Plan for reconfiguration of units: Osgood 2 LGBTQ+ to Tyler 3 and Tyler 3 provided to DMH	7/1/20	10/1/20	BR and AHS work team identified.
	Plan for facility modifications implemented	6/15/20	10/1/20	
	Communication with staff, key stakeholders and referral sources	6/15/20	10/1/20	
	Revised Level 1 process or contract & contract terms	6/15/20	7/30/20	BR and AHS work Team identified
	Develop and implement clinical measurement for Level 1 to inform level of acuity on admission and UR review	6/15/20	9/1/20	BR and AHS work team identified
	Completion of 12 new Level 1 beds	ongoing	12/15/20	Construction was delayed by pandemic awaiting new estimate of move in date
	AHS and BR evaluate Child & Adolescent contract	6/15/20	7/30/20	BR and AHS work team identified
	Develop and implement clinical measurement to inform level of acuity on admission and UR review for child/adols. unit	6/15/20	9/1/20	BR and AHS work team identified
	Census maintaining at minimum average of 64	ongoing	Continuous	Preliminary data indicates an average daily census for June of 63.2, this will be monitored as rolling census number going forward
	Census is increasing by at least 5% each month with goal of 90% by 2021. Census increase may not be linear and even pace of growth.	ongoing	1/1/2021	This data will be provided in the next report and will compare June to July census.
	12 Bed adolescent residential prepared to accept patients by 7/1		7/1/20	Unit is being upgraded; looks like accepting patients by 7/10
	Referral review and decision to admit occurs within 5 days of receiving completed referral packet for acute youth residential		7/1/20	Work will start 7/1, adjusted target completed date 8/1/20
	BR work with DMH, DVHA and DCF to develop and implement clinical measurements to inform admission & UR review		7/1/20	Work will start 7/1, adjusted target complete data 8/1/20

Action Area Issues and Risks

Date Added	Issue or Risk	Description
	No Information	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #00FF00; width: 20px; height: 20px; border: 1px solid black;"></div> Will achieve <div style="background-color: #FFFF00; width: 20px; height: 20px; border: 1px solid black;"></div> Will achieve, not by date specified <div style="background-color: #FF0000; width: 20px; height: 20px; border: 1px solid black;"></div> Will not achieve </div>
		<input checked="" type="checkbox"/> Completed

Action Area 2: Service expansion opportunities including telehealth

Enhance telepsychiatry opportunities:
 - Provide mental health services to primary care through telehealth
 - Provide hospital diversion through telehealth team to support to Emergency Departments
 - Expand continuum of care for children via telehealth

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
	BR CMO will convene a workgroup with outpatient leadership and MDs to examine outpatient and telehealth opportunities.	7/1/20	6/1/21	Dr. Guarav Chawla, CMO for Retreat leading this work
	CMO will present a report with recommendations to BR BOD Bo in December 2020.	7/1/20	6/1/21	
	Potential to pilot to demonstrate outcomes	7/1/20	6/1/21	

Action Area Issues and Risks							
Date Added	Issue or Risk	Description					
	No Information	Will achieve	Will achieve, not by date specified	Will not achieve	<input checked="" type="checkbox"/>	Completed	

Action Area 4: Alternative Payment Model

AHS and BR explore alternative payment models for BR
 - AHS uses multiple methodologies and multiple funding sources to pay the Retreat. An alternative payment model may simplify Medicaid revenue streams for the Retreat, enabling them to manage to a more streamlined Medicaid 'budget' and to have more certainty in the timing and amounts of payments from AHS.

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
	BR and AHS meeting to develop a list of agreed upon issues improvement between DHVA, DXC and BR	7/1/20	10/1/20	AHS and Retreat to identify the team to begin work on an alternative payment model and set project plan. Sandi Hoffman, DVHA is lead from AHS.
	BR and AHS develop APM features and draft conceptual APM model	7/1/20	10/1/20	
	BR and AHS implement APM	7/1/20	10/1/20	

Action Area Issues and Risks		
Date Added	Issue or Risk	Description

For reference:

	No Information		Will achieve		Will achieve, not by date specified		Will not achieve	<input checked="" type="checkbox"/>	Completed
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Action Area 5: Payor Mix

Review and renegotiate or stop accepting NH & MA Medicaid due to inadequate rates to cover costs

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
	BR CFO will provide analysis on filled beds and will open discussions with MA and NH Medicaid programs.	7/1/20	9/1/20	BR to work with Firm out of NH that does contracting and rate negotiations. Possible outcomes: <ul style="list-style-type: none"> • Conduct cost benefit analysis of an open bed vs. "something" for the beds • BR to consider negotiating a per diem, possible single case agreement with NH and MA Medicaid

Action Area Issues and Risks		
Date Added	Issue or Risk	Description

For reference:

	No Information		Will achieve		Will achieve, not by date specified		Will not achieve	<input checked="" type="checkbox"/>	Completed
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Action Area 6: Revenue Cycle

Address the payment/revenue cycle challenges between DVHA and the Retreat (slow processing, etc.)
 Improve revenue cycle metrics that currently lag behind industry best practices

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
	Convene workgroup with AHS financial team and BR finance team to focus on revenue cycle challenges	7/1/20	9/30/20	AHS to work with the Retreat on revenue cycle delays that occur when billing hits \$100k threshold. Sandi Hoffman lead from AHS
	Implement changes in protocol to address issues.	7/1/20	9/30/20	
	BR will produce a report and plan with metrics for implementing and maintaining metrics for A/R that meet or exceed industry standards.	7/1/20	9/30/20	

Action Area Issues and Risks		
Date Added	Issue or Risk	Description

For reference:

	No Information		Will achieve		Will achieve, not by date specified		Will not achieve	<input checked="" type="checkbox"/>	Completed
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Action Area 7: Organizational Structure & Operations
Action Area 8: Labor Relations, Costs and Staffing

Review and of staffing for inpatient social work
 BR formation of Senior Strategy Team to improve relations and engage UNAP

Status	Milestone / Performance Metrics	Start Date	Target Complete	Commentary
☑	BR will provide AHS with a summary or reductions and cost savings as a result			Social Work staff has been reduced due to COVID-19 census levels; cuts will not be restored. BR has already achieved administrative savings due to implemented changes.
	BR will engage union leadership on changes to staffing work rules and requirements.	8/15/20	12/15/20	Goal of Improved labor relations, efficient operations, lower overall cost. BR is currently considering a 3rd party to assist in labor relations.
	BR and union will engage a third party facilitator if needed	8/15/20	12/15/20	

Action Area Issues and Risks		
Date Added	Issue or Risk	Description

For reference:

■	No Information	■	Will achieve	■	Will achieve, not by date specified	■	Will not achieve	☑	Completed
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