

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, April 27, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/93293926195>
or call

1-253-215-8782 and enter webinar ID 932 9392 6195

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:32
III.	APPROVE AGENDA	5:34
IV.	PUBLIC PARTICIPATION	5:35
V.	CONSENT AGENDA	5:50
	A. March 23, 2021 Board of Directors Minutes	(Pg.3)
	B. February 2021 Financials	(Pg.8)
VI.	NEW BUSINESS	5:55
	➤ CEO Compensation and Performance Evaluation	(Pg.13)
VII.	OLD BUSINESS	6:00
	A. Behavioral Health Pediatrician - ACTION ITEM	(Pg.15)
	B. Crisis Stabilization Center Design Change - ACTION ITEM	(Pg.19)
VIII.	MEDICAL STAFF REPORT	6:05
IX.	COMMITTEE REPORTS	6:10
	A. April 9, 2021 Draft Finance Committee Meeting Minutes	(Pg.22)
	B. April 22, 2021 Draft Executive Committee Meeting Minutes	(Pg.24)
	C. April 23, 2021 Draft Governance Committee Meeting Minutes	(Pg.27)
X.	MANAGEMENT REPORTS	6:25
	A. Legal Management report	(Pg.29)
	B. HR Management report	(Pg.30)
	C. CNO Management report	(Pg.32)
	D. COO Management report	(Pg.35)
	E. CBHO Management report	(Pg.40)
	1. Community Navigator Report FY21 Q3	(Pg.46)
	2. 2021_04_12 COW Crisis Mental Health Services Memo	(Pg.47)
	3. Cris Now Overview	(Pg.53)
	4. PES & CIS Update Power Point Slides	(Pg.55)

5. ADN Article Highlighting BRH’s Efforts to Date	(Pg.59)	
F. CFO Management report	(Pg.65)	
G. CEO Management report	(Pg.72)	
XI. CEO REPORT / STRATEGIC DISCUSSION		6:35
➤ COVID-19 Update		
XII. PRESIDENT REPORT		6:40
XIII. BOARD CALENDAR – May 2021	(Pg.73)	6:45
XIV. BOARD COMMENTS AND QUESTIONS		6:50
XV. EXECUTIVE SESSION		6:55
A. Credentialing report		
B. April 6, 2021 Medical Staff Meeting Minutes		
C. Patient Safety Dashboard		
D. Union Negotiations		
E. Legal and Litigation Review		
<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
○ Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.		
<i>And</i>		
○ To discuss possible BRH litigation, specifically a candid discussion of the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)		
XVI. ADJOURNMENT		7:30

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
March 23, 2021 – 5:30 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 5:31 p.m. by Kenny Solomon-Gross, Board President

BOARD MEMBERS PRESENT

Kenny Solomon-Gross – President	Rosemary Hagevig, Vice-President	Mark Johnson, Secretary
Brenda Knapp	Lance Stevens	Iola Young
Hal Geiger	Deb Johnston	

ABSENT - Lindy Jones, MD

ALSO PRESENT

Kevin Benson, Interim CEO/CFO	Billy Gardner, COO	Rose Lawhorne, CNO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Keegan Jackson, MD, COS
Michelle Hale, CBJ Liaison	Robert Palmer, City Attorney	Barbara Nault, Legal Advisor
Anita Moffitt, Executive Assistant	Dorothy Hernandez, MD	Joanne Gartenberg, MD
Joy Neyhart, DO	Amy Dressel, MD	Mignon (Mimi) Benjamin, MD

APPROVE AGENDA – Mr. Solomon-Gross requested items A and C of the committee reports switch places on the agenda. Public participants wishing to speak about the action item listed under item C, Behavioral Health Pediatrician, will be allowed to speak when we move to that topic. **MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Johnson seconded. There being no objections, agenda approved as amended.**

PUBLIC PARTICIPATION – None at this time.

CONSENT AGENDA - MOTION by Ms. Hagevig to approve the consent agenda as written. Mr. Johnson seconded. There being no objections, consent agenda approved.

MEDICAL STAFF REPORT – Dr. Jackson reported that the Meditech Expanse upgrade was the main topic discussed at the March 2nd Medical Staff meeting and the need for more than one month of training support identified. During discussion about the success of Rainforest Recovery and Crisis Stabilization services, questions raised about recruitment of Behavioral Health Pediatrician. Dr. Roth had reported that an Oncological Advanced Nurse Practitioner had been approved by the credentials committee. Dr. Dressel had provided feedback about the success of the vaccine clinics and encouraged other providers to volunteer at these clinics. Mr. Solomon-Gross acknowledged the frustrations of physicians regarding Meditech Expanse upgrade and expressed appreciation for everyone working together to resolve issues.

COMMITTEE REPORTS:

Physician Recruitment Committee Meeting – Minutes from the March 15th meeting are in the packet. Public comments about the recruitment of a Behavioral Health Pediatrician (BHP) heard at this time.

Dr. Hernandez introduced herself and provided her background. She expressed opposition to hiring a BHP to provide primary care to psychiatric patients. Encourages a more collaborative relationship with the primary care providers (PCPs) and psychiatrists. Supports hiring a full time case manager to help coordinate continuity of care in the community as

hiring a part-time physician with limited hours to see patients is not beneficial. Frustration was expressed that it was clearly stated previously that BOPS does not want to provide primary pediatric care, however the job description says the intention is to provide primary care pediatric services to child psychiatric patients. She proposes the Board postpone taking any action on this until the new CEO is able to weigh in on the matter.

Dr. Dressel thanked the Board for their commitment, introduced herself and provided her background. She echoed many of Dr. Hernandez's comments, acknowledged the current mental health crisis and changes in the way health care is provided. She agrees that a Case Manager is what is needed in BOPS for care coordination with the clinics. She noted that if the BHP is not be part of the pediatric call rotation, it would be a detriment to other providers. She too is upset with how this process was completed and the lack of follow-through with PCPs.

Dr. Gartenberg thanked Board for the opportunity to speak. She reported that half of the patients seen in BOPS are kids. There are over 200 active pediatric psychiatric cases at BOPS, many very complex. There are many models for integration of behavioral and primary healthcare, the proposed model means that a PCP is integrated into the clinic, is part of the treatment team, participates in rounds and consults on complex cases. Everyone is working together to get the patient as stabilized as possible, as quickly as possible. Discussion held about why call coverage was not included in the job description.

Dr. Benjamin, Medical Director of the Hospitalist Program, expressed her support of the bidirectional model proposed and suggests reading literature available about places where this model is being used.

Dr. Neyhart does not see this as competition, would be happy to collaborate with the behavioral health team to increase her patient population and does not see in the job description that a pediatrician hired by BOPS would provide long term primary care. Patients to be served by this model aren't patients that already have PCPs. These are patients in crisis and need immediate help. The goal of integrating this bidirectional care is to allow the person to be hired to work with patients and their families to get patients stable and into a PCP clinic of the patients' choice once they are able to do so.

Dr. Hernandez would also like the Board to consider that integration of mental health and pediatric primary care opens the door for adult medicine as well and the hospital then getting into primary care. She would like further discussions of this job description before the Board takes any action.

Dr. Jackson expressed concerns that this position was initially presented to the PCPs as a position for someone to provide specialty services, not primary care and she's troubled by how quickly this is moving. As the lead of medical services at SEARHC, she had not received feedback that BOPS was having difficulty getting patients into primary care in the community. She noted that JAMHI has had a similar program to this and while it can be beneficial, it's difficult when two providers are treating the same patient and information is not communicated. Lack of communication is one reason PCPs are wondering why this is happening so quickly and where it could lead farther down the road.

Mr. Johnson reported that the Recruitment Committee had carefully considered this request, did not vote on it when it was first presented and obtained feedback provided from PCPs. A specific job description was requested by Mr. Johnson for presentation at a follow-up meeting where a vote of the committee members approved it 5-1.

Ms. Young reported that she was the committee member that voted against this proposal. While she agrees the pediatric population this would reach is complex, fragile and families are struggling, it is important to do what's right for the patients. She requests the Board postpone taking action until Rose Lawhorne, as the new CEO, can weigh in and make a recommendation. The process was not as transparent or as inclusive as it could have been and other solutions have not been fully vetted. She is not convinced that the real barriers have been identified or that the best answer is this proposal. The issue of call coverage will also need to be addressed.

Dr. Gartenberg stated that BOPS will do everything they can to coordinate care with the PCPs. She also disputed that it was stated that there was not enough primary care available and that this was the reason for moving forward with this plan. BOPS is trying to help families navigate the system. There is a moral obligation to provide health services where patients are entering the system and then help them get into other parts of the system. BOPS does have community navigators to help coordinate care but they can't do everything that is needed.

Ms. Hagevig agreed there is compelling information on all sides of this issue and supports postponing the decision for one more month to allow further discussions to take place with the PCPs and allow the CEO weigh in.

Mr. Grigg agreed waiting one month is not going to make a difference. He reiterated that BOPS is not interested in primary care, they want to take care of patients coming through the doors that are struggling to find help due to their complexities. In response to Mr. Stevens' question, Mr. Grigg reported there is an estimate of just over a total of 50 pediatric patients currently meeting the criteria. The number of monthly visits depend on the intensity of services and he will provide more accurate numbers at the next meeting.

Mr. Johnson made recommendation on behalf of the Recruitment Committee that the Board approve job description.

Mr. Solomon-Gross requests a motion be made to move this back to the Recruitment Committee for more input before bringing it back to next month's Board of Directors meeting.

MOTION by Ms. Young to move the proposed job description back to the Recruitment Committee to be further investigated and brought back to the Board for consideration.

Mr. Geiger objected for the purpose of conversation. The committee has studied this and made a recommendation that is pretty overwhelming. Things should not be moved back to committee because they are controversial. He is ready to move the vote forward.

Mr. Stevens agrees with committee work, is concerned that we did not follow commitments as well as we could have but feels the bigger concern is not providing a service that is obviously needed. If Pediatric call could be available to BOPS while working on a solution, he would be more in favor of moving this back to committee.

Mr. Johnson clarified events to date. He feels process was followed at subsequent committee meetings; input was heard from PCPs and a request made for a specific job description to be brought back to the committee the following month. He believes the committee has followed the process correctly.

Ms. Lawhorne acknowledged all concerns. Details can be worked out so we are not encroaching on primary care but are providing the needs of the patient in the moment, much like in the Emergency Department. She will help facilitate the development of a position description the PCPs would be comfortable with.

Discussion held about *motions* made. Mr. Johnson noted that the Recruitment Committee has brought this proposal forward for approval making it a motion and asks if it preempts Ms. Young's motion. Mr. Palmer consulted for clarification. Ms. Knapp noted the Board follows Roberts Rules regarding action items coming forward out of committee. Mr. Palmer advised that if a recommendation by the committee is considered a motion and the standing policy of the board, an amendment cannot be made to send it back to the committee. A motion tabled at the Board level cannot be taken up again by Committee either. Action can be postponed at the board level to allow the Board Chair, Senior Leadership and stakeholders present to review the job description and provide more clarity before bringing it back for Board consideration at next month's meeting.

Ms. Young restated ***MOTION to postpone taking action on this job description until next month's board meeting when more information will be made available.*** Ms. Knapp seconded. Mr. Johnson objected. Roll call vote taken to approve postponing action on this item until next month's meeting. Ms. Young, Ms. Johnston, Ms. Knapp, Ms. Hagevig and Mr. Solomon-Gross voted in favor of postponing. Mr. Johnson, Mr. Geiger and Mr. Stevens voted against. Motion passes 5-3.

Planning Committee Meeting – Minutes from the March 12th meeting are in the packet.

Board Quality Committee Meeting – Minutes from the March 10th meeting are in the packet. ***Ms. Hagevig made recommendation on behalf of the committee that the board to approve the HIM/Utilization Management Plan, Risk Management Plan, Infection Prevention Plan, Environment of Care Plan and the Patient Safety & Quality Improvement Plan included in the packet.*** Hearing no objections, these items were approved.

Finance Committee Meeting – Draft minutes from the March 18th meeting are in the packet. Ms. Johnston reported the bulk of the time was spent reviewing the FY2022 budget presented in the packet. Mr. Benson noted that this was a very difficult budget to create given the unknowns related to COVID. We are optimistic that some tourism will return next year however we are relatively conservative with our numbers. Mr. Stevens stated that he felt Mr. Benson did a good job on the assumptions made when preparing the budget. Ms. Knapp initiated brief conversation about Psychiatrists' impact on

PERS. *Mr. Solomon-Gross noted there is a recommendation on behalf of the Finance Committee that the Board approve the proposed FY2022 budget.* Hearing no objections, FY2022 budget approved.

MANAGEMENT REPORTS:

Legal report – Ms. Nault provided a summary of projects her company has been working on since last month's meeting.

HR report – Mr. Hargrave noted a typo in his report. The survey results are from 2019, not 2009.

CNO report – No questions or comments.

COO report – Mr. Solomon-Gross thanked Mr. Gardner for the changes provided in his report.

CBHO report – Mr. Grigg reported that we are recruiting for 4 full time psychiatrists to meet the needs of the approximately 1,000 patients we see. Two of the candidates currently provide locums coverage at BRH.

CFO report – Mr. Benson reported that one of the cost saving activities we are looking at for next year is to switch to a new GPO able to provide us more favorable pricing. We are in the process of finalizing an RFP which will hopefully go out by the end of this week. ASHNHA is working hard to represent the hospitals in Alaska. For FY22 we are looking at a 5% reduction in Medicaid reimbursements that would be backfilled to the tune of \$35 Million to keep us whole from FY21 going into FY22. Our new Grants Manager begins on April 19th. She comes with 4 years of grant management at the state level. The CBJ Assembly approved appropriation of up to \$2.5 Million for the purchase of the building located at 3225 Hospital Drive. The owner of the property will evaluate our offer as well as another offer they have been presented. Discussion held about conversations with owner to date. Mr. Solomon-Gross reported a conflict of interest and recused himself from the conversation. Mr. Benson reported that our lease for space in that building is up in December. If we are unable to purchase the building, we may have to look for another location for the Specialty and Surgical Clinic. It was confirmed that increasing our bid would require us to go back to the Assembly for approval. If this needs to happen, Mr. Palmer can assist Mr. Benson and Mr. Bleidorn in exploring our options. Ms. Hale noted the Assembly can work quickly when they need to and will work with Mr. Palmer to expedite if needed.

In response to Mr. Stevens' question, Mr. Gardner reported that the glitches have all been worked out with the Roche testing machine and it is up and running. The challenges are that we are under contract for purchasing 900 tests with reagents per week but have failed to get anywhere near that usage. (We are doing well with getting up to 50 tests per day.) We are working to increase volumes and pursuing contracts with Coeur Mining, UnCruise, the school district, outlying communities and Capstone. We are processing CCFR collections, inpatient and pre-procedural testing.

CEO REPORT – Mr. Benson reported that we currently have 1 COVID positive case in the hospital. Within CBJ, 50% of people eligible for the vaccine, have received the first shot and 25% have received both. 73% of BRH staff have received vaccinations. BRH does have the Johnson and Johnson single dose vaccine and looks at opportunities to use them within our patient base. Extra vaccines received from the State are being distributed at vaccination clinics held at Centennial Hall. There are currently 14 active COVID cases in Juneau.

Mr. Gardner provided an update on the power smoother. Anderson Brothers Electric has ordered 9 surge protectors to supplement the ones already in place. Due to a shipping error, there will be about a week delay in getting these installed. The design team is going to continue to develop plans that will include generators.

PRESIDENT REPORT – Mr. Solomon-Gross reported that CEO candidate interviews have concluded. Ms. Lawhorne has been put forth as the new CEO. *Mr. Solomon-Gross seeks unanimous consent of the Board that Rose Lawhorne be the new CEO of BRH beginning April 4th.* Seeing and hearing no objections, Ms. Lawhorne is named the new CEO.

BOARD CALENDAR – April calendar reviewed. Ms. Knapp would like to schedule a Governance Committee meeting later in April but before the Board meeting. The topic of discussion to be Board self-evaluation. Mr. Hargrave is to provide information from the last evaluation and help develop a plan for the next one. An Executive Committee meeting will be scheduled to take place in April or May.

BOARD COMMENTS AND QUESTIONS – Congratulations and support of Rose Lawhorne as the new CEO expressed. Appreciation and acknowledgement of the hard work involved in the CEO selection process also expressed. Ms. Lawhorne acknowledged the support and thanked everyone. She expressed a strong commitment to the organization and community and looks forward to our future together. Mr. Grigg thanked Mr. Benson and acknowledged the extra

work he put in to cover both the CFO and interim CEO positions during this transition period. Mr. Benson acknowledged that he had a lot of help and is happy to be able to hand over the reins soon.

EXECUTIVE SESSION – MOTION by Mr. Stevens to recess into executive session as written in the agenda to discuss several matters:

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.*

And

- *To discuss pending litigation related to BRH, specifically a candid discussion of the facts and legal strategies with BRH's attorneys;*

Mr. Johnson seconded. The Board entered executive session at 7:29 p.m. and returned to regular session at 7:45 p.m.

MOTION by Ms. Hagevig to approve the credentialing report as presented. Mr. Johnson seconded. There being no objections, credentialing report approved.

ADJOURNMENT – 7:46 p.m

NEXT MEETING: 5:30 p.m. - Tuesday, April 27, 2021

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: April 5, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: February Financial Performance

Bartlett Regional Hospital continued to incur decreases in inpatient volumes resulting in an inpatient revenue shortfall of \$1.2 million (-22%). After seven months, inpatient revenues are \$9.8 million (-21%) behind the budget target. Decreased acute admissions, longer lengths of stays and decreased volumes in the Mental Health Unit all contributed to the decrease of inpatient revenues. On a positive note, outpatient revenues were very strong, exceeding budget by \$745,000 (8.4%). Contributing to this volume and revenue were increases in the surgery, lab and pharmacy departments. Year-to-date, outpatient revenue has performed well and is currently running \$1.7 million (2.3%) ahead of budget and 65.0% greater than the prior year.

Rainforest Recovery Center was very close to its budget revenue (-2%) though operating at 66% capacity. The drop in RRC revenue due to decreased capacity is being made up due to new revenues generated from Withdrawal Management. BHOPS is steadily increasing volumes and generating greater revenues and finishing the month 30% ahead of budget. Physician revenue was also strong generating revenues that were 9% greater than budget. Total Gross Patient Revenue finished \$287,000 short of budget or 1.8%.

Deductions from Revenue was less than budget commensurate with the reduction of revenue by \$181,000 or 22.5%.

Net Patient Revenue finished \$468,000 or 5% less than budget. Having recorded all of the Provider Relief Funds, BRH is no longer able to supplement lost revenues with CARES funds. A grant that was received during Covid-19 of \$978,000 for developing telehealth services was realized in February as those funds had been expended. Therefore, Total Operating Revenue finished \$433,000 (4.7%) greater than budget.

Expenses exceeded budget by \$1.6 million or 18%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest cause for this increase:

- Outside lab fees for increased testing was \$65,000 greater than budget.
- The operation of the molecular lab cost \$125,000 February.
- Covid-19 medical supply cost totaled \$350,000.
- Increased staff costs for ER Triage hut, front door screening and centralized staffing.

There were also increased non-Covid supply costs of \$300,000 in surgery and pharmacy departments commensurate with increased volumes and revenues.

The expense variance led to an Operating Loss of \$940,000. After Non-Operating Income of \$190,000 the final Net Loss was \$750,000. After eight months, BRH has Year-to-Date Net Income of \$58,000 or essentially a breakeven operation.

**Bartlett Regional Hospital
Dashboard Report for February 2021**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Jan)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	377	348	8%	379	407	3,010	3,024	0%	3,196
Patient Days - Critical Care Unit	92	87	6%	69	88	775	755	3%	721
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	16.8	15.6	8%	14	16.0	15.6	15.6	0%	16.1
Patient Days - Obstetrics	60	62	-4%	56	69	502	542	-7%	536
Patient Days - Nursery	42	48	-13%	42	53	404	421	-4%	423
Total Hospital Patient Days	571	546	5%	546	617	4,691	4,741	-1%	4,876
Births	20	22	-10%	20	24	195	193	1%	192
Mental Health Unit									
Patient Days - Mental Health Unit	122	252	-52%	251	82	1,201	2,187	-45%	1,987
Avg. Daily Census - MHU	4.4	9.0	-52%	8.1	3	4.9	9.0	-45%	8.1
Rain Forest Recovery:									
Patient Days - RRC	181	361	-50%	304	198	737	3,131	-76%	2,360
Avg. Daily Census - RRC	6	12.9	-50%	9.8	6	3	12.9	-76%	9.7
Outpatient visits	101	17	477%	24	92	710	666	7%	191
Inpatient: Admissions									
Med/Surg	53	72	-27%	65	51	445	626	-29%	600
Critical Care Unit	31	40	-23%	38	30	274	350	-22%	341
Obstetrics	24	24	0%	24	27	213	209	2%	211
Nursery	20	22	-11%	20	24	195	194	0%	193
Mental Health Unit	20	34	-41%	38	16	160	293	-45%	293
Total Admissions - Inpatient Status	148	193	-23%	185	148	1,287	1,672	-23%	1,638
Admissions - "Observation" Status									
Med/Surg	56	51	9%	70	47	473	445	6%	469
Critical Care Unit	31	27	13%	39	26	214	238	-10%	250
Mental Health Unit	2	2	-13%	4	1	17	20	-15%	21
Obstetrics	9	17	-48%	12	10	103	150	-32%	144
Nursery	0	0	-100%	0	0	0	1	-100%	1
Total Admissions to Observation	98	98	-1%	125	84	807	855	-6%	885
Surgery:									
Inpatient Surgery Cases	49	48	3%	41	49	394	413	-5%	409
Endoscopy Cases	99	83	19%	95	96	719	722	0%	743
Same Day Surgery Cases	118	94	26%	110	119	936	812	15%	842
Total Surgery Cases	266	224	19%	246	264	2,049	1,947	5%	1,994
Total Surgery Minutes	17,843	13,943	28%	17,574	16,586	143,225	121,003	18%	138,849
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	868	1,123	-23%	1,161	910	7,474	9,744	-23%	9,657
Cardiac Rehab Visits	50	59	-15%	83	56	448	511	-12%	535
Lab Visits	298	363	-18%	292	317	2,336	3,154	-26%	2,984
Lab Tests	8,865	7,615	16%	8,839	9,454	76,838	70,308	9%	81,804
Radiology Visits	762	759	0%	739	767	6,325	6,583	-4%	6,439
Radiology Tests	1,949	2,228	-13%	2,253	2,207	18,117	20,057	-10%	19,420
Sleep Study Visits	30	26	15%	30	24	188	226	-17%	221
Physician Clinics:									
Hospitalists	227	214	6%	170	194	1,811	1,861	-3%	1,791
Bartlett Oncology Clinic	72	75	-4%	64	96	673	654	3%	614
Ophthalmology Clinic	88	49	79%	68	82	728	427	70%	107
Behavioral Health Outpatient visits	647	348	86%	355	550	3,596	3,020	19%	2,783
Bartlett Surgery Specialty Clinic visits	241	189	28%	319	252	1,858	1,637	13%	2,293
	1,275	876	46%	976	1,174	8,666	7,600	14%	7,588
Other Operating Indicators:									
Dietary Meals Served	20,101	27,409	-27%	26,031	21,267	159,897	237,871	-33%	234,293
Laundry Pounds (Per 100)	372	347	7%	358	364	2,980	3,008	-1%	2,995

**Bartlett Regional Hospital
Dashboard Report for February 2021**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	4,931	5,429	-9.2%	4,901	5,612	4,658	20.5%	4,371
Contractual Allowance %	45.9%	43.0%	6.7%	42.6%	44.2%	43.0%	2.8%	40.9%
Bad Debt & Charity Care %	1.8%	2.7%	-33.5%	0.6%	1.2%	2.7%	-53.9%	2.7%
Wages as a % of Net Revenue	53.8%	46.4%	15.8%	45.5%	53.7%	47.2%	13.8%	46.5%
Productive Staff Hours Per Adjusted Patient Day	25.7	26.8	-3.9%	21.7	30.6	22.0	39.2%	21.5
Non-Productive Staff Hours Per Adjusted Patient Day	4.1	4.8	-15.6%	4.2	5.1	3.6	42.6%	3.5
Overtime/Premium % of Productive	7.12%	7.14%	-0.2%	7.14%	6.70%	6.96%	-3.7%	6.96%
Days Cash on Hand	90	108	-16.7%	86	99	108	-7.8%	96
Board Designated Days Cash on Hand	110	132	-16.7%	138	122	132	-7.8%	138
Days in Net Receivables	55.2	55	0.0%	65	55.2	55	0.0%	65
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.5%	33.7%	73.5%	62.3%
Total debt-to-capitalization (without PERS)					14.7%	33.7%	-56.4%	15.8%
Current Ratio					7.87	2.00	293.3%	9.89
Debt-to-Cash Flow (with PERS)					10.37	2.7	284.0%	6.93
Debt-to-Cash Flow (without PERS)					2.60	2.7	-3.6%	1.76
Aged A/R 90 days & greater					41.4%	19.8%	109.1%	49.8%
Bad Debt Write off					0.3%	0.8%	-62.5%	-0.3%
Cash Collections					76.8%	99.4%	-22.7%	78.1%
Charity Care Write off					0.8%	1.4%	-42.9%	1.4%
Cost of Collections (Hospital only)					5.4%	2.8%	92.9%	5.0%
Discharged not Final Billed (DNFB)					10.7%	4.7%	127.7%	13.0%
Unbilled & Claims on Hold (DNSP)					10.7%	5.1%	109.8%	13.0%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					2.6%	21.3%	-87.8%	1.5%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 2021

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,442,537	\$4,539,039	-\$1,096,502	-24.2%	\$4,068,503	1. Inpatient Revenue	\$29,526,636	\$38,756,467	-\$9,229,831	-23.8%	\$36,341,922	-18.8%
\$867,348	\$964,362	-\$97,014	-10.1%	\$900,525	2. Inpatient Ancillary Revenue	\$7,676,449	\$8,234,234	-\$557,785	-6.8%	\$7,753,342	-1.0%
\$4,309,885	\$5,503,401	-\$1,193,516	-21.7%	\$4,969,028	3. Total Inpatient Revenue	\$37,203,085	\$46,990,701	-\$9,787,616	-20.8%	\$44,095,264	-15.6%
\$9,649,589	\$8,904,234	\$745,355	8.4%	\$9,904,222	4. Outpatient Revenue	\$77,775,553	\$76,028,406	\$1,747,147	2.3%	\$74,042,439	5.0%
\$13,959,474	\$14,407,635	-\$448,161	-3.1%	\$14,873,250	5. Total Patient Revenue - Hospital	\$114,978,638	\$123,019,107	-\$8,040,469	-6.5%	\$118,137,703	-2.7%
\$298,494	\$304,883	-\$6,389	-2.1%	\$313,665	6. RRC Patient Revenue	\$1,083,728	\$2,603,220	-\$1,519,492	-58.4%	\$2,462,471	-56.0%
\$338,131	\$259,129	\$79,002	30.5%	\$247,189	7. BHOPS Patient Revenue	\$2,057,181	\$2,212,544	-\$155,363	-7.0%	\$2,124,183	-3.2%
\$1,057,303	\$969,085	\$88,218	9.1%	\$1,118,098	8. Physician Revenue	\$8,130,354	\$8,274,484	-\$144,130	-1.7%	\$8,227,436	-1.2%
\$15,653,402	\$15,940,732	-\$287,330	-1.8%	\$16,552,202	9. Total Gross Patient Revenue	\$126,249,901	\$136,109,355	-\$9,859,454	-7.2%	\$130,951,793	-3.6%
					Deductions from Revenue:						
\$2,615,020	\$3,058,125	-\$443,105	14.5%	\$2,617,478	10. Inpatient Contractual Allowance	\$21,465,230	\$26,111,712	\$4,646,482	17.8%	\$22,713,139	-5.5%
\$0	\$0	\$0		-\$308,333	10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$3,912,124	\$3,178,444	-\$733,680	-23.1%	\$4,067,060	11. Outpatient Contractual Allowance	\$29,343,648	\$27,139,024	-\$2,204,624	-8.1%	\$26,187,487	12.1%
\$650,211	\$612,883	-\$37,328	-6.1%	\$682,718	12. Physician Service Contractual Allowance	\$4,955,995	\$5,233,083	-\$277,088	5.3%	\$4,958,929	-0.1%
\$15,371	\$14,097	-\$1,274	-9.0%	\$19,286	13. Other Deductions	\$106,001	\$120,370	-\$14,369	11.9%	\$119,479	0.0%
\$132,164	\$66,251	-\$65,913	-99.5%	\$239,890	14. Charity Care	\$892,010	\$565,685	-\$326,325	-57.7%	\$761,465	17.1%
\$147,383	\$361,798	-\$214,415	59.3%	-\$133,632	15. Bad Debt Expense	\$671,322	\$3,089,198	\$2,417,876	78.3%	\$2,750,293	-75.6%
\$7,472,273	\$7,291,598	-\$180,675	-2.5%	\$7,184,467	16. Total Deductions from Revenue	\$57,434,206	\$62,259,072	\$4,824,866	7.7%	\$57,182,459	0.4%
45.9%	43.0%			44.5%	% Contractual Allowances / Total Gross Patient Revenue	44.2%	43.0%			40.9%	
1.8%	2.7%			0.6%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.2%	2.7%			2.7%	
47.7%	45.7%			43.4%	% Total Deductions / Total Gross Patient Revenue	45.5%	45.7%			43.7%	
\$8,181,129	\$8,649,134	-\$468,005	-5.4%	\$9,367,735	17. Net Patient Revenue	\$68,815,695	\$73,850,283	-\$5,034,588	-6.8%	\$73,769,334	-6.7%
\$1,408,796	\$507,641	\$901,155	177.5%	\$485,098	18. Other Operating Revenue	\$11,872,829	\$4,334,462	\$7,538,367	173.9%	\$3,331,591	256.4%
\$9,589,925	\$9,156,775	\$433,150	4.7%	\$9,852,833	19. Total Operating Revenue	\$80,688,524	\$78,184,745	\$2,503,779	3.2%	\$77,100,925	4.7%
					Expenses:						
\$4,034,183	\$3,565,415	-\$468,768	-13.1%	\$3,847,732	20. Salaries & Wages	\$33,360,902	\$30,942,742	-\$2,418,160	-7.8%	\$30,429,153	9.6%
\$276,465	\$333,596	\$57,131	17.1%	\$340,909	21. Physician Wages	\$2,398,356	\$2,895,144	\$496,788	17.2%	\$2,579,687	-7.0%
\$87,578	\$116,294	\$28,716	24.7%	\$74,584	22. Contract Labor	\$1,201,179	\$1,009,265	-\$191,914	-19.0%	\$1,284,594	-6.5%
\$2,207,481	\$1,989,826	-\$217,655	-10.9%	\$2,054,970	23. Employee Benefits	\$18,224,075	\$17,268,785	-\$955,290	-5.5%	\$16,057,296	13.5%
\$6,605,707	\$6,005,131	-\$600,576	-10.0%	\$6,318,195	24. % Salaries and Benefits / Total Operating Revenue	\$55,184,512	\$52,115,936	-\$3,068,576	-5.9%	\$50,350,730	9.6%
68.9%	65.6%			64.1%		68.4%	66.7%			65.3%	
\$153,077	\$73,446	-\$79,631	-108.4%	\$92,283	24. Medical Professional Fees	\$836,615	\$637,399	-\$199,216	-31.3%	\$619,049	35.1%
\$318,535	\$153,646	-\$164,889	-107.3%	\$214,145	25. Physician Contracts	\$2,193,147	\$1,333,440	-\$859,707	-64.5%	\$1,782,852	23.0%
\$244,556	\$157,456	-\$87,100	-55.3%	\$212,677	26. Non-Medical Professional Fees	\$1,582,320	\$1,366,467	-\$215,853	-15.8%	\$1,329,063	19.1%
\$1,784,985	\$1,101,354	-\$683,631	-62.1%	\$1,303,503	27. Materials & Supplies	\$11,853,031	\$9,558,107	-\$2,294,924	-24.0%	\$9,455,767	25.4%
\$141,066	\$129,508	-\$11,558	-8.9%	\$133,297	28. Utilities	\$930,410	\$1,123,957	\$193,547	17.2%	\$1,029,768	-9.6%
\$396,195	\$390,400	-\$5,795	-1.5%	\$348,553	29. Maintenance & Repairs	\$3,355,728	\$3,388,094	\$32,366	1.0%	\$2,877,626	16.6%
\$59,826	\$47,237	-\$12,589	-26.7%	\$72,046	30. Rentals & Leases	\$423,966	\$409,953	-\$14,013	-3.4%	\$413,679	2.5%
\$43,647	\$48,586	\$4,939	10.2%	\$44,894	31. Insurance	\$384,577	\$421,664	\$37,087	8.8%	\$355,484	8.2%
\$585,750	\$621,560	\$35,810	5.8%	\$615,957	32. Depreciation & Amortization	\$5,104,344	\$4,726,400	-\$377,944	-8.0%	\$4,694,243	8.7%
\$49,359	\$46,286	-\$3,073	-6.6%	\$51,122	33. Interest Expense	\$405,936	\$401,696	-\$4,240	-1.1%	\$418,291	-3.0%
\$147,544	\$131,603	-\$15,941	-12.1%	\$106,377	34. Other Operating Expenses	\$809,890	\$1,142,135	\$332,245	29.1%	\$903,748	-10.4%
\$10,530,247	\$8,906,213	-\$1,624,034	-18.2%	\$9,513,049	35. Total Expenses	\$83,064,476	\$76,625,248	-\$6,439,228	-8.4%	\$74,230,300	-11.9%
-\$940,322	\$250,562	-\$1,190,884	-475.3%	\$339,784	36. Income (Loss) from Operations	-\$2,375,952	\$1,559,497	-\$3,935,449	-252.4%	\$2,870,625	-182.8%
\$102,272	\$93,980	\$8,292	8.8%	\$107,365	37. Interest Income	\$817,834	\$815,614	\$2,220	0.3%	\$821,275	-0.4%
\$87,830	\$90,753	-\$2,924	-3.2%	\$73,575	38. Other Non-Operating Income	\$1,616,445	\$787,587	\$828,858	105.2%	\$583,869	176.9%
\$190,102	\$184,733	\$5,368	2.9%	\$180,940	39. Total Non-Operating Revenue	\$2,434,279	\$1,603,201	\$831,078	51.8%	\$1,405,144	73.2%
-\$750,220	\$435,295	-\$1,185,515	272.3%	\$520,724	40. Net Income (Loss)	\$58,327	\$3,162,698	-\$3,104,371	98.2%	\$4,275,769	98.6%
-9.81%	2.74%			3.45%	Income from Operations Margin	-2.94%	1.99%			3.72%	
-7.82%	4.75%			5.29%	Net Income	0.07%	4.05%			5.55%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
February 28, 2021

	February-21	January-21	February-20	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	31,905,997	32,427,186	27,382,844	4,523,153
2. Board designated cash	35,717,268	35,512,770	39,303,472	(3,586,203)
3. Patient accounts receivable, net	15,317,033	13,865,116	18,244,443	(2,927,410)
4. Other receivables	(877,588)	(353,955)	2,385,573	(3,263,161)
5. Inventories	3,336,125	3,318,451	3,284,336	51,788
6. Prepaid Expenses	2,773,269	3,021,336	738,598	2,034,671
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	88,200,981	87,819,781	91,368,143	(3,167,162)
Appropriated Cash:				
9. CIP Appropriated Funding	3,311,630	3,597,217	4,678,117	(1,366,487)
Property, plant & equipment				
10. Land, bldgs & equipment	146,798,545	146,734,223	140,503,388	6,295,157
11. Construction in progress	7,939,704	7,609,601	5,027,288	2,912,416
12. Total property & equipment	154,738,249	154,343,824	145,530,676	9,207,573
13. Less: accumulated depreciation	(99,145,256)	(98,559,626)	(91,550,197)	(7,595,059)
14. Net property and equipment	55,592,993	55,784,200	53,980,480	1,612,513
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	159,509,285	159,604,879	164,441,740	(4,932,454)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,072,426	1,064,006	892,563	179,863
18. Accrued employee benefits	5,175,726	5,186,823	3,916,455	1,259,271
19. Accounts payable and accrued expenses	3,051,336	2,391,091	3,060,408	(9,073)
20. Due to 3rd party payors	4,051,027	4,051,027	2,948,925	1,102,102
21. Deferred revenue	(3,322,181)	(3,264,431)	(2,589,523)	(732,658)
22. Interest payable	63,060	1	65,959	(2,900)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	210,743	205,294	171,125	39,618
25. Total current liabilities	11,212,137	10,543,811	9,335,912	1,876,223
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,108,578	1,122,279	1,286,767	(178,189)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	86,731,347	86,745,048	97,319,971	(10,588,624)
31. Total liabilities	97,943,484	97,288,859	106,655,883	(8,712,401)
32. Fund Balance	61,565,801	62,316,020	57,785,854	3,779,947
33. Total liabilities and fund balance	159,509,285	159,604,879	164,441,740	(4,932,454)

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

MEMORANDUM

Date: April 26, 2021

To: Bartlett Regional Hospital Board of Directors

From: Dallas Hargrave
Human Resource Director

Re: CEO Executive Coach Approval

After an extensive recruitment and selection process, the Board of Directors hired Rose Lawhorne to be Chief Executive Officer for Bartlett Regional Hospital. She started in the CEO position on April 4, 2021 and her starting compensation is \$320,000 annually.

The offer of the CEO position that the Board of Directors extended to Ms. Lawhorne included the opportunity for engagement with an executive coach during the first year of Ms. Lawhorne's service as the CEO. Currently, on behalf of the Board, I am in the process of exploring an executive coaching relationship for Ms. Lawhorne that would likely include the following components:

- A 12-month engagement with an executive coach specializing in healthcare
- An initial competency-based self-assessment by Ms. Lawhorne and development of annual goals based on the results of the self-assessment
- An initial kick off meeting between Ms. Lawhorne and the executive coach of 1.5 – 2 days, followed by quarterly day-long coaching meetings
- Coaching calls approximately every three weeks
- Quarterly sponsor calls where the executive coach and Ms. Lawhorne will provide updates to the Board President regarding the progress toward meeting the goals
- The executive coach interviewing up to 12 stakeholders approximately 3-6 months into the engagement so that Ms. Lawhorne can get feedback regarding her progress leading the hospital from key stakeholders.

After this coaching arrangement is finalized, the Board will have fulfilled the obligation to provide Ms. Lawhorne an executive coach that was contained in the employment offer. Additionally, the Board will have provided Ms. Lawhorne with an opportunity to receive professional coaching as she steps into this role with extensive knowledge of the

hospital and healthcare in Southeast Alaska, but no prior CEO experience. Finally, the executive coaching process also provides a manner in which goals can be developed for Ms. Lawhorne in her first year as the CEO and the Board can receive regular feedback on the accomplishment of those goals.

Although there are different pricing options based on whether the coaching is in person or virtual and the length of the engagement, I am requesting the authority from the Board of Directors to spend up to \$60,000 for the executive coaching service.

PHYSICIAN'S DUTIES AND RESPONSIBILITIES

Behavioral Health Pediatrician

Bartlett Behavioral Health and Addiction Medicine is looking to add a pediatrician with interest and specific experience in Behavioral Health and Developmental Pediatrics to join our outpatient services department.

This provider will be an integral part of a multidisciplinary team which is committed to provide timely, person-centered, culturally humble behavioral health services to children and families. The team consists of adult and child psychiatrists, psychiatric nurse practitioners, nurses, master's level therapists and community navigators.

Provider will have an understanding of the complex interplay between behavioral health, developmental disabilities and medical illness as well as social determinants of health.

Provider will participate in regularly scheduled team meetings for children and families engaged in Crisis Intervention Services (CIS) and Bartlett Outpatient Psychiatric Services (BOPS), and be available for consultation with our psychiatrists, psychiatric nurse practitioners, and therapists, as well as other members

of the patient and family's health care team.

QUALIFICATIONS

- Licensed physician and member of Bartlett Regional Hospital Medical Staff
- Training and/or experience in pediatric medicine
- Career interest in pediatric medicine, behavioral health and developmental disabilities
- Advanced Cardiac Life Support certification

ACCOUNTABLE TO

Behavioral Health Medical Director/Chief of Staff

DUTIES AND RESPONSIBILITIES

1. Participates in communications with Behavioral Health Medical Director, timely as necessary.
2. Follows the latest Joint Commission standard policies, procedures, and medical protocols regarding patient care.
3. Ensures the success of the Behavioral Health Pediatric services by encouraging teamwork and participation.
4. Interacts with the hospital staff, community partners, and specialists to ensure appropriate and

timely patient care, patient transfers, and patient referrals.

- 5.** Evaluate acute medical issues identified during psychiatric assessment, counseling or medication management visits, including acute illness, chronic illness, FASD, child abuse and neglect, and work with care team to develop appropriate treatment strategies.
- 6.** Work with navigators to liaison with primary care providers in the community, improving access to both medical and behavioral health services.
- 7.** Collaborate with primary care providers to connect patients to pediatric medical homes.
- 8.** Work with navigators and other providers to facilitate smooth transitions between different levels of care
- 9.** Participate in the Behavioral Health QI committee
- 10.** Regularly attend other medical staff committees, as negotiated with Chief of Staff.
- 11.** Contributes to an efficient operation of the practice, completing and submitting billing and completing documentation in a timely manner.
- 12.** Work cooperatively and supportively with Behavioral Health Leadership to ensure services are available and cost effective, meeting quality and regulatory guidelines.

Quality

- 1.** Promote/ensure patient satisfaction in all areas of patient care delivery.
- 2.** Supports the development and maintenance of continuous quality improvement programs by participating in the following:
 - a. monitoring and supporting medical quality improvement plan and peer review processes.
 - b. continuous monitoring and assurance of compliance of physician quality of care/safety programs.
- 3.** Responsible for other duties that may be defined in the bylaws of the hospital Medical Staff and/or as designated by the Chief Executive Officer, Chief of Staff, Behavioral Health Medical Director and/or their designees.

MEMORANDUM

CITY/BOROUGH OF JUNEAU

155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

FAXED MEMORANDUM

TO: Renee Loree
CBJ Purchasing Officer
March 17, 2021

FROM: Greg Smith 
Contract Administrator
File: 2023

SUBJ: POSTING NOTICE OF BIDS
BRH Behavioral Health Facility
Contract No. BE21-149

This memo is to post a notice of the results of the bid opening on March 16, 2021, for the subject project. The bidders and their bids are as follows:

	DAWSON CONSTRUCTION	Architects/Engineers Estimate
Basic Bid Schedule A	\$8,959,200.00	\$7,737,163
Basic Bid Schedule B	No Bid	\$7,737,163
Deductive Alternate No. 1 – UV Air Purification	<\$25,000> Not Accepted	<\$78,842>
Deductive Alternate No. 2 – Relights Interior Offices	<\$9,000> Not Accepted	<\$9,141>
Deductive Alternate No. 3 – 2nd Floor Patient Area Benches / Planters	<\$7,500> Not Accepted	<\$10,019>
Deductive Alternate No. 4 – 2nd Floor Patient Area Casework	<\$20,000> Not Accepted	<\$43,057>
Deductive Alternate No. 5 – 2nd Floor Skylights	<\$18,000> Not Accepted	<\$13,134>
Deductive Alternate No. 6 – Enhanced Finished Grp 1	<\$42,000> Not Accepted	<\$5,722>
Deductive Alternate No. 7 – Enhanced Finishes Grp 2	<\$28,000> Not Accepted	<\$69,595>

Deductive Alternate No. 9 – USGBC LEED submittal requirements	<\$500,000> Accepted	<\$400,000>
TOTALS	\$8,459,200.00	\$7,107,653.00

One bid was received from Dawson Construction, LLC. Recommendation to award the Base Bid with Deductive Alternate 9 in the amount of \$8,459,200.00 will be forwarded to the CBJ Assembly for approval at the Regular Assembly Meeting on March 22, 2021.

This notice begins the protest period per Purchasing Code 53.50.062. Protests will be executed in accordance with CBJ Ordinance 53.50.062 “Protests”, and 53.50.080 “Administration of Protest.” The CBJ Purchasing Code is available online at: <http://www.juneau.org/law> or from the CBJ Purchasing Division at (907) 586-5258.

The apparent low bidder has until **4:30 p.m. on March 25, 2021**, to submit the Subcontractor Report, Section 00360 to the Engineering Department Contracts Office. The Subcontractor Report must be submitted even if there are no subcontractors planned for the job.

- c. Bidders
Jeanne Rynne, Project Manager



City and Borough of Juneau
Engineering Department
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-0490, FAX: 586-4530

March 23, 2021

EMAILED

RE: BRH Behavioral Health Facility
Contract No. BE21-149

Kendall Nielsen
Dawson Construction, LLC
PO Box 30920
Bellingham, WA 98228-2920

NOTICE OF INTENT TO AWARD

Dear Mr. Nielsen:

The Assembly approved the award of this Contract on March 22, 2021. The City and Borough of Juneau intends to award the Contract for this project to your firm, as the lowest responsive bidder, subject to your compliance with all award conditions listed below and in the Contract Documents. The Contract will be in the amount of \$8,459,200.00 for the work indicated in the Base Bid less Deductive Alternate 9.

You will have until 4:30 p.m., **April 5, 2021**, to execute and return **two** original copies of the Agreement and Bonding forms to the Engineering Department Contracts office (with original signatures on each). Following is a list of all documents to be submitted:

- 1) 2 Agreement forms, with appropriate certificate, Section 00500
- 2) 2 copies 100% Performance Bond, Section 00610
- 3) 2 copies 100% Payment Bond, Section 00620

We have a current insurance certificate on file for your company. Please provide a new certificate when the policies are renewed. It is the CONTRACTOR's responsibility to ensure that all Subcontractors maintain insurance as specified per Section 00700, paragraph 5.2 and Section 00800, paragraph SGC 5.2 Insurance Amount.

If you have questions concerning the documents listed, please call Paula Osborn at 586-0888.

Sincerely,

Greg Smith
Contract Administrator

Attachments

c: Jeanne Rynne Project Manager
CBJ Purchasing Department

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Finance Committee Meeting Minutes Zoom Meeting – April 9, 2021

Called to order at 12:04 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Deb Johnston*, Lance Stevens*, Brenda Knapp*, Kenny Solomon-Gross, Rosemary Hagevig, Hal Geiger, Mark Johnson, and Iola Young.

Staff & Others: Rose Lawhorne, CEO, Kevin Benson, CFO, Billy Gardner, COO, Dallas Hargrave, HR Director, Bradley Grigg, CBHO, Willy Dodd, Megan Rinkenberger, and Marie Stevens and Tiara Ward, CBJ.

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the March 18, 2021 Finance Committee Meeting. Mr. Stevens seconded, and they were approved.

February 2021 Financial Review – Kevin Benson, CFO

As expected, February was a difficult month financially. This is usually the case since it is a short month, but other contributors include longer lengths of stay, fewer admissions, and MHU running at 50% (due to admission restricted to SE Alaska). RRC is at 60% capacity due to providing private rooms to meet Covid-19 regulations, but are making up for any lost revenue with outpatient revenue. Inpatient revenue was \$1.2M short. Less patient day acuity, as longer stays generate less revenue. Outpatient revenue was a little over budget, and BOPS remains busy. BRH was just short of the revenue budget overall. Legislature approved the renewal of the Rural Demonstration Project, but the amount BRH will receive retroactively to July 1st is unknown. Provider Relief Funds have been exhausted. There was a grant realized for telehealth services, of nearly \$1M. Expenses were over budget by \$1.6M due to supplies in surgery and pharmacy, as well as Covid-19. Inpatient revenue was running behind in terms of the Medicare population. Outpatient revenue is above budget about the same amount that inpatient is short. The Central Staffing department will be working toward reducing overtime cost by strategizing staffing. Accounts receivable cash was down, but receivables overall were up.

Swing Beds – Kevin Benson, CFO

An internal group met this past week to discuss the viability of potentially implementing the Swing Bed program at BRH, as compared to the last time it was assessed. Swing beds would need to be implemented this FY in order to have them included in our base year, but this is not a realistic expectation. Logistically BRH has 29 beds, frequently has 20+ patients, and a Covid-19 wing that patients are being worked into and around as needed. In short, BRH is experiencing capacity issues. The group decided that BRH won't move forward with Swing beds at this point, but will continue reviewing viability annually. "Outlier" payments are currently being received that are greater than swing bed reimbursement would be, so the program would result in a greater financial loss to BRH that, with the financial effects of Covid-19, BRH would find very difficult to absorb.

Physician Recruitment – Rose Lawhorne, CEO

A urologist, Dr. John Huffer, reached out to investigate options for him to begin practicing here. He completed a site visit, met with physicians in town, and received a tour of the hospital. Physicians and staff felt he would be a good fit. He was here with his family and they look forward to the possibility of

moving to Juneau. As far as locations, he is looking at Dr. Saltzman's previous spot down the hill. BRH would need to support him regarding relocation and logistics. This would meet a critical need in the community.

A general surgeon has reached out as well, and that recruitment process will continue.

Clinic Purchase – Kevin Benson, CFO

Regarding the purchase of the building that houses the BSSC clinic: this past week BRH increased the offer to \$2.75M, and CBJ was working on finding the extra funds. The offer was signed by CBJ on Wednesday morning and delivered to the seller's agent. Later that afternoon, it was learned that another offer was made and accepted. The rumor is that the buyer was SEARHC. The BSSC lease is in place until the end of 2022, and if the rumor prove trues, is unlikely to be extended, but the inquiry will be made. Ms. Knapp recommended beginning the search for an alternate site for BSSC. The new BOPS/Crisis Stabilization building should be done by August 2022, and their space in the Juneau Medical Center will be available. There has been other brainstorming done regarding alternate site possibilities.

Next Meeting: May 14, 2021 at 12:00pm via Zoom.

Board Comments: FY22 Budget Presentation to the Assembly will take place next Wednesday on April 14th.

Adjourned – 12:55 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Minutes EXECUTIVE COMMITTEE MEETING April 22, 2021 – 12:00 p.m. Zoom Videoconference

Called to order at 12:01 p.m., by Kenny Solomon-Gross, Board President

Executive Committee* and Board Members Present: Kenny Solomon-Gross*, Board President; Rosemary Hagevig*, Vice-President; Mark Johnson*, Secretary; Lance Stevens*, Past Board President; Iola Young and Hal Geiger

Also Present: Rose Lawhorne, CEO; Kevin Benson, CFO; Billy Gardner, COO; Dallas Hargrave, HR Director; Bradley Grigg, CBHO and Anita Moffitt, Executive Assistant

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES - MOTION by Ms. Hagevig to approve the February 1, 2021 Executive Committee Meeting minutes. Mr. Johnson seconded. Minutes approved.

CRISIS STABILIZATION CENTER PROPOSED DESIGN CHANGE – Ms. Lawhorne reported that we were unsuccessful in our attempt to purchase the building at the bottom of the hill and must now find a solution to meet our existing and future needs for space. The lease for the Bartlett Surgery and Specialty Clinic (BSSC) space expires in December 2022 so will need an alternate location. We are in the final stages of contracting with a new Urologist to replace Dr. Saltzman. The lease for Dr. Saltzman's space expires in June 2021 and will not be made available for the new Urologist and intensifies our need for more space. Also to be considered in the strategies for moving forward is the need for transitional space during the facility upgrades to take place throughout the campus. Discussions with property owners and realtors have been unsuccessful in identifying an alternate spaces. After discussions with CBJ engineers, contractors and architectural teams about adding an additional floor to the crisis stabilization building, it was determined that it would be very cost effective to add a floor and would actually reduce the overall cost per square foot of the building. Replacing wooden support beams with steel would be cheaper and would accommodate an additional floor. The floor plans of the first floor will be duplicated for the additional floor. The estimated cost of this plan is \$2.5 Million. This is less than the \$2.75 Million we were going to pay for BSSC building. Impacts to the construction contract were discussed. An additional floor would take an extra two months for construction, however, the contract included a six month buffer to allow for unanticipated issues. This floor will be used as additional behavioral health services space after the need for temporary usage has concluded. Brief discussion held about an elevator and design changes needed for separate entrances. Mr. Stevens initiated discussion about how this would impact grant funding. Legal consultations and proactive communications with entities providing grant funding for this building will take place to address any unanticipated issues. Brief discussion held about parking issues. Funds that had been previously

approved by the Assembly for appropriation for the purchase of the BSSC property can be re-appropriated for this project. Mr. Benson reported that Dawson Construction will delay placing an order for materials until a decision is made. Because this is a time sensitive project, it would be beneficial if Board approval could be obtained at next week's Board meeting.

MOTION by Ms. Hagevig that the Executive Committee move the addition of another floor to the Crisis Stabilization Building forward to the Board for approval at next week's meeting. Mr. Johnson seconded. There being no objection, MOTION approved.

Mr. Stevens requests that the original cost estimates and new cost estimates are included in the Board action item. Mr. Solomon-Gross has spoken with Deb Johnston, chair of the Finance Committee about this proposal and will provide her with an update prior to next week's Board meeting.

BOARD SELF EVALUATION – This will be spoken about in depth at tomorrow afternoon's Governance Committee meeting. A sample survey and other documents will be reviewed. Mr. Solomon-Gross encourages all Board members to attend.

CEO COMPENSATION AND PERFORMANCE EVALUATION – Mr. Hargrave provided an overview of his written summary regarding CEO performance and compensation included in the packet. He noted that Ms. Lawhorne's agreement does not include a bonus but does include the offer for an executive coach for her first year of employment as CEO. Coaching would include a self-evaluation process, goal setting process through the coach and regular reporting by the coach and Ms. Lawhorne to the Board President around the performance meeting the goals that were set. This process could be helpful to the Board in deciding how to set the CEO performance expectations for her first year as CEO and in letting her know how she will be evaluated at the end of her one year anniversary. Mr. Solomon-Gross clarified that although there may be tie-in, the coach would work with Ms. Lawhorne on her development goals, and not the goals of the facility. The cost of an executive coach ranges from \$35,000 to \$60,000 depending on the level and length of engagement. Mr. Hargrave, will provide final costs and make a recommendation to the Board for approval. Mr. Solomon-Gross stated that the Board is doing the best job possible of providing the tools to make sure the CEO is successful in her role. Mr. Geiger asked about evidence based measures to be included in the CEO evaluation. This will be discussed at tomorrow's Governance Committee meeting.

PEDIATRIC BEHAVIORAL HEALTH PHYSICIAN – Mr. Solomon-Gross reported that a meeting was held with the stakeholders to discuss this matter as directed by the Board. Ms. Lawhorne reported that a lot of effort has been put in to address this topic. Clarification of the updated position description and robust discussions were provided at the Medical Staff Executive Committee meeting as well as the Medical Staff Meeting. A meeting of the stakeholders held at the direction of the Board was limited to participants that provided feedback and expressed concerns at last month's Board meeting. Data regarding patient needs, an updated position description and the role of the provider as it is related to primary care had been presented by BRH staff. Robust discussions took place, no new information was presented from the primary care providers and the needs of our patients still need to be met. Mr. Johnson supports this position and highlighted difficulties people have experienced in the past when trying to obtain psychiatric help for their children. Because a significant number of patients utilizing these services do not currently have primary care providers, the expectation is that patient volumes will increase, not decrease, for primary care providers. This program will interface with the school district. Ms. Young asked if



other alternatives had been looked at. She noted the main concern of primary care providers is that this is the first step to establish a pediatric practice that encroaches on existing facilities within the community. She asks what assurances there are that this isn't that first step. Ms. Lawhorne explained that this position is a part time position to help prevent encroachment into primary care. It is to meet acute care needs that are not being met by primary care providers but are being referred to the emergency department. The goal is to develop a robust, bidirectional integration of care between behavioral health and medical care providers. Ms. Young noted that she had previously had a lot of concerns about this program and those concerns have been met. She feels that she would be able to support this at the next Board meeting. She would like explicit language in the written duties and responsibilities or in the motion that's to be made, that the goal is to return patients to a medical home in the community whenever possible and this is not meant to be a medical home for the pediatric patients. Mr. Grigg agrees that we need to be very clear about the intent and clarified that most of these patients do not have medical homes to return to so the goal would be to identify a medical home and help connect them. Assurances will need to be made in writing and over time, actions will need to prove that what we said is truly what we meant about getting these patients into primary care homes. Mr. Grigg will send information to the Board members about the AIMS program. Mr. Solomon-Gross and Mr. Johnson provided an overview of discussions held about this matter with primary care providers. Both support moving forward with this position.

Comments and Questions – None

Adjourned 12:57 p.m.

Bartlett Regional Hospital

Governance Committee Meeting

Minutes

Friday, April 23, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference/Boardroom

Called to order at 12:00 p.m. by Rosemary Hagevig, Committee Member

Attendance:

Committee Members: Brenda Knapp, Rosemary Hagevig and Hal Geiger

Board Members: Kenny Solomon-Gross

BRH Staff: Rose Lawhorne, CEO, Kevin Benson, CFO, Billy Gardner, COO, Dallas Hargrave, HR Director, and Suzette Nelson, Executive Assistant

APPROVAL OF THE AGENDA –MOTION by Mr. Geiger to approve the agenda as presented. Mr. Solomon-Gross seconded. Agenda approved as presented.

Mr. Geiger made a MOTION to approve the minutes from February 18, 2021. Ms. Hagevig seconded and they were approved with no objections.

Mr. Hargrave summarized the materials he provided for the packet regarding the Board Self Evaluation. He reported that our committee used an evaluation process from the Governance Institute and that the hospital still retains an annual membership with them.

The committee went around the table discussing the benefits of utilizing the Governance Institute's Board Self-Assessment tools. There was conversation regarding if the committee should take part of some of the information as well as create their own process as well.

Mr. Solomon – Gross made a MOTION to propose to move forward with one more Governance meeting with the committee chair present regarding the direction to go with the current Board self-evaluation process. Ms. Hagevig seconded. There being no objections, motion was approved.

Ms. Knapp noted that she supports the new tool the Governance Institute created and believes it would be beneficial to get into their new system.

The committee briefly discussed the future of the CEO Evaluation process. Mr. Solomon-Gross thanked the chair for bringing this up and shared that there are lots of room for improvement in a way to have better measure. He is looking forward to working on it in the next few months.

Ms. Knapp shed light on the Board's use of Roberts Rules and insuring we are taking the reasonable steps to be equivalent to the CBJ assembly.

Ms. Lawhorne stated she would like the goals for herself and the Board of Directors aligned and that she appreciates the discussion regarding the future of the CEO evaluation.

Ms. Hagevig made a MOTION to adjourn. Mr. Geiger seconded and the committee adjourned with no objections.

Adjourned at 1:04 p.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

**April 27, 2021
Management Report
From Studebaker Nault and CBJ Law**

- Status report on completed projects
- Status report on pending projects and contract negotiations
- Status report on consultations with Department and Hospital leadership

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Management Report from Dallas Hargrave, Human Resource Director

April 2021

New Hires	32
------------------	----

Separations	25	All Other Separations
	2	Retirement
	2	Casuals/temp
Total	29	

Contract/Travelers	1	Infusion RN
	1	Respiratory Therapist
	4	Ultrasound Tech
	1	CT Scan Tech
	1	CSR Tech
	1	Occ Therapist
	3	ED RN
	1	M/S RN
	1	RN Case Manager
Total	14	

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	Psychiatrist	FS	Behavioral Health
	ED RN Case Manager	FT	Case Management
	RN	FT	ER, M/S , WMU
	Occupational Therapist	FT	Rehabilitation Services

All Employee Turnover		
All Employee Types	FT Employees	All Others
3.60%	3.66%	3.50%

691 Employees
FS/FT employees = 491
All others = 200

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
3.03%	3.90%	1.42%

198 Nurses
FS/FT = 128
All others = 70

Grievances	0
Arbitration Cases	0

Reports of Injury

Department	Brief overview
MHU	Fall with no injury
MHU	minor laceration on arm - patient interaction
MHU	slip/fall due to flood on unit
MHU	Severe foot pain after standing
Med/Surg	Lower back Sprain
Med/Surg	Lower back strain
Med/Surg	Lower back pain (right side)
OB	Fall in parking lot
OB	Trip/fall with no injury
PES	Shock on left thumb from surge protector
PES	Left Shoulder - patient interaction
ED	Lower back strain
ED	Needlestick
Lab	Shoulder strain
Lab	Needlestick
Materials	
Management	Knee strain due to fall related to freight
Rehab Services	laceration on finger
Dietary	Back Strain - lifting freight
Surgical Services	Laceration - right middle knuckle
Surgical Services	Needlestick
Surgical Services	Knee strain while walking upstairs
Security	Friction burn on wrist - patient interaction

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

April 2021 Nursing Report

Rose Lawhorne, CEO

Nursing Administration

- Interviews for the chief Nursing Officer position are taking place during mid-April.
- Nursing and Information Technology (IT) teams are continuing to support staff and providers in trouble shooting and addressing lingering challenges related to the Meditech Expanse upgrade. Thanks to all for your patience as we navigate this change.
- Nursing and clinical teams are working with the Compliance Officer to update policies and procedures and are reviewing the software being used to manage these documents.
- Directors are focusing on monitoring staff for compliance related to our recent regulatory visits to evaluate infection control practices. We are seeing improvements in compliance as we solicit feedback, streamline processes, and provide training to staff.

Obstetrics (OB) Department

- We hosted an extensive 3-day OB Certification course at the Yacht Club this month for all OB nurses. Twenty-five nurses attended. These classes prepare staff to sit for their Registered Nurse Certification (RNC) Inpatients Obstetrics and Advanced Fetal Monitoring (EFM) exams, and infuses the department with up-to-date research, knowledge, and trends in the perinatal and fetal monitoring fields. Successful certification reflects advanced knowledge and skills required of an advanced level OB RN. This opportunity has been funded by the generous donations of the BRH Foundation, Valley Medical Care, and Juneau OBGYN. Thank you to our contributors.
- Lauren Beason, OB Director, has been invited to speak at the Alaska Perinatal Quality Collaborative & Maternal and Child Death Review Joint Summit in mid-April. She will share information regarding Bartlett's Severe Maternal Hypertension quality initiative efforts and successes as this initiative closes and we transition to the next. This annual, state-wide conference focuses on review of Alaska data to determine trends, and drives the trajectory of obstetrical population health in our state. National experts provide insight regarding maternal health equity, perinatal morbidity and mortality reduction, and improved care of infants and pregnant women affected by substances. Congratulations to Lauren. She and her team led the state in implementation of these quality improvement efforts and have been called upon to offer guidance for other facilities implementing changes.
- We are planning for our go-live of Philips Intellispace Perinatal (ISP) fetal monitoring system integration with Meditech. Staff completed "super user" trainings, and are preparing for the upgrade during the first week of May. This implementation will eliminate the need for paper documentation during labor, and will facilitate real time flow of patient data from ISP to Meditech.

Critical Care Unit (CCU)

- CCU continues to support staff, sustain high morale, and maintain a positive care environment.
 - Engaging local nurses—two nurses on preceptorships are advancing in their knowledge and skills. One will be ready to work independently by mid-May and the other in mid-summer.
 - Healthy living—we are offering monthly fitness challenges and will be starting a hiking challenge in May. CCU is engaging other units in a friendly competition to “Climb the Highest Mountain” this summer.
 - Employee screening—all employees working on site are required to complete a screening form for illness daily. Although this is another task to remember to complete, staff have incorporated this successfully into their daily workflow.
- Critical laboratory value reporting and documentation is showing consistent improvements with appropriate action taken. We are meeting expected thresholds of compliance at 95%.

Emergency Department (ED)

- ED has continued to focus on customer service with implementation of AIDET (Acknowledge, Introduction, Duration, Explanation and Thank You). A quick response (QR) code is given to each patient by Patient Access Services (PAS/registration) personnel upon arrival. Patients use their smartphone to scan the QR code and answer questions related to their interactions with ED, Diagnostic Imaging (DI), and PAS. We receive real-time information about successes and areas for improvement opportunity.
- ED and Health Information Management (HIM) are working together on a process improvement project that will optimize the electronic health record (EHR) for staff and providers. Improved documentation will maximize automation and increase revenue capture as our team delivers care.
- ED/DI communication survey has been completed. Communication and hand-off were the challenges identified. The ED director and staff will meet with DI and brainstorm ways to increase communication and facilitate seamless hand-off of patients.
- The ED ventilation upgrade project is moving forward. The work will be completed in stages to maintain consistency of operations for patient care. We will limit number of ED rooms taken out of service at any given point so that patient care can continue. A trauma bay will be enclosed to provide a negative pressure resuscitation room.

Surgical Services

- Operating Room (OR) committee met in April and is reviewing the strategic direction for the department.
 - New strategic plan was presented, addressing workforce development, quality, communications, and financial health.
 - A work group is evaluating OR utilization to identify areas for improvement and make recommendations to the OR Committee. This effort is expected to increase case volumes and efficiency in processes.
- The operating room was closed between April 9-11 to upgrade the ventilation. With the new system in place, heat and air exchange will be consistent.

- During the OR closure, the educator arranged a full day of educational opportunities for department staff. Areas of discussion included many topics that included but were not limited to fire safety and emergency response, Joint Commission readiness/compliance, COVID-19 updates.
- Two nurses presented training on ultrasound-guided intravenous (IV) access. This provides quality care for patients for whom gaining IV access is a challenge. It was very well received by Same Day Surgery (SDS) nurses, and several are looking forward to completing their competency and becoming independent. Another learning opportunity will be offered in May.
- Pharmacy staff attended meetings with the Surgical Services team to offer insight around pharmaceutical topics. Thank you to Ursula Iha, pharmacy director, for sharing her staff!
 - Gretchen Glaspy, pharmacy informaticist, and Andrea Stats, pharmacy technician, joined SDS RNs for an “All things pharmacy!” question and answer session. Nurses were able to ask questions and discuss issues related to the new Meditech Expanse upgrade as it relates to medication reconciliation.
 - Chris Sperry, lead pharmacist, attended a group discussion with staff addressing postoperative effects of general anesthesia. Other topics were addressed. He facilitated a conversation regarding surgical patients who are taking Buprenorphine as a home medication, and how this affects postop pain management.

Medical Surgical Unit

- Volumes have been high, and the team has gracefully navigated the issues around managing care for several patients awaiting placement in long term care and assisted living facilities. We have also housed several pediatric crisis stabilization patients awaiting placement. Thank you to the Med Surg team and Case Management for your efforts.
- The unit-based quality improvement work group continues to work together to improve processes and care on the unit.
- New nurses from southeast are doing well in their training programs.
- We are supporting the nursing students from University of Alaska satellite nursing program. We will work with the Staff Development director to plan to onboard these new nurses when they graduate this spring and complete their licensing exam.

Bartlett Regional Hospital

April 27, 2021 Board Report
Billy Gardner, Chief Operating Officer

Diagnostic Imaging Department (Paul Hawkins)

- New PACS Admin starts May 3rd.
- Script Sender project will be started in May. Orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. This will also make sure supporting diagnosis codes for new (AUC) appropriate use criteria are provided. An additional benefit is reduction in paper and will help with our paperless goal.
- Ultrasound candidates are being recruited, tight market, no applicants with minimum qualifications in months. No applicants to open CT positions. New opening in radiology.
- Worked with HR to develop new ultrasound tech IV position to reflect the department's needs. Director is working with human resources to address recruitment difficulties by reviewing pay and minimum qualifications.
- Mammography routine screening should be at least 6 weeks after the patients second COVID vaccine to avoid false positive exams and we are checking with patients when scheduling screenings, this is for asymptomatic patients only. This information is on the BRH website.
- Updating website to include DXA information. Evaluation overall content and plan to make it more relevant to department offerings. We have performed 137 DXA exams since we started this service less than a year ago.
- Due to Covid-19 and the loss of tourism we are down 14,051 exams comparing 2019 to 2020
- Patient workflow and Covid precautions continue to be a top priority.
- Upgrade of CT Scanners was approved and we are working with vendors to evaluate equipment and service. Quotes are being finalized. We will begin working with facilities to evaluate implementation and any construction related to installing scanners. New CT technology will benefit our patients.

Future Plan

- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Work with oncology to promote Mammography and low dose lung cancer screening.
- Fill remaining ultrasound vacancies.
- Work with HR to ensure DI salary schedule is competitive.

Laboratory Department (John Fortin)

- Laboratory Professional Week April 18 – 24th
- Hired new CLS (Clinical Laboratory Scientist) to start in late May
- Hired new Lab Aide to replace Jessica Parker
- POC (Point of Care) lead did resign, so promoted CLS for new lead.
- Completed College of American Pathologist (CAP) self-inspection. Will submit to CAP next week
- Initiated discussions with RT (Respiratory Therapist) for I-STAT VBG (venous blood gas)
- Contract discussion for 3rd party billing with Mayo denied
- Submitted contract to Quest for 3rd party billing
- Siemens EXL analyzer down, but self-repaired due to part storage.
- Continued re-structure of Micro by new lead Michelle. Moved and installed older CO2 incubator to replace candle jar system.
- Completed 6 months evals for 3 staff.
- Worked with UAA for a student coming this summer.

- **Molecular**
 - Live JSD (Juneau School District) 4/14
 - Live Hecla 4/18
 - Working with PAS on Smart sheets to try to get more space and staff for registrations. Had delays with JSD.
 - Hired 2nd MLT (Medical Lab Tech) who will start in May. She can also float back to main lab and assist with Histology
 - Promoted Lab Aide to MLT to assist in Molecular
 - Worked with Roche on extra inventory of testing kits. Have not maximized allocation of 980 test per week. Do not need more than 3000 test in storage.
 - Completed purchase and inventory contract.

- **Histology**
 - Retirement of Paula Williams 4/30
- Inventory restructure by new lead Samm Carter
 - Completed 6 month eval for 1 staff
 - Current Histo 1 is now scheduled for ASCP HT certification.

Maintenance Department (Marc Walker)

- ED Ortho/ Trauma rooms: Professional Services contract in place and design team is working through the design. Project estimated completion date updated to August 2 2021.
- Cardiac Rehab space expansion: The design team is working through the final details.
- ASU-11/Endo Fan: The fan installation was completed. The week of 04/19 balancing will occur.
- Physician Call room update: Nothwind Architects have been awarded the Professional Services Contract. Design is underway.
- Side Walk Phase 1 Replacement: Currently being worked on by CBJ Engineering and Dowl. Meeting with BRH on the January 6th to confirm the project scope. Construction estimate \$1.2M, Professional Services \$120K (Deferred Maintenance) Estimated Bid first week of May 2021. Construction 4 months middle of summer 2021. The project will be phased and continue in the summer of 2022.
- Underground Fuel Line Replacement: Currently being worked on by CBJ Engineering. Construction estimate \$120K, Professional Services \$25K (Deferred Maintenance). Construction 2 months' summer 2021. Professional Services Contract awarded to Taku Engineering. A site visit was conducted by Taku Engineering and a project scope was determined. The professional services team is currently working on design.
- New South Entrance: Currently being worked on by CBJ Engineering and Dowl.
- Hospital Drive: Construction is currently underway.
- CSR Equipment upgrade: Awaiting Final Design from PDC Engineers. PDC Working with the OR Director to finalize equipment lists.
- ASU 1 Conversion to Glycol: 100% drawings completed 12/21. Construction estimate \$125K, Professional Services estimate \$25K (Deferred Maintenance). Contract awarded to Schmolck Mechanical. Current estimated completion July 2021.
- RRC Siding and Window Replacement: Project awarded to Island Contractors.
- Behavioral Health Facility: Awarded to Dawson Construction. Demolition of the current BOPS Building tentatively scheduled for the week of April 26th.
- Fire Door Replacement and door upgrades for security: CBJ has set up an account for the project using BRH Deferred Maintenance Dollars for funding. JYW Architects has been awarded the Professional Services Contract for this project. An onsite visit has been conducted by the Design team and they are currently working through design and specifications.
- Power Conditioning: Phase one suppressors have been installed. A change order to add more suppression is currently being established. The design team will continue to develop the complete system that will likely include secondary suppressors and a system to clean up transitions to and from generator power.

Pharmacy Department (Ursula Iha)

- Pharmacy has been very focused on supporting CBJ vaccine pods. We have been coordinating all the storage and transport to the vaccine sights for the Pfizer vaccine. This is not as simple as it sounds. The vaccine is only good for a few hours out of the super cold freezer. This requires a significant amount of resources for coordination of the very large vaccine pods CBJ has been conducting.
- New COVID medication arrived, (Etesevimab). When used in combination with Bamlanivimab shows positive reports against SARS-CoV-2 variants.
- Pharmacy will be installing and implementing new anesthesia Omnicell carts. The carts will provide a higher level of security, accountability, and convenience for pharmacy and anesthesia.

Physical Therapy (James “Rusty” Reed)

- We have been quite busy with new outpatient PT referrals
- Inpatient services steady
- Our wound care has been slightly down due to SEARHC starting their own wound program after the hiring of a wound care nurse and requiring their beneficiaries to attend their service provider.
- We are continuing to provide teletherapy sessions where appropriate
- Pediatrics is continuing to open up a bit as we continue to expand scheduling. **We are actively addressing our OT pediatric waitlist.** We are currently averaging 10-12 visits per day on campus and averaging about 6-8 teletherapy visits per day.
- Remain hopeful to team up with Bartlett Behavioral Health ABA (Applied Behavior Analysis) program with an offsite location. This program and our PEDS program working together would really flourish. Since COVID there is a big demand for this.
- We are still looking for a casual OT to hire.
- We are continuing to make strides with our new documentation platform Expanse.
- **New to our department:**
 - We have teamed up with Bartlett Oncology to provide therapy services to Oncology patients both current cancer patients and cancer survivors. This is an area that is often underutilized.
 - In early June our Speech therapists will have the capacity to perform fiberoptic endoscopic evaluation of swallowing in both pediatric and adult populations. Equipment secured and training will be completed in early June.
 - Went live with our appointment reminder platform Jellyfish Health. Working out a few kinks but overall has been positive especially helpful getting people registered.

Respiratory Therapy Department (Robert Follett)

- Working with IT in the Upgrade of Trace master ECG management system, project planning meeting occurring weekly, beginning testing phase.
- Istat VBG project commencing to provide Point of care blood gas analysis to ER and OB.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

April 2021 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

- **Psychiatric Medical Staff Locum Provider List**:**
 - **Dr. Joanne Gartenberg** Behavioral Health Medical Director
 - **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
 - **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing inpatient outpatient services to children, adolescents, and adults in addition to taking call. Cyndy is also a lead provider for our Community Based Crisis Intervention Services Program.
 - **Nicholas White**, Psychiatric Mental Health NP (Part Time Independent Contractor) is providing telehealth outpatient services to adults via BOPS.
 - **Dr. Stephanie Chen** (Locum Psychiatrist) is providing part time telehealth outpatient service to and consultation for children and adolescents
 - **Dr. Judy Engleman** (Locum Psychiatrist) is providing part time telehealth outpatient services to adults
 - **Dr. Monika Karazja** (Locum Psychiatrist) is providing full time inpatient services on MHU in addition to outpatient services to adults. Her current assignment is through May 2021.
 - **Dr. David White** (Locum Psychiatrist) is a Child & Adolescent Psychiatrist who is providing full time outpatient services to children and adolescents at BOPS and through PES. He is also the clinical lead for the development of the Community Based Crisis Stabilization Program. Dr. White has signed a one-year commit to BRH (through October 2021)
 - **Dr. Al Fineman** (Locum Psychiatrist) is providing full time psychiatric services to patients admitted to Rainforest Recovery Center Residential Treatment and Withdrawal Management

**** We continue to recruit for full time MHU inpatient, full time RRC, and full time BOPS psychiatric employed/contracted providers in order to lessen our current dependence on locum coverage. We are currently negotiating with 3 potential psychiatrists for employment.**

- **RAINFOREST RECOVERY CENTER:**

○ **RRC Residential Treatment Update:**

- March daily utilization near or at 100 (8 patient capacity)%
- Admissions remain only from Southeast Alaska
- Waitlist as of 4.15.2021 is 25
- Weekly in-house patient COVID testing
- Biweekly in-house RRC staff COVID testing
- Masking requirements

○ **RRC Withdrawal Management (Detox) Update:**

- March average daily utilization was 2.5 patients (current capacity is 4).
- 31 patients served; 7 of which transitioned from Withdrawal Mgmt. Unit to Residential Treatment. 7 others transitioned to outpatient services through RRC.
- Staffing includes 1 RN and 1 CNA per 12-hour shift.
- 24/7 admissions; most comment admissions are directly from ED, in addition to transfers from Medical and direct admits from primary care providers

○ **RRC Outpatient Treatment Update:**

- We currently have 48 patients enrolled receiving:
 - 100% virtual outpatient treatment*
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.

*** In May 2020, we will begin seeing outpatients in person, ensuring COVID safety precautions are in place for patients coming into RRC. Telehealth options will remain in place for patients.**

○ **RRC Community Navigator Program Update:**

- 4 FTE Navigators who identify/accept community referrals/provide intensive case management for adults who are identified as high risk due to homelessness, substance use disorder, and mental health disorders
- Please see attached FY21 Q3 Report for the Navigator Program.

- **Adult Mental Health Unit (MHU):**
 - March daily average census was approximately 5 patients
 - MHU continues to only accepting patients from Southeast Alaska.
 - Average length of stay for March was 15 days.

- **Bartlett Outpatient Psychiatric Services (BOPS):**
 - BOPS outpatient operations continue to be 100% virtual*
 - 7.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
 - 3.5 Psychiatric providers are delivering telehealth psychiatric / medication management from their home offices/BOPS Clinic.
 - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
 - **March 2021 Stats:**
 - 623 patient encounters (11% increase from February 2021 even with a 50% reduction in the first week of March appointments due to Meditech Expanse Ambulatory implementation).
 - No show rate remained under 20% (significantly below national average of 23%)
 - March continued to evidence a significant increase in outpatient psychiatric referrals from SEARHC Primary Care and SEARHC Behavioral Health; more than referrals for outpatient care.

*** In May 2021, we will begin seeing outpatients in person, ensuring COVID safety precautions are in place for patients coming into BOPS, with telehealth access remaining an option for patients.**

- **Updates on Continued Expansion of BOPS Outpatient Supports:**
 - BOPS is has hired a Neuropsychologist to meet the growing need of individuals meeting the need for neuro-psych evaluations to better determine a plan of treatment for this population of patients. Dr. Adrienne Pasek has been hired as a locum neuro psychiatrist and will begin in May.
 - BOPS is currently in the planning phase of opening an Applied Behavioral Analysis Clinic to better provide “in community services” to Juneau and Southeast Alaska families with you on the autism spectrum and who have other complex behavioral challenges. Anticipated start July 1, 2021.

- **Psychiatric Emergency Services (PES):**
 - March 2021:
 - 119 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
 - 92 Adults
 - 27 Children/Adolescents

- **CRISIS NOW MODEL UPDATE:**
 - Behavioral Health continues to move forward with implementation of the “Crisis Now” Model for provision of Crisis Stabilization Services.
 - Please see the following attachments that provide status updates:
 - 2021_04_12 COW Crisis Mental Health Services Memo
 - Crisis Now Overview
 - PES & CIS Update Power Point slides
 - ADN Article, highlighting BRH’s efforts to date.

- **Crisis Intervention Services Community Based Team Update (CIS):**
 - The CIS team consists of 2 Therapists and 5 Youth/Family Navigators who provide in home and community supports for youth/families who are discharged after a crisis assessment being completed in the Emergency Staff.
 - Dr. David White, Child & Adolescent Psychiatrist, is our clinical lead for this
 - Goal of the program is to provide ongoing supports to assist families through their crisis by offering counseling and skills building services.
 - All services delivered are reimbursable under “Crisis Intervention” under the State Medicaid Plan. For non-Medicaid families, we continue to work with payers in terms of reimbursement.
 - In March, CIS served 18 families with short term intensive crisis supports to help them. This included:
 - Psychiatric Evaluation
 - Individual/Family Therapy
 - Navigation Services
 - Adults will be added to this service line in July 2021 with no anticipated changes in staffing.

- **BEHAVIORAL HEALTH ORGANIZATIONAL STRUCTURE UPDATE:**
 - With our continued expansion efforts in addition to having two vacant (2) director positions within Behavioral Health, we recently had an amazing opportunity to adjust our leadership and organizational structures to better reflect how Behavioral Health actually looks and operates on a daily basis. We accomplished this without adding additional Director positions. It will be a heavy lift to make this shift and set us up to meet the continued growing BH needs in our community and Region. When you think about where we've been and where we are today, there is no question that we must adapt our organization to align with the system of care we are building. Think about this.....

- **When you look back at July 2017, Bartlett Behavioral Health consisted of:**
 - Adult Mental Health Unit
 - Rainforest Recovery Center Residential Treatment
 - Bartlett Outpatient Psychiatric Services
 - On any given day these programs would serve as many as 35 patients.
 - 1.5 Psychiatric Providers
 - 5 Clinical Therapists
 - Approximately 70 Behavioral Health Staff

- **Today?:**
 - Adult Mental Health Unit
 - Rainforest Recovery Center Residential Treatment
 - Rainforest Recovery Center Withdrawal Management (Detox)
 - Rainforest Recovery Center Outpatient Treatment
 - Rainforest Recovery Center Community Navigator Program
 - Bartlett Outpatient Psychiatric Services
 - Psychiatric Emergency Services that includes:
 - 24/7 on site Clinical Therapists to provide Psychiatric Emergency Assessments on demand
 - 24/7 on site Behavioral Health Technicians in the Emergency Department & the Triage Building
 - Crisis Intervention Services (Community Based)
 - 7 days/week coverage of Clinical Therapists and Family Navigators providing stabilization services to families and adults in home and community settings after being discharged from the ED.
 - Patient Sitter Positions expanding to receive targeted BHA Training to better serve our patients who are challenging and require 1:1 sight and sound
 - 8 Psychiatric Providers
 - 18 Clinical Therapists
 - Over 150 Behavioral Health Staff, serving nearly 1000 patients per month

- **Futures Planning:**
 - Crisis Stabilization Center (Summer/Fall 2022) that will provide on campus short term crisis respite/residential treatment to youth and adults (2 separate programs)
 - Applied Behavioral Analysis Clinic (Summer 2021) that will provide targeted supports to families who have youth with developmental disabilities, most notably the autism spectrum population.
 - Addition of a Neuropsychologist to our outpatient array of services (Spring 2021)

- In essence, RRC has tripled its programs and increased its patient load through this expansion by nearly 400%. BOPS has gone from serving 13 patients just 3 years ago to over 500 patients! In addition, we've added the BH Tech and Crisis Intervention Services Programs to our original Psychiatric Emergency Services Program. We are moving Bartlett Behavioral Health to a "System of Care" model rather than a growing number of separate, silo programs. Below is our new leadership structure. (See attached updated organizational chart)
 - Medical Director (Dr. Gartenberg)
 - Executive Senior Leader (Bradley Grigg)
 - Behavioral Health Operations Director (Rachel Wasserman)
 - Behavioral Health Nursing Director Currently Recruiting for this position.
 - Behavioral Health Clinical Director Currently Recruiting for this position.

RRC Community Navigator Quarterly Report – FY21 Q3

- Navigators made 182 contacts with individuals seeking assistance with services
- Of those 182 contacts, 75 resulted in individual access to at least one social service
- Community Navigators assisted 25 homeless/at risk individuals successfully identified housing
- Current referral base includes:
 - o St Vincent de Paul
 - o TheGlory Hall
 - o CBJ Warming Shelter
 - o Bartlett Regional Hospital
 - o AWARE Shelter
 - o Alaska Division of Behavioral Health
 - o Alaska Housing First Committee
 - o Front Street Clinic
 - o Catholic Community Services
 - o SEARHC
 - o JAMHI Health & Wellness
 - o CCFR/CARES
 - o Family Promise

Q3 Success Stories:

- Individual referred from BRH Case Management in late 2020 in hopes she would be able to better manage her finances, find community resources for her family, and identify stable and consistent mental health supports. Individual acknowledged increasing struggle with her mental health for, and being relatively new to Juneau within the last year, she hadn't successfully established a healthy support network. The Navigators initiated contact and began meeting regularly with this individual to provide emotional support as well as connect her with local resources, including local food banks, Case Management supports through Family Promise, and financial assistance through HUD. In early 2021, this individual learned she was possibly losing her housing. The Navigators successfully connected with Alaska Legal Services. In addition, Navigators assisted her in completing several housing applications in the event she needed to vacate her apartment. Once confirmed she was losing this housing, Navigators successfully identified a new housing option for her and her children. In addition, with the help of a Mental Health Trust mini-grant, this individual received funding to furnish her new apartment.
- Individual referred by SEARHC, with a primary identified need for housing. On a fixed income accompanied by cognitive and physical deficits that impact his functioning in the community. Navigators we were able to successfully obtain an Alaska Housing Section 8 Voucher for this individual and identify an efficiency apartment. Navigator staff worked with Love Inc. to fully furnish his new place and assisted with the setup and delivery of these items. Navigators also identified and secured additional supports, including the AHDC HAP grant to cover the initial deposit cost and Tlinget & Haida for energy assistance. The Glory Hall identified patrons to help physically all of the donations into his new home. He has been living in his new home for over a month. The plan is to continue providing weekly in home supports as he continues this transition.



City and Borough of Juneau
City & Borough Manager's Office
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-5240 | Facsimile: 586-5385

DATE: April 12, 2021
TO: Loren Jones, Chair, Assembly Committee of the Whole
FROM: Mila Cosgrove, Deputy City Manager
RE: Crisis Mental Health Services Overview

Community partners in Juneau are working towards a more effective and robust system for providing services to individuals who are experiencing a mental health crisis. A tapestry of services are available to community members but the connections between providers and public safety response can be disjointed and a review of programs has identified gaps in service for individuals in crisis. Community service providers have been working independently to provide additional services. A working group has been formed to improve communication among providers and responders, identify issues, and find interconnected solutions. The working group includes members from JAMHI Health and Wellness, BRH, CCFR, JPD, Parks & Rec, the Housing and Homeless Office, and the Manager's Office.

Currently, when a community member is experiencing a mental health crisis, if they don't access psychiatric emergency services (PES) either by calling JAMHI's 24/7 on-call response for telephonic or face-to-face screening and crisis intervention for mental health emergencies or present themselves at the ED at BRH for screening by BRH staff, there is a high likelihood that a 911 call will dispatch a Police Officer to respond. The information received at dispatch can be quite vague and a responding officer may be unsure of the needs of individuals that made or caused the dispatch call to be made. Once on scene, the Officer assesses the situation and makes a determination about next steps. The individual may leave on their own if they are able and no legal issues are present, CCFR may be called if there is an acute medical issue, the individual may be arrested and taken to Lemon Creek, or be transported to BRH for a mental health evaluation. If the person is a threat to themselves or others it is possible they will be detained on a mental health hold either at BRH or, if violent, at Lemon Creek Correctional Center. Alaska Statutes strictly govern the legal parameters for an involuntary hold (the holding of a person against their will) commonly referred to as Title 47 holds. Often there is tension between JPD and BRH/JAMHI because JPD views the individual as a threat to themselves or others and BRH/JAMHI believes the individual does meet the legal standards for a hold. Adding to the complexity, a person may meet the standards for an involuntary hold in the field and their situation may quickly change at BRH, not infrequently as the result of medications. The person is then released. Often, JPD encounters that same individual again during the shift.

JAMHI Health and Wellness has responded to 2339 psychiatric emergency service (PES) calls over the last three calendar years with 1338 (57%) being face-to-face responses and 1041 (55%) being after-hours calls. JPD has more than 500 individuals who have had one or more interactions with police over the last three calendar years where, after the fact, the call has been flagged as a Crisis Intervention (CIT) call. 42 of those individuals had a call frequency of once a week or more for 3 years, and an additional 127 individuals

averaged a call frequency of once or twice a month over that same period of time. During the same three years, JPD and CCFR jointly responded to an overall average of 33 calls per month, or roughly one call per day.

Part of the nationwide conversation has centered on whether a police response is the best response when someone is experiencing a mental health crisis. At times, a uniformed presence can be a trigger and even when trained in mental health response techniques, Police Officers are not clinicians. CBJ is not unique in looking at this issue.

Within Alaska, the Alaska Mental Health Trust is working with three communities (Anchorage, Fairbanks, Mat-Su) to pilot a "Crisis Now" model for crisis mental health services. This model leverages community partnerships and multiple funding streams to create a safety net for individuals experiencing a mental health crisis. Each of the three communities is at a different point in implementing the model. No entity in Alaska has fully implemented though there are locations in the lower 48 that have implemented similar models. It is expected that Juneau could receive funding in the future from the MHT if the model proves successful in the other Alaskan communities.

The Crisis Now model has several key components: A crisis hotline, a mobile crisis intervention team, a 23 hour crisis stabilization facility, short term and long term mental health facility based care, and case management services. This model has resulted in good outcomes in communities in the lower 48 and provides a framework that can be "localized" for responding agencies in our community.

In Juneau, components of this model are actively being developed. BRH is setting up a Youth and Adult Crisis Stabilization Center that closely mirrors the concept of a 23-hour crisis stabilization center that includes longer (short-term) stabilization services as needed. It is expected to open the summer of 2022. In the meantime, BRH has hired a Crisis Intervention Services Team (CIS) that consists of clinicians and navigators to work with individuals and families in their homes and in the community, who come through the Emergency Department who are discharged to help these patients work toward stabilizing from the crisis that brought them to BRH. This could include Individual and family counseling, skills building, family coaching, and navigating the behavioral health system in Juneau. Once the Crisis Stabilization Center is open, these staff will transition to manage the facility while continuing their work in the community.

JAMHI recently received funding to establish an Assertive Community Treatment (ACT) program and is currently serving 14 adults with severe mental health disorders that significantly impair their functioning in the community with this new higher-intensity service. Staff recruitment has been a challenge and the program is not fully operational yet but is projected to serve 100 people when it is. People with one or more of the following indicators of continuous high-services needs are prioritized: high use of acute psychiatric hospitalization (e.g., two or more admissions per year) or psychiatric emergency services, intractable (persistent or recurrent) severe major symptoms (e.g. affective, psychotic, suicidal), coexisting substance-use disorder of significant duration (e.g., greater than 6 months), high risk or a recent history of being involved in the criminal justice system or living in substandard housing, experiencing homelessness or being at imminent risk of becoming homeless.

All parties in the conversation agree that the most urgent missing component to a more functional model is a mobile outreach and crisis response services (MOCR). By the State's new service standards, this team would serve individuals eligible under 7 AAC 139.010 who are in need of MOCR services to (1) prevent substance use disorder or mental health crisis from escalating; (2) stabilize an individual during or after a

mental health crisis or a crisis involving a substance use disorder; or (3) refer and connect to other appropriate services that may be needed to resolve the crisis. The MOCR service may be staffed by an interdisciplinary team of qualified professionals, however, each unit of service must be facilitated by a mental health professional clinician or other qualified professional to be eligible for reimbursement. JAMHI is actively working on establishing such a program. It is expected that funding for this service can come through Alaska's new Medicaid 1115 waiver program, though a pro forma budget for this service is just being conceptualized and there is no anticipated start date yet as this is part of the State of Alaska's redesign of the behavioral health system that is currently just being rolled-out statewide.

There is a statewide conversation occurring about a single call center to field crisis calls and dispatch the appropriate resources. The local team will continue to monitor that possibility as it develops and assess if that service meets local needs.

The operational working group will continue to meet to assure that services are working as intended and to fine tune the programs as they develop.

No action is required by the Assembly at this time. As the working group continues to make progress on evolving the model, it will report back to the Assembly. If the Assembly so desires, the Mental Health Trust can be invited to make a presentation on the Crisis Now model and how it is progressing in the rest of the state.

Attachments:

Description of current crisis intervention services

Crisis Now Model

Health Care Resources in Juneau

Description of Current Services For Crisis Intervention

BRH:

Psychiatric Emergency Services (PES): Effective October 2019, BRH began providing 24/7 staffing at the Emergency Department to more effectively engage patients with mental health issues. Staffing consists of a Master's Degree Mental Health Clinician who provide mental health assessments for adults and youth on demand and Behavioral Health Technicians who engage with behavioral health patients. PES averages 115 patients a month.

Community Based Crisis Intervention Services (CIS): Effective February 1, 2021, this program operates 7 days a week to provide stabilizing services to families and adults in home and community settings pursuant to a behavioral health assessment and discharge from the Emergency Department. The program is staffed by Behavioral Health Clinicians and Community Navigators. Effective July 1, 2021, this program will also provide a phone triage program that will direct patients to the appropriate services to address their crisis.

Crisis Stabilization Center: The Crisis Stabilization Center is slated to open in the summer of 2022. This 8-bed facility will operate as a short term respite/crisis management center for adults and youth in the community. This program is similar to the 23 hour crisis stabilization center contemplated in the Crisis Now Model, but it will also offer longer (short term Crisis Stabilization Services for up to several days as appropriate. This

facility will be able to flex to meet current needs by serving 4 youth/4 adults, 5/3 or even 6/2 while keeping the youth/populations separate

Mental Health Unit: A 12 bed inpatient facility for patients experiencing acute mental health crisis. Patients may enter through either a voluntary or involuntary stays. For youth who need this level of care, BRH admits them to a designed “safe room” on the Medical Unit. While there, youth receive psychiatric care along with individual and family supports to treat and stabilize in an effort to avoid out of community placement.

JAMHI Health and Wellness:

Psychiatric emergency services: JAMHI provides 24/7/365 Master’s level clinician on-call response with either telephonic or face-to-face screening and crisis intervention for mental health emergencies. These are short-term services provided to individuals during an acute mental health crisis episode. They include clinical assessment to determine the need for psychiatric hospitalization and coordination of services for support and referral. JAMHI staff work very closely with Bartlett Regional Hospital (BRH) emergency department staff and mental health unit staff to facilitate the most appropriate level of care, including emergency and involuntary commitments for persons presenting in a mental health crisis. The inpatient mental health unit at BRH is a state Designated Evaluation and Treatment (DET) facility.

Assertive Community Treatment (ACT): ACT is a multi-disciplinary team that assumes responsibility for directly providing acute, active, and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. ACT has been identified as an effective model for providing community-based services for people whose needs and goals have not been met through traditional office-based treatment and rehabilitation services.

The majority of services are provided directly by ACT team members, with minimal referral to outside providers, in the natural environment of the person served and are available 24 hours a day, 7 days per week. Services are comprehensive, highly individualized and are modified as needed through an ongoing assessment and treatment planning process. Services vary in intensity based on the needs of the individual.

The ACT program is focused on serving people with severe mental health disorders that significantly impair their functioning in the community. People with one or more of the following indicators of continuous high-services needs are also prioritized: high use of acute psychiatric hospitalization (e.g., two or more admissions per year) or psychiatric emergency services, intractable (persistent or recurrent) severe major symptoms (e.g. affective, psychotic, suicidal), coexisting substance-use disorder of significant duration (e.g., greater than 6 months), high risk or a recent history of being involved in the criminal justice system or living in substandard housing, experiencing homelessness or being at imminent risk of becoming homeless.

JPD:

Patrol Officers: Respond to calls as dispatched and are often first to arrive on scene. Patrol Officers make contact with the individual in crisis, assess the situation, and call resources as needed. They may interact with the individual and let them go, call for medical back up, call for CARES transport, or transport to BRH or Lemon Creek.

Crisis Intervention Team (CIT) training provides law enforcement officers with knowledge and skills to better interact with people who are experiencing a mental health crisis. In 2003, two members of JPD’s Crisis

Negotiation Team (CNT) attended CIT training in Anchorage and then provided training to the rest of JPD's CNT team. In 2015, JPD trained an in-house CIT trainer who then began providing CIT training to all officers. Grant funding was received for the instructor and officer training. JPD added a second CIT instructor and has worked to train all officers in CIT. Due to fluctuations in hiring, sometimes a newer officer will not immediately receive CIT training, however, providing CIT training to all officers remains an ongoing mission. Additionally, all new officers receive de-escalation training at the public safety academy in Sitka.

Even though CIT includes a component on de-escalation, JPD had taken steps to increase de-escalation training for its officers. In the spring of 2019 through grant funding, JPD coordinated de-escalation training in Juneau. In addition to JPD staff, the training included partner agencies, such as, Office of Children's Services. In 2021, JPD received a virtual reality simulator and used it to provide officers with additional de-escalation training.

CCFR:

Medical Response: Ambulance response with trained paramedic and EMT resources. Ambulance crews may assist in the medical stabilization of an extremely agitated person and when necessary, transport to BRH.

CARES Program: Provide transportation and monitored rest and recovery time for individuals who are under the influence of alcohol and unable to care for themselves.

Mobile Integrated Health: MIH contacts people where they are living at regardless of their housing situation. They are able to help the most vulnerable citizens access prescriptions and appointments. They can help them access resources in the community to reduce their reliance on emergency services. They can provide welfare checks on people in crisis and be an extension of the ER physicians. This is important as many patients in crisis do not follow up on medical care on their own without assistance or prompting. MIH staff build trust with our vulnerable populations most frequent users creating situations where they are more compliant with medical direction. They work in close partnership with sleep off staff.

Housing and Homeless Office:

Street Outreach Team: Many persons experiencing homelessness have underlying mental health or substance abuse disorders. The Street Outreach team has begun to make proactive efforts to reach out to individuals on the street when they are not in crisis to direct individuals to services.

Juneau's unsheltered homeless population – those who live on the street, in cars, area parks, abandoned buildings, and encampments – have less access to Juneau's Coordinated Entry System (CES) than Juneau's sheltered population. Many are unsheltered as a result of substance abuse and behavioral disorders, which can result in being trespassed from Juneau's emergency shelters. An unsheltered Point-In-Time Count for the night of January 26, 2021 found 56 unsheltered persons: 12 were known Alaska Mental Health Trust Beneficiaries, and the rest were counted but not identified. Coordinated Street Outreach will provide unsheltered persons immediate access to services and access to monthly or bi-monthly community case conferencing meetings with the goal of supporting them along pathways toward housing stability through Juneau's CES. The Coordinator has begun to organize street outreach efforts at least twice a month, with a team of trained staff from partner homelessness service providers.

JAMHI staff have been involved in street outreach development meetings and members of the ACT team are participating in Coordinated Entry case conferencing meetings that work on housing placement for the most vulnerable.

In March, staff submitted a grant application to the Alaska Mental Health Trust Authority for funding to cover costs of supplies and coordination of street outreach efforts in the future.

CRISIS NOW

Implementing a Behavioral Health Crisis System of Care in Alaska

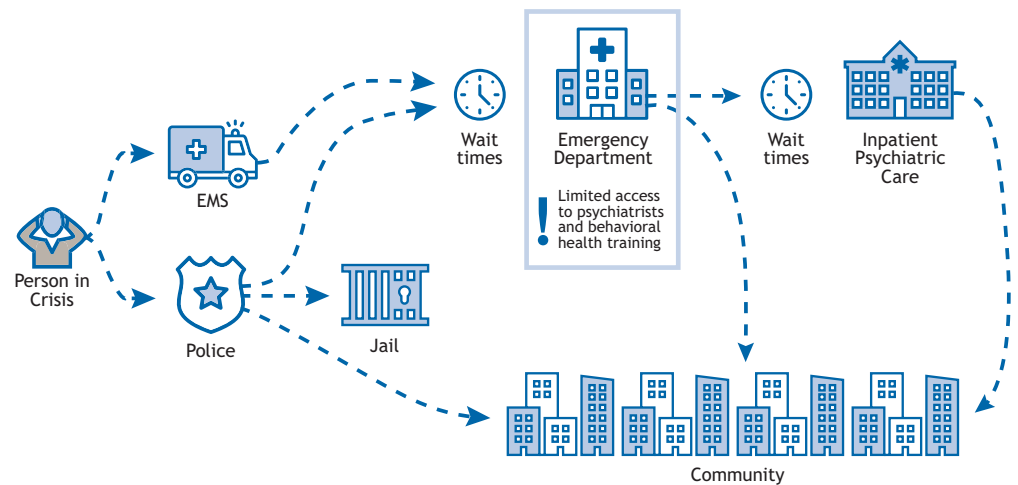
The Alaska Mental Health Trust Authority is contracted with Agnew::Beck Consulting to provide project management support in order to plan and implement a behavioral health crisis system of care, using the Crisis Now Framework as a guide.

Why Crisis Now?

Our current system of care:

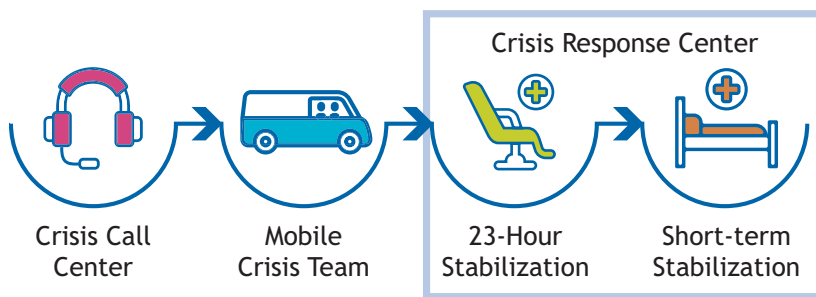
- Is challenged to provide timely access to crisis services
- Is unable to meet individuals “where they are at”
- Relies on law enforcement, the criminal justice system and hospital emergency rooms to respond to behavioral health crisis
- Has reduced capacity at Alaska’s only state-run psychiatric hospital

Current Behavioral Health Crisis Response



What is the Crisis Now Framework?

Someone to Talk to, Someone to Respond and a Place to Go

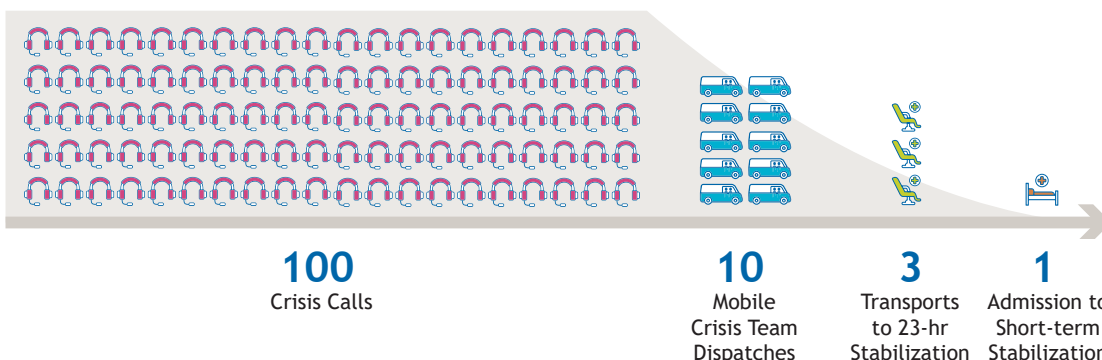


[SAMHSA's National Guidelines](#) for Behavioral Health Crisis Care - A Best Practice Toolkit outlines minimum expectations and best practices for the design, development and implementation of a behavioral health crisis care continuum.



Essential Principles & Practices

- Recovery oriented
- Significant role for peers
- Trauma-informed care
- Zero Suicide/Suicide Safer Care
- Safety and security for staff and people in crisis
- Crisis response partnerships



The Crisis Now framework offers multiple opportunities for resolution, increasing opportunity for intervention at less intensive levels of care and decreasing reliance on inpatient psychiatric beds.

Project Outcomes

Physical Health Emergency

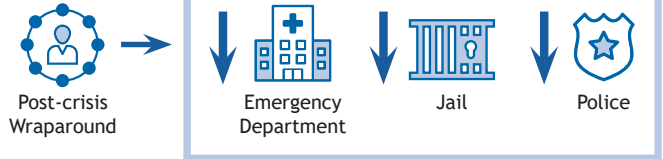


Implementation of a behavioral health crisis system of care means people experiencing a behavioral health crisis get the right care, in the right setting, when they need it, just like what we expect for individuals experiencing a physical health crisis.

Behavioral Health Emergency



Outcomes



Project Team Structure

Project Management Team

- Alaska Mental Health Trust Authority
- Alaska Department of Health and Social Services
- Alaska Department of Public Safety
- Department of Labor and Workforce Development
- Department of Corrections
- Mat-Su Health Foundation
- Advisory Boards



Role of Agnew::Beck Consulting

Provide project management to ensure planning, coordination, and facilitation to implement the Crisis Now model in Alaska

Ad Hoc Workgroups

Rates, licensing and regulations, Crisis Call Center, systems oversight and data management, training and workforce development, rural Alaska implementation



Identify and address implementation related system issues in coordination with the Project Management team and other partners

<p>Anchorage Workgroup</p> <ul style="list-style-type: none"> First responders Law enforcement Hospitals 	<p>Mat-Su Workgroup</p> <ul style="list-style-type: none"> Health and social service providers 	<p>Fairbanks Workgroup</p> <ul style="list-style-type: none"> Funders Local health departments
--	--	---



Facilitate planning and implementation workgroups in three communities: Anchorage, Mat-Su, and Fairbanks

<p>Anchorage Operators</p>	<p>Mat-Su Operators</p>	<p>Fairbanks Operators</p>
-----------------------------------	--------------------------------	-----------------------------------



Develop program and business models for service operators in each community

Want to know more or get involved?

Contact: **Katie Baldwin Johnson**, Alaska Mental Health Trust Authority
katie.johnson@alaska.gov | 907-269-1049

Bartlett Regional Hospital

PES/CIS Programs

Psychiatric Emergency Services (“PES”): 24/7 “on-site” coverage in the BRH Emergency Department

- 24/7 PES program began October 1st 2019
- Staffing:
 - Master’s Level Behavioral Health Clinicians who provide Emergency Assessments on youth and adults on demand
 - Behavioral Health Technicians provide initial and ongoing engagement with behavioral health patients in the Emergency Department & Triage Building
- Since October 31st 2019, PES evaluates an average of 115 patients each month

Community Based Crisis Intervention Services (CIS)

- Program began February 1st 2021 to provide 7 days/week coverage of Behavioral Health Clinicians and Navigators providing stabilization services to families and adults in home and community settings pursuant to a BH Emergency Assessment and discharge from ED.
- Beginning July 2021: 24/7 phone triage program that will provide a single point of access to a BRH Behavioral Health CIS Team Member

FUTURES PLANNING

- Crisis Stabilization Center (Summer 2022) that will provide on campus short term crisis respite/residential treatment to youth and adults (2 separate programs)
- 24/7 Psychiatric and Clinician services
- 24/7 admissions
- Continued access to 24/7 phone triage program that will provide a single point of access to a BRH Behavioral Health CIS Team Member

ANCHORAGE DAILY NEWS

How behavioral health leaders are scaling crisis response for every corner of Alaska

SPONSORED: From Juneau to Anchorage to Kotzebue and beyond, providers are looking for ways to establish crisis intervention services that address each region's unique needs.

 Author: Alaska Mental Health Trust Authority  Published March 18

Presented by Alaska Mental Health Trust Authority

Part 6 of 6

The *Crisis Now* framework for behavioral health intervention was first implemented in Phoenix, Arizona, a city of about 4 million people in a state with a population of more than 7 million. Developed by a task force of the National Alliance for Suicide Prevention, its matrix of services -- a call center, mobile response teams, crisis stabilization centers and peer support -- serves more than 20,000 individuals in crisis every year, is estimated to have saved millions of dollars in health care costs, and is being adopted or considered by more than a dozen other states.

Now that a coalition of Alaska organizations, led by the Alaska Mental Health Trust Authority and the Department of Health and Social Services is trying to bring the model to Anchorage, Fairbanks and the Matanuska-Susitna area, there's one big question this coalition is trying to answer:

Will what works in Arizona work in Alaska?

Proponents say that while the individual components may need to function somewhat differently, the framework can absolutely be translated to Alaska's largest communities, where the effort is being concentrated.

Off the road system, the new model is more challenging to implement, but behavioral health care providers in several regions say *Crisis Now* can be modified to fit their unique needs -- or, at the very least, relieve pressure on statewide resources that will have benefits for any Alaskan in crisis, no matter where they live.

In Nome, fewer people, but equal need

Far off the road system in Western Alaska, the head of behavioral health for one regional provider says population and resources might make implementing the full continuum of *Crisis Now* services unrealistic for his area, but he's hopeful that its arrival in the bigger cities will have trickle-down benefits.

Recognizing the need to improve response to those in crisis, Lance Johnson, behavioral health services director for Nome-based Norton Sound Health Corp said, "We realized years ago ... we had to have a team that just dedicated their time to that."

NHSC has invested substantially in behavioral health in an effort to provide as much in-region, culturally relevant care as possible. The hospital in Nome has psychiatry available seven days a week on-site as well as through telehealth. NSHC also provides full-time on-call behavioral health urgent care staffed by three master's level clinicians, so there's always someone available to answer a call in Nome or any of its 15 surrounding villages. Through the expansion of these services, NSHC has been able to address more behavioral health needs at home, sending fewer patients away for care in larger cities.

"We've seen such a great change with psychiatry and with behavioral health services," Johnson said. "We're mitigating the need to send (patients) to API or Mat-Su."

Even with its expanded capabilities, NSHC is the sole local provider of behavioral health services to the 10,000 people living in the region, and it isn't able to address every need.

"What we're missing is the higher level of care that we do need to be able to keep somebody here," Johnson said. "We can only do so much here."

It's a microcosm of Alaska's statewide dilemma: There aren't enough behavioral health care beds, especially for mental health, and especially for pediatric patients. The successful Bring the Kids Home effort of the early 2000s has started to lose ground, Johnson said, and more young Alaskans are being sent Outside for care.

"They end up in Utah," he said. "They end up in Arkansas. And that just can't happen."

Nome's reality, he added, is that the region simply isn't populated enough to support all of the services it might possibly need. But he is hopeful that adoption of the *Crisis Now* model in larger communities will help mitigate

pressure across the system by intervening earlier and helping to reduce demand for the high acuity beds at API. The crisis call center could potentially have an immediate impact in rural areas, Johnson said, where the small population can sometimes act as a deterrent to seeking help.

"Sometimes somebody will not reach out to behavioral health services because of a historical concern that they had -- maybe they didn't get the help that they needed -- or the stigma of localized care," he said. "I'm really curious to see how they'll field out those calls, how much counseling they'll be able to do on the line."

There are some parts of *Crisis Now* that may not work in remote areas -- urgent in-person response to a village, for example, is limited by travel time and conditions. But Johnson said he's intrigued by the possibilities and looks forward to working with other regional health care organizations to figure out what can work on a reduced scale.

"It's going to be a different beast, but I think there are things that we'll learn with the *Crisis Now* model," he said.

Planning for a Kotzebue-sized *Crisis Now*

Just under 200 miles to the north in Kotzebue, behavioral health providers see not only a benefit to *Crisis Now* -- they see the possibility of scaling it to their community.

The crises that represent the greatest need in Kotzebue are those stemming from substance use, particularly alcohol, according to Bree Swanson, social services administrator for Maniilaq Association, the Tribal nonprofit serving the Northwest Arctic region.

"That's the population of people that probably are falling through the cracks, to a certain extent," Swanson said. "We don't have a detox center. We don't have a *Crisis Now* bed that can hold them for 24 hours and get them stabilized." Often, people in an alcohol-related crisis are simply released back into the community.

Swanson herself has experienced the frustration of trying to help a loved one get into treatment. Over the winter, she helped a family member who was hospitalized for a medical issue apply for substance use programs. By the time the relative could get into treatment, she had stabilized too much to get into the high acuity beds that were available, but she wasn't well enough to get into a lower acuity bed. It would be more than two months before a bed at her level opened up -- and in the interim, she relapsed four times.

"That's not a unique story," Swanson said. "When you're dealing with substance abuse, sometimes that window of opportunity is so small -- and if we fail to reach somebody during that window of opportunity, we may have lost them for the rest of their life."

Over the past year, some improvements have been made. Maniilaq used COVID-19 response funds from the Substance Abuse and Mental Health Services Administration to hire a case manager, and medically assisted treatment is now available through the Kotzebue hospital. But there is no inpatient care for substance use, and patients who come in during off hours have to wait until outpatient programs open the next day.

Maniilaq serves a population equal to about 0.2 percent that of Phoenix. But Swanson said the framework has the potential to make a huge impact when adapted to fit the Kotzebue region. Maniilaq is already working on a capital funding request to remodel their hospital to create *Crisis Now* beds. Currently the facility has one room that is safe for someone who poses a risk to their own or others' safety.

"That happens on a regular basis here," Swanson said. "We have to open whatever beds are available. It just creates a risky situation for everybody involved."

With the Section 1115 Medicaid waiver in place, she added, Maniilaq staff are hopeful that they can adopt a version of the Arizona model that works for Kotzebue.

"*Crisis Now* has so much hope for us," Swanson said.

Full speed ahead in Juneau

To see *Crisis Now* in action in Alaska, just look southeast. Juneau's Bartlett Regional Hospital is well on its way to adopting the model, according to Chief Behavioral Health Officer Bradley Grigg.

"We're committed to *Crisis Now*," Grigg said.

Until recently, behavioral health services were provided at Bartlett Regional by partner organizations on an on-call basis. That changed in 2019 as the hospital began to integrate behavioral health into its emergency department. Although Bartlett Regional doesn't have a separate psychiatric emergency department like Providence Alaska Medical Center in Anchorage, it is now able to offer on-demand services provided by master's-level clinicians. At the same time, the hospital is preparing to break ground on a new building, funded in part by the Trust, Rasmuson Foundation and other partners, that will house a flexible, eight-bed behavioral health facility that will serve both adults and youth, with a projected opening in summer 2022. The facility will allow the hospital to offer the 23-hour stabilization that is a key component of the *Crisis Now* framework, among other services.

"The problem is, the crises are not waiting on the building," Grigg said.

To bridge the gap, the hospital has launched a home-based crisis intervention service that connects with families after a crisis. Launched for pediatric patients in January, the program will soon be expanded to include adults.

"If they're in crisis, we want to serve them," Grigg said.

When complete, the new behavioral health center may serve as more incentive to seek care, especially for young patients. Often pediatric mental health patients in the Southeast region have to go to Anchorage or Seattle for care. The new center will provide more access to care close to home, making it less of a hardship for families affected by a crisis.

"The whole *Crisis Now* model is within the thread of our DNA now," Grigg said.

Across Alaska, 'people are trying to get help'

From the Northwest Arctic to Southeast, big city to small village, there's one consistent thing on which stakeholders seem to agree: Alaska's behavioral health care system is falling short, and something has to be done to fix it.

The prevalence of behavioral health crises has been increasing across the state, according to Elizabeth Ripley, president and CEO of the Mat-Su Health Foundation.

"Everybody's impacted," Ripley said. "There are better ways to do this. The worst part is, people are trying to get help" -- and when they do, the right services often aren't available.

Alaska's behavioral health leaders say more options for care are needed at all levels, especially for the many people who experience co-occurring mental health and substance use disorders. *Crisis Now* is intended to alleviate demand across the continuum of care and free up resources that are being stretched thin or misapplied. If it works in Alaska like it has in Arizona, it should reduce strain on law enforcement and first responders, emergency rooms and correctional facilities, provide opportunities for intervention before patients require more acute care, and help get people into recovery without inappropriately involving them in the criminal justice system.

"I am firmly convinced that Anchorage, and other Alaska communities as well, want to do right by people whose challenges are often very obvious -- they just don't know how," Trust CEO Mike Abbott said. "This can be a way that, as a community, we can improve the overall community condition in a way that also helps people that are clearly struggling."

Solving those problems should have a positive impact on the community as a whole. For families like Ellen's, the benefits could be life-changing, not just for people in crisis, but for the parents and loved ones who have tried everything they can think of to help.

"When you can't control this, you feel that you've let yourself down," said Ellen, whose name has been changed to protect her family's privacy. "We think it reflects upon us as parents that we're terrible parents."

While she is grateful for the police officers, mental health practitioners and social services providers who have helped her family over the years, she added, it's clear to her that a different approach with different and the appropriate level of resources are needed to make a lasting difference for her son and other Alaskans who experience behavioral health disorders.

"There have got to be better options," Ellen said.

Read the rest of the series: [Part 1](#) - [Part 2](#) - [Part 3](#) - [Part 4](#) - [Part 5](#)

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust to improve the lives of beneficiaries who experience mental illness, developmental disabilities, chronic alcohol or drug

addiction, Alzheimer's disease and related dementia, or traumatic brain injuries. Learn more at AlaskaMentalHealthTrust.org.

Trust

Alaska Mental Health Trust Authority

This story was produced by the sponsored content department of the Anchorage Daily News in collaboration with the Alaska Mental Health Trust Authority. The ADN newsroom was not involved in its production.

Download Our App

Sign Up For Newsletters

Get The Newspaper

Contact Anchorage Daily News

[Terms of Use](#) [Privacy Policy](#) [Archives](#) [Reprints](#) [Customer Service](#) [Contact Us](#) [Advertise](#) [Troubleshooting](#)

© 2021 Anchorage Daily News. All rights reserved.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

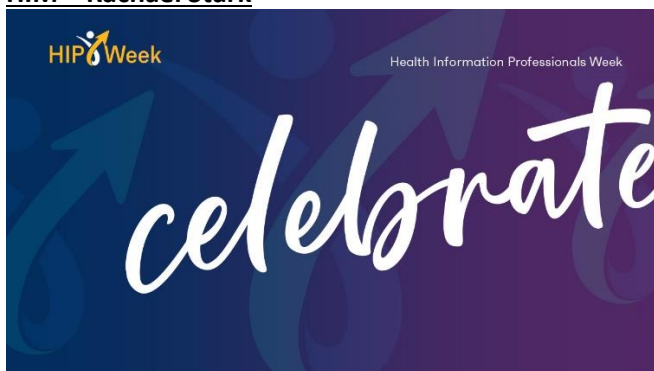
April 27, 2021 Board Report

Kevin Benson, CFO

FINANCE – Kevin Benson

- Bartlett's new Grant Manager started her position this week. On her second day she completed the Final Reporting for the grant received from Alaska Community Foundation for telehealth infrastructure.
- Kevin worked on the CEO transition to Rose which has gone very well.
- Presented the FY2022 Budget to the Assembly Finance Committee which was unanimously accepted.
- Working on physician contract renewals that need to be in place by the end of June. Establishing Fair Market Value for different medical specialties in preparation for these discussions.

HIM – Rachael Stark



- April 18th through the 24th is Health Information Professionals week.
 - The American Health Information Management Association (AHIMA) will honor and celebrate health information professionals during the 32nd annual Health Information Professionals (HIP) Week, April 18-24, 2021. This year's theme is "Keeping Health Information Human."
 - "Health Information professionals are trusted by patients and providers alike with the most sensitive data that exists about a person, while making sure it's available where and when it's needed," said AHIMA CEO Wylecia Wiggs Harris, PhD, CAE. "The commitment of health information professionals to keep patient health information reliable and protected at all times is critical. I am excited to celebrate their work to keep health information human."
 - Bartlett's Health Information Management Department (HIM), also known as Medical Records, exists to promote quality patient care by maintaining and managing health information in a timely manner. The staff ensures all medical information is maintained in a confidential manner, as well as providing patient access to records in accordance with patient rights. The services provided by HIM include record storage, retrieval, assembly, analysis, coding, abstracting, and inputting birth data to aid in the preparation of birth certificates for the Bureau of Vital Statistics.

- Our staff is responsible for checking each file that comes into the department for completeness and accuracy. We do analysis for all inpatient, mental health unit, emergency room, short stay surgery, observation visits and clinical visits. We also do coding and abstracting for all revenue generating departments in the hospital. Everyone in the HIM Department is dedicated to Bartlett Regional Hospital's Core Values of Caring, Accountability, Respect and Excellence.
- We are continuing to purge old records and training a new staff member.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of March was just over \$9.2 Million
- Medicaid Provider Self-Audit has been accepted and approved for BRH, BOPS and RRC
- Federal and State Price Transparency requirements have been published and posted. We are now compliant per our interpretation of these requirements
- Ambulatory Expanse is LIVE and working smoothly
- MedAssets has been discontinued as of 4/1/21 and replaced with Optum CDM Expert

Case Management – Jeannette Lacey

- COVID-19 - Case Management has been assigned to HICS Patient Tracking Unit under the Planning Section:
 - Vaccines with Persons Experiencing Homelessness – We continue to partner with CBJ, SEARHC/Front Street Clinic, and CCFR to collaborate and partner to support vaccinations of our unsheltered and/or vulnerable populations. We have regular communication to ensure second doses are being given when needed. There continues to be some reluctance/concern among some to receive the vaccine; we continue to provide education and encouragement.
- ASHNHA Medicaid DRG work group— The move to APR-DRG reimbursement model for Medicaid has been pushed back to January 1, 2022. We are currently working with a consultant, Intellis, to help us develop education for our providers, coders, and clinical documentation specialists (CDS) to ensure we are prepared to be successful with this change. Our current case mix index for Medicaid is 1.14 and we have a lot of opportunity to increase this CMI with these changes moving forward.
- Staffing
 - Our OB Patient and Family Navigator, Rachel Gladhart, started a couple weeks ago and is working with the state to continue to formulate and implement this program. The state-wide program name is: Hello Baby.
 - A new social worker case manager who started this week, Christy Doyon.
 - We have made an offer to a second ED RN case manager; this will enable us to have a social worker and a nurse case manager on-site in the ED 7 days per week.
 - We continue to recruit for our Oncology Patient Navigator (a social worker position) and a utilization review nurse case manager.

IS – Scott Chille

Projects

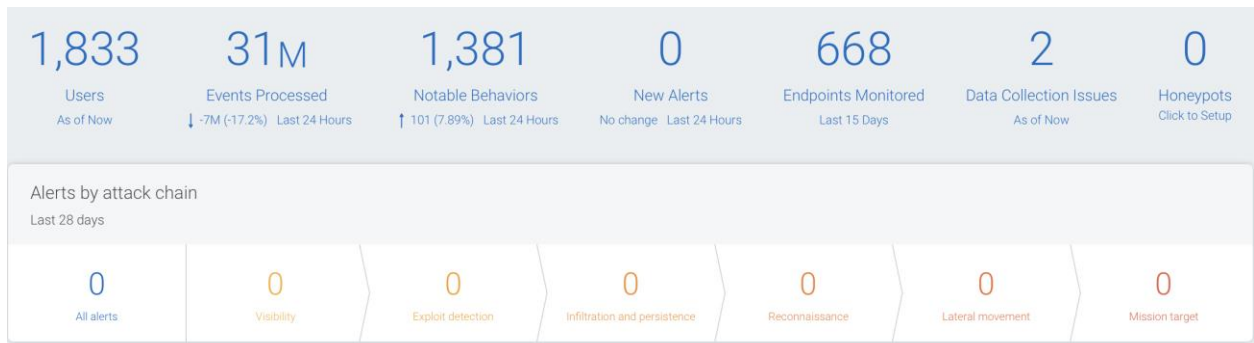
- **Philips iECG (Tracemaster View) in-progress: expected completion June 2021 (8-10 weeks of validation required)**
- **Philips Intellispace Perinatal Interface project: expected completion May 2021**
- **Project Schedule Attached**

Department Updates

- PACS Administrator – Hired and expected start date May 3rd.

Information Security

- We received an email that was spoofed to look like it was coming from one of our vendors that had a malicious link and was clicked on. Our outbound firewall rules blocked the communication and the event was logged in our Security Incident Event Management (SIEM) system and we responded immediately. We found no indication of compromise but out of an abundance of caution, we completely wiped the workstation and placed it back into production.
 - We have several layers of defense in place to catch any nefarious activity and none of them alerted any sort of compromise so we are confident that we have not been compromised via this threat/vulnerability combination.
- **Rapid7 Incident Detection and Response Report:**
 - No MITRE ATT&CK Techniques detected in Q1 2021



- **Rapid7 Hunt Report:**
 - Each month we perform an active hunt campaign starting with the presumption that we are already compromised and then look for evidence of said compromise including lateral movement, credential compromise/re-use, pivoting, malware, data exfiltration, etc.

Rapid7 MDR Hunt Report: Bartlett Regional Hospital

Rapid7 Managed Detection and Response · February 2021

Executive Summary

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **894 endpoints** in the Bartlett Regional Hospital environment for the month of February via the InsightIDR endpoint agent. **Rapid7 did not identify any indicators of compromise via hunt data during the month of March.**

The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.

- **Cybereason (Endpoint Detection and Response) Report:**
 - **March: Attacks on Bartlett network continue to be sustained at a much higher level than one year ago.**

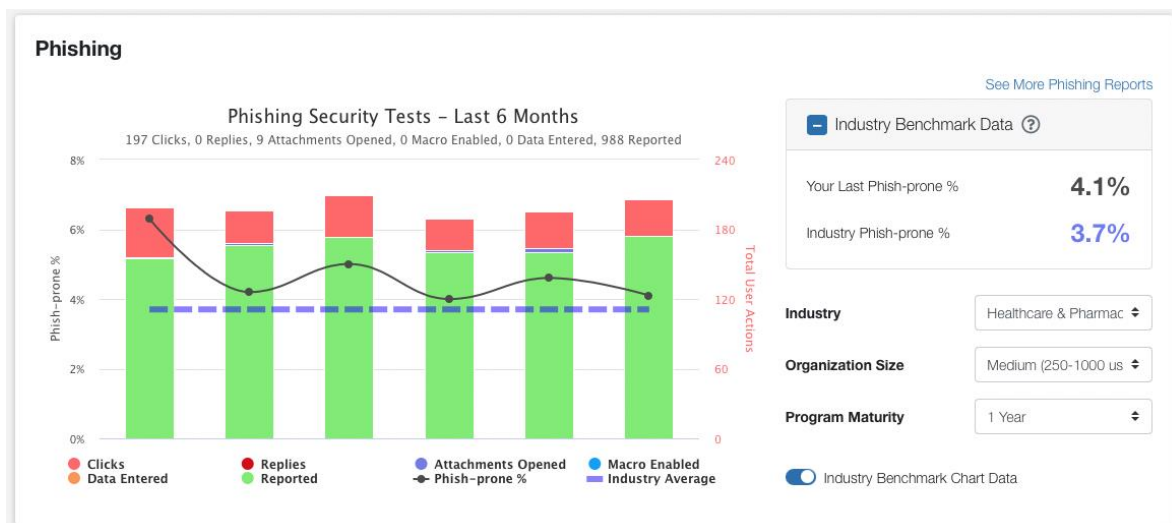
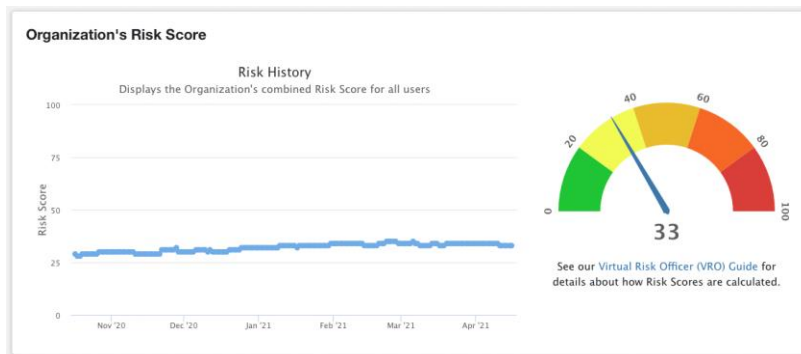
Executive Summary

The following table shows the number of Malop detections (alerts) in your environment for the current month. Entries are separated by severity.

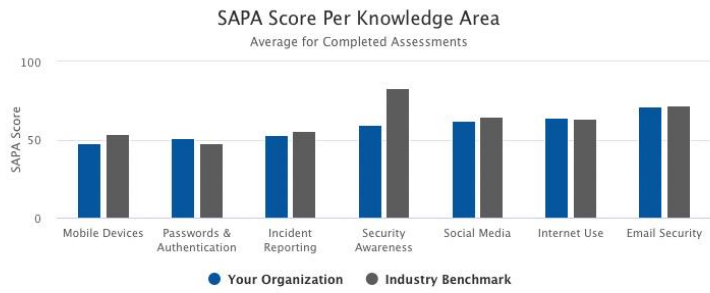
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No Malop/PUPs were detected this month.

Attacks on Bartlett Network						
	As of March-15 2020	As of Dec-5	As of Jan-08	As of Feb-08	As of Mar-08	As of Apr-08
Per Minute	86	1020	1230	1046	1109	1053
Per Hour	5,160	61,200	73,800	62,760	66,540	63,180
Per Day	123,840	1,468,800	1,771,200	1,506,240	1,596,960	1,516,320
Per Week	866,880	10,281,600	12,398,400	10,543,680	11,178,720	10,614,240
Per Month	3,839,040	45,532,800	54,907,200	46,693,440	49,505,760	47,005,920
Per Year	45,201,600	536,112,000	646,488,000	549,777,600	582,890,400	553,456,800



Security Awareness Proficiency Assessment (SAPA)



Industry Benchmark Data ?

Organization's SAPA Score: **58.2%**

Industry SAPA Score: **63.7%**

Industry

Healthcare & Pharmac

Organization Size

Medium (250-1000 us)

I.S. Project List



Task Name	Duration	Finish	% Complete	Status	Mar					Apr					May							
					Feb 28	Mar 7	Mar 14	Mar 21	Mar 28	Apr 4	Apr 11	Apr 18	Apr 25	May 2	May 9	May 16	May 23					
Networking Projects																						
New Internet Firewalls	152d	04/30/21	15%	In Progress														James Banda				
Netscout nGenius Pulse Network Monitors	66d	12/31/20	95%	In Progress																		
Server Room/Pharmacy Shell Equipment Move and clean up Strucured Cabling	177d	06/04/21	45%	In Progress																		
ASA for RRC building automation system remote access	30d	02/16/21		Not Started																		
Identity Services Engine (Migrate Wireless Authentication from MS NPS servers)	192d	06/25/21	20%	Not Started																		
Solarwinds Install	131d	04/01/21		Not Started														Pete Morrissette				
OpUtils - Manage Engine	43d	11/30/20		Not Started																		
Complete DNA Center Install			10%	In Progress																		
Migrate Client VLAN to new VLANs	174d	06/01/21		Not Started																		
Stealthwatch Install	217d	07/30/21		Not Started																		
Update Network Diagrams Including VxBlock	217d	07/30/21		Not Started																		
Set up SecureX Dashboards with Firepower and Umbrella feeds	217d	07/30/21		Not Started																		
Connect SnowCloud Antenna on roof BGP as Tertiary ISP	45d	05/14/21		Not Started														Pete Morrissette				
Systems Projects																						
VxBlock Migrations																						
Meditech Migration (COMPLETE)	90d	11/20/20	95%	In Progress																		
Print Servers				In Progress																		
Raxco Client				In Progress																		
Engage Firewall / MEDITECH				In Progress																		
Non-Meditech Migration																						
OS Upgrades				Not Started																		
New DCs				Not Started																		
New File Servers (RAW DATA)				Not Started																		
New Exchange - Cloud Option				Not Started																		
Other Projects																						
iECG	168d	05/28/21	75%	In Progress														Max				
IntelliSpace Perinatal	123d	06/30/21	75%	In Progress																		
Unitrends			60%	In Progress																		
Citrix Upgrades/Fixes	55d	02/26/21	60%	In Progress																		
Magic archive	173d	06/30/21	20%	In Progress																		
New 3M web based system			60%	In Progress																		
Azure AD - configuration			90%	In Progress																		
Miscellaneous To Do:																						
IMO back to on premise solution				Not Started																		
Retire old FTP servers				Not Started																		

Task Name	Duration	Finish	% Complete	Status	Mar					Apr				May					
					Feb 28	Mar 7	Mar 14	Mar 21	Mar 28	Apr 4	Apr 11	Apr 18	Apr 25	May 2	May 9	May 16	May 23		
37 Turn on DLP – Barracuda				Not Started															
38 Major Maintenance:																			
39 Clean up GPOs				Not Started															
40 To Be Scheduled																			
41 PEN Test				Not Started															
42 VDI				Not Started															
43 Office365-Phase 1 for PolicyTech	31d	03/19/21	20%	In Progress	Kevin Bredahl														
44 Imprivata Single Sign-On	59d	07/23/21	10%	In Progress										[Progress bar from May 2 to May 23]					
45 Training (Ongoing)																			
46 Cybereason				In Progress															
47 Rapid7				In Progress															
48 Citrix				In Progress															
49 VMware				Not Started															
50 VXBlock				In Progress															
51 Windows				Not Started															
52																			
53 Desktop Support Projects																			
54 Laptop Deployments (20)	104d	05/31/21	60%	In Progress	[Progress bar from Feb 28 to May 23]														
55 Hard Drive replacements	103d	03/31/21	85%	In Progress	Alex Valentine														

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

April 2021 Board Report

Rose Lawhorne, CEO

Medical Staff

- Recruitment efforts are ongoing for a medical oncologist.
- We are finalizing a contract for a urologist, and in communication with an interested general surgeon.

Operations

- Thanks to Kenny Solomon-Gross and Kevin Benson for your support as I have assumed the CEO position. Kevin has been instrumental in his interim CEO role.
- Discussions at the senior leadership level have focused on facilitating seamless leadership transitions. All are committed to leading the organization with strength and commitment to our patients and community. Strategic planning, facility-wide upgrades, behavioral health expansions, and financial sustainability are areas of primary focus.
- We have recognized several opportunities for grant funding to support ongoing operations. Thanks to Kevin Benson and Bradley Grigg for their efforts to take full advantage of funding opportunities and growth potential for our programs.
- Facility upgrade planning and implementation discussions continue. Thanks to Billy Gardner and the facilities team for your efforts.
- Interviews are occurring with the finalists for key leadership positions.
- I participated in a follow up call with Gail Moorehead, Quality Director, and representatives from Center for Medicare and Medicaid Services (CMS) in lieu of an in-person follow up site visit. The work of our teams was recognized and we received verbal assurance that our efforts have been successful. The CMS reviewers are recommending substantial compliance status for BRH. Thanks to Gail, our leadership team, and all of Bartlett staff for your efforts to definitively address areas for improvement.
- We are in the window for a Joint Commission survey and will continue our preparedness efforts.
- I have begun one-on-one meetings with directors to get information on how I can best support their department goals. I will communicate feedback and work with the executive team to support our management team.
- Senator Dan Sullivan will be coming to BRH on May 3rd. Bradley Grigg will provide an overview of the Behavioral Health and Crisis Stabilization programs. We will offer a tour of the facility, highlighting the molecular lab and COVID-19 upgrades if time allows.

Community Outreach/Legislative Updates

- I have begun meetings with stakeholders to establish relationships with community and state partners to engage in efforts that support the hospital's strategic plan, mission and vision.
- Verbal updates will be provided regarding several Federal and State bills.

May 2021

***Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by calling the telephone number listed at the top of each meeting's agenda.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						1
2	3	4	5	6	7 12:00 Planning Committee (PUBLIC MEETING)	8
9 	10	11 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	12 3:30pm Board Quality Committee (PUBLIC MEETING)	13	14 12:00pm Finance Committee (PUBLIC MEETING)	15
16	17	18 12:00pm Board Compliance and Audit Committee (PUBLIC MEETING)	19	20	21	22
23	24	25 5:30pm Board of Directors (PUBLIC MEETING)	26	27	28	29
30	31 					

Committee Meeting Checkoff:
 Board of Directors – 4th Tuesday every month
 Board Compliance and Audit – 1st Wednesday every 3 months (Jan, April, July, Oct.)
 Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
 Executive – As Needed
 Finance – 2nd Friday every month

Joint Planning – As needed
Physician Recruitment – As needed
Governance – As needed
Planning – 1st Friday every month

MAY 2021 - Bartlett Regional Hospital Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, May 7th

<https://bartletthospital.zoom.us/j/94747501805>

Call 1 253 215 8782 Meeting ID: 947 4750 1805

BRH Board Quality Committee 12:00pm Wednesday, May 12th

<https://bartletthospital.zoom.us/j/93135229557>

Call 1 253 215 8782 Meeting ID: 931 3522 9557

BRH Finance Committee 12:00pm Friday, May 14th

<https://bartletthospital.zoom.us/j/98393405781>

Call 1 253 215 8782 Meeting ID: 983 9340 5781

BRH Compliance and Audit Committee 12:00pm Tuesday, May 18th

<https://bartletthospital.zoom.us/j/96055675433>

Call 1 253 215 8782 Meeting ID: 960 5567 5433

BRH Board of Directors Meeting 5:30pm Tuesday, May 25th

<https://bartletthospital.zoom.us/j/93293926195>

Call 1 253 215 8782 Meeting ID: 932 9392 6195

**** Meeting added after initial public notice posted ****