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MEMORANDUM

TO: Representative Mary Hooper, Vice-Chair, House Committee on Appropriations

FROM: Sarah Squirrell, Commissioner, Department of Mental Health

DATE: January 9th, 2020

SUBJECT: Responses to House Appropriations re: Brattleboro Retreat

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Q1: What are the contingency plans should agreement not be reached?

The safety and care of the current patients and residents at the Brattleboro Retreat is a mutual priority of the Department of Vermont Health Access (DVHA), Vermont Department of Health (VDH), Department of Mental Health (DMH), Department of Aging and Independent Living (DAIL) and the Department for Children and Families (DCF). While we are encouraged that the closure of the Brattleboro Retreat does not appear imminent AHS has developed a contingency plan should there be a precipitous closure. Should an emergent situation occur the Brattleboro Retreat holds significant responsibility from a regulatory standpoint, and we would assume that Brattleboro Retreat would engage in safe and responsible discharge planning in collaboration with AHS.

Q2: What is the acuity of patients at the Retreat versus other facilities and why are we paying different rates at different hospitals?

The question of acuity of patients bears on the issue of rates paid to the different hospitals, so the questions about acuity and rates will be answered together.

The Retreat, Rutland Regional Medical Center (RRMC) and the Vermont Psychiatric Care Hospital (VPCH) are the only facilities in the state that accept involuntary or Level 1 patients. While a patient may be hospitalized involuntarily and therefore identified as Level 1, there is also a range of acuity within that identification.

Factors that account for variance in the rates between these three facilities are partly related to operational costs and economies of scale, where larger facilities can absorb additional costs—but are also related to the:

- Economies of scale
- Security and staffing elements and physical to meet level of need and safety
- Ability to offer timely treatment ("no refusal" capacity for those needing psychiatric treatment) including those individuals who are criminally court involved

Q3: Was there a policy change which is resulting in a reduced census, why is there a reduced census?

There was no change in policy from AHS. The Department of Mental Health and other community partners did experience a significant change in the Admissions operations of the Brattleboro Retreat. Overall census for the inpatient system of care tends to run consistently high. The average occupancy in FY18 was 92% and in FY19 was 91%. In the 2nd quarter of 2019 (October – December) the overall inpatient capacity was 88%. However, the Retreat's census did decrease to 60% at the end of December.

Below is a point-in-time census of the Brattleboro Retreat, as of Thursday afternoon, January 9, 2020

Inpatient Unit	Beds Occupied/Capacity	Closed Beds	Females	Males	Instate	Out-of-State	Vol	Invol
O1 (children's unit)	9/12	0 closed	**5**	**4**	**6**	**3**	**Unknown**	
T3 (adolescent)	17/18	0 closed	**9**	**8**	**10**	**7**	**Unknown**	
O2 (LGBT)	0/15	15 closed	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	
O3 (emerging adult)	12/14	0 closed	**8**	**4**	**7**	**5**	**All**	
T1 (Co-occurring)	16/22	5 closed	**8**	**8**	**12**	**4**	**All**	
T2 (Acute adult)	23/24	0	**8**	**15**	**17**	**6**	**17**	**6**
T4 (Level 1)	13/14	0 closed	**7**	**6**	**9**	**4**	**2**	**11**
Totals:	**90/119 (75.6% occupancy rate)**	**0 closed**	**45**	**45**	**61 (68%)**	**29 (32%)**	**47**	**17**

Q4. Are any children placed with the Retreat via DCF, how will a change in the Retreat effect DCF placements (if relevant?)?

Answer 4.a. Yes there are children placed at the Retreat via DCF. Although all children placed at The Retreat would need to be screened at the Designated Agencies. DVHA and DCF would best be to provide more precise numbers.

4.b. DCF and DMH have collaborated on the contingency plan for the children and youth currently placed at The Retreat. Children in DCF custody present a unique set of challenges as often discharge planning can be a struggle if appropriate foster homes are not available.

Q5. Is there something about The Retreat's book of business which prevents them from shifting costs and/or billing in a way to cover costs? Are they limited in how they can bill?

DMH is not aware of any billing or cost shifting limitations beyond known differences and limits of mental health coverage between Medicaid, Medicare and other insurers.

Q6. Why are we paying different rates at different hospitals?

DVHA will provide information on this question.