

ACT 140, SECTION 5: BRATTLEBORO RETREAT CONDITIONS OF FUNDING

A 2021 REPORT TO THE LEGISLATURE



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Vermont Department of Mental Health

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REQUIREMENT

H.960 (MISCELLANEOUS HEALTH CARE BILL) – CONDITIONS OF STATE FUNDING

Sec. 5. BRATTLEBORO RETREAT; CONDITIONS OF STATE FUNDING

- a) Findings. In recognition of the significant need within Vermont’s health care system for inpatient psychiatric capacity, the General Assembly has made significant investments in capital funds and in rate adjustments to assist the Brattleboro Retreat in its financial sustainability. The General Assembly has a significant interest in the quality of care provided at the Brattleboro Retreat, which provides 100 percent of the State’s inpatient psychiatric care for children and youth, and more than half of the adult inpatient care, of which approximately 50 percent is paid for with State funding.
- b) Conditions. As a condition of further State funding, the General Assembly requires that the following quality oversight measures be implemented by the Brattleboro Retreat under the oversight of the Department of Mental Health:
 - 1) allow the existing mental health patient representative under contract with the Department pursuant to 18 V.S.A. §7253(1)(J) to have full access to inpatient units to ensure that the mental health patient representative is available to individuals who are not in the custody of the Commissioner;
 - 2) in addition to existing policies regarding the provision of certificates of need for emergency involuntary procedures, provide to the Department deidentified certificates of need for emergency involuntary procedures used on individuals who are not in the custody of the Commissioner; and
 - 3) ensure that the mental health patient representative be a regular presenter at the Brattleboro Retreat’s employee orientation programming.
- c)
 - 1) Patient experience and quality of care. To support proactive, continuous quality and practice improvement and to ensure timely access to high-quality patient care, the Department and the Brattleboro Retreat shall:
 - A. to the extent feasible by the Department, meet jointly each month with the mental health patient representative contracted pursuant to 18 V.S.A. § 7253(1)(J) and the mental health care ombudsman established pursuant to 18 V.S.A. § 7259 to review patient experiences of care; and
 - B. identify clinical teams within the Department and the Brattleboro Retreat to meet monthly for discussions on quality issues, including service delivery, clinical practices, practice improvement and training, case review, admission and discharge coordination, and other patient care and safety topics.
 - 2) On or before February 1, 2021, the Department shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding patient experiences and quality of care at the Brattleboro Retreat.

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d)

- 1) On or before October 1, 2020, as part of the reporting requirements of the Sustainability Report between the Agency of Human Services and the Brattleboro Retreat, the Agency and the Brattleboro Retreat shall submit an interim report to the Joint Fiscal Committee, and to the Chairs of the Senate Committee on Health and Welfare and the House Committee on Health Care describing the steps that the Brattleboro Retreat is taking to improve communication and relations with its employees.
- 2) On or before February 1, 2021, as part of the reporting requirements of the Sustainability Report between the Agency of Human Services and the Brattleboro Retreat, the Agency and the Brattleboro Retreat shall submit a final report to the Senate Committee on Health and Welfare and to the House Committee on Health Care describing the steps that the Brattleboro Retreat is taking to improve communication and relations with its employees, the Brattleboro Retreat's assessment of the effectiveness of those efforts, and how the Brattleboro Retreat plans to manage future communications and relations with its employees.

OVERVIEW

The Vermont Department of Mental Health (DMH), with the Designated Hospitals (DHs), Designated Agencies (DAs), Specialized Services Agencies (SSAs) and other community and Agency of Human Services (AHS) partners, has continued to work throughout the past year to move the system of care forward within Vermont for people with mental health needs. The year 2020 introduced additional and novel challenges for advancing the mental health system of care.

With the onset of the Coronavirus (COVID-19) Pandemic in early 2020, Vermont's health care system has adapted to shifts in finances, service delivery guidelines and workforce capacity fluctuation as it became necessary to ensure a public health informed response for all Vermonters that included staying at home when possible and closure of non-essential businesses following the Governor's executive orders put in place March 2020.

Providers including the Brattleboro Retreat (the Retreat) managed staffing shortages as the workforce struggled to care for children unexpectedly home from school and shifting domestic and financial stressors, while adapting to new workplace environments or transitions to remote work requirements. The inpatient and outpatient mental health provider systems adapted and continue to adapt to new physical distancing, interactions through necessary environmental modifications and the fundamental shifts in finance, service delivery and workforce challenges.

Act 190 (2018) initially provided \$5.5 million dollars for the development of 12 inpatient Level-I beds at the Brattleboro Retreat. A construction agreement was completed between the Retreat and Department of Buildings and General Services (BGS) in December 2018. Renovation of space at the Brattleboro Retreat, formerly the Linden Lodge building, began in 2019 with intent to address ongoing wait times in local emergency departments for individuals in need of higher acuity inpatient psychiatric care. In 2020, COVID-19 significantly threatened the Retreat's ability to provide mental health care to Vermonters, and the Retreat's financial situation is tenuous due to low client census and strained staffing capacity, AHS is working collaboratively with

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the Retreat on a long-term plan to stabilize the Retreat as a more adaptable component in the evolving integrated system of care in Vermont.

The Brattleboro Retreat's Action Plan for Sustainability was presented to the Legislature in June of 2020 and recognized the need for nimble planning, adaptable work force and operations. The Action Plan outlined key areas of current and future service delivery reconfigurations for the Retreat, including expansion of residential programming for adults and youth as well community-based service expansion opportunities. The infusion of additional state resources, bringing project appropriation to \$7.0 million, have assured continuation of construction of the 12 Level-1 beds¹ project at Brattleboro Retreat that is nearing completion and occupancy in early 2021 and ongoing facility to key populations served at the facility.

In July of 2020 Act 140 (An act relating to miscellaneous health care provisions) was enacted and included provisions pertinent to the Brattleboro Retreat and expectations relevant to receiving additional state funds during the COVID-19 pandemic. Since Act 140 was enacted the Department of Mental Health has collaborated with the Retreat to provide oversight on implementation of activities to improve patient experiences and quality of care. Implementation of three quality oversight measures were addressed in recurring monthly meetings between the representatives of DRVT, VPS, DMH, BR and the mental health patient representative:

- (1) allowing the existing mental health patient representative to have full access to inpatient units to ensure that the mental health patient representative is available to individuals who are not in the custody of the Commissioner;
- (2) in addition to existing policies regarding the provision of certificates of need for emergency involuntary procedures, the Retreat providing to the Department deidentified certificates of need for emergency involuntary procedures used on individuals who are not in the custody of the Commissioner; and
- (3) ensuring that the mental health patient representative be a regular presenter at the Brattleboro Retreat's employee orientation programming.

¹ Level-1 Beds are where individuals with the most acute mental health needs receive care.

PATIENT EXPERIENCES AND QUALITY OF CARE

On or before February 1, 2021, the Department shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding patient experiences and quality of care at the Brattleboro Retreat.

The Department of Mental Health has facilitated monthly meetings with Disability Rights Vermont (DRVT) and Vermont Psychiatric Survivors (VPS) since October 27th, 2020, to discuss quality of care and patient care experiences at the Retreat. Separately, DMH’s clinical team and the clinical leads at the Brattleboro Retreat have been meeting monthly since September 29th, 2020. The discussions at these meetings focus on quality issues, including service delivery, clinical practices, practice improvement and training, case review, admission and discharge coordination, and other patient care and safety topics.

This report provides an overview and synthesis of the quality measures discussed during monthly ongoing meetings, and how these teams will advance them going forward.

The Brattleboro Retreat will present their quality data and review this report at the next DMH meeting with DRVT and VPS on February 16th, 2021.

DMH QUALITY: HOSPITAL INPATIENT UNIT DESIGNATION

For a hospital to be licensed to operate in Vermont they must abide by the Vermont Hospital Licensing Rule. This rule requires the hospitals meet Centers for Medicare and Medicaid (CMS) regulations, which are tied to Joint Commission requirements.

The Vermont Department of Mental Health also must designate hospital inpatient psychiatric units in order for involuntary patients to be treated there. This is governed by DMH’s [Designated Hospitals Manual and Standards](#). It is the Designated Hospital’s responsibility to provide the Department of Mental Health with copies of specific documentation demonstrating compliance with each requirement. The Commissioner requires re-designation of Designated Hospitals every two years. To enable adequate oversight by the Department, Departmental staff arrange for a visit in advance of the designation expiration date. This visit includes interviews with key staff, a review of outcomes, and a review of policies and procedures. A written decision letter and feedback is provided to the Designated Hospital following the visit. The review may require the Designated Hospital to address any missing information or provide a corrective action plan.

The Brattleboro Retreat DMH Quality Report and Redesignation letter can be found as Attachments 1 and 2.

PATIENT CARE EXPERIENCES: DATA FROM INPATIENT CONSUMER SURVEY 2018 – 2020

The Brattleboro Retreat uses NRI²s Inpatient Consumer Survey (ICS) to collect patient experience data. This report presents internal reference data from the past three years. The ICS is a 28-item tool which uses a 5-point Likert scale (1-strongly disagree, 2-disagree, 3–neutral, 4-agree, and 5-strongly agree) and the data can be grouped into 6 domains that relate to satisfaction with care. Average ratings of 3.5 or higher in items or domains are considered “responded positively.” Additionally, when use of the ICS was initiated, the Brattleboro Retreat

² NRI is the Research Institute at the National Assn. for State Mental Health Policy Directors (NASMHPD).

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added another question, “Overall, I was satisfied with the quality of the food.” This question is not included in any of the domain scores.

Legal status and age will function as key data points for analysis of the aggregated data collected. Legal status was defined as either voluntary or involuntary. Age was defined as Adolescent (13-17 years old), 18-24 years old, 18-64 years old, or 18 and older. Any survey submitted that did not have both data points was included in the category “incomplete”. Due to the small the number of surveys submitted by adolescents who had been involuntarily hospitalized in 2019 and 2020, this data less reliable.

Inpatient Consumer Surveys received by Age, Legal Status, and Year			
	2018	2019	2020
Adolescent Voluntary	207	73	68
Adolescent Involuntary	10	2	4
18-24 Years- Voluntary	335	335	172
18-24 Years- Involuntary	18	14	9
18-64 Years- Voluntary	1750	1711	724
18-64 Years- Involuntary	78	57	58
18+ Years- Voluntary	1833	1780	748
18+ Years- Involuntary	82	61	60
Incomplete	290	266	159
Total Number Received	2422	2182	1039

Table 1: Number of Inpatient Surveys Received

Patient Survey Questions			
	2018	2019	2020
1) I am better able to deal with a crisis.	3.86	3.87	3.89
2) My symptoms are not bothering me as much.	3.95	3.93	3.92
3) The medications I am taking help me control symptoms that used to bother me.	3.95	3.95	3.92
4) I do better in social situations.	3.63	3.64	3.61
5) I deal more effectively with problems.	3.70	3.73	3.74
6) I was treated with dignity and respect.	4.29	4.31	4.21
7) Staff here believed I could grow, change and recover.	4.36	4.38	4.34
8) I felt comfortable asking questions about my treatment and medications.	4.30	4.31	4.27
9) I was encouraged to use self-help support groups.	4.33	4.31	4.27

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10) I was given information about how to manage my medications and side effects.	3.65	3.68	3.61
11) My other medical conditions were treated.	3.81	3.83	3.8
12) I felt this hospital stay was necessary.	4.30	4.31	4.25
13) I felt free to complain without fear of retaliation.	4.02	4.02	3.94
14) I felt safe to refuse medication or treatment during my hospital stay.	4.00	4.02	3.9
15) My complaints and grievances were addressed.	3.78	3.79	3.78
16) I participated in my discharge planning.	4.19	4.25	4.24
17) Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	3.92	3.95	3.97
18) I had an opportunity to talk with my doctor or therapist from the community prior to discharge.	3.84	3.81	3.81
19) The surroundings and atmosphere at the hospital helped me get better.	3.73	3.77	3.7
20) I felt I had enough privacy in the hospital.	3.74	3.78	3.72
21) I felt safe while I was in the hospital.	4.10	4.17	4.06
22) The hospital environment was clean and comfortable.	3.75	3.88	3.83
23) Overall, I was satisfied with the quality of the food.	3.97	4	4
24) Staff were sensitive to my cultural background.	3.75	3.76	2.97
25) My family and/or friends were able to visit me.	3.77	3.82	3.68
26) I had a choice of treatment options.	4.06	4.1	4.05
27) My contact with the doctor was helpful.	4.26	4.3	4.26
28) My contact with nurses and therapist were helpful.	4.01	4	4.01

Table 2: Average Value for Each Item on NRI's Inpatient Consumer Survey with The Addition Of Question 23

Items not included in Domains	2018	2019	2020
3) The medications I am taking help me control symptoms that used to bother me.	3.95	3.95	3.92
10) I was given information about how to manage my medications and side effects.	3.65	3.68	3.61
11) My other medical conditions were treated.	3.81	3.83	3.8
12) I felt this hospital stay was necessary.	4.30	4.31	4.25
23) Overall, I was satisfied with the quality of the food.	3.97	4	4
24) Staff were sensitive to my cultural background.	3.75	3.76	2.97
25) My family and/or friends were able to visit me.	3.77	3.82	3.68

Table 3: Questions on Inpatient Survey Not Included in Domains

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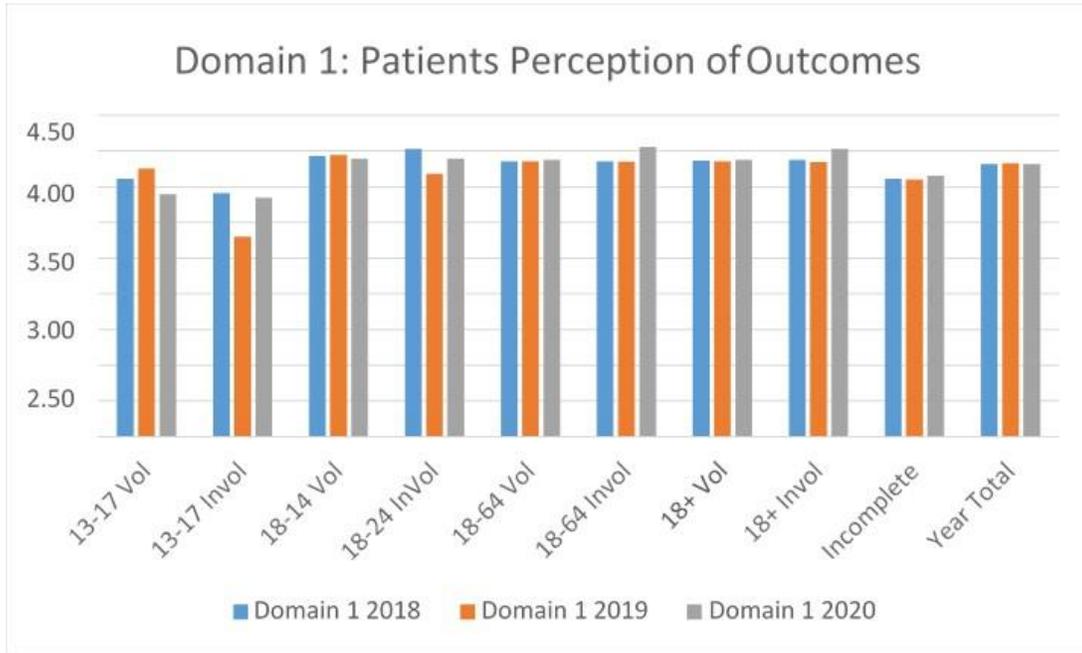


Figure 1: Domain 1 Includes Data from Items 1, 2, 4 and 5.

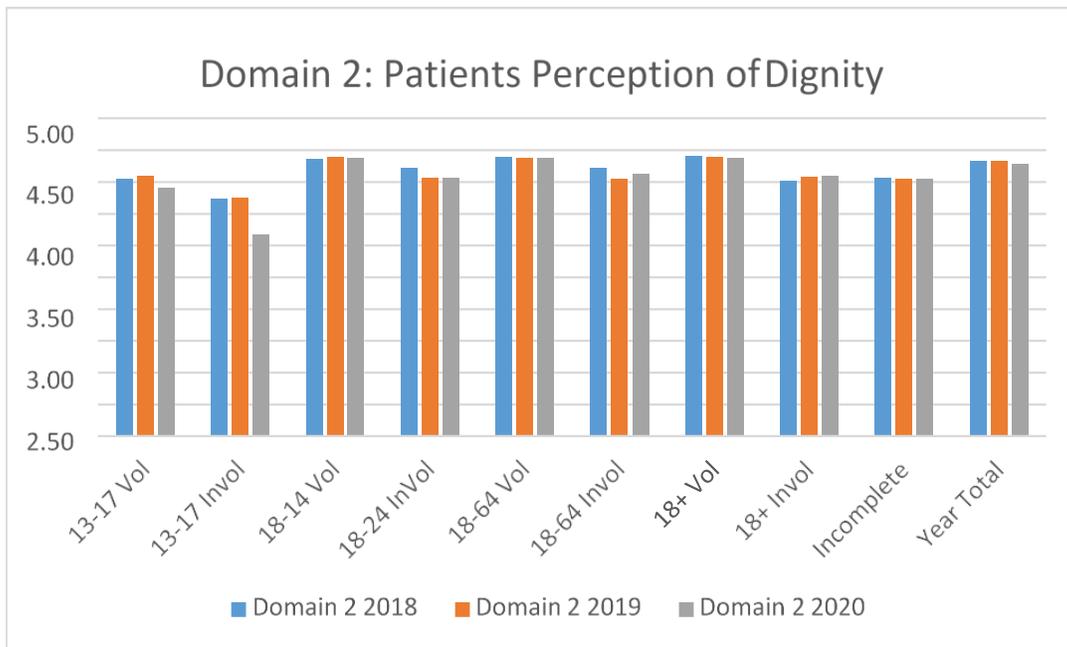


Figure 2: Domain 2 Includes Data from Items 6, 7, 8, and 9.

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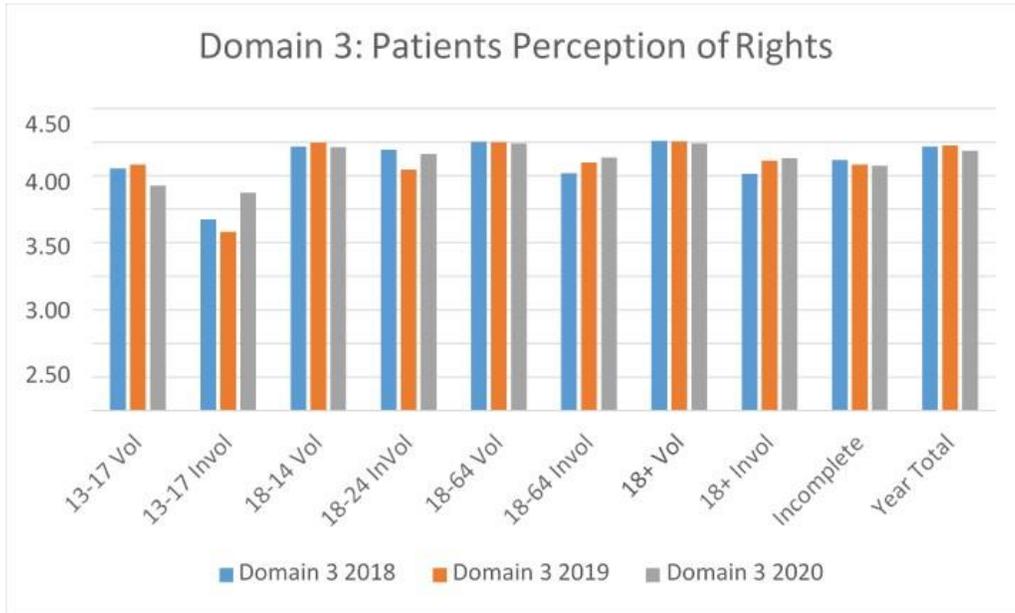


Figure 3: Domain 3 Includes Data from Items 13, 14 and 15.

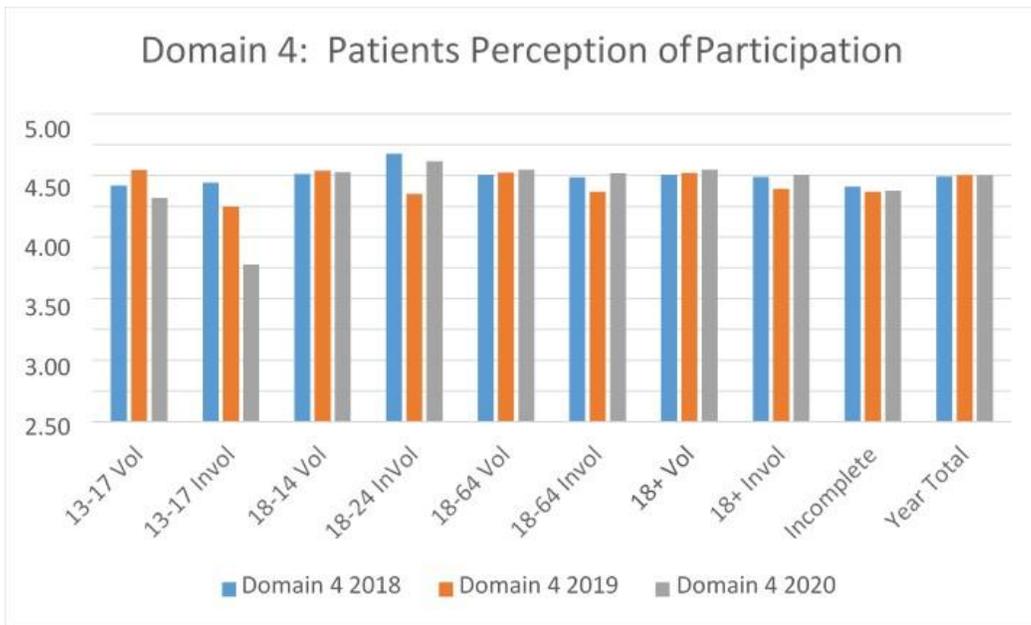


Figure 4: Domain 4 Includes Data from Items 16, 17 and 18.

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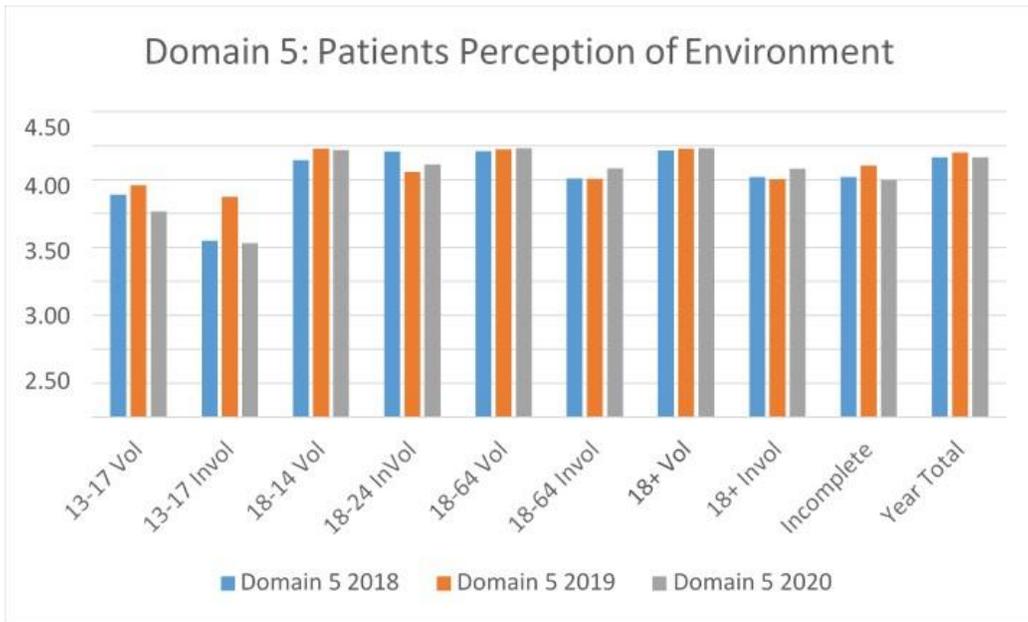


Figure 5: Domain 5 Includes Data from Items 19, 20, 21 and 22.

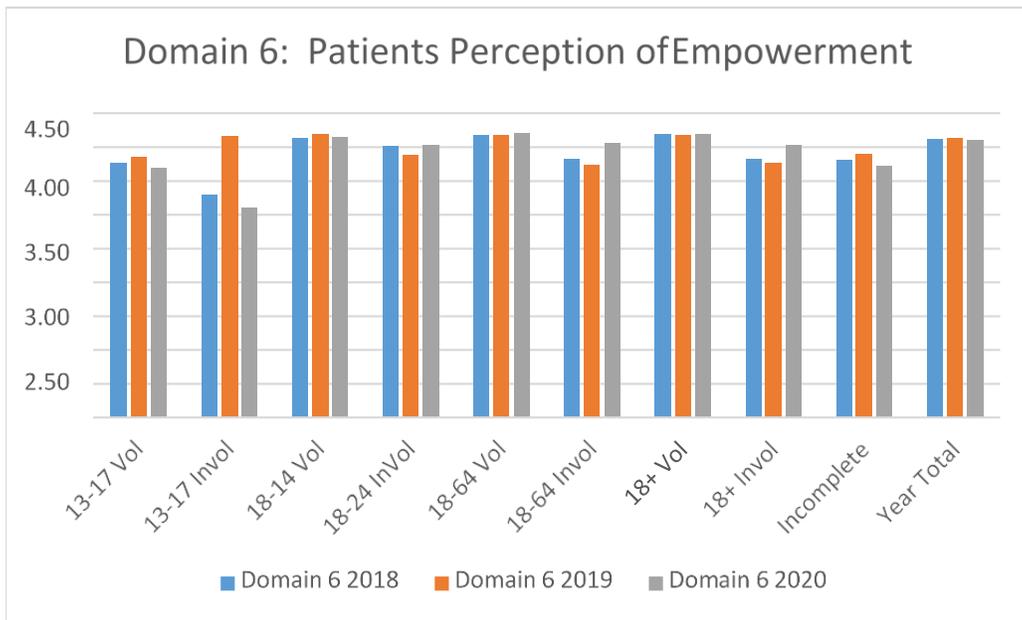


Figure 6: Domain 6 Includes Data from Items 26, 27 and 28.

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NRI Inpatient Consumer Survey Data Summary

The data from the Brattleboro Retreat NRI Inpatient Consumer Survey (ICS) suggests an overall favorable experience by patients of their care with scores greater than 3.5. However, the question “Staff were sensitive to my cultural background” was below this threshold at 2.97, and below prior year values of 3.76 in 2019 and 3.75 in 2018. DMH will discuss this concern at the next DMH-Retreat monthly meeting, and there will be a focus on improving this score. The Retreat will continue to monitor results of the ICS both internally, and in meetings with DMH, DRVT and VPS.

TREATMENT QUALITY: RATES OF INPATIENT HOSPITAL READMISSION WITHIN 30-DAYS

Thirty-day hospital readmission rates have become a quality indicator for many regulators and payers. In theory, patients who receive appropriate treatment on an inpatient psychiatric unit, as well as after discharge, will have lower hospital readmission rates. Data also suggests that discharging patients too early can result in higher readmission rates, as can inadequate outpatient services.

Brattleboro Retreat Readmission Within 30 Days January 1, 2019 - December 31, 2019			
	Admissions in 2019	Readmissions within 30-Days	Rate of Readmission 2019
Adults	3016	481	15.95%
Adolescents	444	42	9.46%
Children	239	29	12.13%
Total	3699	552	14.92%

Table 4: 2019 Readmission Rates

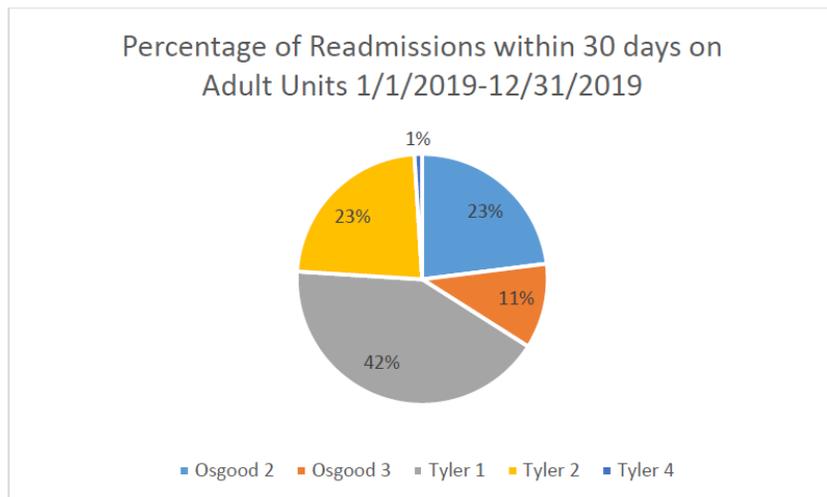


Figure 7: 2019 Rate of Adult Readmission within 30-Days

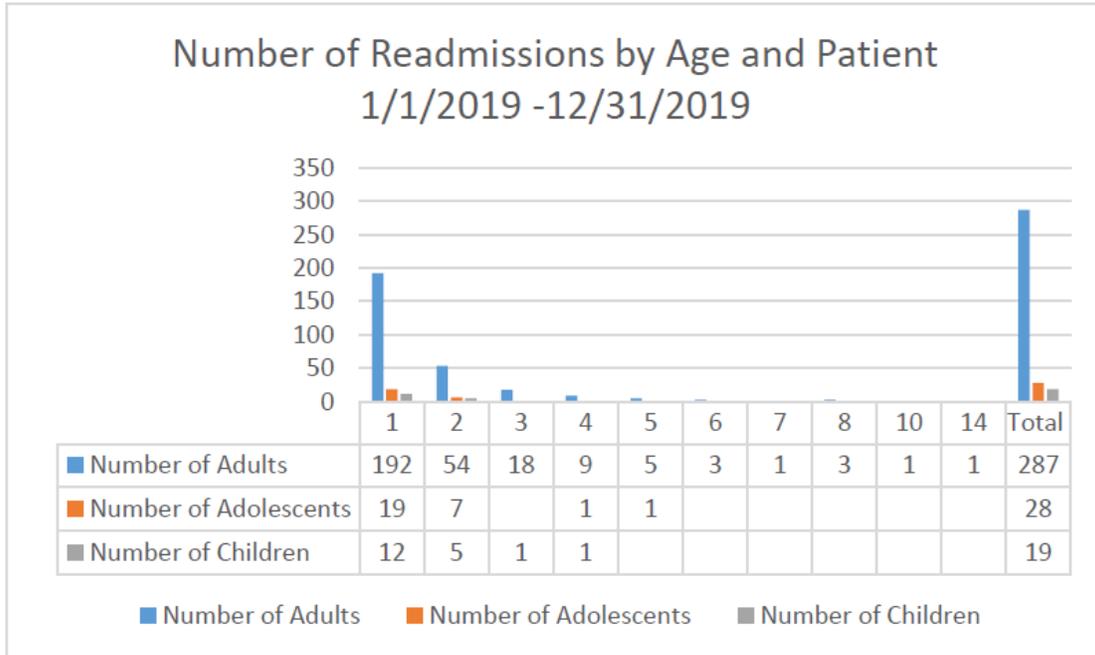


Table 5: 2019 Readmissions by Age

Brattleboro Retreat Readmission Within 30 Days January 1, 2020 - December 31, 2020			
	Admissions in 2020	Readmissions within 30 Days	Rate of Readmission 2020
Adults	1407	147	10.45%
Adolescents	310	34	10.97%
Children	156	21	13.46%
Total	1873	202	10.78%

Table 6: 2020 Readmission Rates by Age

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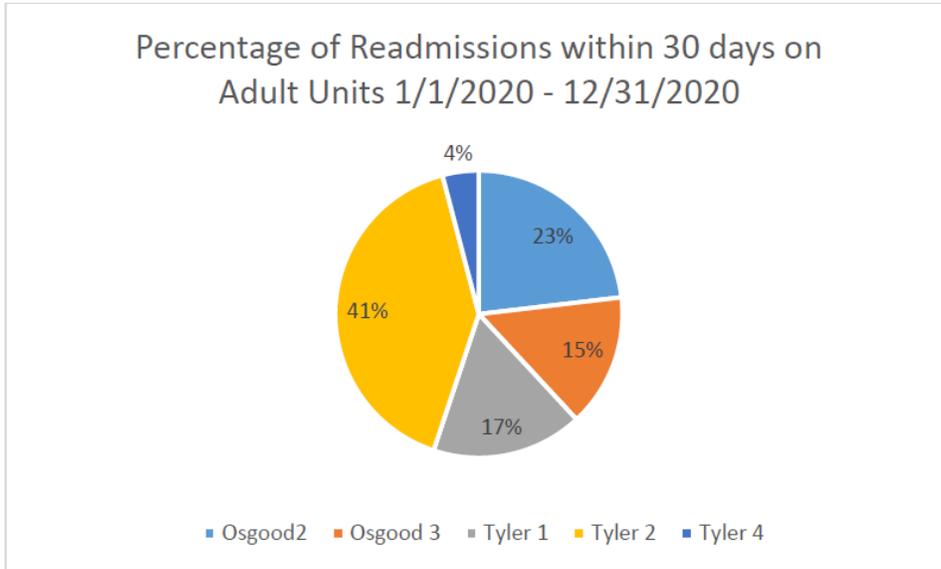


Figure 8: 2020 Rates of Adult Readmissions within 30-Days

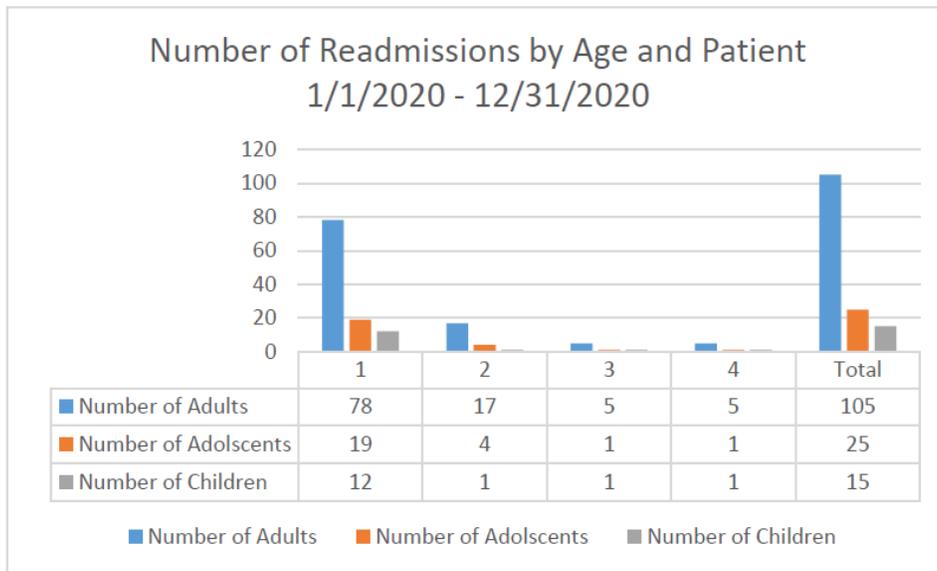


Table 7: 2020 Readmissions by Age

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Benchmarks: Inpatient Readmission Rates Nationally and in Vermont Designated Hospitals

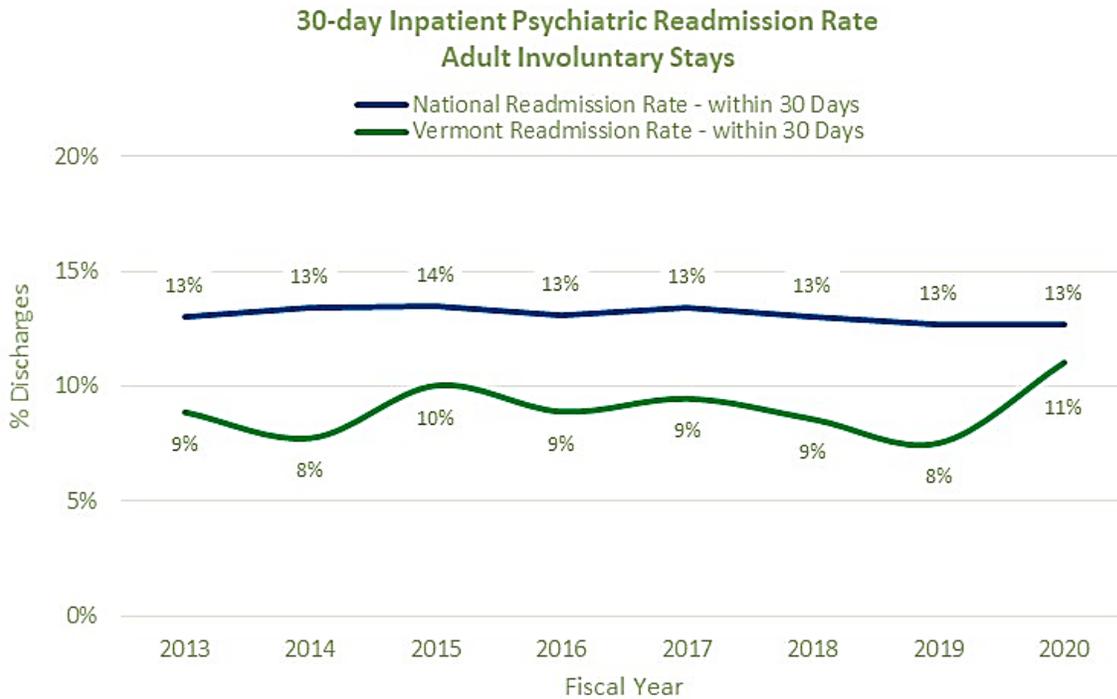


Figure 9: 2013-2020 Adult Involuntary 30-Day Readmissions

Readmission rates within 30 days of discharge were calculated and compared to national benchmarks. Most notable in 2020 is the readmission rate increase for Vermont. While only 3% increase, it brings Vermont closer to the national re-admission rate that remains level at 13% based on the 2018 National Outcome Measures (NOMS). The anomalies in Vermont’s 2020 experience likely parallels other states experiences. The next update to the NOMS will shed better light on the actual COVID-19 pandemic impacts for the nation as a whole.

Nationally, for children ages 5-17, the 30-day readmission rate for mental health admissions was 8.0%. Children who were ≤14 years old, had non-MH chronic conditions, and/or had public insurance were more likely to be readmitted than their peers. Adjusted rates varied across hospitals and were 97.9% greater for hospitals 1 standard deviation above versus below (11.2% vs 5.6%) the mean.³

³ <https://pediatrics.aappublications.org/content/pediatrics/140/6/e20171571.full.pdf>

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Summary of Hospital Inpatient Readmission Rate Data

The adult and overall readmission rates for the Brattleboro Retreat were 10.45% and 10.78% respectively, which are both below the Vermont State average of 11% and National average of 13%. This is a favorable quality indicator of treatment at the Retreat, and provides evidence that patients are not discharged prematurely.

The child readmission rate for the Retreat was 13.46%, which, because it is the only provider of inpatient child services in Vermont, is the same as the Vermont State average. This is approximately 1.7 standard deviations higher than the national average of 8%. While this is not a favorable quality indicator of treatment at the Retreat, this rate is also influenced by the quality of state outpatient services as well as the fact that the Retreat admits and treats the most seriously ill children in the state.

BRATTLEBORO RETREAT PATIENT GRIEVANCES⁴

The Brattleboro Retreat indicates that when a grievance is submitted by a patient, a patient's family member, or other support person, the staff member who receives it attempts whenever possible to address and hopefully resolve the issue(s) brought forth in the grievance. If the problem or concern cannot be addressed to the individual's satisfaction, the grievance gets escalated to the program manager and the Patient Experience Coordinator. To investigate grievances, they discuss and investigate concerns that have been raised with program managers, treatment teams, where appropriate, reviewed patient's medical records, and then follow up with patients, their families, supports, and/or providers. The Retreat reports that grievances afford them an opportunity to hear directly from patients and their families as to how they can improve their systems.

On November 1, 2019, the Brattleboro Retreat began using a new reporting system, Verge. Staff working to address complaints and grievances enter them directly into the new system, rather than transcribing a patient's grievance and forwarding it to the Patient Advocate. Complaints and grievances are marked as one of fifteen categories, which can assist monitoring trends and making systemic improvements: Access, Accommodation, Administrative Policy Dispute, Billing, Communication, Confidentiality/Privacy, Discharge Process, Environment of Care, Food Service, Pain Management, Parking, Safety, Staff Behavior, Timely Response, and Treatment. The most frequent areas of concern reported by the Retreat are around Treatment, Staff Behavior, Access, and Safety. A general description of the nature of each grievance type and steps the Retreat takes to resolve them are listed below.

1. Access: Grievances in this area can be related to a patient moving to another room, use of a cell phone, television programming, or accessing items from contraband. Program managers and treatment teams investigate these grievances and work to resolve them.
2. Accommodations: These can be concerns about ADA accommodations, cell phone use, room changes, or transfers to other hospitals. These grievances are investigated by program managers and the Patient Experience Coordinator who then addresses individual needs and works with the program and treatment teams to find a solution.

⁴ This section was heavily informed by the Brattleboro Retreat Patient Grievances Annual Report for January 1, 2020 – December 31, 2020

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3. **Administrative Policy/Dispute:** This category of grievance may be regarding restricted access to services for some time period or concerns that a staff member is not following a policy. Program managers or the Patient Experience Coordinator generally resolve these by apologizing, providing staff education as appropriate, and providing a copy of or explaining the policy.
4. **Billing:** The Retreat indicates that these are complaints are related to billing charges for care and treatment received there. After submitting the grievance, a patient is presented with an itemized bill, then additional investigation conducted if needed.
5. **Communication:** The Retreat asserts that these are usually concerns about frequency of communication with patients and families regarding treatment or supports, or family members not having access to patient information because there is not a release of information in place. These grievances are generally addressed by the program managers or providers and if they are unable to be resolved there, are escalated to the Patient Experience Coordinator.
6. **Confidentiality/privacy:** These grievances result from concerns about protected health information and about privacy while in the hospital and are investigated and addressed by program managers, the privacy officer, and Patient Experience Coordinator.
7. **Discharge Process:** These grievances include issues around lost items, delays in discharge, and patients being unable to discharge. These grievances are typically sent to the Patient Experience Coordinator and might result in reimbursement for lost or damaged property or to address issues that arose at the time of discharge.
8. **Environment of Care:** These are concerns about cleanliness on units, furniture, equipment, noise levels, room temperature, or access to equipment, supplies, or facilities. Staff address these concerns by contacting facilities or housekeeping and program managers follow up to ensure that issues are resolved.
9. **Food Service:** Grievances in this area included issues around food offered on the units, quality of food, temperature of food and beverages. These grievances are generally resolved quickly by the staff receiving the grievance, program manager, and dietary services.
10. **Pain Management:** The grievances address issues that arise around how a patient's pain is managed. These are grievances are generally addressed by the patient's provider and the program manager to look at the grievance and at ways of addressing the patient's pain.
11. **Parking:** This category is used when patients are dissatisfied with available parking or the condition of the parking areas. There have been no complaints in this area.
12. **Safety:** These include grievances where a patient has felt threatened or harassed, been assaulted, or abused by staff or another person. Also, when the milieu did not feel safe, or there are dangerous items

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in their environment or other concerns regarding security. These grievances may also include issues around restraint, seclusion, and emergency medication. When a grievance contains allegations of abuse or neglect, mandatory reports to DCF/APS are made in addition to the usual internal investigation. Program managers, the Patient Safety Officer, and the Patient Experience Coordinator collaborate to determine next steps.

13. **Staff Behavior:** These grievances identify issues around staff behavior including insensitivity, being rude/abrupt, using judgmental body language, discrimination, a lack of respect, failure to introduce themselves, rough handling of a patient, inattention, appearing to lack knowledge, and other unprofessional behavior. Program managers and the Patient Experience Coordinator investigate and follow up with the Patient Safety Officer as needed.
14. **Timely Response:** These address any delays in admission, medical treatment, or responses to patients and are investigated and addressed by program managers.
15. **Treatment:** These address access to treatment or follow up care, conflict with care, care coordination, delays in diagnosis or treatment, medication issues, patient or family involvement in care, technical skill, outcomes, violations of patient's rights, or any other treatment concern. These investigations are started by the program manager or Patient Experience Coordinator who follow up with appropriate supervisors and grievant.

SUMMARY OF GRIEVANCES

Between January 1, 2020 and December 31, 2020, the Retreat received 259 grievances from 117 individuals. Of the 259 grievances, 157 or 60.6% of them were submitted by involuntary or forensic patients. 109 of those were submitted by patients being served in involuntary status on Tyler 2. The Retreats reports they are always looking for ways to improve what they do and how their patients experience the care and treatment they receive. They use the information that they gather as they investigate complaints and grievances to review or policies and processes. Each grievance provides the Retreat an opportunity to look at how they do things and to identify ways that they might do things differently in the future. Some examples of grievances they received or trends they identified and resolutions or plans to address them are:

1. The Retreat received 8 grievances from adolescents expressing concerns that staff completing safety checks might enter the bathroom while they are showering. The Retreat acknowledged that this a problem and apologized to each of the patients and are investigating "safe" shower curtains to provide for more privacy.
2. There were several grievances about issues around the Patient Bill of Rights and grievance forms. In the Fall of 2020 the Patient Bill of Rights, the Complaints and Grievances Policy, and forms for addressing complaints and grievances were updated. The information gathered while investigating these grievances was incorporated into the modifications that were made to the grievance forms.

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- 109 of the 119 grievances submitted on Tyler 2 were from patients who had been admitted involuntarily. The majority of these grievances identified issues around discharge, conflict with care, medication issues, and interactions with staff. As a result, the Retreat is starting a performance improvement project where they are looking at ways to include more input from people with lived experience as part of their annual Patient Bill of Rights training. They are also starting to update their Involuntary Patient Bill of Rights and on developing a handout to accompany it that provides the patient more information about what to expect while involuntarily hospitalized at the Brattleboro Retreat.

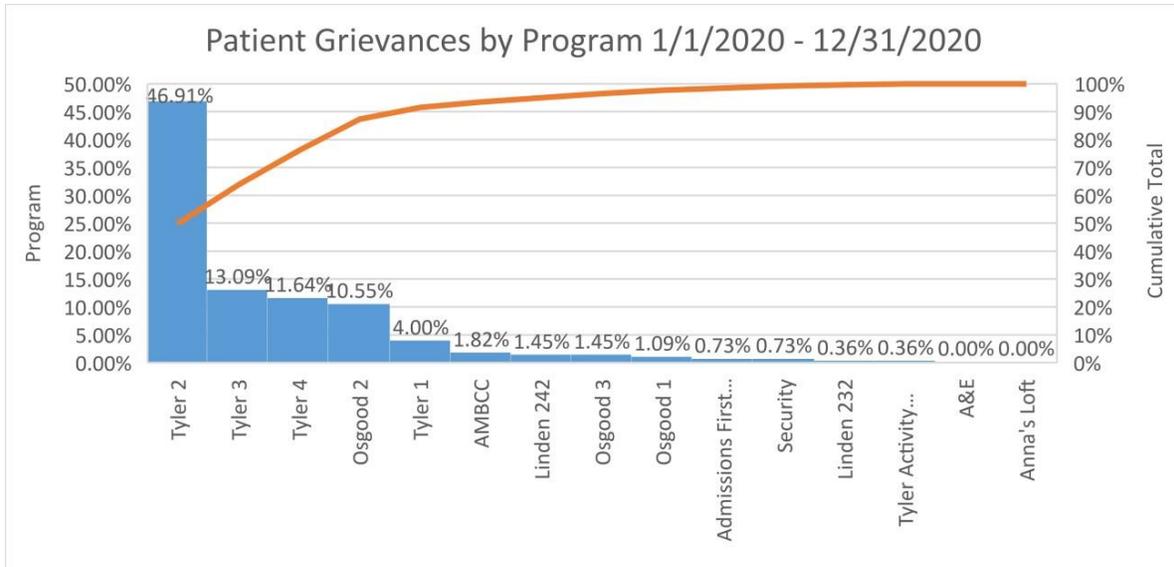


Figure 10: Distribution of Patient Reported Grievances Among Retreat Programs

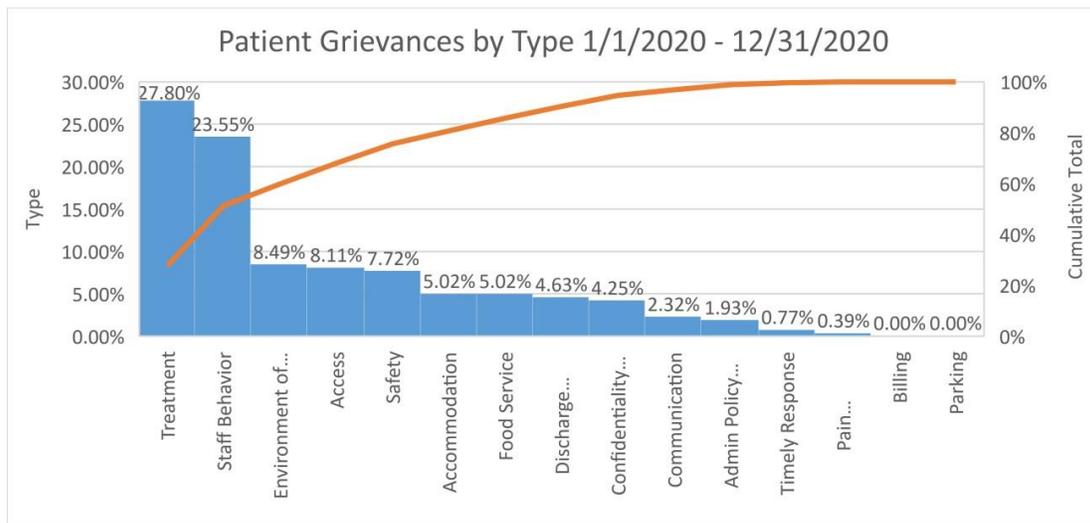


Figure 11: Distributions of Patient Reported Grievances by Category-2020

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GRIEVANCES BY PROGRAMS (1/1/2020 – 12/31/2020)		
PROGRAM	Count	PERCENTAGE
ADMISSIONS FIRST FLOOR	2	0.77%
AMBCC	5	1.93%
LINDEN 232	1	0.39%
LINDEN242	4	1.54%
SECURITY	2	0.77%
TYLER ACTIVITY SUITE	1	0.39%
OSGOOD 1	3	1.16%
OSGOOD 2	29	11.20%
OSGOOD 3	4	1.54%
TYLER 1	11	4.25%
TYLER 2	129	49.81%
TYLER 3	36	13.90%
TYLER 4	32	12.36%
TOTAL	259	100.00%

Table 8: Number of grievances submitted about each Brattleboro Retreat program

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Grievances by Type 1/1/2020 – 12/31/2020		
Grievance Type	Percentage	Count
Access	8.11%	21
Accommodation	5.02%	13
Admin Policy Dispute	1.93%	5
Billing	0.00%	0
Communication	2.32%	6
Confidentiality / Privacy	4.25%	11
Discharge Process	4.63%	12
Environment of Care	8.49%	22
Food Service	5.02%	13
Pain Management	0.39%	1
Parking	0.00%	0
Safety	7.72%	20
Staff Behavior	23.55%	61
Timely Response	0.77%	2
Treatment	27.80%	72
Total	100.00%	259

Table 9: Distributions of patient reported grievances by major categories and grievance types

BRATTLEBORO RETREAT RELATIONSHIPS WITH THE DESIGNATED AGENCIES 2021

The Brattleboro Retreat asserts its firm commitment to treating patients at the lowest level of care possible and effecting a timely discharge as soon as the patient is ready. From their first meeting on forward with a patient, they start to work on identifying aftercare needs and potential barriers to discharge. Brattleboro Retreat, DMH, and the Designated Agencies work collaboratively to address challenges, particularly around discharge planning and limited resources. When problems arise, the Director of Social Work reaches out to DMH and the Designated Agencies to resolve any issues around communication or care coordination.

The Retreat asserts that to ensure that they are as proactive as possible in addressing these issues, they have weekly calls to maintain open communication and to address issues as they arise. For children and adolescents, the Retreat has two calls on Fridays. On the first call, the Brattleboro Retreat social workers, DCF Residential Services Manager, assigned DCF social workers, and DVHA review and discuss the current presentation, course of treatment, discharge planning, and any obstacles to discharge for all patients who are currently in DCF custody. On the second call, the Brattleboro Retreat social workers, DMH Child and Adolescent Care Managers, DVHA, and Designated Agencies review and discuss the current presentation, course of treatment, discharge planning, and any obstacles to discharge for all children and adolescents who have been involuntary hospitalized or who have been voluntarily hospitalized and who are insured by Vermont Medicaid. For voluntary patients, the Retreat must also have a release to include the DA on the call. For adults, each Tuesday there is a status call where Brattleboro Retreat social workers and psychiatric providers and DMH Adult Care Managers and Legal team discuss treatment, provide updates, communicate about any issues or challenges around discharge planning, and learn about upcoming court dates for all involuntary adult patients.

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In addition to the weekly calls, the Director of Social Work periodically participates in the DA Child Youth and Family Services Directors, CRT Directors, Emergency Services Directors, Crisis Bed Mangers, and Adult Outpatient Directors Meetings to maintain open communication and to address any issues or concerns. The Brattleboro Retreat states that it is committed to maintaining a positive relationship with the Designated Agencies in hopes that the Retreat can provide a warm handoff when a patient is ready to discharge from the hospital to their next level of care.

CONNECTING WITH VERMONT PSYCHIATRIC SURVIVORS DURING THE COVID PANDEMIC

Visitation at the Brattleboro Retreat was suspended in March of 2020 due to the COVID pandemic. The Retreat reports that their IT Department worked incredibly hard to develop of the infrastructure to support a shift from much of the face-to-face work to telehealth. At that point, the Brattleboro Retreat began to work with VPS and DRVT to try to ensure that patients were still able to access support from both of these agencies.

On April 20, 2020, Christophre Woods, the Executive Director of VPS, and Alix Goldschmidt, LICSW, the Director of Social Work at the Brattleboro Retreat, began working on a plan to support VPS in connecting with adults on inpatient units during the pandemic. Christophre proposed that VPS provide iPads, and requested that the Retreat maintain an open Zoom link on units for several hours at a time during which, patients could use the iPad to connect with VPS. After much consideration, Ms. Goldschmidt concluded that it would not be possible, given the Retreat's staffing needs, to maintain open Zoom rooms for that length of time nor to monitor the iPads in that way. Instead, the Retreat and VPS together developed an alternative plan to support patients in connecting with VPS with zoom contact on an as needed basis. At the Retreat's request, VPS (and DRVT) provided updated flyers which were hung on the Adult units to provide patients with current information about how to contact VPS during the pandemic. VPS and the Retreat agreed to a plan that involved scheduling Zoom meetings, as needed. This method proved useful to several patients during the April-June time period.

Christophre Woods unexpectedly left his position in the early summer, and in early August, Tom Johnson from VPS became the Retreat's primary contact. According to the Retreat, Tom conveyed to Ms. Goldschmidt that VPS had not been receiving any calls from patients at the Brattleboro Retreat and reiterated that they could provide iPads. Ms. Goldschmidt again reiterated that the challenge was not the equipment, but the staff time necessary to supervise the equipment. She explained again that patient secure Zoom rooms are available on some of the units, and described the process that she and Mr. Woods had agreed to. Tom explained that VPS was in the process of hiring and training new Patient Representative and that he wanted to wait until they were ready to re-evaluate the plan.

In late September, Karim Chapman became VPS's new Executive Director and Laura Shanks and Carter Kinoy were hired as new Patient Representatives. In October when the COVID-19 numbers in Vermont were low, Ms. Goldschmidt and the Infection Prevention Nurse worked to develop a plan to allow Laura to safely make an in-person visit to Tyler 2 and Carter to safely make in-person visits to Tyler 4. After creating these plans and introducing them to the Clinical Nurse Managers, social workers, and other treatment team members on the units, the pandemic worsened in Vermont, and the Retreat stopped having visitors onto units. Subsequently, the Retreat and VPS agreed that VPS would provide a dedicated VPS iPad for each unit for Tyler 2, Tyler 4, and Osgood 2. They further agreed that Peer Representatives would make themselves available by Zoom during

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specific windows of time. Social workers on each of these units would work with patients and other staff to introduce and support this new practice.

In early November, the iPads were ready. The staff from T2 met with Laura and identified 2-4pm on Tuesdays and Thursdays and the staff from T4 met with Carter and identified 1-3pm on Mondays and Thursdays. The IT department set up Zoom accounts for each of these devices to support these meetings and any other meetings that might need to be set up outside of these times. VPS again provided updated flyers which were hung on the units and informational cards which were put out on the units.

According to the Retreat, on both Tyler 2 and Tyler 4, unit social workers have been talking to patients about opportunities to meet with Patient Representative from VPS and representatives and put up a sign-up sheet for each of the days. For the first several weeks, patients were not signing up and social workers were encouraging patients to call or offering to assist with making initial contact. Over the past 6 weeks, patients have begun to sign up independently and some patients have expressed looking forward to talking with Laura and Carter. For example, in the third week in January, three patients on Tyler 4 signed up to talk to Carter and one signed up to talk to Laura. The Retreat recognizes that the best option is to bring the Patient Representative back onto the units and are working with the Infection Prevention nurse to support this happening as soon as safely possible.

The Brattleboro Retreat has taken steps to improve communication with VPS and DRVT. Moving forward, the VPS Patient Representatives and the Retreat Patient Experience Coordinator will meet monthly to check in. Additionally, a monthly Act 140 Meeting with VPS and DRVT was established in December of 2020 to review trends in grievances and to review patient experience of care data. Finally, the Voice of the Consumer was re-introduced in new employee orientation via Zoom on January 4, 2021. The Retreat plans to return to an in-person presentation as soon as it is safely possible.

BRATTLEBORO RETREAT AVERAGE LENGTH OF STAY DATA

The average length of an inpatient hospital stay (LOS) is a widely used indicator of hospital performance. This indicator is seen as a measure of hospital efficiency and correlated to treatment costs. Like many measures, this measure cannot be viewed alone, as a hospital could attempt to lower costs by discharging patients prematurely, resulting in a shorter LOS. Alternatively, hospital stays could be extended if a hospital generally provides poor quality of care.

Average Length of Stay per Unit			
Unit	2018	2019	2020
Tyler 1	5.9	6	5.6
Tyler 2	10.1	11.9	13.5
Tyler 3	10.6	12.1	15.1
Tyler 4	86.8	74.4	65.9
Osgood 1	15.8	14.7	16.1
Osgood 2	6.4	6	8.3
Osgood 3	6.8	7.1	5.9

Table 10: Brattleboro Retreat Average Length of Stay Data 2018-2020

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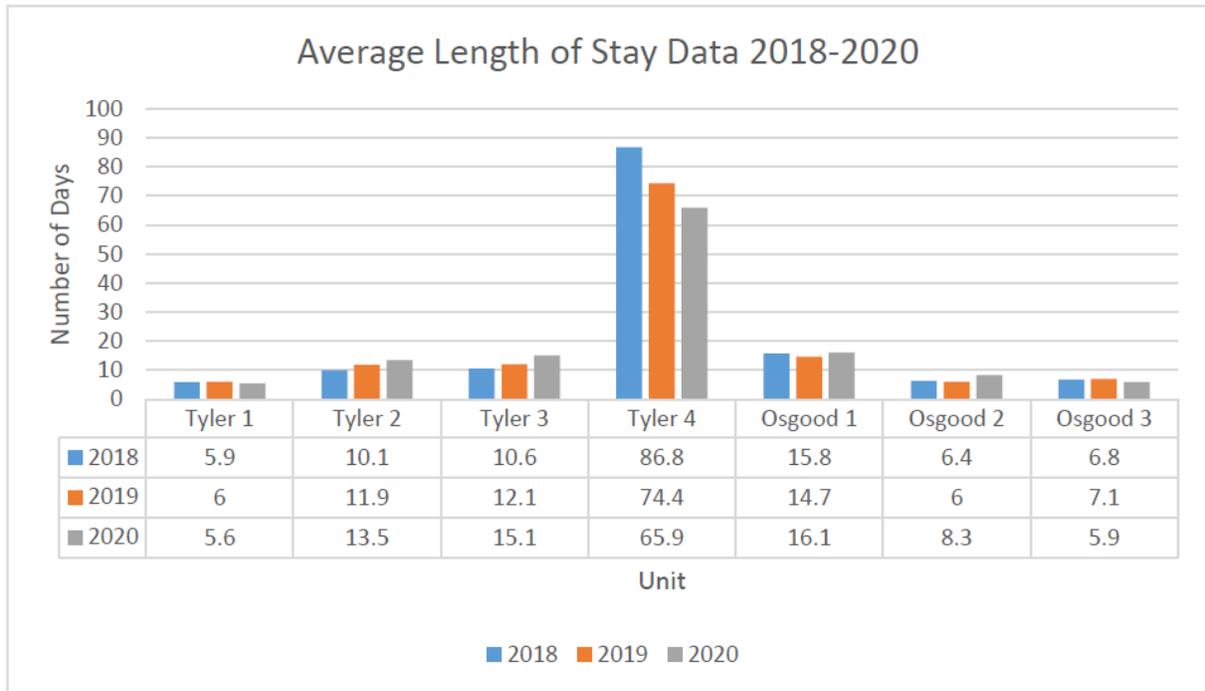


Table 11: Average Length of Stays 2018-2020

Data Notes:

- Osgood 3 closed in March of 2020
- Tyler 1 stopped accepting co-occurring patients in April 2020 with a goal of becoming a pandemic surge site.
- Discharge and placement became more complicated in March of 2020, due to the infection control measures that pandemic.
- The ratio of involuntary to voluntary patients on Tyler 2 increased during pandemic.

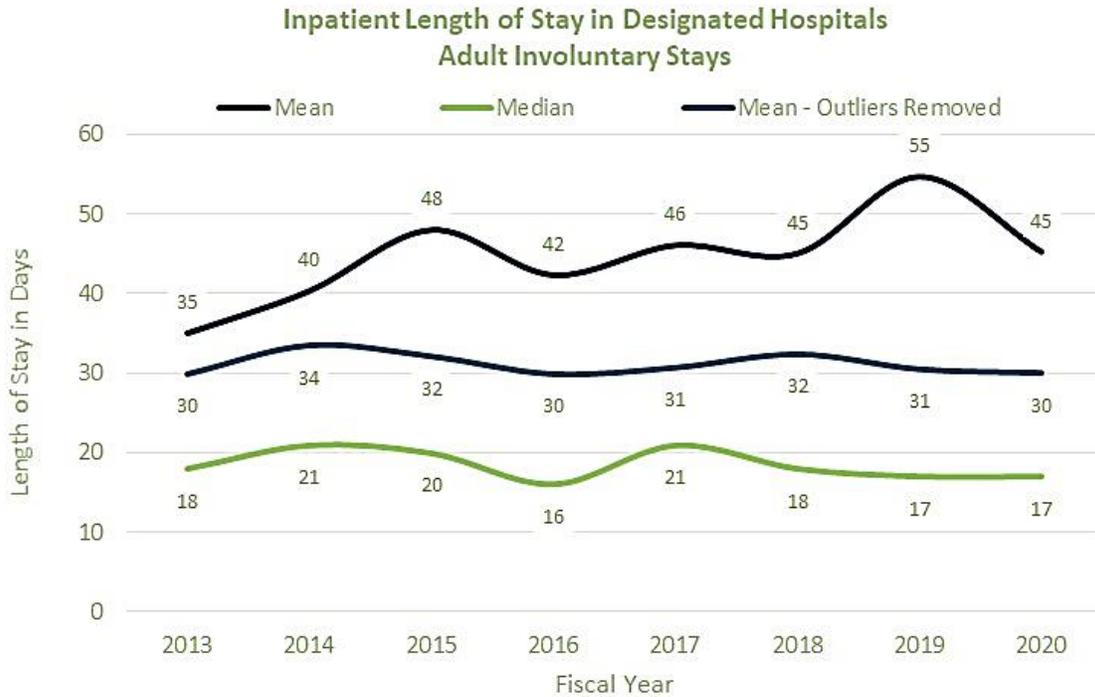


Figure 12: Inpatient Adult Involuntary Length of Stays 2013-2020

The figure above depicts the mean and median lengths of stay (LOS) for psychiatric patients from FY 2013 through FY 2020. A mean length of stay of 45 days in 2020 from a high of 55 days in 2019 is likely an artifact of the COVID-19 pandemic and a less reliable indicator of system trend in 2020 overall. The mean length of stay is also calculated by removing outliers, patients whose overall length of stay exceeds 180 days, which was two standard deviations from the average based on a five-year selection of inpatient stays. When removing outliers, mean length of stay is identical to 2019 and appears generally stable with caveat that COVID-19 impacts to bed capacity are a factor in this outcome. The same can be assumed in the median length of stay that is also identical to 2019. Maximizing effective use of inpatient hospitalization, availability of aftercare supports and treatment services, and community connection and resources post-discharge remain central to reducing length of stay.

Summary of Average Length of Stay Data

The average length of inpatient stays at the Retreat varies based on the treatment unit, and have been generally stable since 2018, with a slightly decreasing length of stay on Tyler 4. As the designated Level 1 unit at the Retreat, Tyler 4 also has the longest length of stay at 65.9 days.

Vermont data, above, shows an average length of stay for adult involuntary patients of 45 days, a median of 17 days, and with outliers removed, and average of 30 days. Data for involuntary patients is expected to be longer than for voluntarily admitted patients, due to the often more severe level of symptoms of patients who meet the involuntary admission criteria.

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National data shows an average length of stay for inpatient mental health units of 10 days, +/-3 days. However, there is wide variability in average lengths of stay. For example, “Stays were longer at psychiatric hospitals than at general acute care facilities and at hospitals with a greater percentage of Medicare patients and patients with serious mental illness and a higher rate of readmission...Hospital type and case mix, along with the presence of housing resources funded by county mental health programs, were found to be associated with variations in length of hospitalization.”⁵

NRI BEHAVIORAL HEALTHCARE PERFORMANCE MEASUREMENT SYSTEM (BHPMS) 2019-2020

The Brattleboro Retreat utilizes the NRI Behavioral Healthcare Performance Measurement System (BHPMS), which serves all accredited state psychiatric hospitals, along with several private psychiatric hospitals. The BHPMS supports all performance measures required by The Joint Commission and the Centers for Medicaid and Medicare (CMS) for psychiatric facilities. NRI also provides benchmarking for performance comparisons. The Brattleboro Retreat “NRI HBIPS Monthly Comparison Charts with Targets”, which is part of the BHPMS, can be found as Attachment 3. The following is a summary of the NRI data for the overall Retreat population over the past two years.

Screening: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission. The NRI Goal for Screening is 95%, and the Retreat met this goal in 5 of the past 24 months for its overall population.

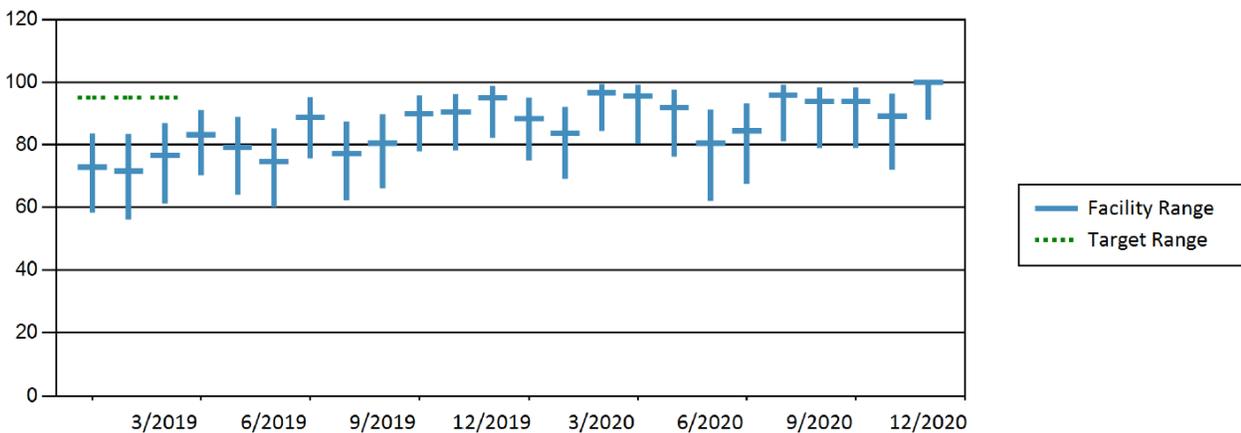


Figure 13: Screening

⁵ <https://pubmed.ncbi.nlm.nih.gov/22751995/>

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Physical Restraint: Number of hours clients spent in physical restraint for every 1000 inpatient hours.

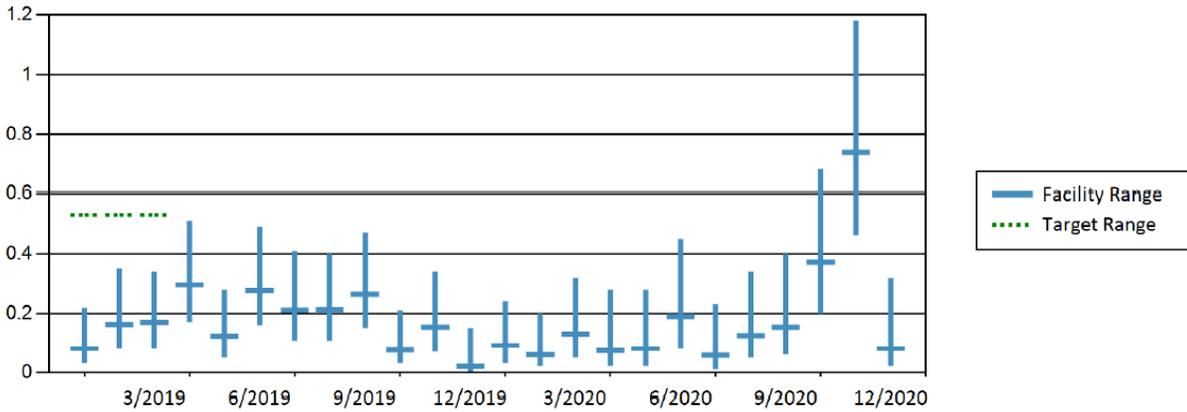


Figure 14: Physical Restraint

The NRI Goal for Physical Restraint is 0.53, and the Retreat met this goal in 23 of the past 24 months for its overall population.

Seclusion: Number of hours clients spent in seclusion for every 1000 inpatient hours.

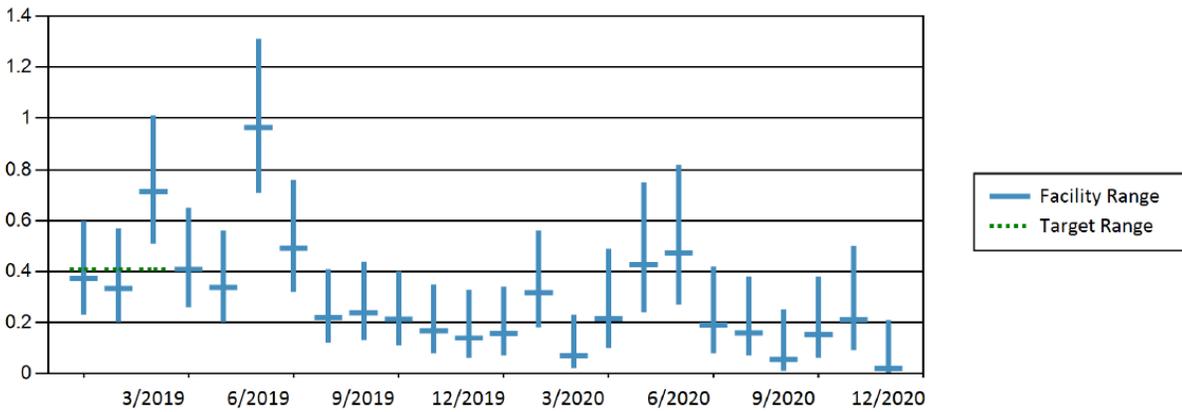


Figure 15: Seclusion

The NRI Goal for Seclusion is 0.41, and the Retreat met this goal in 19 of the past 24 months for their overall population.

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Multiple Antipsychotics: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication.

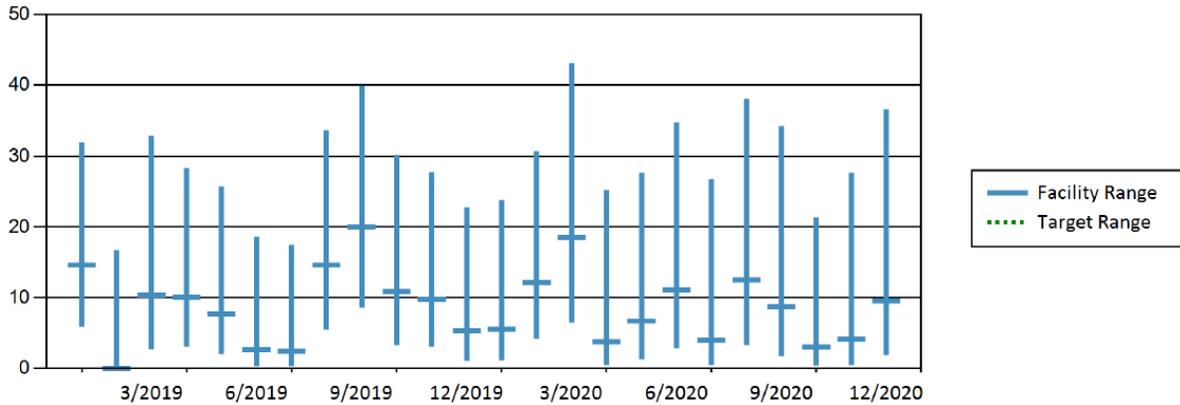


Figure 16: Multiple Antipsychotics

There is not a specified NRI Goal for the measurement of Multiple Antipsychotics, although the Retreat’s rates were better than the average NRI Group Rate in 22 of the past 24 months for its overall population.

Multiple Antipsychotic with Appropriate Justification: Percent of clients with appropriate justification for discharge on multiple antipsychotic medications.

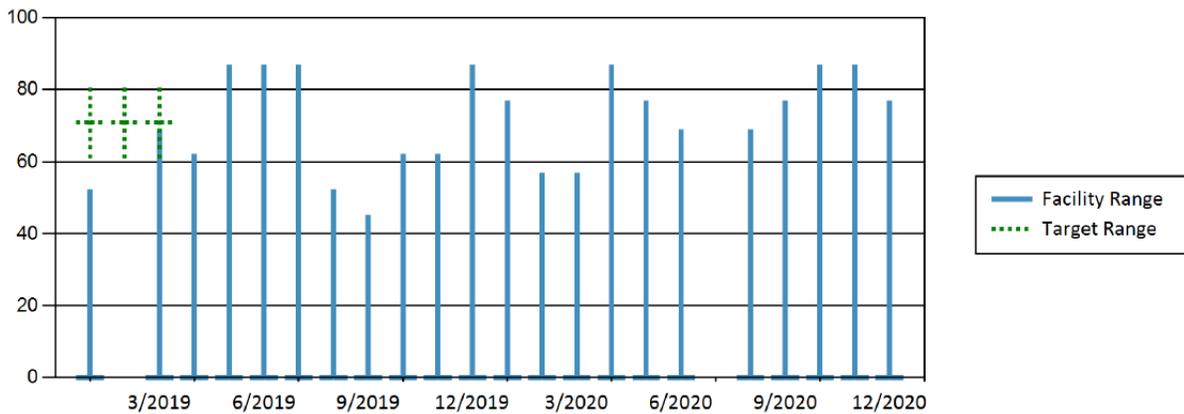


Figure 17: Multiple Antipsychotics with Appropriate Justification

The NRI Goal range for Multiple Antipsychotics with Appropriate Justification is 61-80.5, and the Retreat met this goal in 24 of the past 24 months for its overall population.

Summary of NRI Behavioral Healthcare Performance Measurement System (BHPMS)

Insights from this data suggest further investigation is warranted into how the NRI data might be used in the DMH hospital designation process. There will be an ongoing discussion of this topic with the Retreat, DRVT and VPS as well as within DMH.

BRATTLEBORO RETREAT INPATIENT CARE: EMERGENCY INVOLUNTARY PROCEDURES⁶

The Brattleboro Retreat asserts that they have identified the reduction of use of seclusion and restraint as a priority for their organization in 2021. While their use of emergency involuntary procedures remains largely comparable to the national average, they recognize the need for continuous improvement and alignment with the communities' needs. They aim to improve their collection and use of data for meaningful use in identifying practical tools, assessments, and planning strategies for milieu management to create an environment of respect and therapeutic healing. Brattleboro Retreat administration has identified the use of *Six Core Strategies* as a key strategy of their path forward in this endeavor.

The Brattleboro Retreat provides patient-centered, quality-focused, and trauma-informed care across their multiple patient populations spanning childhood through advanced age. For the Retreat, and many others, 2020 has been the impetus to re-evaluate the manner in which they deliver compassionate mental health and addiction care to those in need, in the least restrictive environment possible. This year, the Brattleboro Retreat has undergone many changes with the goal of recommitting to providing excellent care to patients in crisis and prioritizing their inpatient services. The demands of Covid-19 have required the Retreat to adapt to changes in skilled workforce, as well as the increased mental health needs of their community arising as a result of this difficult time. The Retreat inpatient programs have been restructured to provide the best care to the greatest number of patients in light of the changing landscape of acute psychiatric and addiction care.

Brattleboro Retreat Current State

Despite a decline in the Retreat's overall census, they notice acute pockets of restraint and seclusion procedures that exceed their historical internal rates as well as national benchmarks. Their analysis of this concern determined that while their total census has declined, their hospital census of level one and involuntary patients has remained consistent. This has created an increased ratio of high patient acuity. As voluntary patients have become weary of inpatient hospitalization, the needs of patients experiencing acute mental health crises requiring involuntary inpatient hospitalization have remained constant. These mental health challenges occur as community supports have struggled to transition to a remote model in the wake of the Covid-19 pandemic. The Retreat continues to reflect on past practices, consider new care-delivery models, and commit to continuous performance improvement.

⁶ This section reflects the Retreat's Report: Review and Analysis of Emergency Involuntary Procedures and Quality Improvement Goals 2020

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2020 Restraint and Seclusion Rates

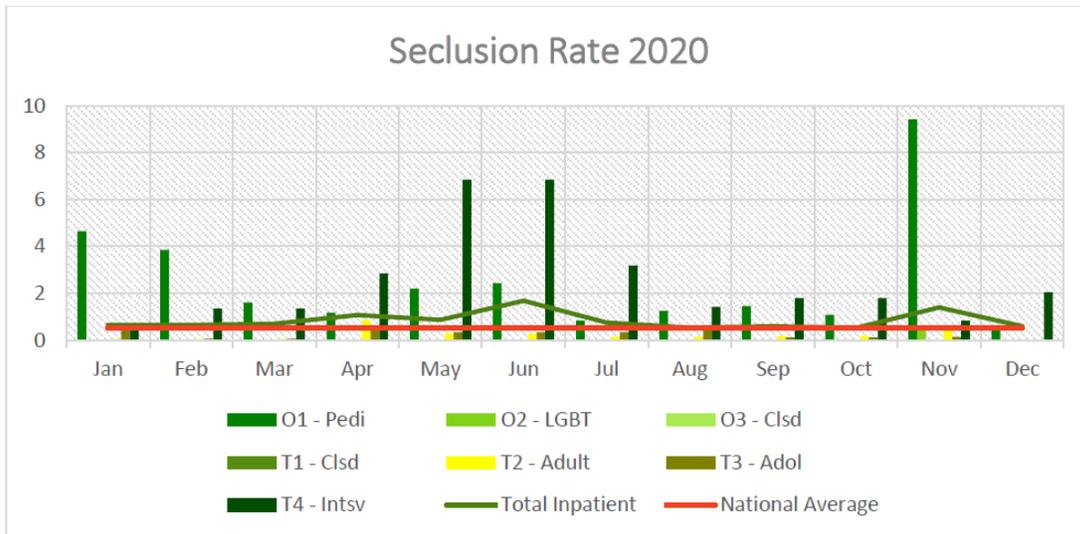


Figure 18: 2020 Seclusion Rates

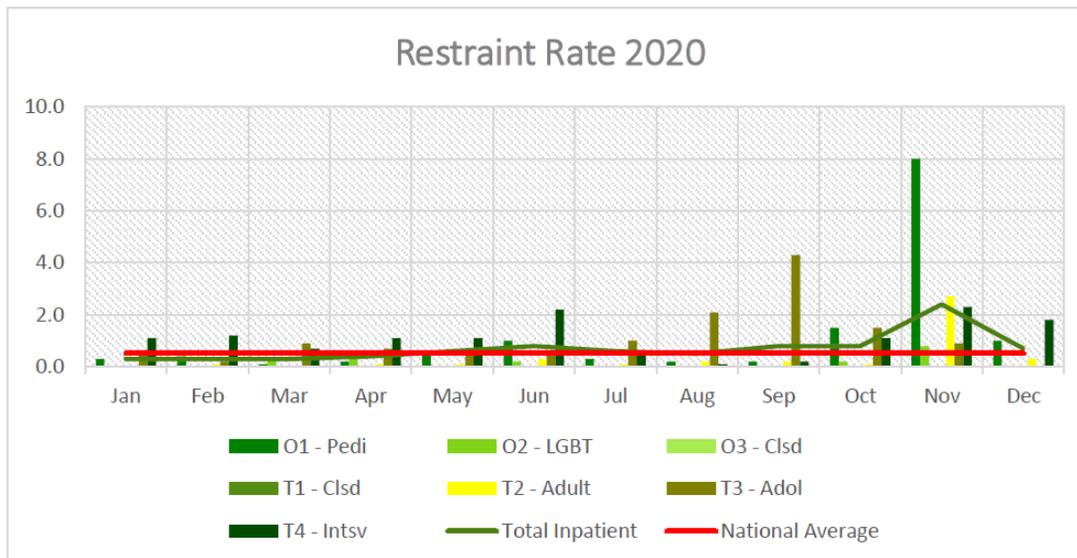


Figure 19: 2020 Restraint Rate

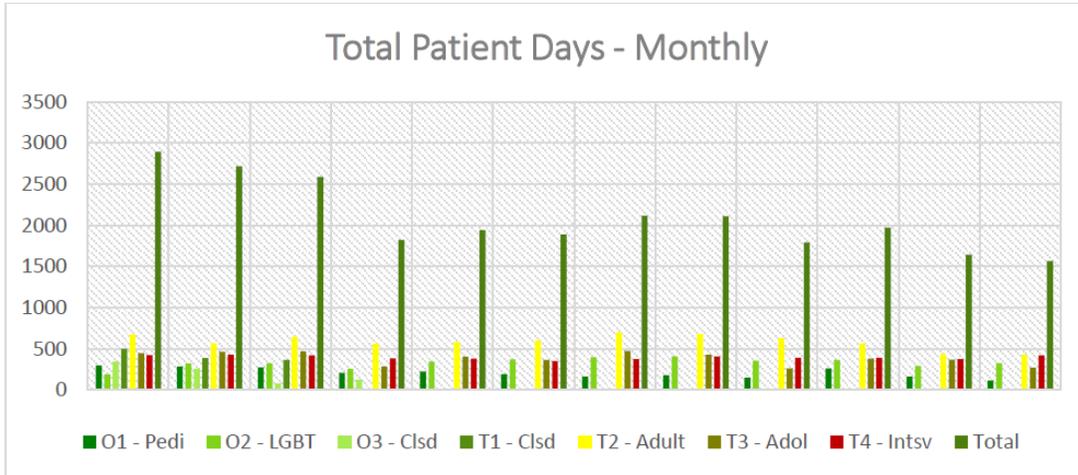
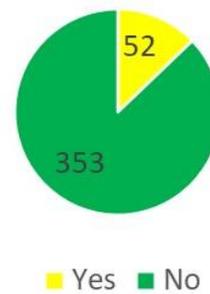


Figure 20: Total Patient Days

12.8% (52 of 405 total) of individuals that had at least one inpatient stay at the Brattleboro Retreat experienced an EIP. The Brattleboro Retreat recognizes the need to dig deeper into this data to extrapolate meaningful interventions to reduce emergency involuntary procedures (EIPs). In October, the Retreat finalized changes to software that enables them to better track the context of their EIPs. This gives the Retreat the ability look more closely at the circumstances surrounding each CON and the corresponding EIPs. The following will focus on data from the final quarter of the year.

Quarter 4
Individual Experience of EIP



Osgood 1 – Pediatric Inpatient

The month of November displays a sharp increase in both restraints and seclusions on the Retreat Pediatric unit, Osgood 1. They were able drill into this increase and note that approximately 89% of the CONs on Osgood 1 in the month of November were related to a single patient. The remaining CONs can be narrowed to a handful of individuals for the duration of the month. The figure below reflects individual CONs, which may yield more than one EIP to safely resolve each behavioral incident. The following two figures address the specific time associated with individual procedures.

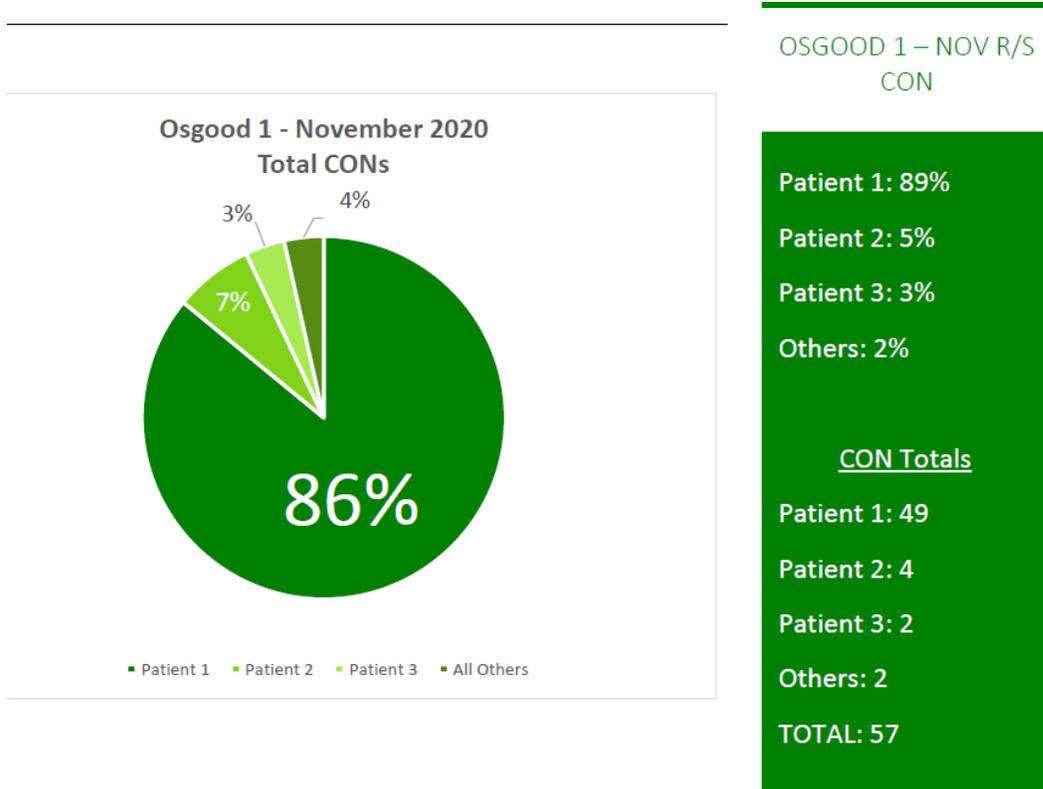


Figure 21: Osgood 1 CONs

Concerns Identified and Good Practice Observed

The rate of restraint and seclusion for patient 1 is outside of the Retreat’s acceptable norm. Their treatment team took the following steps to address concerns over this patient’s care:

- Daily assessment of progress and planning by treatment team.
- Regular communication with DCF to address social determinants/concerns.
- Regular communication with DMH to address ideal level of care.
- Case conferences to determine appropriate plan of care for behavioral issues versus psychiatric crisis and safety plan.
 - This patient’s plan of care included mechanical restraint or seclusion as a last resort for a labile behavioral pattern of violence.
 - Introduction of multiple coping mechanisms and coordination of an acceptable home for placement eventually led to patient meeting criteria for discharge.
 - This patient will likely continue to re-appear until long term residential care can be secured.

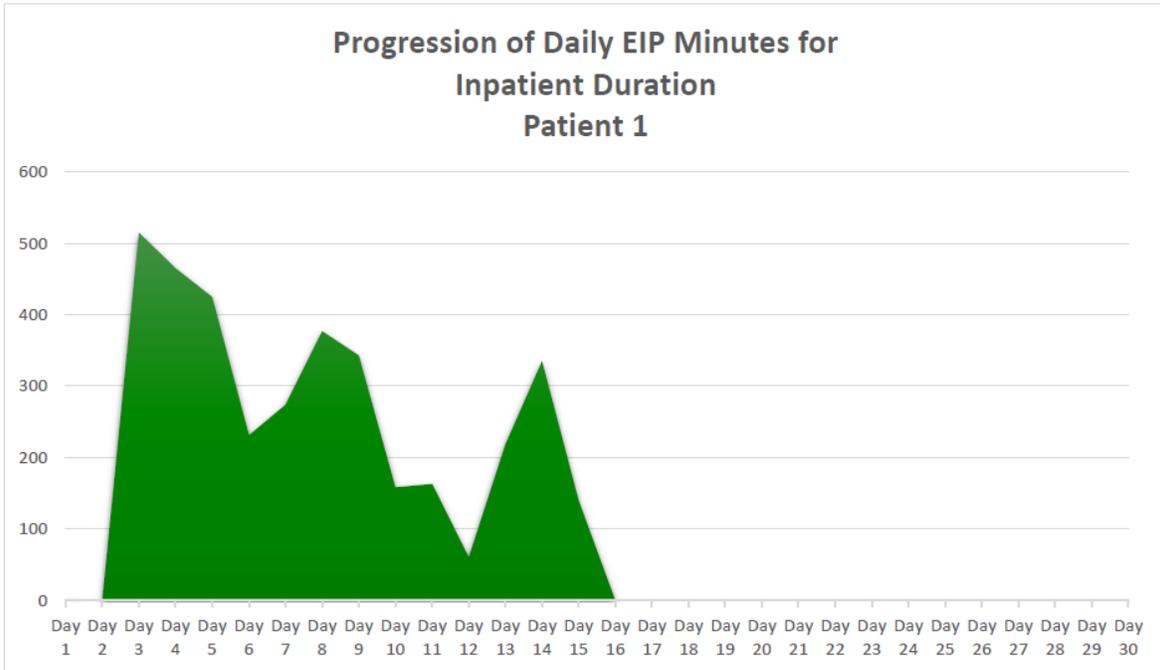


Figure 22: Progression of Daily EIP Minutes for Inpatient Duration

Tyler 2

Tyler 2 also saw restraint and seclusion rates outside of their established patterns. In looking deeper at the conditions that lead to this sharp increase the Retreat saw that, again, one individual was a driver of these numbers.

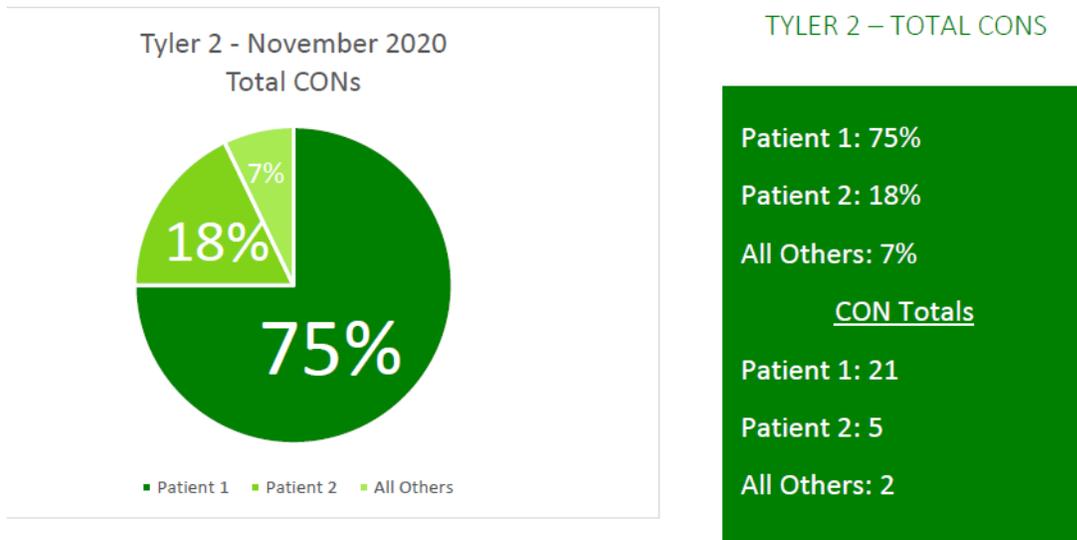


Figure 23: Tyler 2 CONs

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Concerns Identified and Good Practice Observed

The Tyler 2 treatment team quickly addressed concerns of increasing rates of restraint and seclusion for Patient 1:

- Daily assessment of progress and planning by treatment team.
- Consultation with occupational therapy team for individualized treatment planning and interventions.
- Coordination with community stakeholders to solidify safe and appropriate discharge plan.

The figure below illustrates the successful reduction of r/s interventions required from the first day of admission through this patient’s discharge.

Patient 1 was admitted under involuntary status for a duration of 21 days.

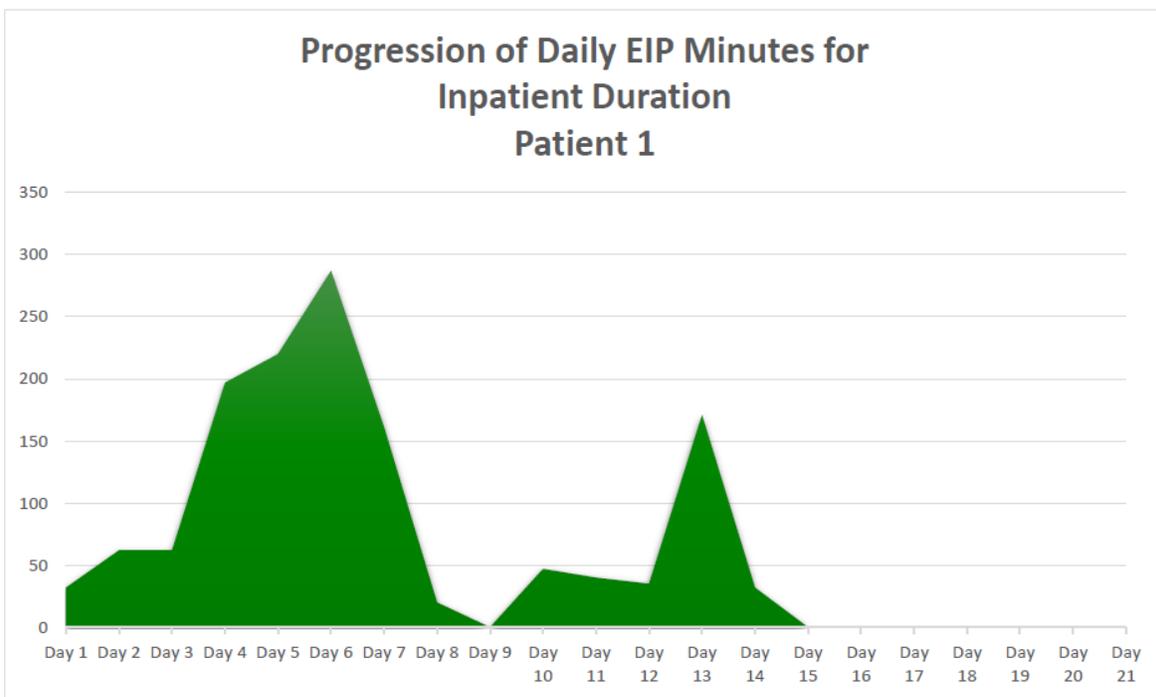


Figure 24: Progression of Daily EIP Minutes for Inpatient Duration

Tyler 4

The Retreat's final area of concern in the Fourth quarter is Tyler 4. Tyler 4 is their Level 1 – intensive unit and typically reports the highest rates of EIPs. The rate of restraint and seclusion was not significantly outside of the Retreat's typically reported range.

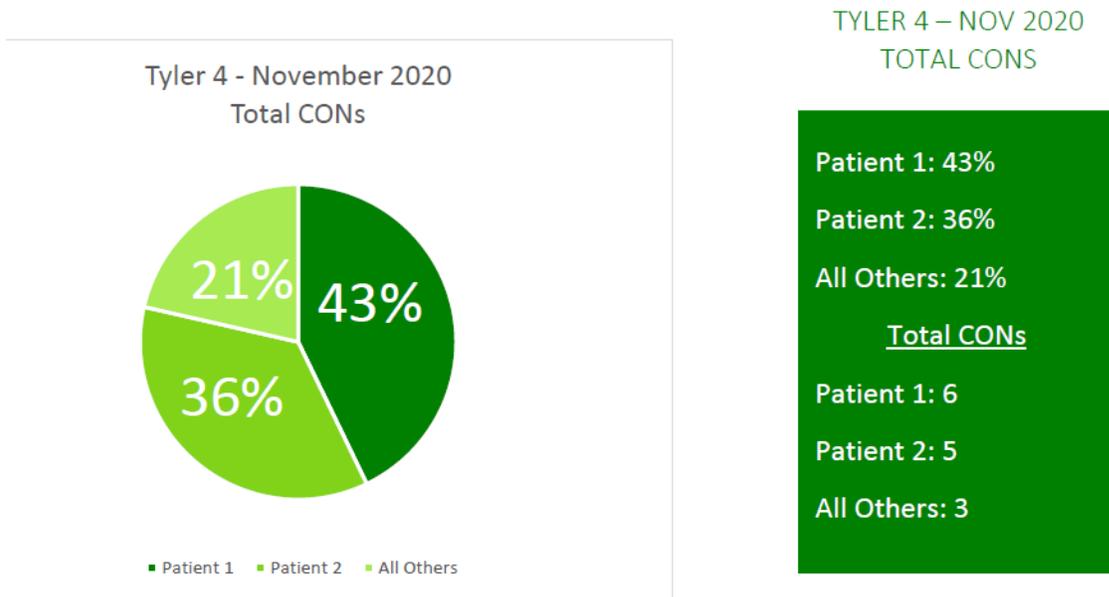


Figure 25: Tyler 4 CONs

Concerns Identified and Good Practice Observed

Tyler 4 is a more complex unit as it houses the majority of the Brattleboro Retreat's level one patients. In looking at November, which displays the sharpest increase in rates of restraint and seclusion, there are 2 individuals that account for the majority of CONs filed.

Patient 1 is a forensic patient with a significant history of violence, while Patient 2 is a long-term involuntary patient with labile episodes of violence. Because of the duration of admission compounded by the acuity found in this unit, more dynamic treatment planning is necessary.

Treatment planning remains ongoing for Tyler 4 with interdisciplinary case conferences to address a continued prioritization of safety, while moving toward the goal of reduced rates of emergency involuntary procedures. Tyler 4 is continuously:

- Utilizing low stimulation environments to reduce the need for restraint and seclusion.
- Continuously updating individualized recreational options for long-term inpatient population do decrease monotony of therapeutic activities.
- Continuous treatment team coordination with DMH to seek less restrictive long-term placement options where/if appropriate.

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Key Recommendations from All Findings

Continued coordination with DMH to fully utilize statewide resources for patients with complicated placement needs.

- Continued coordination with DCF to promote therapeutic options in the best interest of the child.
- Identify and expand on coping skills and motivational factors associated with resolution of violent/self-injurious behaviors for individuals most at risk for needing emergency intervention.
- Increase the use of case conferences for patients with extended inpatient admissions and/or high utilization of EIPs.

EIP-Related Quality Initiatives for 2021

- Improved data collection and reporting of behavioral emergencies.
 - Utilization of real-time tracking data for individualized treatment planning and patient care.
- Completion of transition to Advanced CPI™.
 - Evidence-based best practice for patient safety.
 - Tracking of outcomes related to this change.
- Transition from ACT/DBT training to Evidence Based Behavioral Intervention Training (EBBIT).
- Implementation of Six Core Strategies to Prevent Conflict, Trauma and Violence Towards Reducing the Use of Seclusion and Restraint (S/R) ©.

Conclusion

While delivering excellent patient care has long been a priority at the Brattleboro Retreat, they maintain that this period of transition affords them the opportunity to re-examine their quality assurance process as a whole. Their commitment to a data-driven, evidence-based model of care depends on the consistent and holistic evaluation of their internal policies, processes and procedures.

Collaboration of leadership and direct patient care staff will provide targeted solutions to the individualized concerns of each of their patient care areas for a sustained reduction of restraint and seclusion procedures.

BRATTLEBORO RETREAT QUALITY IMPROVEMENT PROJECT: SIX CORE STRATEGIES

The Brattleboro Retreat is implementing Six Core Strategies (6CS), an evidence-based framework to reduce restraint & seclusion, improve patient & staff safety while working to improve morale. These are just some of the goals they hope to achieve in their adoption of Six Core Strategies as a framework to support their journey toward excellent psychiatric care in Vermont.

The Brattleboro Retreat 6CS team consists of hospital leaders across disciplines who will participate in training and develop workgroups with the focus of implementing key activities for each strategy, these strategies include:

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- Leadership and Organizational Change
- Debriefing Practices
- Data to Inform Practice
- Peer and Family Engagement
- Workforce Training
- Preventative Tools

This work will serve as a guideline to improve recovery-based practices through the minimization of aggression, and therefore, the need to restrain. By lessening the frequency of restraint the Retreat will also minimize the opportunity for staff or patients to become injured. Staff have expressed a desire to feel more confident, gain a better understanding of treatment options and have a practical, “in the moment” tool-kit for the management of aggression to prevent the escalation to violence and potential injury from restraint.

Dr. Kevin Huckshorn and Dr. Janice LeBel provided education to some Retreat staff over this past summer. That education was recorded and the content is available through the Vermont Cooperative for Practice Improvement & Innovation (VTCPI’s) Learning Management System. This material will be shared with the Retreat leadership team as an introduction to Six Core Strategies. Staff will learn about the program’s success in hospitals, not unlike the Brattleboro Retreat, and see that these strategies are effective in reducing restraint and seclusion, reducing staff and patient injuries, and improving staff morale.

This project will be implemented in a thoughtfully staged manner over the course of this year and perhaps into next. Updates on progress will be provided upon request. The support and commitment of Senior Leaders at the Brattleboro Retreat along with the support of VTCPI and State Partners puts the Retreat on the path to success with this project. They are excited to get started and learn to move their organization to a beacon of recovery care in Vermont.

DMH QUALITY: EMERGENCY INVOLUNTARY PROCEDURE / CERTIFICATE OF NEED REVIEW PROCESS

DMH is making changes internally to its Emergency Involuntary Procedure (EIP) / Certificate of Need (CON) review process. As of January 27th, 2021, DMH initiated a Review Workgroup that will meet twice monthly to review all the CONs received from Designated Hospitals since the prior meeting. This includes all CONs for involuntary patients, as well as CONs for voluntary patients at the Retreat. DMH will review the CONs for documentation and clinical practice trends, and specifically for the following core elements:

- Explanation of the rationale for the EIP.
- Risk of adverse side effects, current medical issues, history of trauma
- De-escalation measure utilized or attempted before the EIP
- Staff orientation of patient as to the necessity for the procedure, and how the procedure can be terminated.
- Patient checked for injuries.
- Notification of guardian or person designated by the patient
- Staff observation of the patient throughout the procedure, including vital signs, circulation ADL’s, fluids, and range of motion.

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- Regular assessments for the necessity of the continuation of the procedure. The documented rationale for its continuation, cognizant of the need to end the procedure at the first opportunity when the immediate danger of serious physical harm to the patient or others is no longer indicated.
- Clear data points of beginning of procedures and end of procedures.

Any practice improvement recommendations or significant deviations of the above review points would indicate a DMH review with the Designated Hospital of record. In addition, all Brattleboro Retreat CONs, both involuntary and voluntary, are being sent to Disability Rights Vermont (DRVT) for review.

DESIGNATED AGENCY (DA): BRATTLEBORO RETREAT COLLABORATION

As part of Act 140, the DMH clinical team has solicited feedback from the Designated Agencies about their perception of quality of care at the Brattleboro Retreat. This feedback was gathered at separate meetings with the DA Adult Outpatient Program Directors, DA Medical Directors, DA Community Rehabilitation and Treatment (CRT) Directors, and DA Child, Youth and Family Services Directors. The feedback, which varied between DAs, and also within DAs, is summarized below while retaining the specific language as much as possible.

Adult Services

The following strengths were noted with Brattleboro Retreat quality of care and patient care experiences for adult services:

Admissions

- At the last few medical staff meetings, the Medical Director had a few psychiatrists say how good the communication has been with the Retreat. The Retreat reached out about the care of their patients, and the clinicians were pleased with the communication.
- The Retreat is willing to take patients that other hospitals will not take.
- The Retreat admission staff are generally very professional and responsive. They are easy to talk to and share information back and forth.
- For clients getting admitted, the coordination goes well.

Treatment

- Clients report that the groups are good and daily expectations are clear.
- Patients express that they want to stay longer at the Retreat, which DAs see as positive feedback about their care experience.

Communication and Discharge Planning

- One DA said they get access to the Retreat's assessments quickly, so they do not need to do another full clinical assessment. This helps them to assign the patient to a clinician and step-down groups immediately.
- There has been generally good success at getting records from the Retreat.

Vermont Department of Mental Health

- DA prescribers have had good experiences touching base at admission and discharge with the Retreat psychiatrists.
- Two DAs reported good collaboration with Retreat. It has improved a lot over the past six-months. There are no problems with admissions or discharges. Overall, they did not get any negative feedback from other Designated Agency staff, and they feel that communication and collaboration are good.
- The Retreat has gotten better about letting the DA know when patients are admitted. This improved when the DA said the Retreat needed authorization from the DA treating psychiatrist for admission.
- HCRS is the closest DA to the Retreat, and generally their experience is good.
- The Retreat generally calls the DA early in treatment and agreements are generally followed.
- Retreat prescribing is usually prescriber dependent. Some prescribers are good about calling and collaborating, and others are not as good. They had a patient with many difficulties, and the Retreat got the individual back on clozapine. The Retreat was very thoughtful about side effects and lab parameters.
- Discharges are going well.

This review also notes several opportunities for improvement with Retreat quality of care and patient care experiences for adult services:

Admissions

- The Retreat tends to lose new admission referral paperwork, and the DA will need to resend it.
- One DA psychiatrist said they usually call the Retreat and not wait for them to call. This helps, because a treatment discussion can inform the Retreat of diagnoses and plans so medication changes are more focused and planned.

Treatment

- A client has said they were exposed to very traumatic situations while they stayed there. This made their own symptoms much worse at the time and made them feel unsafe.
- Families have felt frustrated with the communication and how quickly meds are changed upon arrival at the Retreat.
- Before COVID, the DAs heard from patients that they were unhappy with the remote telehealth appointments with psychiatrists and wanted to see someone in person instead.
- Multiple medications are sometimes started simultaneously. They may be trying to get efficacy bursts, but the research does not support this practice and not as much attention is paid to long term side effects.
- Some DAs thought the Retreat's fast and multiple medication prescribing has to do with DVHA reviews suggesting that patients do not need to be on an inpatient unit if medications are not being actively changed.

Communication and Discharge Planning

- There is little communication for discharge planning.

Vermont Department of Mental Health

- There are ongoing issues with discharge planning, including with appointments and prescriptions.
- The Retreat may call at the last minute about a discharge. For example, if an acute patient is being discharged on Friday, it can be hard to provide intake/crisis support.
- Patients are sometimes discharged sooner than anticipated.
- Discharge planning is not happening soon enough, even with people who are already DA clients. It needs to happen in a timely way. DAs would like planning discussions throughout the treatment course.
- One DA had some vulnerable high-risk people discharged in a way that felt precipitous.
- There is walk-in open access at HCRS and some other DAs, but it would be good if the Retreat called the day of discharge to schedule an appointment time and not just rely on the walk-in access.
- It used to be more standard for patients to get referred to a stepdown program or group, and now they are often just referred for individual therapy.
- Sometimes Retreat social workers are not aware of the details of the case.

Child, Youth and Family Services

The following strengths were noted with Brattleboro Retreat quality of care and patient care experiences for child, youth and family services:

Admissions

- Grateful that the Retreat exists.
- Admissions generally managed by screeners who know how to make the process work.
- The Retreat is admitting those patients who need to be admitted.
- The admissions process generally works well once they have all the information they need.
- They are the only child unit in the state, and eventually they will take our kids. We do not have much luck when we refer child admissions to CVPH (Champlain Valley Physician's Hospital, NY).

Treatment

- The feedback from kids has all been positive and have had kids ask to go back to the Retreat when they are struggling.
- The Retreat gives good treatment. We find that most kids have a solid experience there.
- The DA recently heard a lot of positives from a case manager. They have a patient with difficult issues there now and there has been a lot of good teamwork with the Retreat.
- The Retreat will hold onto kids longer if needed, and this is helpful.
- They had a recent intense case, and the family was grateful for the Retreat team, evaluation and safety of their child.

Communication and Discharge Planning

Vermont Department of Mental Health

- There is good communication with the Retreat, and they have worked hard on developing that over the years.
- Communication has been better with residential programs.
- Friday calls with the Retreat have been very helpful. They feel like they are working together with the Retreat and figuring out what is going on and what needs to happen next. DA staff think these meetings are positive.
- There has been a shift over the last six-months to being more collaborative. There have been lots of calls from social workers, and the involvement of supervisors.
- Alix Goldschmidt at the Retreat is always eager to meet to problem solve and solicit feedback.

This review also notes several opportunities for improvement with Retreat quality of care and patient care experiences for child and family services:

Admission

- Emergency department wait times vary. We have kids go the same day, and some kids wait for a week or more. Stated reasons for the long waits include that they do not have beds or staffing, or the child or unit is too acute.
- The Retreat is reluctant to admit kids with any medical complexity.

Treatment

- Often there are many medication changes in a short period of time. The DA psychiatrist needs to spend a lot of time undoing these changes after discharge.
- Sometimes the Retreat will give a new diagnosis without a proper assessment, particularly autism.
- Schools

The Retreat does not consult with the school to gather information during the course of admission, and does not include the school in treatment and discharge planning. There is a lack of documentation provided to the school from the Retreat on discharge including recommendations and safety planning.

There are many cases in which all or most of the mental health services provided to the family are through the school. In addition, many families need assistance navigating the system to establish the recommended services that come out of a Retreat admission. Generally, the schools are willing to offer information, collaborate, and support the family in setting up those services. The school also needs information on the timing of discharge and return to school to be adequately prepared to support re-entry. The lack of communication provides multiple challenges for the re-entry and can again create a loss of stability that may have been achieved from the intervention. In many cases, school case managers call the Retreat and do not receive a response, even when parents confirm they have signed releases in the majority of those cases.

Communication and Discharge Planning

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- They are not always great around discharge communication. Sometimes we find out after the fact that a kid has been discharged. Other times the collaboration is really good.
- Psychiatrist: I have been contacted only twice for kids going into the Retreat in the past ten-months. Medications will be started at the Retreat, sometimes hefty amounts, and we have not heard justification for this nor does it match the formulation or diagnoses that our DA has for these kids. We are left in a bind of continuing medications without proper justification.
- The Retreat discharge information for families is hard to decipher, so sometimes families are not aware of the accurate medication list.
- Discharge recommendations are not passed on to providers. The Retreat struggles with discharge communication in a timely fashion.
- It can be hard to provide the recommended Coordinated Services Plan (CSP) meeting within 15 days of discharge.
- The distance for families to travel is an issue, but this is a systems issue, not a Retreat issue.

DISABILITY RIGHTS VERMONT AND VERMONT PSYCHIATRY SURVIVORS: COLLABORATION WITH BRATTLEBORO RETREAT

See Attachment 4: “Comments Offered by DRVT for the Act 140 Legislative Report”

STATUS AND NEXT STEPS

As a condition of further State funding, the General Assembly requires quality oversight measures be implemented by the Brattleboro Retreat, under the oversight of the Department of Mental Health, for the monitoring and improvement of quality and patient care experiences. To this end, DMH has facilitated monthly meetings with Disability Rights Vermont (DRVT) and Vermont Psychiatric Survivors (VPS) to discuss quality of care and patient care experiences at the Retreat. Separately, DMH's clinical team and the clinical leads at the Brattleboro Retreat have been meeting monthly to review quality issues, including service delivery, clinical practices, practice improvement and training, case review, admission and discharge coordination, and other patient care and safety topics.

The Brattleboro Retreat underwent a DMH Quality Review for Hospital Inpatient Unit Redesignation and maintained its hospital designation status.

The data from the Brattleboro Retreat NRI Inpatient Consumer Survey (ICS) suggests an overall favorable experience by patients of their care with scores greater than 3.5. However, the question "Staff were sensitive to my cultural background" was below this threshold at 2.97, and below prior year values of 3.76 in 2019 and 3.75 in 2018. DMH will discuss this concern at the next DMH-Retreat monthly meeting and consider how this might be improved. The Retreat will continue to monitor results of the ICS both internally, and in meetings with DMH, DRVT and VPS.

Hospital Inpatient Readmission Rate Data

- The adult and overall readmission rates for the Brattleboro Retreat were 10.45% and 10.78% respectively, which are both below the Vermont State average of 11% and National average of 13%. This is a favorable quality indicator of treatment at the Retreat, and provides evidence that patients are not discharged prematurely.
- The child readmission rate for the Retreat was 13.46%, which, because it is the only provider of inpatient child services in Vermont, is the same as the Vermont State average. This is approximately 1.7 standard deviations higher than the national average of 8%. While this is not a favorable quality indicator of treatment at the Retreat, this rate is also influenced by the quality of state outpatient services as well as the fact that the Retreat admits and treats the most seriously ill children in the state.

Grievances: When grievances are submitted by a patient, a patient's family member, or other support person, the Retreat staff member who receives it attempts whenever possible to address and hopefully resolve the issue(s) brought forth in the grievance. If the problem or concern cannot be addressed to the individual's satisfaction, the grievance gets escalated to the program manager and the Patient Experience Coordinator. The Retreat investigates grievances and the concerns that have been raised with program managers, treatment teams. Where appropriate, the Retreat reviews patient's medical records, and then follows-up with patients, their families, supports, and/or providers. On November 1, 2019, the Brattleboro Retreat began using a new reporting system, Verge. Staff addressing complaints and grievances were able to enter them directly into the new system, rather than transcribing a

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patient's grievance and forwarding it to the Patient Advocate. Complaints and grievances now fall into 15 categories: Access, Accommodation, Administrative Policy Dispute, Billing, Communication, Confidentiality/Privacy, Discharge Process, Environment of Care, Food Service, Pain Management, Parking, Safety, Staff Behavior, Timely Response, and Treatment. The most frequent areas of concern are around Treatment, Staff Behavior, Access, and Safety. A general description of the nature of each grievance type and steps the Retreat took to resolve them are reviewed in this report.

The Brattleboro Retreat provided narrative on its relationship and collaboration with the Designated Agencies.

The Brattleboro Retreat worked with Vermont Psychiatric Survivors to provide connections to adult patients through an iPad, and also incorporated VPS participation in the Retreat orientation process.

Average Length of Stay Data

- The average length of inpatient stay data was reviewed for the Retreat. These numbers vary based on the treatment unit, and have been generally stable since 2018, with the exception of a slightly decreasing length of stay on Tyler 4. As the designated Level 1 unit at the Retreat, Tyler 4 also has the longest length of stay at 65.9 days.
- Vermont data, above, shows an average length of stay for adult involuntary patients of 45 days, a median of 17 days, an average of 30-days with outliers removed. Data for involuntary patients is expected to be longer than for voluntarily admitted patients, due to the often more severe level of symptoms of patients who meet the involuntary admission criteria.
- National data shows an average length of stay for inpatient mental health units of 10 days, +/-3 days. However, there is wide variability in average lengths of stay. For example, “Stays were longer at psychiatric hospitals than at general acute care facilities and at hospitals with a greater percentage of Medicare patients and patients with serious mental illness and a higher rate of readmission...Hospital type and case mix, along with the presence of housing resources funded by county mental health programs, were found to be associated with variations in length of hospitalization⁷.”

NRI Behavioral Healthcare Performance Measures: The Brattleboro Retreat utilizes the NRI Behavioral Healthcare Performance Measurement System (BHPMS), which serves all accredited state psychiatric hospitals, along with several private psychiatric hospitals. The BHPMS supports all performance measures required by The Joint Commission and the Centers for Medicaid and Medicare (CMS) for psychiatric facilities. NRI also provides benchmarking for performance comparisons. The Brattleboro Retreat “NRI HBIPS Monthly Comparison Charts with Targets”, which is part of the BHPMS, can be found as Attachment 3. The following is a summary of the NRI data for the overall Retreat population over the past two years.

- Screening: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient

⁷ <https://pubmed.ncbi.nlm.nih.gov/22751995/>

Vermont Department of Mental Health

strengths is completed within 3 days of admission. The NRI Goal for Screening is 95%, and the Retreat met this goal in 5 of the past 24 months for its overall population.

- Physical Restraint: Number of hours clients spent in physical restraint for every 1000 inpatient hours. The NRI Goal for Physical Restraint is 0.53, and the Retreat met this goal in 23 of the past 24 months for its overall population.
- Seclusion: Number of hours clients spent in seclusion for every 1000 inpatient hours. The NRI Goal for Seclusion is 0.41, and the Retreat met this goal in 19 of the past 24 months for its overall population.
- Multiple Antipsychotics: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication. There is not a specified NRI Goal for the measurement of Multiple Antipsychotics, although the Retreat's rates were better than the average NRI Group Rate in 22 of the past 24 months for its overall population.
- Multiple Antipsychotic with Appropriate Justification: Percent of clients with appropriate justification for discharge on multiple antipsychotic medications. The NRI Goal range for Multiple Antipsychotics with Appropriate Justification is 61-80.5, and the Retreat met this goal in 24 of the past 24 months for its overall population.

Insights from this data suggest further investigation is warranted into how the NRI data might be used in the DMH hospital designation process. There will be an ongoing discussion of this topic with the Retreat, DRVT and VPS as well as within DMH.

The Brattleboro Retreat provided a review and analysis of emergency involuntary procedures with accompanying quality improvement goals, including a focus on Six Core Strategies to reduce seclusion and restraint.

DMH Review of Emergency Involuntary Procedures and Certificates of Need: DMH is making changes internally to its Emergency Involuntary Procedure (EIP) / Certificate of Need (CON) review process. As of January 27th, 2021, DMH initiated a Review Workgroup that will meet twice monthly to review all the CONs received from Designated Hospitals since the prior meeting. This includes all CONs for involuntary patients, as well as CONs for voluntary patients at the Retreat. DMH will review the CONs for documentation and clinical practice trends, and specifically for nine core elements. Any practice improvement recommendations or significant deviations of the above review points would indicate a DMH review with the Designated Hospital of record. In addition, all Brattleboro Retreat CONs, both involuntary and voluntary, are being sent to Disability Rights Vermont (DRVT) for review.

The DMH clinical team solicited feedback from the Designated Agencies about their perception of quality of care at the Brattleboro Retreat. This feedback was gathered at separate meetings with the DA Adult Outpatient Program Directors, DA Medical Directors, DA Community Rehabilitation and Treatment (CRT) Directors, and DA Child, Youth and Family Services Directors. The feedback varied between DAs and within DAs. Areas of opportunity centered around the admission and discharge processes, and treatment coordination and communication with outpatient teams. This information will be discussed at both the DMH-Retreat and the DMH-DRVT/VPS meetings, and the Retreat will work to improve quality

Vermont Department of Mental Health

in these specified areas. DMH will have ongoing discussions with the Designated Agencies to solicit feedback on Retreat progress.

Disability Rights Vermont (DRVT) and Vermont Psychiatric Survivors (VPS) provided feedback on their collaboration with the Brattleboro Retreat. DRVT understands that ongoing Act 140 meetings and improvement efforts will continue and is committed to collaborating with all stakeholders to obtain the needed improvements in services and access to information required to raise access and quality of care for Vermonters with inpatient mental health treatment needs at the Brattleboro Retreat and throughout Vermont's mental health system.

DMH will continue to facilitate monthly meetings with Disability Rights Vermont (DRVT) and Vermont Psychiatric Survivors (VPS) to discuss quality of care and patient care experiences at the Retreat. Separately, DMH's clinical team and the clinical leads at the Brattleboro Retreat will continue to discuss quality issues, including service delivery, clinical practices, practice improvement and training, case review, admission and discharge coordination, and other patient care and safety topics. In addition, the Brattleboro Retreat will present their quality data and review this report at the next DMH meeting with DRVT and VPS on February 16th, 2021. These ongoing meetings, continued collaboration, and data monitoring will provide measurable feedback on Retreat progress in quality and patient care experiences.



State of Vermont

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12/18/2019

Dr. Louis Josephson, CEO
The Brattleboro Retreat
P.O. Box 803
Brattleboro, VT 05302

Dr. Josephson:

The Department of Mental Health (DMH) has completed the redesignation process at the Brattleboro Retreat for the provision of involuntary inpatient psychiatric care. The requirements for redesignation are outlined in the *Designated Hospitals Manual and Standards, first edition, 2016*.

Designation Determination by the Department of Mental Health

- Re-Designation—no further action required by the Hospital
- Re-Designation—with areas for follow-up and improvement
- De-designation

The Overall Summary of Review can be found in the attached *Designated Hospital Review Checklist*. If applicable, please coordinate with Norman McCart RN, Nurse Quality Management Specialist, regarding any areas for follow-up. Though no deficiencies were noted during the re-designation process, the Department has noted several areas of opportunity for improvement.

1. The Retreat must update the statewide Bed Board daily under rule 3.6 (d)
2. Various stakeholders have noted that once made, admission referrals appear to have been lost or never received, and it is frequently difficult to reach BR admission staff to check on the status of a referral.
3. More frequent and comprehensive communication and coordination between Retreat staff and community stakeholders regarding discharge planning.

The Department has recommendations regarding the above three issues:

1. The statewide Bed Board shall be updated once per shift
2. Improved admission referral communications between BR's admissions and community stakeholders.
3. Improve patient discharge planning between BR and community stakeholders.

Please see the psychiatric reviews of DMH Medical Directors, Dr. David Rettew, and Dr. Thomas Weigel for clinical recommendations. Please see attached.



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DMH commends the leadership and staff of the Brattleboro Retreat for the hard work they have done for many years and expresses sincere appreciation for their demonstrated commitment to improving the lives of Vermonters with mental health needs. DMH would also like to recognize the dedication of hospital staff and leadership and to thank them for their participation in this designation process. Congratulations on your redesignation.

Sincerely,



Sarah Squirrelle, MS, Commissioner

E-mail copy:

- BR: Beth Harmon, MSN, RN, CNL, Director of Patient Safety & Nursing Quality
- DMH: Sarah Squirrelle, MS, DMH, Commissioner
- Mourning Fox, LCMHC, DMH, Deputy Commissioner
- Frank Reed, LICSW, DMH, Director of Mental Health Services
- Alison Krumpf, MA, DMH, Director of Quality and Accountability
- Jessica Bernard, MA, DMH Assistant Director of Quality
- David Rettew, MD, DMH, Medical Director, Children's and Families Unit
- Thomas Weigel, MD, DMH, Medical Director, Adult Mental Health
- Karen Barber, JD, DMH, General Counsel
- Dana Robson, LICSW, DMH, Children's Mental Health Operations Chief

Hospital Designation Review
The Brattleboro Retreat
November 2019

3. Designation Review

The Department will conduct bi-annual reviews for hospital designation. When conducting reviews for designation, the Department will consider whether hospitals meet the following requirements.

3.1. Licensing:

(a) Hospitals shall be licensed to operate by the Vermont Department of Health or operate under a federal exception.

Overall Standard met: Yes No

If No, Explanation: *N/A*

Section	Verification	Standard Met	Notes	Follow-Up Required
3.1	· Copy of Hospital license	<i>Yes</i>	<i>Hospital license to operate</i>	<i>N/A</i>

3.2 Treatment Planning

- (a) The hospital shall conduct individualized treatment planning based upon the person’s condition and presenting needs. Plans shall be updated regularly and shall demonstrate patient engagement in their own treatment planning.

- (b) The hospital shall offer active treatment for a minimum of 30 hours a week per patient. Active treatment shall be offered at variable times during the day and evening, seven days a week, to accommodate patients’ needs. Active treatment is defined as those services provided under a treatment plan which are reasonably expected to improve the condition that brought the patient into the hospital.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.2	<ul style="list-style-type: none"> • Copy of patient activity schedule • Site visit interviews • Policies related to treatment planning 	Yes	<i>Daily Activities for Osgood 1, Daily activities for Osgood 1, 02 Unit Schedule, Osgood 3 Unit Schedule, T2 activity schedule, Treatment planning policy, Tyler 1 Unit Schedule, Tyler 3 Summer Schedule, Tyler 4 Weekly Activity Schedule,</i>	None

3.3 Treatment Provisions

- (a) The hospital shall provide age-appropriate and individual-needs specific programming and services. These programs and services shall include, when appropriate, but not be limited to, psychiatric, medical, nursing, social work, psychological services, family-focused treatment, occupational therapy, physical therapy, educational programs, and recreational activities and equipment.
- (b) The hospital shall provide patients outdoor access when safe and clinically appropriate.

Overall Standard met: Yes No

If No, Explanation: *N/A*

Section	Verification	Standard Met	Notes	Follow-Up Required
3.3	<ul style="list-style-type: none">• Site visit interviews• Policies related to outdoor access, programming, and services	<i>Yes</i>	<i>Patient courtyard</i>	None

3.4 Patient Assessment

- (a) Upon admission, the hospital shall conduct comprehensive assessments that include a detailed psychiatric assessment, systemic review of systems, mental status and physical examinations, and screening for substance abuse and trauma. For children, the assessments shall also include developmental, family, and educational assessments.
- (b) Hospitals shall conduct standardized risk of harm assessments and shall tailor interventions to the patient accordingly. Risk of harm assessments shall be conducted by the hospital on a frequent and regular basis.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.4	<ul style="list-style-type: none"> • Copies of risk assessments and tools • Copy of patient admission packet (admission form meets requirements for voluntary admissions) 	Yes	<i>Admission discharge, continuing care and transfer criteria, Admissions Packet notice of Privacy Practices, Admission Packet-Grievance Procedure, Notice of Privacy Practices Acknowledgement, Notice of Non-Discrimination, Patient Bill of Rights,</i>	None

3.5 Staffing

Hospitals shall maintain an adequate number and type of staff to maintain a safe and therapeutic milieu. This shall include the following:

- (a) A director of psychiatric care, who shall hold an advanced degree from an accredited college or university in a discipline appropriate to the care and treatment of people with mental illness;
- (b) An adequate number of psychiatrists or licensed independent practitioners (LIP) to care for patients on the psychiatric units, with a psychiatrist/LIP to patient ratio at least one psychiatrist/LIP for 12 patients;
- (c) A director or chief of nursing of a psychiatric unit, who shall hold an advanced degree and shall be a licensed nurse. The director or chief of nursing also shall have extensive experience and/or training in psychiatry;
- (d) A medical director of a psychiatric unit who is a licensed psychiatrist;
- (e) A licensed registered nurse on duty on each unit of the facility at all times;
- (f) An adequate number of social workers to care for patients on the psychiatric units, with a social worker to patient ratio at least one social worker for 12 patients; and
- (g) For hospitals or units caring for children, clinical staff with sufficient training and experience to provide developmentally appropriate care and treatment for the children.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.5	<ul style="list-style-type: none"> • Site visit interviews with hospital leadership, DON, staff, medical director • Curriculum vitae or copies of certificates • Nursing/staffing schedules 	Yes	<i>M. Baston Resume, Nursing Staff Grids, Simha Ravven MD Curriculum Vitae,</i>	None

3.6 Reporting

Hospitals shall provide the Department with aggregate data for all patients regardless of payer or the patient’s legal status. This data shall include the following reports:

- (a) Annual summaries of consumer satisfaction surveys;
- (b) Quarterly summaries of total admissions, average length of stay for discharged patients;
- (c) Quarterly hours of seclusion and restraint;
- (d) Daily submissions of total census, total beds open, and total beds closed to the Department’s electronic bed board;
- (e) Certificates of Need (CONs) related to Emergency Involuntary Procedures for patients under the custody of the Commissioner. (See the *Regulation Establishing Standards for Emergency Involuntary Procedures*).
- (f) Critical incidents for inpatient psychiatric patients (See the *Critical Incident Reporting Requirements for Designated Hospitals*). For patients who are not state-funded nor who are under the custody of the Commissioner; incident reports can be provided on a de-identified basis to the department.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.6	<ul style="list-style-type: none"> • DMH internal review of received reports • Site visit interviews regarding trends 	No	Received reports meet DMH requirements. Perception of Care 2017, Perceptions of Care 2018, BR survey report tool ICS Domains, BR POC scoresheet	None

3.7 Policy and Procedure

Hospitals shall have written policies and procedures that are consistent with state law and with the Vermont Department of Mental Health policies and procedures.

3.7.1 Patient Rights

- (a) Hospitals shall provide patients with a copy of the Bill of Rights for Hospital Patients. For patients under the custody or temporary of the Commissioner of Mental Health, hospitals also shall inform patients of their rights as an involuntary patient (*Notice of Your Rights as a Person in the Custody or Temporary Custody of the Commissioner of Mental Health*). The hospital shall post these notices in a conspicuous area. If the patient has a guardian, the notice of rights shall be provided to the guardian as well.
- (b) Hospitals shall provide a treatment setting and a care model that protect patient rights under state law. This includes—but is not limited to—policies and procedures related to continuity of care, communications access, informed consent, and confidentiality.
- (c) Hospitals shall provide reasonable access to visitors and to electronic devices and phones.
- (d) Hospitals shall provide patients with a process for filing complaints and grievances and shall develop a process to address the complaints and grievances in a timely manner.
- (e) Hospitals shall provide patients with information regarding Advance Directives, including relevant information developed by the Vermont Ethics Network and the Mental Healthcare Ombudsman.

3.7.2 Patient Safety

For initial designation, all requirements regarding Patient Safety must be met. For re-designation, if a hospital is accredited by a national organization—such as the Joint Commission—or is certified by the Centers for Medicaid and Medicare, then the requirements under Patient Safety may be deemed to be met by the Department.

- (a) The hospital shall provide patient care in a setting that is safe for patients.
- (b) The hospital response to patient safety shall be individualized—that is, the response must respect patient’s privacy and agency but allow for safe monitoring when necessary. This requirement includes having protocols and procedures regarding the search of patients, the allowance of personal possessions, the search of patients’ rooms, the observation of patients, and the use of restrictions.
- (c) The hospital shall assess a patient’s safety using a standardized risk assessment tool in order to tailor interventions to the patient. Risk assessments shall be conducted by each hospital on a frequent and regular basis.
- (d) The hospital shall have a standardized two-step method to identify patients.

- (e) The hospital shall have a policy prohibiting use of alcohol, drugs or other non-prescribed substances.
- (f) The hospital shall have a policy prohibiting weapons on premises, including law enforcement.
- (g) The hospital shall have a policy that ensures timely mandatory reporting by all staff.
- (h) The hospital shall have a policy of elopement management.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.7.1	<ul style="list-style-type: none"> • Site visit interview • Copies of admissions packets • Policies related to continuity of care, communications access, informed consent, and confidentiality, visitors, complaint and grievance, advance directives with relevant info from VT ethics network and/or DRVT 	Yes	<i>Advanced Directives: The Patient Determination Act Medical Administrative Procedure, Patient Rights-Resolution of Complaints and Grievances, Discharge Planning from Inpatient Units, Informed Consent for Treatment and Procedures, Patient Rights and Responsibilities, Visitors to Inpatient Units,</i>	None
3.7.2 Only required for initial designations	<ul style="list-style-type: none"> • Tour of inpatient unit • Protocols, policies, procedures regarding search of patients, allowance of personal possessions, search of patient rooms, observation of patients, use of restrictions • Copy of standardized risk assessment tool and policies on its use • Protocol for patient identification • Policies regarding use of alcohol, drugs, or non-prescribed substances 	N/A	N/A	N/A

3.8 Quality Improvement

- (a) Hospitals shall have a quality assurance and performance improvement plan to review the quality of care provided as well as a description of quality improvement projects and the outcomes as a result of those initiatives.

- (b) Hospitals must report the type and frequency of the results of program improvement projects mutually agreed upon with the Department. The following quality improvement initiatives are required to be undertaken by designated hospitals and shall be reviewed periodically by the Department:
 - Reduction of seclusion and restraint;
 - Improved addiction screening and treatment;
 - Improved follow up after discharge; and
 - Other mutually agreed upon quality improvement projects.

Overall Standard met: Yes No

If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.8	<ul style="list-style-type: none"> • Summary of quality improvement projects occurring during the designation cycle • Copy of quality assurance performance improvement (QAPI) plan • Periodic submission on program improvement projects • Site visit discussion of program improvement projects 	Yes	2018 Year end summary, Quality Management Plan, BR Perceptions of Care 2017, Perceptions of Care 2018, BR POC report tool ICS Domains, BR POC survey scores	None

3.9 Discharge Planning and Coordination with Community Providers

Discharge planning shall be initiated at the time of admission, and shall include, but is not limited to, consultation with the patient as well as contact with the family or guardian, primary care provider and all outpatient treatment providers. The hospital shall meet the following requirements.

- (a) The hospital shall link discharge planning directly to the patient’s particular needs and shall identify appropriate post-hospitalization treatment resources to promote a smooth transition of care.
- (b) The hospital shall notify the Department of Vermont Health Access or the Department of Mental Health utilization review care managers of barriers to active discharge planning, including difficulties reaching the community treatment team members.
- (c) The hospital shall discharge patients with scheduled follow-up appointments with mental health treatment providers that are scheduled to occur within seven days of the discharge date.
- (d) The hospital shall collaborate with community based care managers such as the Vermont Chronic Care Initiative (VCCI) or the Community Health Teams to ensure a proper transition to the community.
- (e) The hospital shall create a discharge plan that contains documentation of follow-up care appointments or documentation of the beneficiary’s refusal of appointments.

Overall Standard met: Yes No

If No, Explanation: *N/A*

Section	Verification	Standard Met	Notes	Follow-Up Required
3.9	<ul style="list-style-type: none"> • Site visit interview • Policies related to discharge planning, coordination of care 	Yes	<i>Discharge Planning From Inpatient Units</i>	<i>None</i>

3.10 Co-Occurring Substance Abuse Screening and Treatment Capacity

The hospital shall meet the following requirements.

- (a) Upon admission the hospital shall screen all patients for substance use, with or without previously known history of addictions. The Department recommends using the screening form endorsed by the Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH). The recommendations for screening can be found at <http://sbirt.vermont.gov/screening-forms/>
- (b) The hospital shall perform substance use assessments for patients whose screen is positive for substance use. The Department recommends using the assessment tools endorsed by the Alcohol and Drug Abuse Programs at the Vermont Department of Health. The recommendations for assessments can be found at <http://sbirt.vermont.gov/screening-forms/>
- (c) The hospital shall provide treatment to those patients who present with addictions problems in addition to mental illness. This includes the ability to diagnose and treat withdrawal and detoxification from substances such as alcohol, benzodiazepines, and other drugs.

Overall Standard met: Yes No

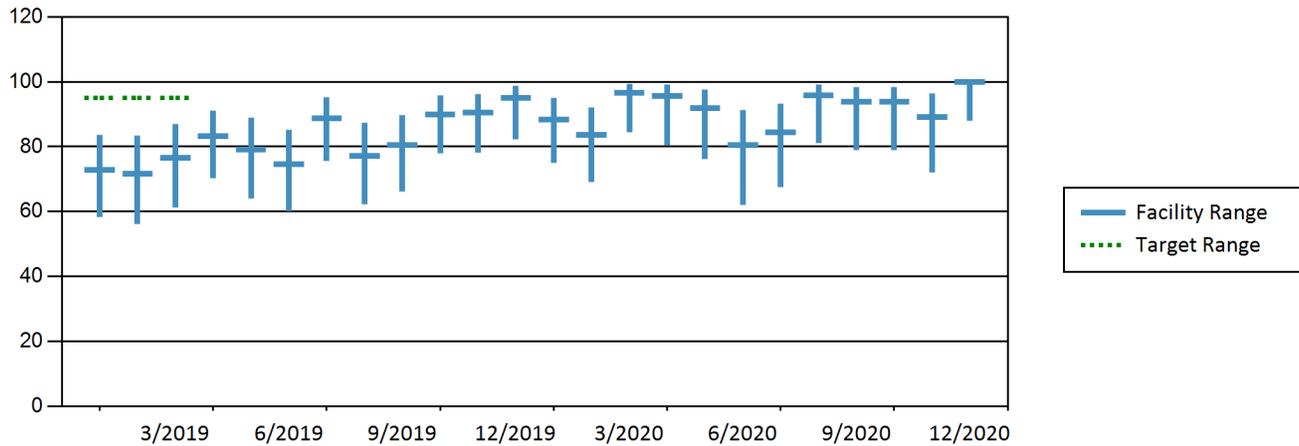
If No, Explanation: N/A

Section	Verification	Standard Met	Notes	Follow-Up Required
3.10	<ul style="list-style-type: none"> • Site visit interview • Policies related to co-occurring screening and treatment 	Yes	<i>Admission, Discharge, Continuity of care and transfer criteria</i>	None

Brattleboro Retreat (VT03)

Screening Overall: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission, overall population

NRI: 830
TJC:14830



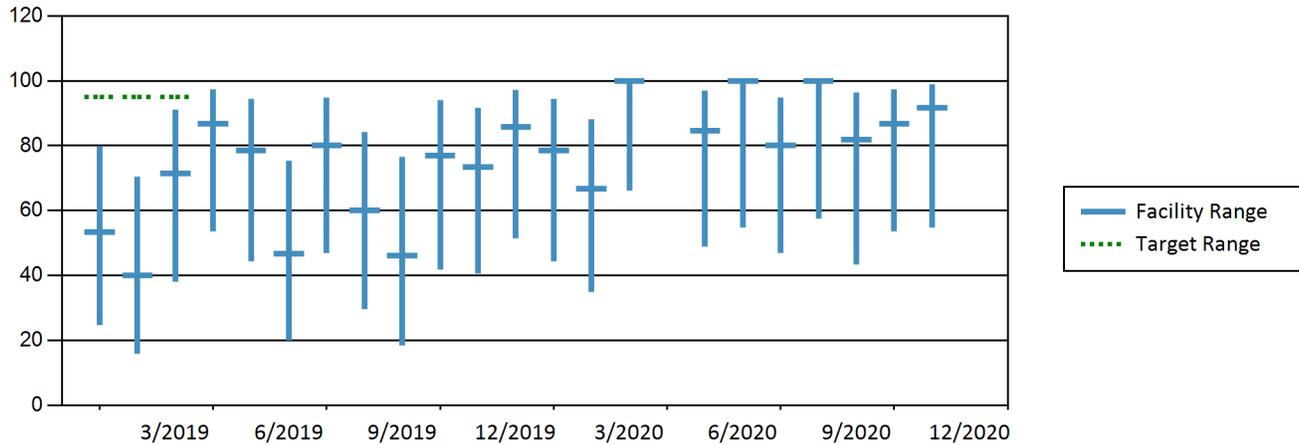
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	77	72.73	58.25 - 83.6	95 - 95	Yes	92.03	178
2/2019	67	71.64	56.02 - 83.36	95 - 95	Yes	93.20	178
3/2019	68	76.47	61.25 - 86.98	95 - 95	Yes	92.08	178
4/2019	83	83.13	70.2 - 91.16			92.58	177
5/2019	67	79.10	64 - 88.97			92.40	177
6/2019	75	74.67	60.1 - 85.22			90.91	177
7/2019	71	88.73	75.6 - 95.24			91.36	177
8/2019	70	77.14	62.21 - 87.37			90.45	177
9/2019	72	80.56	66.19 - 89.76			89.56	177
10/2019	79	89.87	77.84 - 95.73			91.88	175
11/2019	74	90.54	78.17 - 96.24			91.47	175
12/2019	60	95.00	82.31 - 98.73			90.10	175
1/2020	69	88.41	74.97 - 95.1			91.24	173
2/2020	67	83.58	69.03 - 92.08			92.15	172
3/2020	59	96.61	84.46 - 99.34			92.60	171
4/2020	45	95.56	80.28 - 99.13			92.78	171
5/2020	49	91.84	76.15 - 97.54			91.27	171
6/2020	46	80.43	62 - 91.2			91.88	171
7/2020	51	84.31	67.41 - 93.32			94.12	161
8/2020	47	95.74	81.01 - 99.16			95.07	159
9/2020	49	93.88	78.85 - 98.44			95.13	155
10/2020	49	93.88	78.85 - 98.44			94.76	141
11/2020	46	89.13	72.09 - 96.3			94.58	112
12/2020	48	100.00	87.85 - 100			97.19	23

Brattleboro Retreat (VT03)

Screening -Children: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission, Children

NRI: 831

TJC:14831



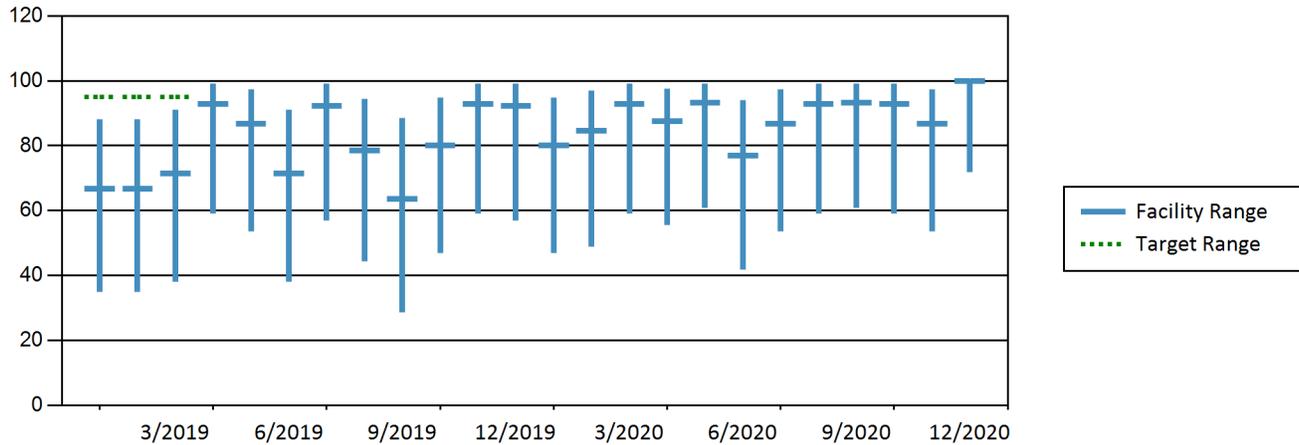
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	15	53.33	24.66 - 79.96	95 - 95	Yes	93.68	174
2/2019	15	40.00	15.76 - 70.37	95 - 95	Yes	92.71	174
3/2019	14	71.43	38.01 - 91.07	95 - 95	Yes	92.35	174
4/2019	15	86.67	53.49 - 97.35			93.75	173
5/2019	14	78.57	44.37 - 94.4			93.97	173
6/2019	15	46.67	20.04 - 75.34			92.17	173
7/2019	15	80.00	46.81 - 94.79			94.55	173
8/2019	15	60.00	29.63 - 84.24			94.00	173
9/2019	13	46.15	18.44 - 76.46			91.25	173
10/2019	13	76.92	41.7 - 93.95			91.15	171
11/2019	15	73.33	40.66 - 91.69			95.38	171
12/2019	14	85.71	51.3 - 97.16			96.79	171
1/2020	14	78.57	44.37 - 94.4			96.62	169
2/2020	15	66.67	34.95 - 88.16			95.34	168
3/2020	13	100.00	66.21 - 100			97.98	167
4/2020	6	100.00				100.00	167
5/2020	13	84.62	48.9 - 96.93			95.45	167
6/2020	8	100.00	54.66 - 100			94.79	167
7/2020	15	80.00	46.81 - 94.79			95.35	157
8/2020	9	100.00	57.56 - 100			98.17	155
9/2020	11	81.82	43.33 - 96.36			96.23	151
10/2020	15	86.67	53.49 - 97.35			98.46	137
11/2020	12	91.67	54.65 - 99.01			96.74	109
12/2020	7	100.00				100.00	23

Brattleboro Retreat (VT03)

Screening -Adolescent: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission, Adolescents

NRI: 832

TJC:14832



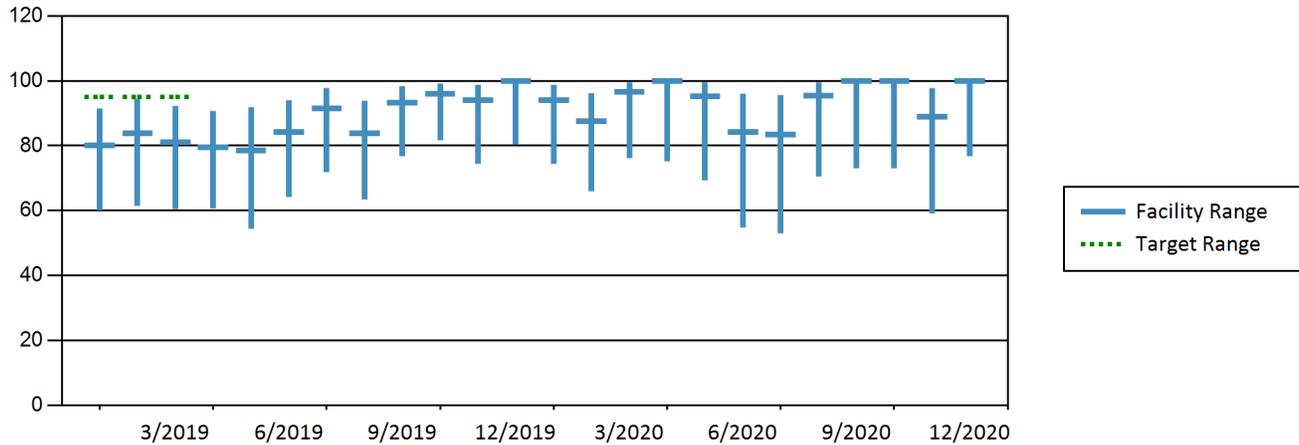
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	15	66.67	34.95 - 88.16	95 - 95	Yes	94.82	175
2/2019	15	66.67	34.95 - 88.16	95 - 95	Yes	95.44	175
3/2019	14	71.43	38.01 - 91.07	95 - 95	Yes	94.88	175
4/2019	14	92.86	59 - 99.16			96.57	174
5/2019	15	86.67	53.49 - 97.35			97.62	174
6/2019	14	71.43	38.01 - 91.07			95.57	174
7/2019	13	92.31	56.93 - 99.09			96.74	174
8/2019	14	78.57	44.37 - 94.4			96.34	174
9/2019	11	63.64	28.55 - 88.46			94.56	174
10/2019	15	80.00	46.81 - 94.79			96.40	172
11/2019	14	92.86	59 - 99.16			96.72	172
12/2019	13	92.31	56.93 - 99.09			96.25	172
1/2020	15	80.00	46.81 - 94.79			95.16	170
2/2020	13	84.62	48.9 - 96.93			97.50	169
3/2020	14	92.86	59 - 99.16			97.52	168
4/2020	16	87.50	55.5 - 97.52			95.57	168
5/2020	15	93.33	60.87 - 99.21			97.09	168
6/2020	13	76.92	41.7 - 93.95			96.03	168
7/2020	15	86.67	53.49 - 97.35			96.63	158
8/2020	14	92.86	59 - 99.16			95.77	156
9/2020	15	93.33	60.87 - 99.21			97.47	152
10/2020	14	92.86	59 - 99.16			98.34	138
11/2020	15	86.67	53.49 - 97.35			98.00	109
12/2020	17	100.00	71.92 - 100			98.55	23

Brattleboro Retreat (VT03)

Screening -Adult: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission, Adults

NRI: 833

TJC:14833



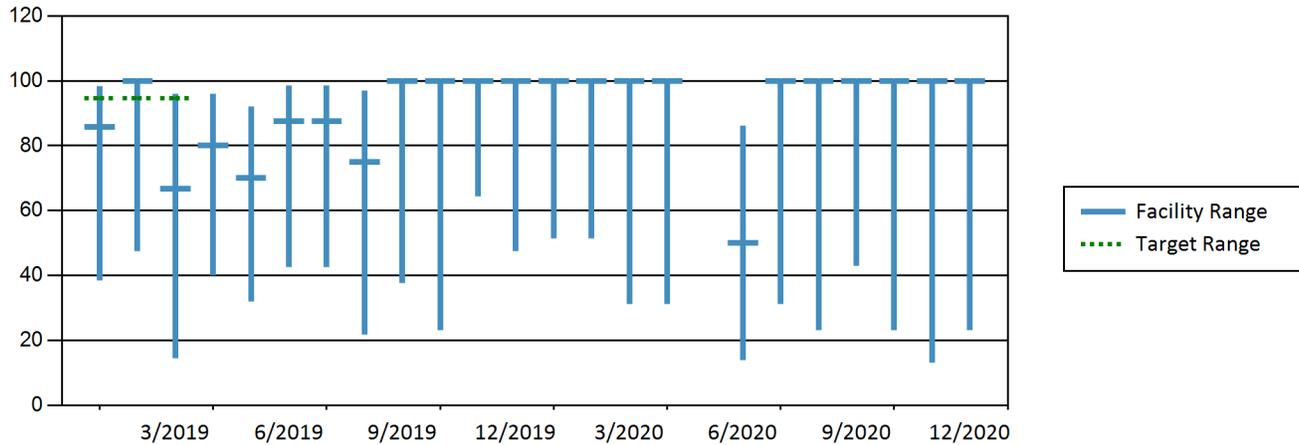
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	40	80.00	60.05 - 91.41	95 - 95	Yes	91.96	177
2/2019	31	83.87	61.34 - 94.46	95 - 95	Yes	93.06	177
3/2019	37	81.08	60.37 - 92.34	95 - 95	Yes	91.78	177
4/2019	44	79.55	60.57 - 90.78			92.20	176
5/2019	28	78.57	54.32 - 91.87			91.91	176
6/2019	38	84.21	64.17 - 94.08			90.24	176
7/2019	35	91.43	71.85 - 97.81			90.79	176
8/2019	37	83.78	63.38 - 93.91			89.65	176
9/2019	44	93.18	76.79 - 98.26			89.12	176
10/2019	49	95.92	81.68 - 99.2			91.42	174
11/2019	33	93.94	74.36 - 98.81			90.85	174
12/2019	27	100.00	80.27 - 100			89.21	174
1/2020	33	93.94	74.36 - 98.81			90.61	172
2/2020	32	87.50	65.92 - 96.2			91.41	171
3/2020	29	96.55	76.17 - 99.59			91.92	170
4/2020	20	100.00	75.09 - 100			92.22	170
5/2020	21	95.24	69.31 - 99.44			90.69	170
6/2020	19	84.21	54.8 - 95.91			91.50	170
7/2020	18	83.33	53.03 - 95.68			93.67	160
8/2020	22	95.45	70.38 - 99.46			94.85	158
9/2020	18	100.00	73.06 - 100			95.07	154
10/2020	18	100.00	73.06 - 100			94.03	140
11/2020	18	88.89	59.03 - 97.8			93.80	112
12/2020	22	100.00	76.83 - 100			96.82	23

Brattleboro Retreat (VT03)

Screening -Older Adult: Percent of clients for whom a screening assessment which includes screening for risk of violence to self, risk of violence to others, psychological trauma, substance use, and patient strengths is completed within 3 days of admission, Older Adults

NRI: 834

TJC:14834



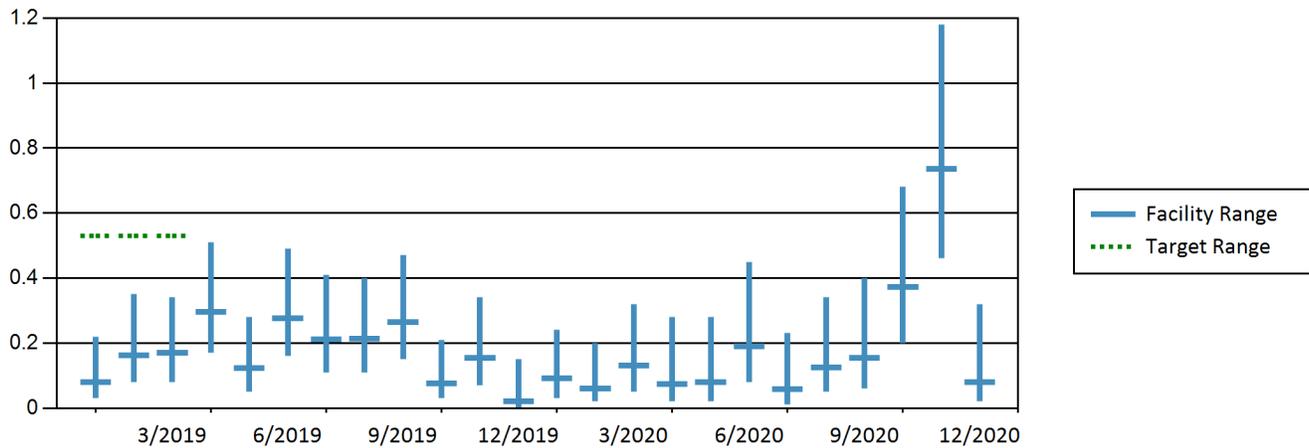
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	7	85.71	38.37 - 98.3	94.3 - 95	No	88.18	176
2/2019	6	100.00	47.48 - 100	94.3 - 95	No	91.85	176
3/2019	3	66.67	14.42 - 95.96	94.3 - 95	No	91.72	176
4/2019	10	80.00	40.08 - 95.99			91.42	175
5/2019	10	70.00	32 - 92.04			90.94	175
6/2019	8	87.50	42.48 - 98.52			93.62	175
7/2019	8	87.50	42.48 - 98.52			91.28	175
8/2019	4	75.00	21.81 - 96.99			93.38	175
9/2019	4	100.00	37.61 - 100			89.24	175
10/2019	2	100.00	23.16 - 100			92.36	173
11/2019	12	100.00	64.39 - 100			89.24	173
12/2019	6	100.00	47.48 - 100			89.85	173
1/2020	7	100.00	51.34 - 100			92.19	171
2/2020	7	100.00	51.34 - 100			93.22	170
3/2020	3	100.00	31.13 - 100			90.58	169
4/2020	3	100.00	31.13 - 100			92.64	169
5/2020	0					90.29	169
6/2020	6	50.00	13.77 - 86.23			91.04	169
7/2020	3	100.00	31.13 - 100			97.18	159
8/2020	2	100.00	23.16 - 100			95.57	157
9/2020	5	100.00	42.97 - 100			92.31	153
10/2020	2	100.00	23.16 - 100			97.59	139
11/2020	1	100.00	13.1 - 100			98.36	111
12/2020	2	100.00	23.16 - 100			96.77	23

Brattleboro Retreat (VT03)

Physical Restraint Overall: Number of hours clients spent in physical restraint for every 1000 inpatient hours, overall population.

NRI: 835

TJC:14835



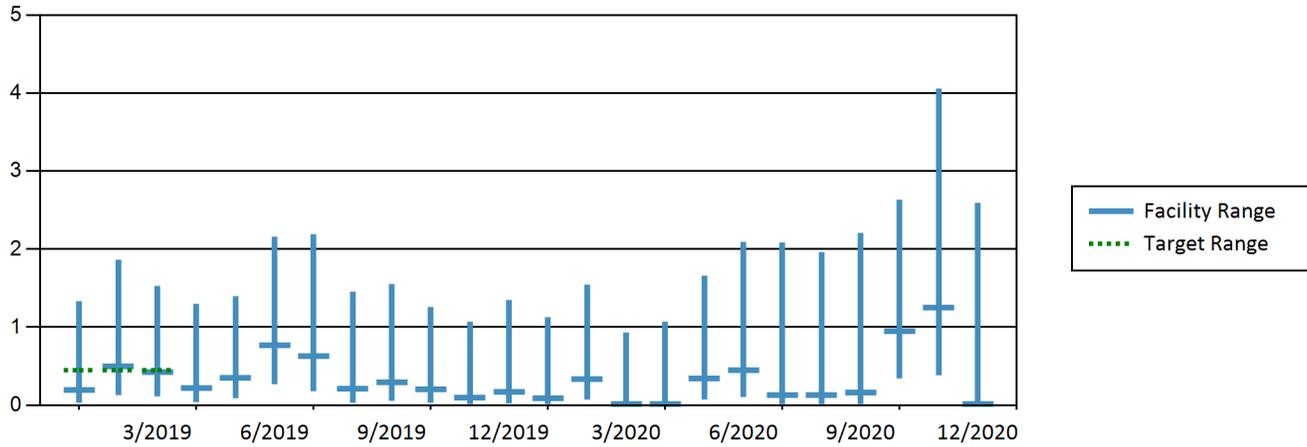
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	78216	0.08	0.03 - 0.22	0.53 - 0.53	Yes	0.89	181
2/2019	67992	0.16	0.08 - 0.35	0.53 - 0.53	Yes	0.95	181
3/2019	78672	0.17	0.08 - 0.34	0.53 - 0.53	Yes	1.07	181
4/2019	74160	0.30	0.17 - 0.51			0.94	181
5/2019	74520	0.12	0.05 - 0.28			0.83	180
6/2019	71640	0.28	0.16 - 0.49			0.88	180
7/2019	68592	0.21	0.11 - 0.41			0.90	181
8/2019	73752	0.21	0.11 - 0.4			0.90	180
9/2019	73704	0.26	0.15 - 0.47			0.84	180
10/2019	75864	0.08	0.03 - 0.21			0.71	178
11/2019	66552	0.15	0.07 - 0.34			0.92	178
12/2019	60936	0.02	0 - 0.15			0.87	178
1/2020	69480	0.09	0.03 - 0.24			0.86	176
2/2020	65136	0.06	0.02 - 0.2			0.99	175
3/2020	61728	0.13	0.05 - 0.32			1.08	175
4/2020	43800	0.07	0.02 - 0.28			0.95	175
5/2020	46656	0.08	0.02 - 0.28			0.90	175
6/2020	45336	0.19	0.08 - 0.45			0.98	175
7/2020	50856	0.06	0.01 - 0.23			1.06	160
8/2020	50664	0.13	0.05 - 0.34			0.70	157
9/2020	43056	0.15	0.06 - 0.4			0.69	155
10/2020	47328	0.37	0.2 - 0.68			0.59	141
11/2020	39456	0.74	0.46 - 1.18			0.69	112
12/2020	37656	0.08	0.02 - 0.32			0.66	27

Brattleboro Retreat (VT03)

Physical Restraint -Children: Number of hours clients spent in physical restraint for every 1000 inpatient hours, Children

NRI: 836

TJC:14836



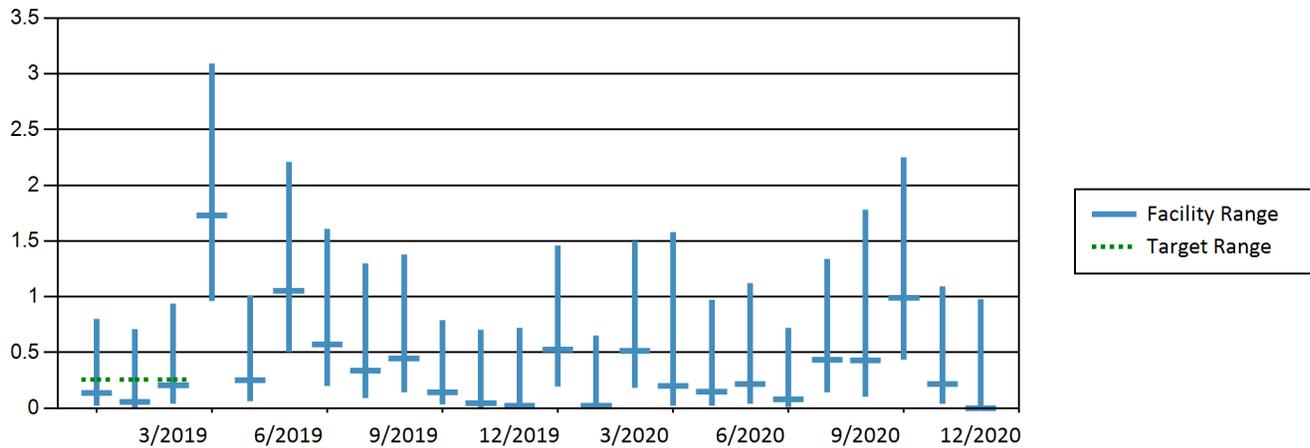
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	6864	0.19	0.03 - 1.33	0.45 - 0.45	No	0.84	174
2/2019	6672	0.50	0.13 - 1.86	0.45 - 0.45	No	0.79	174
3/2019	8256	0.42	0.11 - 1.53	0.45 - 0.45	No	0.78	174
4/2019	7344	0.22	0.04 - 1.3			0.59	174
5/2019	8352	0.35	0.09 - 1.4			0.69	173
6/2019	7392	0.77	0.27 - 2.16			0.48	173
7/2019	5928	0.63	0.18 - 2.19			0.62	174
8/2019	6264	0.21	0.03 - 1.45			0.63	173
9/2019	6480	0.29	0.05 - 1.55			0.89	173
10/2019	7416	0.20	0.03 - 1.26			0.85	171
11/2019	7392	0.09	0.01 - 1.07			0.81	171
12/2019	6384	0.17	0.02 - 1.35			1.01	171
1/2020	6936	0.09	0.01 - 1.13			0.69	169
2/2020	6960	0.33	0.07 - 1.54			0.99	168
3/2020	7320	0.01	0 - 0.93			1.22	168
4/2020	6384	0.02	0 - 1.07			1.04	168
5/2020	6288	0.34	0.07 - 1.66			0.92	168
6/2020	5160	0.45	0.1 - 2.09			0.98	168
7/2020	3624	0.13	0.01 - 2.08			0.66	154
8/2020	3888	0.13	0.01 - 1.96			0.90	151
9/2020	3504	0.16	0.01 - 2.21			1.01	149
10/2020	6144	0.94	0.34 - 2.63			0.89	135
11/2020	3408	1.25	0.38 - 4.06			0.59	107
12/2020	2592	0.01	0 - 2.59			2.54	25

Brattleboro Retreat (VT03)

Physical Restraint -Adolescent: Number of hours clients spent in physical restraint for every 1000 inpatient hours, Adolescents

NRI: 837

TJC:14837



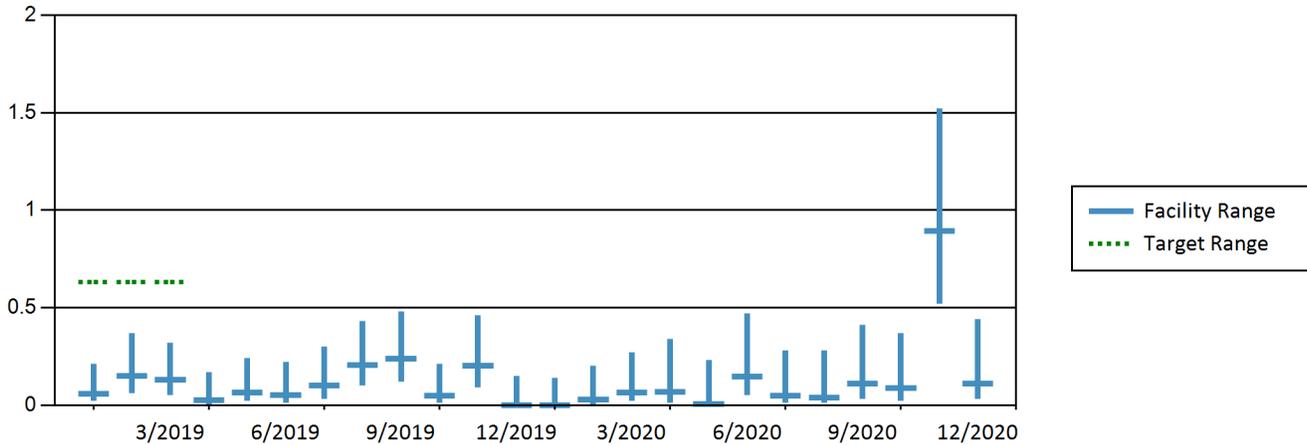
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	12096	0.14	0.02 - 0.8	0.26 - 0.26	No	0.70	176
2/2019	10824	0.05	0 - 0.71	0.26 - 0.26	No	0.58	176
3/2019	11520	0.21	0.04 - 0.94	0.26 - 0.26	No	0.66	176
4/2019	10992	1.73	0.96 - 3.09			0.69	176
5/2019	11520	0.25	0.06 - 1.01			0.78	175
6/2019	10944	1.05	0.5 - 2.21			0.81	175
7/2019	9888	0.57	0.2 - 1.61			0.96	176
8/2019	9264	0.33	0.09 - 1.3			1.01	175
9/2019	10440	0.44	0.14 - 1.38			1.05	175
10/2019	12432	0.14	0.03 - 0.79			0.98	173
11/2019	10704	0.04	0 - 0.7			0.70	173
12/2019	9816	0.02	0 - 0.72			0.54	173
1/2020	11016	0.52	0.19 - 1.46			0.72	171
2/2020	11016	0.02	0 - 0.65			0.55	170
3/2020	10248	0.52	0.18 - 1.5			0.59	170
4/2020	5496	0.20	0.02 - 1.58			0.62	170
5/2020	9528	0.15	0.02 - 0.97			0.62	170
6/2020	9024	0.21	0.04 - 1.12			0.47	170
7/2020	11496	0.08	0.01 - 0.72			0.51	155
8/2020	10752	0.43	0.14 - 1.34			0.47	152
9/2020	6432	0.43	0.1 - 1.78			0.59	150
10/2020	9360	0.99	0.43 - 2.25			0.77	136
11/2020	9384	0.21	0.04 - 1.09			0.73	107
12/2020	6768	0.00	0 - 0.98			0.23	25

Brattleboro Retreat (VT03)

Physical Restraint -Adult: Number of hours clients spent in physical restraint for every 1000 inpatient hours, Adults

NRI: 838

TJC:14838



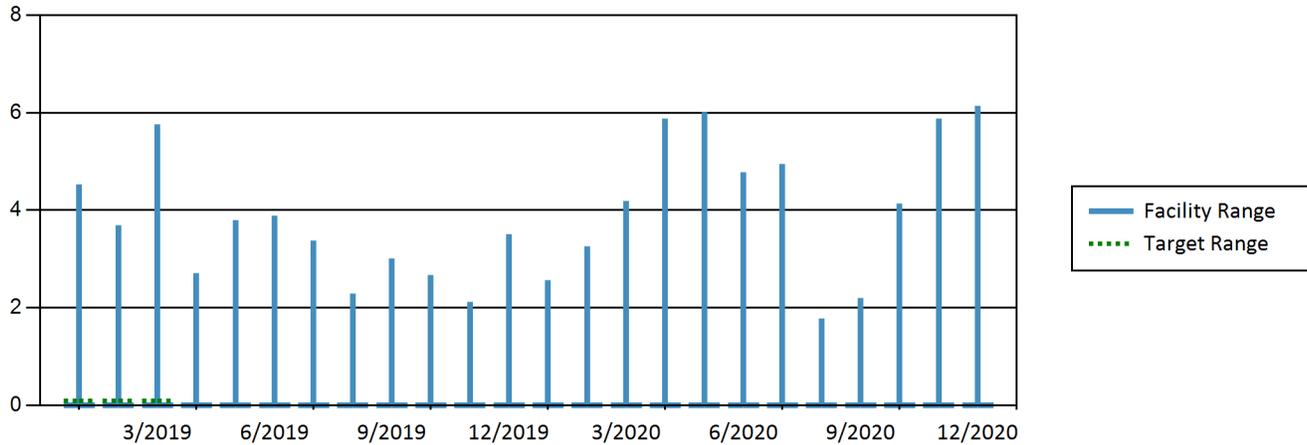
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	57792	0.06	0.02 - 0.21	0.63 - 0.63	Yes	0.99	180
2/2019	48696	0.15	0.06 - 0.37	0.63 - 0.63	Yes	1.07	180
3/2019	57744	0.13	0.05 - 0.32	0.63 - 0.63	Yes	1.19	180
4/2019	53376	0.02	0 - 0.17	0.63 - 0.63	No	1.05	180
5/2019	52896	0.06	0.02 - 0.24	0.63 - 0.63	No	0.92	179
6/2019	51600	0.05	0.01 - 0.22	0.63 - 0.63	No	0.95	179
7/2019	50808	0.10	0.03 - 0.3	0.63 - 0.63	No	0.98	180
8/2019	55320	0.21	0.1 - 0.43	0.63 - 0.63	No	0.99	179
9/2019	54576	0.24	0.12 - 0.48	0.63 - 0.63	No	0.92	179
10/2019	53520	0.05	0.01 - 0.21	0.63 - 0.63	No	0.77	177
11/2019	45312	0.20	0.09 - 0.46	0.63 - 0.63	No	1.03	177
12/2019	42840	0.00	0 - 0.15	0.63 - 0.63	No	0.97	177
1/2020	48936	0.00	0 - 0.14	0.63 - 0.63	No	0.96	175
2/2020	45120	0.03	0 - 0.2	0.63 - 0.63	No	1.10	174
3/2020	42576	0.06	0.02 - 0.27	0.63 - 0.63	No	1.20	174
4/2020	30792	0.07	0.01 - 0.34	0.63 - 0.63	No	1.05	174
5/2020	29736	0.01	0 - 0.23	0.63 - 0.63	No	0.99	174
6/2020	29760	0.15	0.05 - 0.47	0.63 - 0.63	No	1.11	174
7/2020	34392	0.05	0.01 - 0.28	0.63 - 0.63	No	1.20	159
8/2020	32304	0.04	0.01 - 0.28	0.63 - 0.63	No	0.77	156
9/2020	30096	0.11	0.03 - 0.41	0.63 - 0.63	No	0.78	154
10/2020	30216	0.09	0.02 - 0.37	0.63 - 0.63	No	0.66	140
11/2020	25536	0.89	0.52 - 1.52	0.63 - 0.63	Yes	0.77	112
12/2020	27216	0.11	0.03 - 0.44	0.63 - 0.63	No	0.71	27

Brattleboro Retreat (VT03)

Physical Restraint -Older Adult: Number of hours clients spent in physical restraint for every 1000 inpatient hours, Older Adults

NRI: 839

TJC:14839



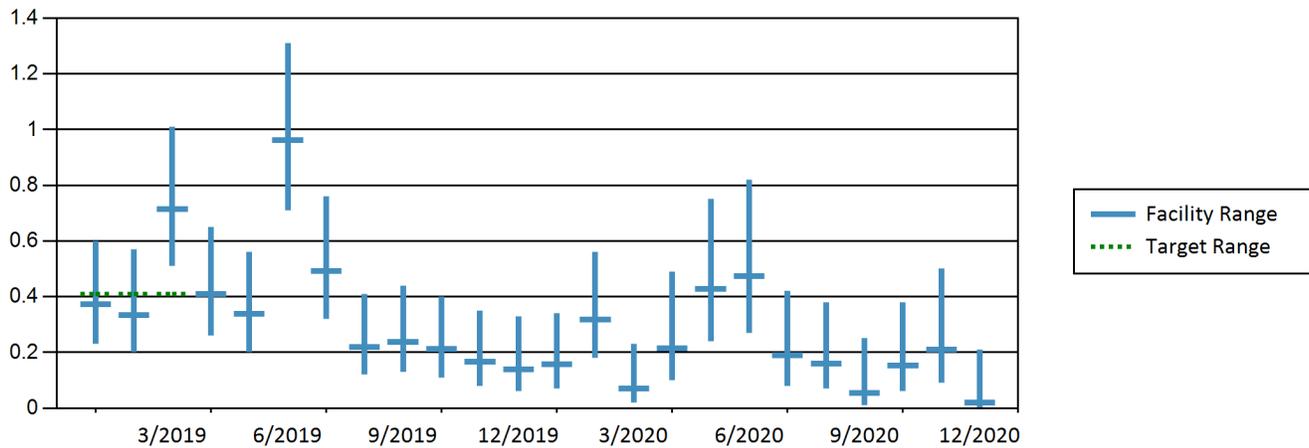
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	1464	0.00	0 - 4.53	0.08 - 0.08	No	0.07	179
2/2019	1800	0.00	0 - 3.69	0.08 - 0.08	No	0.06	179
3/2019	1152	0.00	0 - 5.76	0.08 - 0.08	No	0.15	179
4/2019	2448	0.00	0 - 2.71			0.06	179
5/2019	1752	0.00	0 - 3.79			0.05	178
6/2019	1704	0.00	0 - 3.89			0.30	178
7/2019	1968	0.00	0 - 3.37			0.13	179
8/2019	2904	0.00	0 - 2.29			0.05	178
9/2019	2208	0.00	0 - 3.01			0.09	178
10/2019	2496	0.00	0 - 2.66			0.09	176
11/2019	3144	0.00	0 - 2.11			0.05	176
12/2019	1896	0.00	0 - 3.5			0.09	176
1/2020	2592	0.00	0 - 2.56			0.05	174
2/2020	2040	0.00	0 - 3.25			0.12	173
3/2020	1584	0.00	0 - 4.19			0.16	173
4/2020	1128	0.00	0 - 5.88			0.19	173
5/2020	1104	0.00	0 - 6.01			0.18	173
6/2020	1392	0.00	0 - 4.77			0.07	173
7/2020	1344	0.00	0 - 4.94			0.06	158
8/2020	3720	0.00	0 - 1.78			0.22	155
9/2020	3024	0.00	0 - 2.19			0.07	153
10/2020	1608	0.00	0 - 4.13			0.02	139
11/2020	1128	0.00	0 - 5.88			0.04	111
12/2020	1080	0.00	0 - 6.14			0.03	27

Brattleboro Retreat (VT03)

Seclusion Overall: Number of hours clients spent in seclusion for every 1000 inpatient hours, overall population.

NRI: 840

TJC:14840



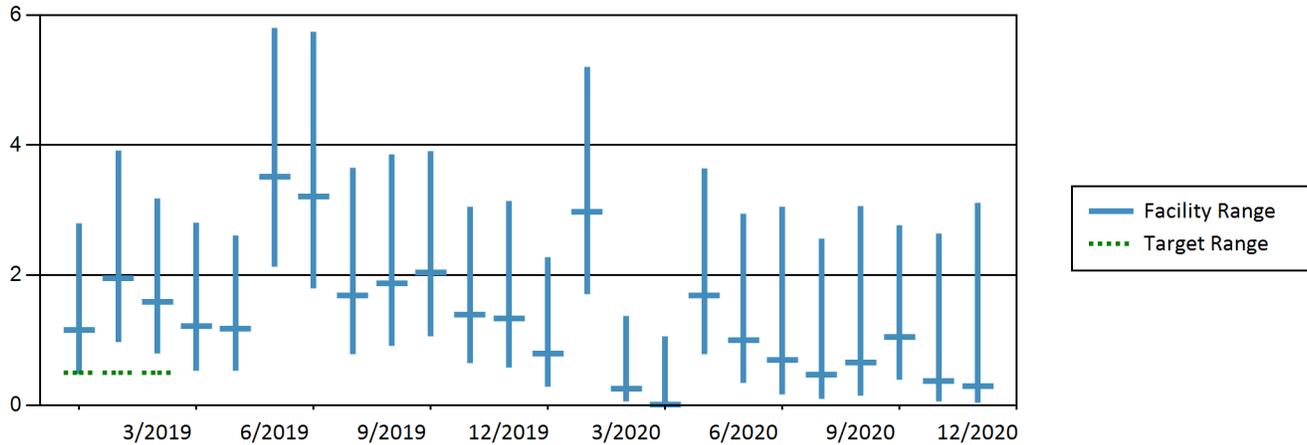
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	78216	0.37	0.23 - 0.6	0.41 - 0.41	No	0.62	180
2/2019	67992	0.33	0.2 - 0.57	0.41 - 0.41	No	0.62	180
3/2019	78672	0.71	0.51 - 1.01	0.41 - 0.41	Yes	0.70	180
4/2019	74160	0.41	0.26 - 0.65			0.73	180
5/2019	74520	0.34	0.2 - 0.56			0.68	179
6/2019	71640	0.96	0.71 - 1.31			0.72	179
7/2019	68592	0.49	0.32 - 0.76			0.84	180
8/2019	73752	0.22	0.12 - 0.41			0.69	179
9/2019	73704	0.24	0.13 - 0.44			0.71	179
10/2019	75864	0.21	0.11 - 0.4			0.57	177
11/2019	66552	0.17	0.08 - 0.35			0.50	177
12/2019	60936	0.14	0.06 - 0.33			0.39	177
1/2020	69480	0.16	0.07 - 0.34			0.52	175
2/2020	65136	0.32	0.18 - 0.56			0.64	174
3/2020	61728	0.07	0.02 - 0.23			0.64	174
4/2020	43800	0.21	0.1 - 0.49			0.50	174
5/2020	46656	0.43	0.24 - 0.75			0.47	174
6/2020	45336	0.47	0.27 - 0.82			0.46	174
7/2020	50856	0.19	0.08 - 0.42			0.45	159
8/2020	50664	0.16	0.07 - 0.38			0.49	156
9/2020	43056	0.05	0.01 - 0.25			0.53	154
10/2020	47328	0.15	0.06 - 0.38			0.56	140
11/2020	39456	0.21	0.09 - 0.5			0.66	112
12/2020	37656	0.02	0 - 0.21			0.43	27

Brattleboro Retreat (VT03)

Seclusion -Children: Number of hours clients spent in seclusion for every 1000 inpatient hours, Children

NRI: 841

TJC:14841



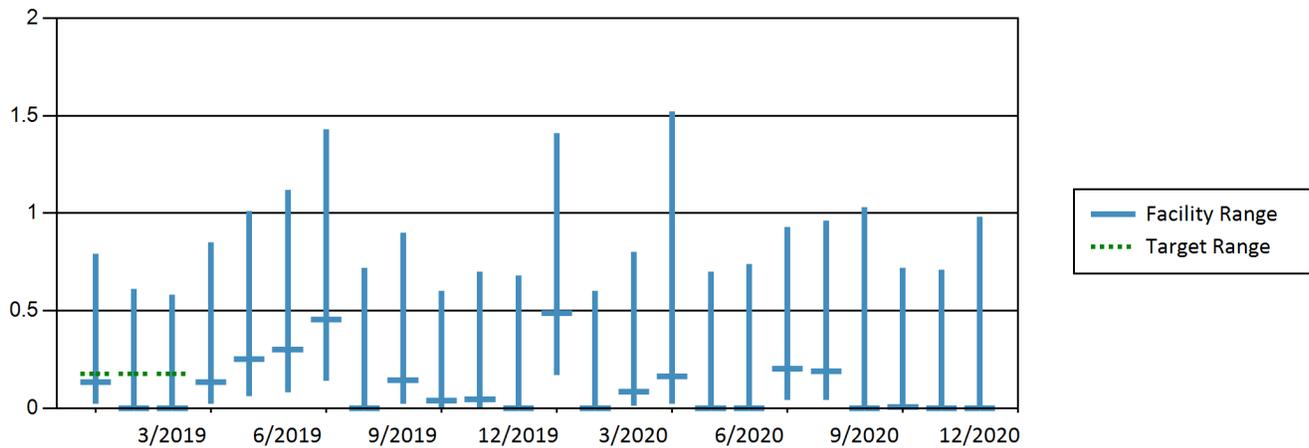
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	6864	1.16	0.48 - 2.8	0.49 - 0.49	No	0.85	173
2/2019	6672	1.95	0.97 - 3.92	0.49 - 0.49	Yes	1.00	173
3/2019	8256	1.58	0.79 - 3.18	0.49 - 0.49	Yes	1.03	173
4/2019	7344	1.22	0.53 - 2.81			1.08	173
5/2019	8352	1.17	0.53 - 2.61			1.36	172
6/2019	7392	3.52	2.13 - 5.8			1.37	172
7/2019	5928	3.21	1.79 - 5.74			1.50	173
8/2019	6264	1.69	0.78 - 3.65			1.20	172
9/2019	6480	1.87	0.91 - 3.86			1.13	172
10/2019	7416	2.04	1.06 - 3.91			1.34	170
11/2019	7392	1.39	0.64 - 3.05			1.31	170
12/2019	6384	1.33	0.57 - 3.14			1.40	170
1/2020	6936	0.80	0.28 - 2.27			1.17	168
2/2020	6960	2.97	1.7 - 5.2			1.16	167
3/2020	7320	0.25	0.05 - 1.37			1.06	167
4/2020	6384	0.01	0 - 1.06			0.93	167
5/2020	6288	1.68	0.78 - 3.64			0.65	167
6/2020	5160	1.00	0.34 - 2.94			0.65	167
7/2020	3624	0.69	0.16 - 3.05			0.61	153
8/2020	3888	0.47	0.09 - 2.56			0.58	150
9/2020	3504	0.65	0.14 - 3.06			0.53	148
10/2020	6144	1.04	0.39 - 2.77			0.67	134
11/2020	3408	0.37	0.05 - 2.64			0.91	107
12/2020	2592	0.29	0.03 - 3.11			0.22	25

Brattleboro Retreat (VT03)

Seclusion -Adolescent: Number of hours clients spent in seclusion for every 1000 inpatient hours, Adolescents

NRI: 842

TJC:14842



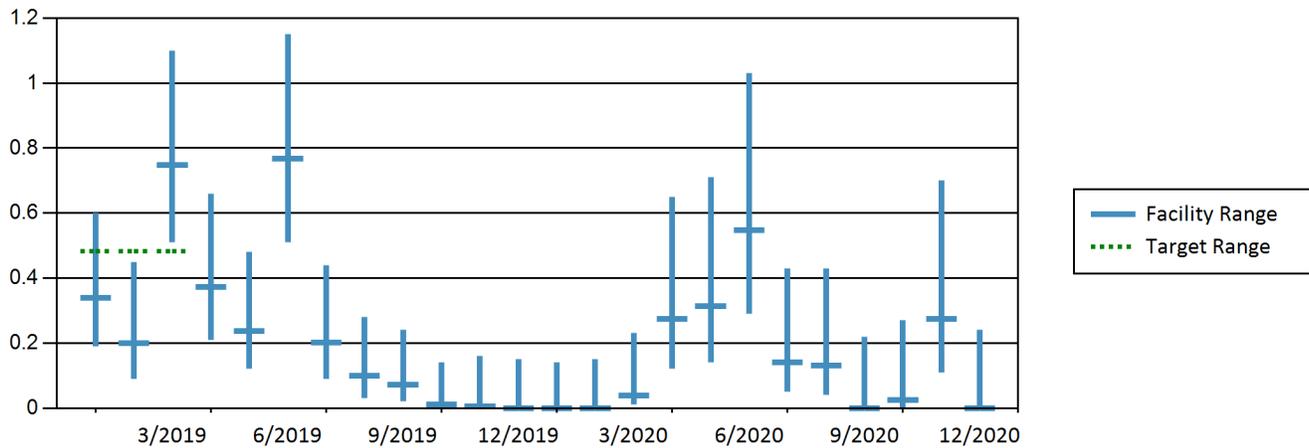
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	12096	0.13	0.02 - 0.79	0.18 - 0.18	No	0.32	175
2/2019	10824	0.00	0 - 0.61	0.18 - 0.18	No	0.31	175
3/2019	11520	0.00	0 - 0.58	0.18 - 0.18	No	0.31	175
4/2019	10992	0.13	0.02 - 0.85			0.32	175
5/2019	11520	0.25	0.06 - 1.01			0.44	174
6/2019	10944	0.30	0.08 - 1.12			0.37	174
7/2019	9888	0.45	0.14 - 1.43			0.36	175
8/2019	9264	0.00	0 - 0.72			0.34	174
9/2019	10440	0.14	0.02 - 0.9			0.29	174
10/2019	12432	0.04	0 - 0.6			0.35	172
11/2019	10704	0.04	0 - 0.7			0.29	172
12/2019	9816	0.00	0 - 0.68			0.27	172
1/2020	11016	0.49	0.17 - 1.41			0.39	170
2/2020	11016	0.00	0 - 0.6			0.28	169
3/2020	10248	0.08	0.01 - 0.8			0.33	169
4/2020	5496	0.16	0.02 - 1.52			0.46	169
5/2020	9528	0.00	0 - 0.7			0.33	169
6/2020	9024	0.00	0 - 0.74			0.85	169
7/2020	11496	0.20	0.04 - 0.93			0.59	154
8/2020	10752	0.19	0.04 - 0.96			0.31	151
9/2020	6432	0.00	0 - 1.03			0.20	149
10/2020	9360	0.00	0 - 0.72			0.20	135
11/2020	9384	0.00	0 - 0.71			0.33	107
12/2020	6768	0.00	0 - 0.98			0.06	25

Brattleboro Retreat (VT03)

Seclusion -Adult: Number of hours clients spent in seclusion for every 1000 inpatient hours, Adults

NRI: 843

TJC:14843



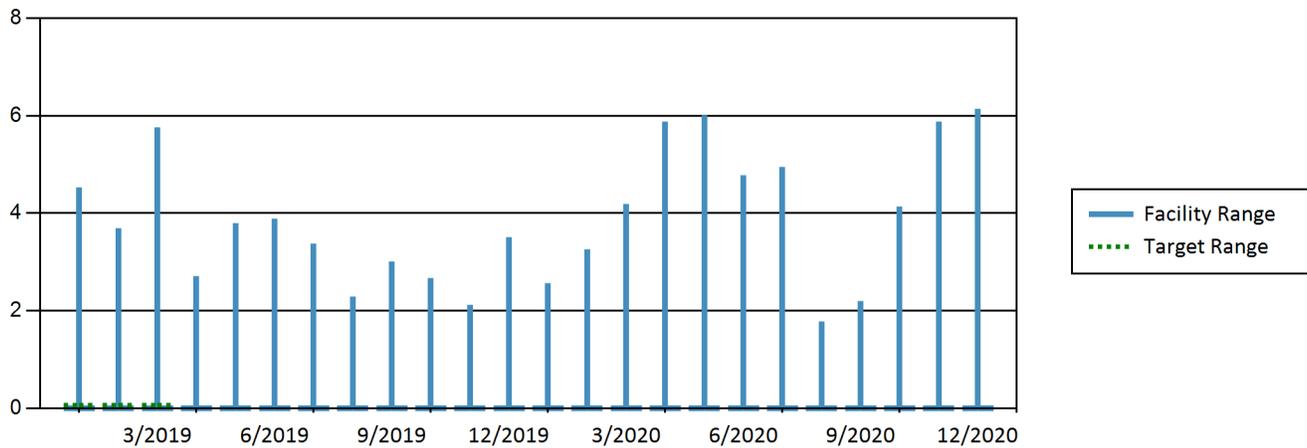
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	57792	0.34	0.19 - 0.6	0.48 - 0.48	No	0.69	179
2/2019	48696	0.20	0.09 - 0.45	0.48 - 0.48	Yes	0.68	179
3/2019	57744	0.75	0.51 - 1.1	0.48 - 0.48	Yes	0.77	179
4/2019	53376	0.37	0.21 - 0.66			0.81	179
5/2019	52896	0.24	0.12 - 0.48			0.74	178
6/2019	51600	0.77	0.51 - 1.15			0.75	178
7/2019	50808	0.20	0.09 - 0.44			0.93	179
8/2019	55320	0.10	0.03 - 0.28			0.77	178
9/2019	54576	0.07	0.02 - 0.24			0.80	178
10/2019	53520	0.01	0 - 0.14			0.63	176
11/2019	45312	0.01	0 - 0.16			0.55	176
12/2019	42840	0.00	0 - 0.15			0.43	176
1/2020	48936	0.00	0 - 0.14			0.56	174
2/2020	45120	0.00	0 - 0.15			0.70	173
3/2020	42576	0.04	0.01 - 0.23			0.71	173
4/2020	30792	0.27	0.12 - 0.65			0.55	173
5/2020	29736	0.31	0.14 - 0.71			0.51	173
6/2020	29760	0.55	0.29 - 1.03			0.47	173
7/2020	34392	0.14	0.05 - 0.43			0.49	158
8/2020	32304	0.13	0.04 - 0.43			0.52	155
9/2020	30096	0.00	0 - 0.22			0.60	153
10/2020	30216	0.03	0 - 0.27			0.63	139
11/2020	25536	0.27	0.11 - 0.7			0.75	112
12/2020	27216	0.00	0 - 0.24			0.48	27

Brattleboro Retreat (VT03)

Seclusion -Older Adult: Number of hours clients spent in seclusion for every 1000 inpatient hours, Older Adults

NRI: 844

TJC:14844



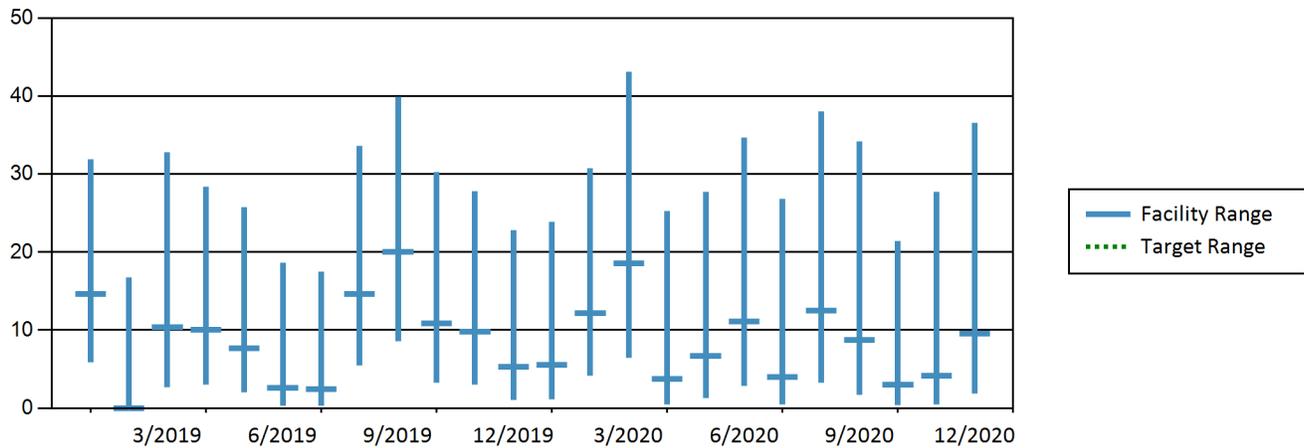
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	1464	0.00	0 - 4.53	0.06 - 0.06	No	0.08	178
2/2019	1800	0.00	0 - 3.69	0.06 - 0.06	No	0.08	178
3/2019	1152	0.00	0 - 5.76	0.06 - 0.06	No	0.15	178
4/2019	2448	0.00	0 - 2.71			0.04	178
5/2019	1752	0.00	0 - 3.79			0.14	177
6/2019	1704	0.00	0 - 3.89			0.46	177
7/2019	1968	0.00	0 - 3.37			0.18	178
8/2019	2904	0.00	0 - 2.29			0.03	177
9/2019	2208	0.00	0 - 3.01			0.05	177
10/2019	2496	0.00	0 - 2.66			0.07	175
11/2019	3144	0.00	0 - 2.11			0.06	175
12/2019	1896	0.00	0 - 3.5			0.07	175
1/2020	2592	0.00	0 - 2.56			0.10	173
2/2020	2040	0.00	0 - 3.25			0.16	172
3/2020	1584	0.00	0 - 4.19			0.13	172
4/2020	1128	0.00	0 - 5.88			0.09	172
5/2020	1104	0.00	0 - 6.01			0.15	172
6/2020	1392	0.00	0 - 4.77			0.30	172
7/2020	1344	0.00	0 - 4.94			0.05	157
8/2020	3720	0.00	0 - 1.78			0.30	154
9/2020	3024	0.00	0 - 2.19			0.05	152
10/2020	1608	0.00	0 - 4.13			0.08	138
11/2020	1128	0.00	0 - 5.88			0.02	111
12/2020	1080	0.00	0 - 6.14			0.01	27

Brattleboro Retreat (VT03)

Multiple Antipsychotic Overall: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication, Overall

NRI: 845

TJC:14845



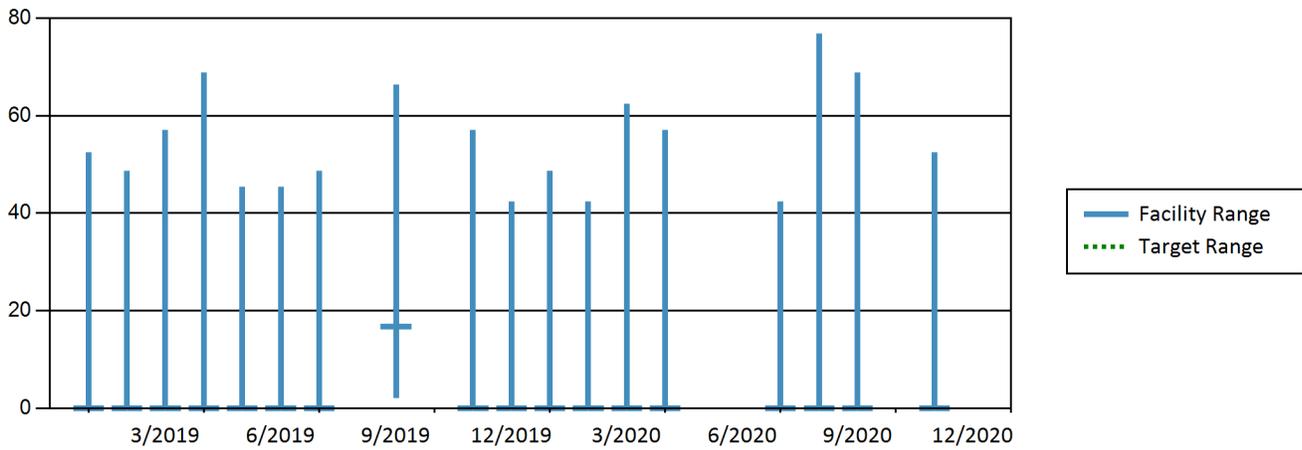
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	48	14.58	5.85 - 31.92			20.13	180
2/2019	33	0.00	0 - 16.74			17.57	180
3/2019	29	10.34	2.65 - 32.8			19.15	180
4/2019	40	10.00	3.02 - 28.36			19.23	179
5/2019	39	7.69	1.97 - 25.72			18.41	179
6/2019	39	2.56	0.3 - 18.62			19.10	179
7/2019	42	2.38	0.28 - 17.48			19.14	179
8/2019	41	14.63	5.48 - 33.64			19.01	179
9/2019	40	20.00	8.59 - 39.95			19.08	179
10/2019	37	10.81	3.27 - 30.27			20.22	177
11/2019	41	9.76	2.95 - 27.77			19.49	177
12/2019	38	5.26	1.03 - 22.79			18.81	177
1/2020	36	5.56	1.09 - 23.85			19.91	175
2/2020	41	12.20	4.16 - 30.76			19.29	174
3/2020	27	18.52	6.39 - 43.07			19.48	173
4/2020	27	3.70	0.44 - 25.24			20.46	173
5/2020	30	6.67	1.31 - 27.72			19.69	173
6/2020	27	11.11	2.85 - 34.71			20.24	173
7/2020	25	4.00	0.47 - 26.83			21.11	163
8/2020	24	12.50	3.22 - 38.03			21.31	161
9/2020	23	8.70	1.72 - 34.17			22.21	157
10/2020	33	3.03	0.36 - 21.43			20.23	143
11/2020	24	4.17	0.49 - 27.7			21.70	114
12/2020	21	9.52	1.88 - 36.6			9.46	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic -Children: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication,Children

NRI: 846

TJC:14846



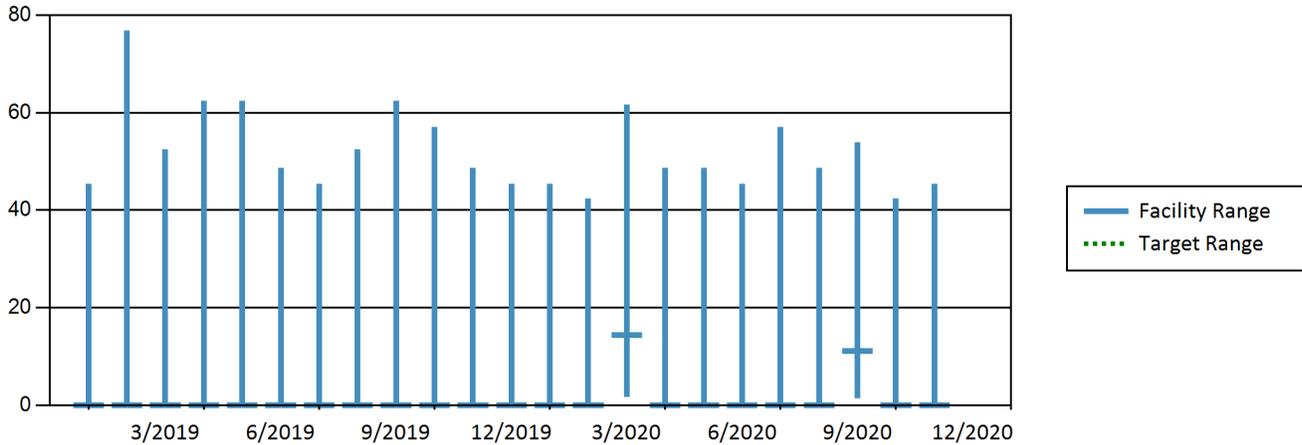
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	6	0.00	0 - 52.52			4.17	174
2/2019	7	0.00	0 - 48.66			3.30	174
3/2019	5	0.00	0 - 57.03			1.12	174
4/2019	3	0.00	0 - 68.87			1.23	173
5/2019	8	0.00	0 - 45.34			2.27	173
6/2019	8	0.00	0 - 45.34			3.80	173
7/2019	7	0.00	0 - 48.66			3.53	173
8/2019	4	0.00				0.00	173
9/2019	6	16.67	1.99 - 66.36			1.33	173
10/2019	7	0.00				0.00	171
11/2019	5	0.00	0 - 57.03			1.06	171
12/2019	9	0.00	0 - 42.44			2.13	171
1/2020	7	0.00	0 - 48.66			1.25	169
2/2020	9	0.00	0 - 42.44			2.25	168
3/2020	4	0.00	0 - 62.39			3.54	167
4/2020	5	0.00	0 - 57.03			2.63	167
5/2020	9	0.00				0.00	167
6/2020	5	0.00				0.00	167
7/2020	9	0.00	0 - 42.44			4.76	157
8/2020	2	0.00	0 - 76.84			1.89	155
9/2020	3	0.00	0 - 68.87			1.92	151
10/2020	8	0.00				0.00	137
11/2020	6	0.00	0 - 52.52			2.38	109
12/2020	3	0.00				0.00	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic -Adolescent: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication, Adolescents

NRI: 847

TJC:14847



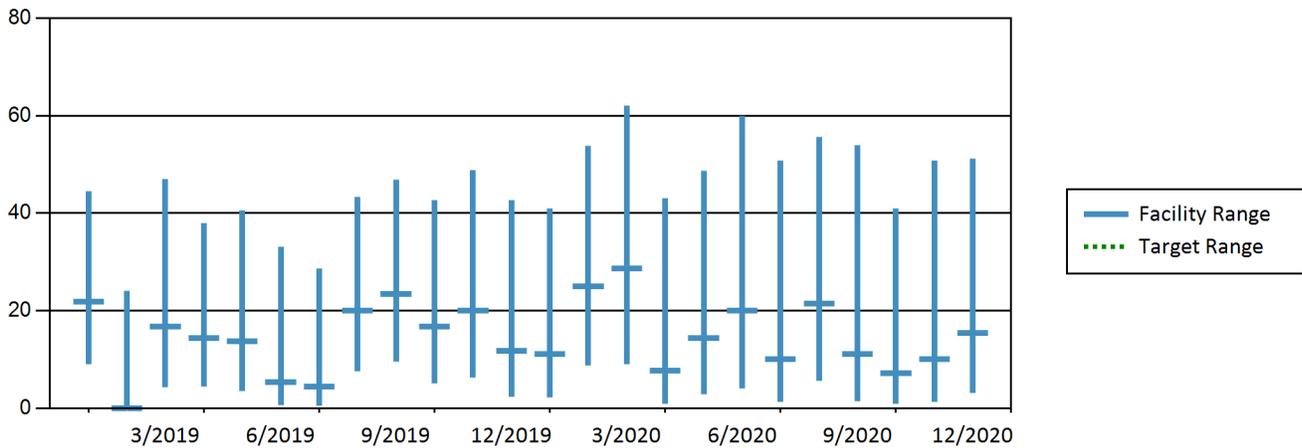
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	8	0.00	0 - 45.34			5.03	175
2/2019	2	0.00	0 - 76.84			5.71	175
3/2019	6	0.00	0 - 52.52			9.80	175
4/2019	4	0.00	0 - 62.39			3.55	174
5/2019	4	0.00	0 - 62.39			2.93	174
6/2019	7	0.00	0 - 48.66			5.41	174
7/2019	8	0.00	0 - 45.34			4.04	174
8/2019	6	0.00	0 - 52.52			4.69	174
9/2019	4	0.00	0 - 62.39			5.95	174
10/2019	5	0.00	0 - 57.03			3.86	172
11/2019	7	0.00	0 - 48.66			6.12	172
12/2019	8	0.00	0 - 45.34			3.28	172
1/2020	8	0.00	0 - 45.34			6.39	170
2/2020	9	0.00	0 - 42.44			3.78	169
3/2020	7	14.29	1.7 - 61.63			4.76	168
4/2020	7	0.00	0 - 48.66			5.59	168
5/2020	7	0.00	0 - 48.66			3.91	168
6/2020	8	0.00	0 - 45.34			2.58	168
7/2020	5	0.00	0 - 57.03			6.00	158
8/2020	7	0.00	0 - 48.66			6.43	156
9/2020	9	11.11	1.32 - 53.91			5.16	152
10/2020	9	0.00	0 - 42.44			6.38	138
11/2020	8	0.00	0 - 45.34			1.82	109
12/2020	5	0.00				0.00	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic -Adult: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication, Adults

NRI: 848

TJC:14848



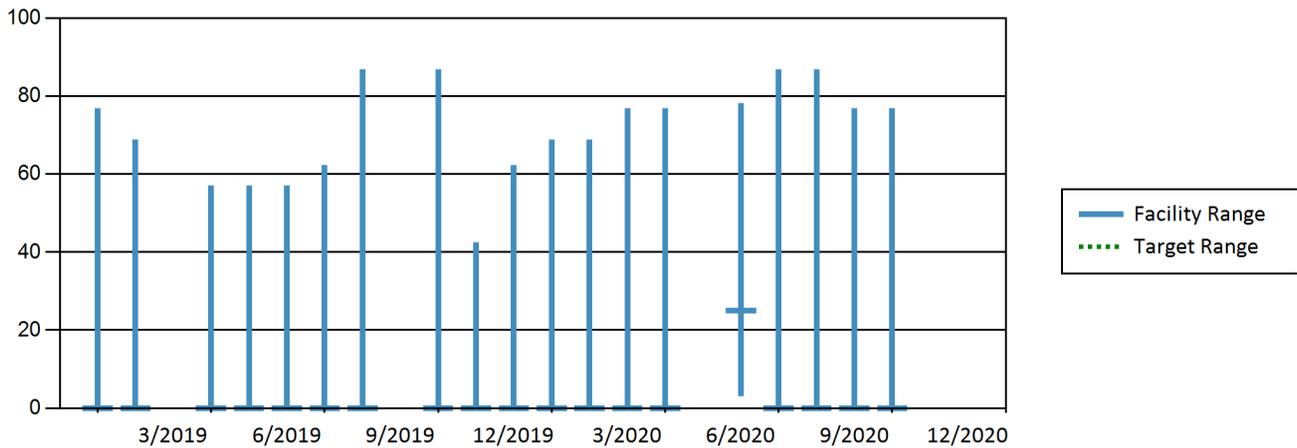
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	32	21.88	8.91 - 44.51			21.64	179
2/2019	21	0.00	0 - 24.01			18.91	179
3/2019	18	16.67	4.32 - 46.97			20.55	179
4/2019	28	14.29	4.35 - 37.9			20.50	178
5/2019	22	13.64	3.52 - 40.61			19.88	178
6/2019	19	5.26	0.62 - 33.07			20.38	178
7/2019	23	4.35	0.51 - 28.63			20.66	178
8/2019	30	20.00	7.56 - 43.3			20.14	178
9/2019	30	23.33	9.53 - 46.8			20.29	178
10/2019	24	16.67	5.1 - 42.67			21.76	176
11/2019	20	20.00	6.16 - 48.79			21.32	176
12/2019	17	11.76	2.33 - 42.67			20.39	176
1/2020	18	11.11	2.2 - 40.97			21.29	174
2/2020	20	25.00	8.74 - 53.72			20.67	173
3/2020	14	28.57	8.93 - 61.99			20.97	172
4/2020	13	7.69	0.91 - 43.07			22.21	172
5/2020	14	14.29	2.84 - 48.7			21.29	172
6/2020	10	20.00	4.01 - 59.92			21.97	172
7/2020	10	10.00	1.19 - 50.73			22.68	162
8/2020	14	21.43	5.6 - 55.63			22.85	160
9/2020	9	11.11	1.32 - 53.91			24.19	156
10/2020	14	7.14	0.84 - 41			21.82	142
11/2020	10	10.00	1.19 - 50.73			23.72	114
12/2020	13	15.38	3.07 - 51.1			11.14	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic -Older Adult: Percent of clients discharged on multiple antipsychotic medications of those discharged on at least one antipsychotic medication, Older Adults

NRI: 849

TJC:14849



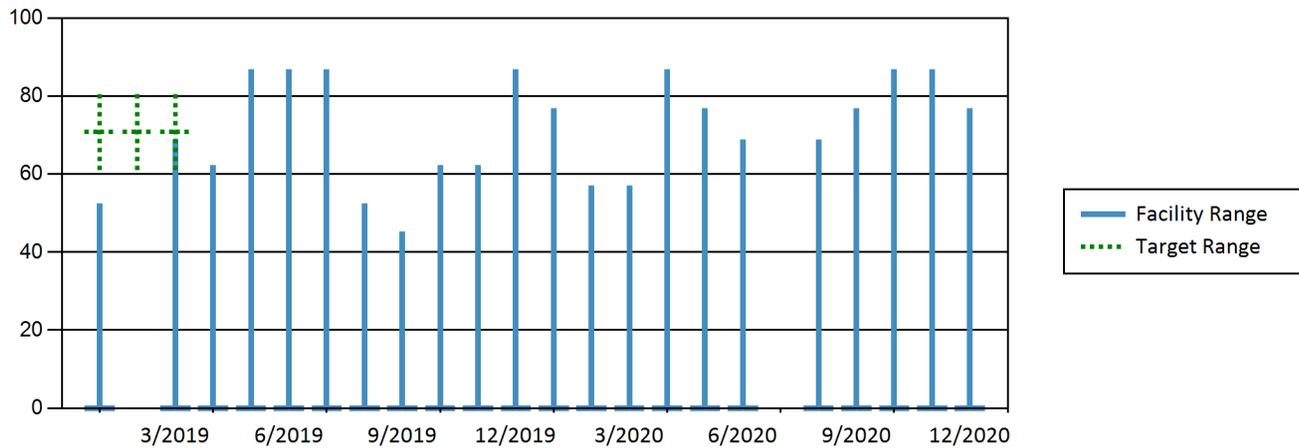
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	2	0.00	0 - 76.84			12.99	178
2/2019	3	0.00	0 - 68.87			12.04	178
3/2019	0					12.24	178
4/2019	5	0.00	0 - 57.03			17.84	177
5/2019	5	0.00	0 - 57.03			13.64	177
6/2019	5	0.00	0 - 57.03			15.76	177
7/2019	4	0.00	0 - 62.39			15.15	177
8/2019	1	0.00	0 - 86.9			19.61	177
9/2019	0					17.24	177
10/2019	1	0.00	0 - 86.9			19.71	175
11/2019	9	0.00	0 - 42.44			12.32	175
12/2019	4	0.00	0 - 62.39			15.51	175
1/2020	3	0.00	0 - 68.87			17.79	173
2/2020	3	0.00	0 - 68.87			18.09	172
3/2020	2	0.00	0 - 76.84			20.36	171
4/2020	2	0.00	0 - 76.84			12.70	171
5/2020	0					11.03	171
6/2020	4	25.00	3.01 - 78.19			13.33	171
7/2020	1	0.00	0 - 86.9			14.86	161
8/2020	1	0.00	0 - 86.9			15.22	159
9/2020	2	0.00	0 - 76.84			13.19	155
10/2020	2	0.00	0 - 76.84			16.36	141
11/2020	0					16.88	113
12/2020	0					0.00	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic w/Approp Justification Overall: Percent of clients with appropriate justification for discharge on multiple antipsychotic medication, Overall

NRI: 850

TJC:14850



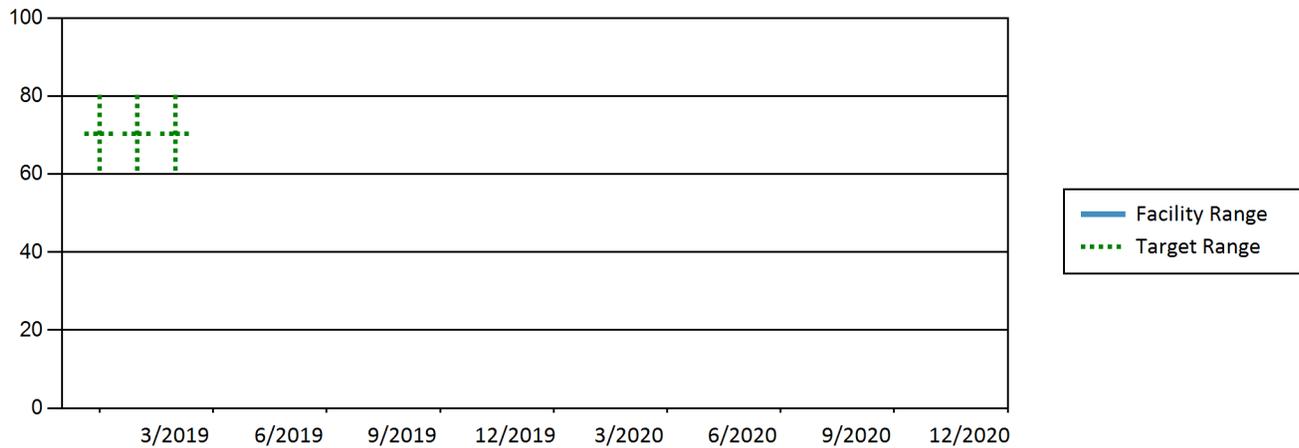
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	6	0.00	0 - 52.52	61 - 80.5	Yes	67.58	180
2/2019	0			61 - 80.5	No	66.07	180
3/2019	3	0.00	0 - 68.87	61 - 80.5	No	65.45	180
4/2019	4	0.00	0 - 62.39			68.02	179
5/2019	1	0.00	0 - 86.9			68.07	179
6/2019	1	0.00	0 - 86.9			63.03	179
7/2019	1	0.00	0 - 86.9			68.44	179
8/2019	6	0.00	0 - 52.52			66.67	179
9/2019	8	0.00	0 - 45.34			67.51	179
10/2019	4	0.00	0 - 62.39			66.31	177
11/2019	4	0.00	0 - 62.39			65.50	177
12/2019	1	0.00	0 - 86.9			69.69	177
1/2020	2	0.00	0 - 76.84			65.42	175
2/2020	5	0.00	0 - 57.03			64.15	174
3/2020	5	0.00	0 - 57.03			65.16	173
4/2020	1	0.00	0 - 86.9			66.50	173
5/2020	2	0.00	0 - 76.84			62.31	173
6/2020	3	0.00	0 - 68.87			64.76	173
7/2020	0					65.73	163
8/2020	3	0.00	0 - 68.87			60.37	161
9/2020	2	0.00	0 - 76.84			60.15	157
10/2020	1	0.00	0 - 86.9			59.43	143
11/2020	1	0.00	0 - 86.9			66.42	114
12/2020	2	0.00	0 - 76.84			73.47	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic w/Approp Justification -Children: Percent of clients with appropriate justification for discharge on multiple antipsychotic medication, Children

NRI: 851

TJC:14851



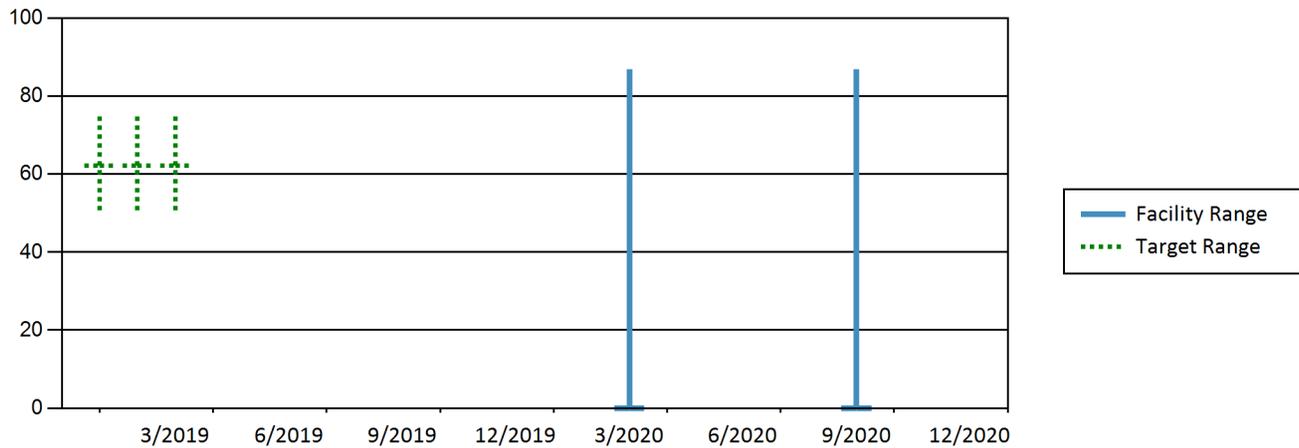
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	0			60.5 - 80.3	No	66.67	174
2/2019	0			60.5 - 80.3	No	100.00	174
3/2019	0			60.5 - 80.3	No		174
4/2019	0					100.00	173
5/2019	0					0.00	173
6/2019	0					33.33	173
7/2019	0					100.00	173
8/2019	0						173
9/2019	1	0.00				0.00	173
10/2019	0						171
11/2019	0					100.00	171
12/2019	0					0.00	171
1/2020	0					100.00	169
2/2020	0					100.00	168
3/2020	0					75.00	167
4/2020	0					50.00	167
5/2020	0						167
6/2020	0						167
7/2020	0					25.00	157
8/2020	0					100.00	155
9/2020	0						151
10/2020	0						137
11/2020	0					0.00	109
12/2020	0						23

Brattleboro Retreat (VT03)

Multiple Antipsychotic w/Approp Justification -Adolescent: Percent of clients with appropriate justification for discharge on multiple antipsychotic medication, Adolescents

NRI: 852

TJC:14852



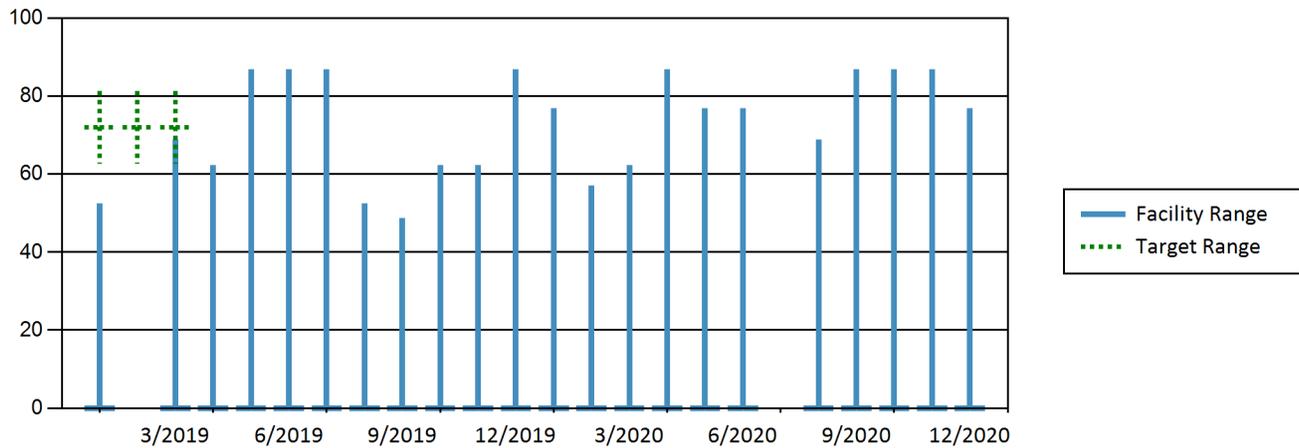
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	0			49.5 - 74.8	No	44.44	175
2/2019	0			49.5 - 74.8	No	50.00	175
3/2019	0			49.5 - 74.8	No	55.00	175
4/2019	0					71.43	174
5/2019	0					50.00	174
6/2019	0					70.00	174
7/2019	0					22.22	174
8/2019	0					75.00	174
9/2019	0					55.56	174
10/2019	0					75.00	172
11/2019	0					66.67	172
12/2019	0					80.00	172
1/2020	0					78.57	170
2/2020	0					57.14	169
3/2020	1	0.00	0 - 86.9			81.82	168
4/2020	0					50.00	168
5/2020	0					40.00	168
6/2020	0					75.00	168
7/2020	0					66.67	158
8/2020	0					50.00	156
9/2020	1	0.00	0 - 86.9			37.50	152
10/2020	0					55.56	138
11/2020	0					50.00	109
12/2020	0						23

Brattleboro Retreat (VT03)

Multiple Antipsychotic w/Approp Justification -Adult: Percent of clients with appropriate justification for discharge on multiple antipsychotic medication, Adults

NRI: 853

TJC:14853



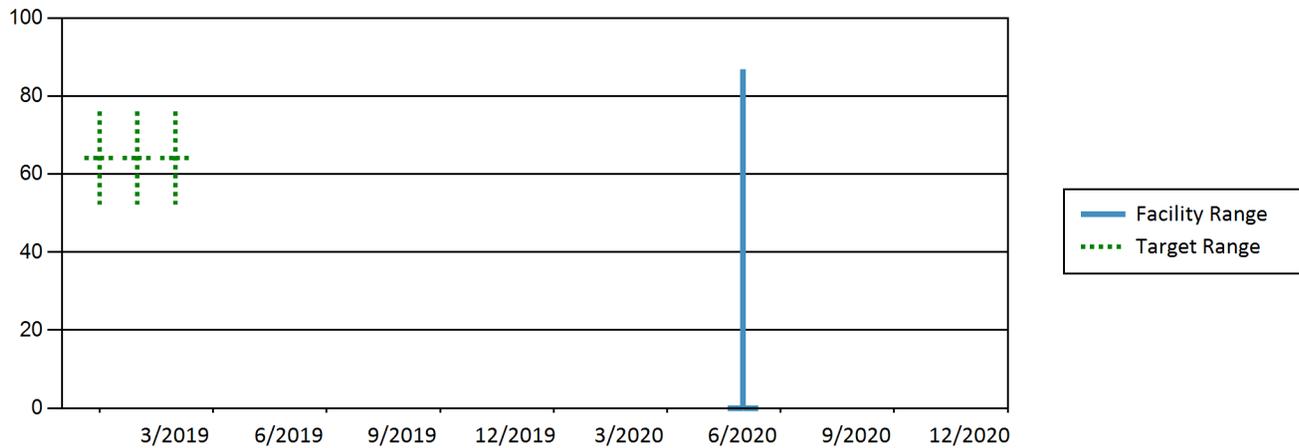
Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	6	0.00	0 - 52.52	62.6 - 81.3	Yes	67.80	179
2/2019	0			62.6 - 81.3	No	65.55	179
3/2019	3	0.00	0 - 68.87	62.6 - 81.3	No	65.86	179
4/2019	4	0.00	0 - 62.39			68.19	178
5/2019	1	0.00	0 - 86.9			69.24	178
6/2019	1	0.00	0 - 86.9			62.99	178
7/2019	1	0.00	0 - 86.9			69.14	178
8/2019	6	0.00	0 - 52.52			66.67	178
9/2019	7	0.00	0 - 48.66			68.03	178
10/2019	4	0.00	0 - 62.39			66.75	176
11/2019	4	0.00	0 - 62.39			65.28	176
12/2019	1	0.00	0 - 86.9			69.91	176
1/2020	2	0.00	0 - 76.84			65.15	174
2/2020	5	0.00	0 - 57.03			64.33	173
3/2020	4	0.00	0 - 62.39			64.58	172
4/2020	1	0.00	0 - 86.9			66.91	172
5/2020	2	0.00	0 - 76.84			62.74	172
6/2020	2	0.00	0 - 76.84			65.38	172
7/2020	0					65.97	162
8/2020	3	0.00	0 - 68.87			60.10	160
9/2020	1	0.00	0 - 86.9			60.50	156
10/2020	1	0.00	0 - 86.9			60.15	142
11/2020	1	0.00	0 - 86.9			67.09	114
12/2020	2	0.00	0 - 76.84			73.47	23

Brattleboro Retreat (VT03)

Multiple Antipsychotic w/Approp Justification -Older Adult: Percent of clients with appropriate justification for discharge on multiple antipsychotic medication, Older Adults

NRI: 854

TJC:14854



Reporting Period	Denominator	Observed Rate	99% CI Facility	Target Range	Target Outlier	NRI Group Rate	Number Facilities
1/2019	0			52.1 - 76	No	68.75	178
2/2019	0			52.1 - 76	No	80.77	178
3/2019	0			52.1 - 76	No	62.07	178
4/2019	0					63.16	177
5/2019	0					48.48	177
6/2019	0					64.52	177
7/2019	0					62.86	177
8/2019	0					65.00	177
9/2019	0					62.07	177
10/2019	0					56.10	175
11/2019	0					69.23	175
12/2019	0					67.86	175
1/2020	0					64.86	173
2/2020	0					60.00	172
3/2020	0					70.59	171
4/2020	0					62.50	171
5/2020	0					53.33	171
6/2020	1	0.00	0 - 86.9			45.45	171
7/2020	0					65.38	161
8/2020	0					67.86	159
9/2020	0					58.33	155
10/2020	0					46.15	141
11/2020	0					53.85	113
12/2020	0						23

Disability Rights Vermont, Inc.

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Montpelier, VT 05602
802-229-1355, ext.102**

Comments Offered by DRVT for the Act 140 Legislative Report January 22, 2021

Disability Rights Vermont (DRVT), as the Mental Health Care Ombudsman (MHCO) for the State of Vermont pursuant to 18 V.S.A. §7259, was eager and grateful to participate in Act 140 efforts to improve services for people with mental health conditions and disabilities at the Brattleboro Retreat. The Department of Mental Health (DMH) chose to satisfy the Act's requirements in part by facilitating three meetings between DRVT, Vermont Psychiatric Survivors (VPS), and DMH staff since Act 140 was enacted for the purposes of discussing issues related to the Act. While DRVT has also met with the Brattleboro Retreat and VPS two times during this timeframe pursuant to the Act, a joint meeting altogether between DMH, Brattleboro Retreat staff, DRVT, and VPS has not yet occurred.

DRVT notes that the Brattleboro Retreat provides critical services for adults, and is the only in-patient psychiatric services for youth, from all over Vermont, and as such the standards of care, patient experience and patient outcomes are crucial to understand and improve wherever possible. During our meetings with DMH and VPS, DRVT related concerns about the potential overuse of seclusion and restraint on both voluntary and involuntary patients, about the Retreat's reliance on the use of involuntary emergency medication in combination with seclusion, about the unregulated use of "Low Stimulation Areas" (ALSAs), about the functionality of the patient grievance process, and about continued obstacles and slow-pace of VPS' access to patients. Overall, DRVT found the meetings held by DMH to satisfy Act 140 requirements did not result in noticeable improvement in standards of care, patient experience or patient outcomes at the Retreat yet, but important areas of concern were identified for further review and discussion.

One very important aspect of Act 140 is the requirement that the Retreat provide documentation, specifically called Certificate of Needs (CONs), for all uses of involuntary emergency procedures against voluntary patients, in addition to the historic provision of CONs for patients held in the custody of the Commissioner of DMH. Our review of voluntary patient CONs, in addition to the ongoing review of involuntary patient CONs from the Retreat, has resulted in additional, specific concerns regarding the overuse use of both seclusion and restraint, as well as segregated detention in ALSA units, wherein a patient is separated from the milieu by a locked door in a staffed sub-unit, sometimes for days or weeks at a time. Use of ALSA detention is particularly concerning because unlike 'Seclusion' (being locked in a room alone), time in ALSA is not regulated by Federal or State standards and is not subject to separate reporting.

DRVT believes there is consensus among DMH, VPS and other stakeholders that DMH and DRVT, as Vermont's MHCO, should be legally authorized to obtain CONs for *all* hospitalized people receiving mental health services, whether they are voluntary or involuntary patients, and whether they are in Emergency Departments or Psychiatric Treatment Units. Only with this comprehensive ability to assess the use of force against patients receiving mental health services in Vermont will DMH, DRVT, and the public be able to assess our progress and realize the promise of our statutory intent to reduce the use of coercion in mental health services. 33 V.S.A. §7629(c).

DRVT understands that ongoing Act 140 meetings and improvement efforts will continue and is committed to collaborating with all stakeholders to obtain the needed improvements in services and access to information required to raise access and quality of care for Vermonters with inpatient mental health treatment needs at the Brattleboro Retreat and throughout Vermont's mental health system.

**Ed Paquin
Executive Director**