

SUSTAINABILITY PLAN - June 2020

| ACTION | IMPACT | IMPLEMENTATION NEXT STEPS | RESPONSIBLE PARTY/LEAD | PRIORITY LEVEL | HORIZON (SHORT/MED/LONG) | PROJECTED START DATE | PERFORMANCE METRICS | COMPLETION DATE |
|--|--|--|------------------------|----------------|--------------------------|----------------------|---|-----------------------|
| SERVICE DELIVERY & QUALITY IMPROVEMENT | | | | | | | | |
| ACTION AREA #1: Inpatient Services - Unit Reconfiguration and Service Delivery Vision | | | | | | | | |
| <i>Maximize the spaces at the Retreat to meet continuum of care needs</i> | | | | | | | | |
| Inpatient Services - Focus on the needs of high acuity Vermonters | | | | | | | | |
| Brattleboro Retreat has proposed (and DMH agrees) to reconfigure their inpatient facility for a total of 116 beds. This will designate 55%+ of inpatient beds for highest acuity mental health patients. | - Improves stability in census due to focus on high acuity, which is in high demand statewide - Aligns with DMH projections of need and provides cost-effective service level for the Retreat and (good value for the State of Vermont) | - Convert Tyler 3 unit to General adult unit with LGBTQ track | Brattleboro | High | Short Term | 7/1/20 | 1. Plan for reconfiguration of units: Osgood 2 LGBTQ+ to Tyler 3 and Tyler 3 to Osgood 2 provided to AHS. 2. Plan for facility modifications implemented. 3. Communication with workforce, key stakeholders and referral sources completed. | October 1, 2020 |
| 26 Level 1 Beds | - Revenue from additional Level 1 beds that run at 99% - 100% occupancy will boost revenue | - Review Level 1 Contract construct to ensure it is covering all costs - Complete construction of 12 new Level 1 beds and hire staff | Brattleboro/AHS | High | Short Term | 6/15/20 | 1. Revised Level 1 process or contract and contract terms finalized by 7/30/20. 2. Construction of 12 new Level 1 Beds completed by late fall/early winter. 3. Working in collaboration with DMH, BR will develop and implement clinical measurement to inform level of acuity on admission and ongoing utilization review | 7/30/20 and 12/15/20. |
| State hospital for children and adolescent | - Predictable revenue and improved clinical and safety for patients | - Pursue cost-based contract for children and youth similar to Level 1, with recognition of capacity need - Transition adolescent unit from Tyler 3 to Osgood 2 | Brattleboro/AHS | High | Short Term | 6/15/20 | 1. AHS and TBR evaluate the Child and Adolescent contract opportunities by 7/30/20 2. Working in collaboration with DMH, BR will develop and implement clinical measurement to inform level of acuity on admission and ongoing utilization review | 7/30/20 and 9/1/2020 |
| Stabalize Inpatient census during COVID crisis at minium average daily census of 64, with growth as crisis eases | - Stabalize census will stabalize revenue | - Increase census as staffing availability allows | Brattleboro | High | Short Term | Already begun | 1. Census is maintaining at a minimum average of 64 | Continuous |
| Increase inpatient census to 116 within 12 months post COVID crisis | - Increased census will improve revenue | - Continue to implement ramp up as staff availability allows until environment is back to normal | Brattleboro | High | Mid Term | Already begun | 1. BR census is steadily increasing by at least 5% each month with the goal of achieving 90% occupancy by early 2021 | Continuous |
| Residential Services - Develop acute adolescent residential unit | | | | | | | | |
| Brattleboro Retreat will develop 12 bed acute adolecent residential unit that will fill a gap currently in the system of care for residential treatment for youth with chronic suicidality and self injurious behavior | -Safer care and increased census and revenue due to demand for services for this population | - Convert Osgood 3 to a 12 bed acute residential program for adolscents | Brattleboro | High | Short Term | Already begun | 1. 12 Bed unit prepared to accept patients by 7/1 2. Referrals reviewed and decisions to admit occur within 5 days of receiving completed referral packet 3. Working in collaboration with DMH, DVHA and DCF, BR will develop and implement clinical measurements to inform level of acuity on admission and ongoing utilization review and rehospitalization rates | 7/1/20 |
| Adult Residential Services | | | | | | | | |
| Brattleboro Retreat will work with AHS to develop adult residential "group home" capacity as identified as a significant need for the system of care as noted in DMH's report <i>Analysis of Residential Need</i> | - Meets goal of treating patients at lowest residential care level and provides additional revenue with lower RN costs. | - Convert 3 residential houses to adult group home - Consider space available above the Linden floors (current construction has improved space and could be an effecient investment due to existing infrastructure) | Brattleboro | Medium | Mid Term | 8/1/20 | 1. BR met with DMH on demand and needs for residential beds for SPMI adults. 2. BR develops programming, staffing plan and logistics. 3. Map out plan for any facilities modifications. 4. Work with licensing to approve new programs/spaces. | 1/1/21 |
| Community Integration Opportunities | | | | | | | | |

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| Develop focused health care teams to assist in transitioning individual back to the community - Key areas to focus on include comorbid chronic health care issues, psychiatric component, familial issues | - Expand services delivery and enhance revenue - Aligns with 10 Year Plan goal of community integration and grows revenue based at Retreat. | Brattleboro Retreat to design | Brattleboro/State | Low | Long Term | 8/1/20 | 1. TBR management team will work on a strategic plan to expand services. | 1/1/21 |
| ACTION AREA #2: Service expansion opportunities including telehealth | | | | | | | | |
| Develop a virtual partial hospitalization program for hospital diversion and step down | - Revenue enhancement due to percentage based outpatient services - Retreat MD expertise can help care for patients at different levels of care and reduce hospital admissions | - BR has expertise in telehealth; expanded business plan need to be assessed for this area | Brattleboro | Medium | Mid Term | 8/1/20 | 1. TBR CMO will convene workgroup with outpatient leadership and MDs to examine outpatient and telehealth opportunities. 2. CMO will present report with recommendations to Board in December 2020. 3. Potential to pilot to demonstrate outcomes | 6/1/2021 |
| 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 | - Revenue enhancement due to telehealth billing, low cost and low overhead to provide additional revenue enhancement for the Retreat | - BR has expertise in telehealth; expanded business plan need to be assessed for this area | Brattleboro | High | Mid Term | 8/1/20 | 1. The report referenced above will include a detailed business plan for outpatient services | 9/1/21 |
| Redesign outpatient - Expand continuum of care for LGBTQ+ | - Existing market and demand for services for this population, business niche for Retreat - Meeting community need and expand revenue - A separate organizational structure for LGBTQ could be more nimble and viable business strategy | - Brattleboro Retreat to design business plan or strategy | Brattleboro | Medium | Long Term | 8/1/20 | 1. Market analysis completed and consultant selected to produce data. 2. If market analysis shows demand for LGBTQ+ service line then pursue business plan. | 12/1/21 |
| BUSINESS AND REVENUE OPERATIONS | | | | | | | | |
| ACTION AREA #3: EHR Modernization | | | | | | | | |
| Develop plan to replace the aging AVATAR EHR - New EHR will optimize revenue cycle performance - Consideration that this would require fiscal investment | - Optimize revenue cycle performance, improve AR, reduce costs due to current inefficient data entry for hospital staff - Increased physician productivity | - Continue discussions with other entities (including program that would allow Retreat to "piggy back" on another facility EHR) - Review and consider federal funding opportunities - Discussion with VAHHS on other possible partnerships within Vermont | AHS | Medium | Mid Term | 7/1/20 | 1. Begin formal discussions with entities that would allow Retreat to buy into their EHR. 2. TBR completes analysis of their EHR needs with projected costs. | 12/31/20 |
| 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. | - Improved cash flow, more predictable payments, improve A/R, increase efficiency - Improved access and capacity and improved care coordination - Improved quality of care -- insight into quality of care from a proactive standpoint | - AHS and Retreat to identify the team to begin work on an alternative payment model; set project plan | AHS/DVHA | High | Short Term | 7/1/20 | 1. TBR and AHS meet to develop a list of agreed upon issues for improvement between DHVA, DXC, and TBR. 2. TBR and AHS develop APM features and draft conceptual model 3. TBR and AHS implement APM | 10/1/20 |
| ACTION AREA #5: Payer Mix | | | | | | | | |
| Renegotiate or stop accepting NH & MA Medicaid - Rates are not as adequate as Vermont | - Improve billing revenue, and reduce "loss" due to service provision | - BR to conduct cost benefit analysis of an open bed vs. "something" for the beds - BR to negotiate a per diem, possible single case agreement with NH and MA Medicaid | Brattleboro | High | Short Term | 7/1/20 | 1. TBR CFO will provide analysis on filled beds and will open discussions with MA and NH Medicaid programs. | 9/1/20 |
| Pursue private pay or enhanced 3rd party insurance rates | - Revenue opportunity | - A long-term strategy that will require capital to enhance facilities and attract | Brattleboro | Medium | Long Term | 7/1/20 | 1. TBR will commence exploration of opportunities for capital raise to improve facilities. | 1/1/21 |

| ACTION AREA #6: Revenue Cycle | | | | | | | | |
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| Address the payment/revenue cycle challenges between DVHA and the Retreat (slow processing, etc.) | - Improved cash flow, reduce labor intensive paper process and increase efficiency | - AHS to work with the Retreat on revenue cycle delays that occur when billing hit \$100k threshold | AHS/DVHA | High | Short Term | 7/1 | 1. Convene workgroup with AHS financial team and TBR finance team to focus on issue. 2. Implement changes in protocol to address issue. | 9/30/20 |
| Improve revenue cycle metrics that currently lag behind industry best practices | - Improved A/R, improved cash flow | - Brattleboro Retreat to continue to work on improvements | Brattleboro | High | Short Term | Underway | 1. TBR will produce a report and plan with metrics for implementing and maintaining metrics for A/R that meet or exceed industry standards. | 9/30/20 |
| ORGANIZATIONAL EFFICIENCY | | | | | | | | |
| ACTION AREA #7: Organizational Structure & Operations | | | | | | | | |
| Organizational Restructure | | | | | | | | |
| Continue focus on running a lean organization to ensure operational efficiency, quality and value. A thorough review of service lines and organizational structures will provide transparency on day-to-day operations. | - More efficient staffing structure, improve productivity | - BR to produce assessment and plan of key operational areas. | Brattleboro | Med | Medium Term | 8/15/20 | 1. TBR will engage union leadership on changes to staffing work rules and requirements. 2. TBR and union will engage a third party facilitator if needed. | 12/15/20 |
| ACTION AREA #8: Labor Costs & Staffing | | | | | | | | |
| Staffing | | | | | | | | |
| Rightsize core inpatient social work | Increased productivity and reduction of labor costs | - Social Work staff has been reduced due to COVID-19 census levels; cuts will not be restored | Brattleboro | High | Short Term | Completed | 1. TBR will provide AHS with a summary of reductions and cost savings as a result | 7/1/20 |
| Rightsize caseloads for psychiatrists | Increased productivity will reduction of labor costs | - Caseloads for psychiatrists have been increased to the current capacity of EHR/acuity | Brattleboro | Medium | Long Term | Tied to EHR deliverables. | | |
| Immediate formation of Senior Strategy Team to improve relations and engage UNAP to adjust staffing matrix | Improved labor relations, efficient operations, lower overall cost | - BR work to renegotiate the staffing matrix to within industry levels | Brattleboro | High | Long Term | See goal above in organizational | | |
| CONTINGENCY PLANNING | | | | | | | | |
| ACTION AREA #9: Strategic Contingency Planning <i>Given the significance of capacity that the Retreat provides, contingency planning is an essential component of the overall strategic planning process. The information and analysis will require protection of confidential and sensitive information.</i> | | | | | | | | |
| Pursue information from other potential 3rd party entities to better understand and evaluate the cost of contingency plans | - Assess costs of contingency planning | - Consideration of how the Retreat and AHS can engage in 3rd party discussions | AHS | High | Short Term | 8/1 | 1. Meet with AHS team to discuss process of 3rd party initiatives and risk/benefits. | |
| Pursue gathering information on prospective financial partners | - Recapitalize the Retreat for fiscal stability | - BR strategic work to attract investment to recapitalize the Retreat and to build buy in from staff that is a sustainability strategy that could lead to increased stability for the organization | Retreat | High | Short Term | Underway | 1. TBR CEO and Board discussing best options for capital raise. | |