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## AGENDA – BOARD OF DIRECTORS MEETING

**DATE:** Tuesday, June 25, 2024, at 5:30 p.m.  
**LOCATION:** BRH Boardroom and Zoom Videoconference  
Virtual attendees may access this meeting via the following link:  
<https://bartletthospital.zoom.us/j/94002208623>  
or call 1-888-788-0099 and enter meeting ID 940 0220 8623

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### I. CALL TO ORDER

### II. LAND ACKNOWLEDGEMENT – Joe Wanner, CFO

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

### III. ROLL CALL

### IV. APPROVAL OF AGENDA

### V. PUBLIC PARTICIPATION

### VI. CONSENT AGENDA (p. 3)

- A. May 28, 2024, Draft Board of Directors Meeting Minutes (p. 4)
- B. June 4, 2024, Draft Special Board of Directors Meeting Minutes (p.10)
- C. June 10, 2024, Draft Special Board of Directors Meeting Minutes (p.14)
- D. April 2024 Financials (p.18)

### VII. OLD BUSINESS

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. CEO Search Update – Deb Johnston

### VIII. NEW BUSINESS

### IX. MEDICAL STAFF REPORT – Alex Malter, MD, COS

### X. COMMITTEE MEETING UPDATES (p.31)

- A. June 24, 2024 Draft Finance Committee Minutes – Max Mertz (unavailable)
  - a. Formal Public Comment Received (p.32)
  - b. Home Health and Hospice Proforma (p.99)
  - c. Proposed Program Resolutions - **ACTION ITEMS** (p.100)
    - 1. Resolution 01-2024: Bartlett Outpatient Psychiatric Services (p.101)
    - 2. Resolution 02-2024: Applied Behavior Analysis Therapy Services (p.102)
    - 3. Resolution 03-2024: Home Health and Hospice Services (p.103)

4.	Resolution 04-2024: Crisis Care Services	(p.105)
5.	Resolution 05-2024: Rainforest Recovery Center	(p.107)
<b>XI.</b>	<b>ADMINISTRATION REPORTS</b>	(p.108)
	A. CEO and Executive Administration Report – Ian Worden, CEO	(p.109)
	B. Home Health/Hospice/Wildflower Court – Kim Stout, Administrator	(p.112)
	C. Legal Counsel – Robert Palmer	
<b>XII.</b>	<b>BRH FOUNDATION REPORT</b> – Maria Uchytel, Executive Director	(p.114)
<b>XIII.</b>	<b>CBJ LIAISON REPORT</b> – Wade Bryson	
<b>XIV.</b>	<b>PRESIDENT REPORT</b> – Kenny Solomon-Gross	
<b>XV.</b>	<b>BOARD CALENDAR</b> – July 2024	(p.116)
<b>XVI.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>	
<b>XVII.</b>	<b>EXECUTIVE SESSION</b>	(p.118)
	A. Credentialing Report – Alex Malter, MD	
	B. June 11, 2024, Medical Staff Meeting Minutes – Alex Malter, MD	
	C. Patient Safety Dashboard – Gail Moorehead, CQCO	
	D. Legal and Litigation – Robert Palmer	
	E. Union Negotiations – Chad Brown	
<b>XVIII.</b>	<b>ADJOURNMENT</b>	
	<b>NEXT MEETING</b> – Tuesday, July 23, 2024, 5:30 p.m.	

### MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- The Board of Directors is being asked to approve the consent agenda.

### BACKGROUND

- There are two items on the consent agenda.
- Behind this cover memo are:
  - a. Draft minutes of the May 28, 2024, Board of Directors Meeting
  - b. Draft minutes of the June 4, 2024, Special Board of Directors Meeting
  - c. Draft minutes of the June 10, 2024, Special Board of Directors Meeting
  - d. April 2024 Financials

### OPTIONS

- Approve the consent agenda as presented to the board.
- Amend the consent agenda and approve the amended consent agenda.
- Seek additional information.

### ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the consent agenda as presented.

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## DRAFT MINUTES – BOARD OF DIRECTORS MEETING

**DATE:** May 28, 2024  
**LOCATION:** BRH Boardroom and Zoom Videoconference

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- I. **CALL TO ORDER** –5:35 p.m. by Mr. Solomon-Gross, Board President
- II. **LAND ACKNOWLEDGEMENT** –Ms. Uchtyl provided the land acknowledgement.
- III. **ROLL CALL**  
**Board Members Present:** *(Virtual attendees italicized)*  
**President:** Kenny Solomon-Gross, **Vice-President:** Deb Johnston, **Secretary:** Shelly Deering, Max Mertz, Hal Geiger, Lisa Petersen, John Raster, MD, *James Kohn*, and *Lindy Jones, MD*  
  
**Also Present:** *(Virtual attendees italicized)* Ian Worden, *Joe Wanner*, Kim McDowell, Kim Stout, Chad Brown, Erin Hardin, Maria Uchtyl, Wade Bryson, Alex Malter, MD., Jennifer Carson, *Nate Rumsey*, Chris Letterman, Anita Moffitt, Bob Urata, MD, Mary McKeen, Luke McCarthy Jones, Brittany McCarthy, *Cindy Audet* and *Mark Johnson*.
- IV. **APPROVAL OF AGENDA** –Request made to move all four items listed in section ten, B up on the agenda to immediately follow New Business items. MOTION by Mr. Mertz to approve the agenda as amended. Ms. Johnston seconded. There being no objection, MOTION approved.
- V. **PUBLIC PARTICIPATION** – Members of the community expressed concerns for the future of what have been identified as non-core services and expressed strong support regarding the future of these services.  
Mary Alice McKeen – Hospice  
Luke McCarthy Jones – Rainforest Recover Center (RRC)  
Brittany McCarthy – RRC  
Mark Johnson – Behavioral Health Crisis Services, RRC  
Cindy Audet – Hospice, Crisis Stabilization and Residential Mental Health  
Bob Urata, MD - Hospice
- VI. **CONSENT AGENDA** – MOTION by Ms. Johnston to approve the consent agenda. Mr. Geiger seconded. There being no objection, MOTION to approve consent agenda consisting of April 23, 2024, BOD (Board of Directors) Meeting Minutes and March 2024 financials approved.

## **VII. OLD BUSINESS**

Hospital Capacity Update - Hospital capacity update provided by Kim McDowell, CNO/COO. There is 1 Covid positive patient in house, 6 at WFC and 4 employees out with Covid (3 from WFC). Patient days in March: CCU – 82, Med Surg – 321, MHU – 223 (currently have 10 patients), OB – 53, Nursery – 41. There were 916 patients seen in the ED in April. RRC currently has 12 patients, Aurora Behavioral Health has 1. 3 subacute care patients and 4 long term care patients waiting for placement elsewhere. Staffing has been tight due to sick calls.

CEO search update – Ms. Johnston reported 39 candidates have applied for the CEO position, 3 reside in AK, 2 have ties to AK. Staff are conducting initial screening of applications. Initial screening interviews of candidates will take place in the next couple of weeks. Search Committee’s goal is to complete the recruitment process by late August or early September.

## **VIII. NEW BUSINESS**

### Action Item: Provider Fitness Policy:

Ms. McDowell reported a pending legal case in Connecticut pertaining to a fitness policy for providers over 70 years of age. BRH has had a similar policy in place since 2012. Administration recommends suspending enforcement of this policy pending the outcome of the CT case.

MOTION by Dr. Raster that the Board of Directors of Bartlett Regional Hospital suspend the enforcement of the Medical Staff Provider Fitness policy for all providers pending the outcome of the Yale New Haven Hospital case. Mr. Geiger seconded. There being no objection, MOTION approved.

### Action Item: Interim CEO Mid-year Review and Contract:

Mr. Brown highlighted the CEO report card submitted by Mr. Worden and Mid-Year review form to be used for Mr. Worden’s mid-year performance review. BRH board members and senior leadership team are to provide input for this review by June 18th. Mr. Brown will aggregate scores and comments from the review forms for discussion during the executive session of the June 25<sup>th</sup> BOD (Board of Directors) meeting. Mr. Brown also reported when Mr. Worden was hired as the Interim CEO, it was anticipated that he would hold the position for roughly 3-4 months while a new CEO was identified. Given that a new CEO has not yet been identified and Mr. Worden’s willingness to extend his time through the end of the year, BRH HR is requesting authorization from the board to review and amend his contract.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital authorize the Executive Director of Human Resources to review and amend Mr. Worden’s contract including extending the time through the end of 2024. Mr. Mertz seconded. There being no objection, MOTION approved.

### Action Item: Organizational Structure:

Mr. Brown reported as part of BRH’s phased approach to changing market conditions and enhance operational efficiency, administration is requesting the board provide the

CEO authorization to move forward with building a sustainable organizational structure. Per CBJ Ordinance 40.10.020, BRH's organizational structure does need Board approval.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital authorize the hospital's CEO to work with staff to build a sustainable organizational structure to be presented in detail to the Board for review and approval at the June 25<sup>th</sup> meeting. Ms. Petersen seconded. There being no objection, MOTION approved.

## **IX. FINANCE COMMITTEE MEETING**

Finance Committee – Mr. Mertz reported draft minutes from the May 10<sup>th</sup> meeting are in the packet. Most of the conversation focused on the Sustainability Decision Point document. Action items had been presented and approved for FUJI PACS (Picture Archiving Communications System) Solution, Resolution 2023-14(b)(AJ), and Ordinance 2023-14(b)(AI).

### Action Item: FUJI PACS Solution:

The Imaging Department's McKesson PACS solution can no longer be upgraded and is now at the end of life. MOTION from the Finance Committee that the Board of Directors of Bartlett Regional Hospital approve the implementation of the FUJI PACS Solution. There being no objection, MOTION approved.

### Action Item: Resolution 2023-14(b)(AJ):

MOTION from the Finance Committee that the Board of Directors of Bartlett Regional Hospital approve forwarding Resolution 2023-14(b)(AJ) to the CBJ Assembly for introduction on May 13<sup>th</sup> and ask for unanimous consent for the \$8.1M JBJC de-appropriation. There being no objection, MOTION approved.

### Action Item: Ordinance 2023-14(b)(AI):

MOTION from the Finance Committee that the Board of Directors of Bartlett Regional Hospital approve forwarding Ordinance 2023-14(b)(AI) to the CBJ Assembly for introduction on May 13<sup>th</sup> and ask for unanimous consent for the \$74K BRH Foundation appropriation. There being no objection, MOTION approved.

### Action Item: Sustainability Decision Points Recovery Plan:

An in-depth overview of the sustainability decision points recovery plan was provided. This plan was developed to address BRH's \$10M annual budget deficit. It outlines details of non-core services and recommendations from BRH Administration for consideration when making decisions about the future of these services. (Non-core services have been defined as services not typically seen in a small community hospital and are considered to be either ancillary or public health services.) It is important to share this information and gather input from the Assembly, community members and other key stakeholders before final decisions are made that will have a major impact on the community. Meetings are scheduled to take place with the CBJ Assembly tomorrow (May 29<sup>th</sup>) and with/for the public on Tuesday, June 4<sup>th</sup> and Monday, June 10<sup>th</sup> for this purpose. Public comment may also be submitted through a designated webpage on the BRH website from May 29<sup>th</sup> – June 19<sup>th</sup>. All comments received will be compiled and included in the public packet of the June 25<sup>th</sup> Board of Directors meeting.

Mr. Solomon-Gross called for a brief recess at 7:45 p.m. Meeting resumed at 7:57 p.m.

*MOTION* from the Finance Committee that the Board of Directors of Bartlett Regional Hospital approve the Sustainability & Recovery Plan as presented with the hospital Administration's recommendations and request a formal period of public comment be opened. There being no objection, *MOTION* approved.

**X. MEDICAL STAFF REPORT**

A medical staff update was provided by Alex Malter, MD. The May 14<sup>th</sup> Medical Staff Meeting was business as usual. Medical Staff appreciated the detailed recovery plan information that had been provided. The Medical Staff acknowledged the three recipients of the Nursing of Excellence award: Marlowe Dunker of BMOC (Bartlett Medical Oncology Clinic), Adrienne Pierce of WFC (Wildflower Court) and Joyce Chambers of IS (Information Systems).

**XI. COMMITTEE MEETING MINUTES**

Planning Committee – Ms. Johnston reported minutes from the May 3<sup>rd</sup> meeting accurately reflect discussions from the meeting. A fair amount of time had been spent talking about the ED (Emergency Department) renovation project. CBJ Engineering is prepared to start the solicitation for the CMAR (Construction Management at Risk) contractor and to finalize the 95% design documents by mid-September. A delay in the BOD providing additional direction will delay the execution of the project and will increase the likelihood of cost overruns.

*MOTION* from the Planning Committee that the Board of Directors of Bartlett Regional Hospital approve of the project plan as presented, and direct Administration to continue with existing outside funding efforts, and to work with CBJ Engineering to commence the Request for Proposal process for the selection of a Construction Management at Risk contractor. There being no objection, *MOTION* approved.

Ms. Johnston also reported staff are working to tie the current and future MFP (Master Facility Plan) with our strategic goals. Planning committee had also approved implementation of the FUJI PACS solution and forwarded it to the Finance Committee.

**XII. ADMINISTRATION REPORTS**

CEO and Executive Administration – Mr. Worden provided an overview of the CEO and Executive Administration report included in the packet. This report outlines the fiscal years 2024-2027 Strategic Goals for the organization, who the assigned owner of each strategy is, and the steps taken so far using the LEAN A3 Methodology. Also highlighted was the “Specialized Care Within Reach” digital service line campaign; LPN (Licensed Practical Nurse) graduates and placement throughout the organization as a part of our “Grow our Own” program; Human Resources key initiatives and big projects including Union negotiations and CEO search. Ms. McDowell reported on the Alaska Pacific University LPN to RN bridge program.

Home Health/Hospice/Wildflower Court (WFC) – Ms. Stout provided an update on Home Health and Hospice services and WFC. Contract labor continues to drop at WFC as a result of the “Grow our Own” program. Current census: WFC currently has 45 residents

with 6 pending admissions on hold due to the Covid outbreak. Home Health has 16 patients with 4 pending admissions, Hospice has 6. Hospice average length of stay is 47 days. Lawsuits have been filed by the American Healthcare Association, Texas Healthcare Association, and others, opposing the new CMS federal staffing mandates for long-term care facilities that went into effect on May 10<sup>th</sup>. The suit claims CMS is exceeding their statutory authority, and the court has been asked to issue an order of judgement setting aside the staffing requirements. WFC does meet the new staffing requirements 99% of the time.

Legal Report – None

**XIII. BRH FOUNDATION REPORT**

A BRH Foundation report was provided by Ms. Uchytel. The Grace and Phil Edelman scholarship application period closes on May 31<sup>st</sup>. The Scholarship Committee will review applications next week. These scholarships directly support the “Grow our Own” program. Tickets are on sale for the wildlife cruise scheduled for Saturday, June 15<sup>th</sup>. Ms. Uchytel and Ms. McDowell have initiated conversations and will continue to meet with CBJ’s Tourism Manager regarding the impact of the cruise ship industry on BRH.

MOTION by Ms. Johnston to extend the Board of Directors meeting by an additional 30 minutes, to 9:00p.m. Mr. Geiger seconded. There being no objection, MOTION approved.

**XIV. CBJ LIAISON REPORT**

A CBJ Liaison report was provided by Mr. Bryson. He reported CBJ has completed its budget cycle. He noted BRH’s presentation on the sustainability and recovery plan contains information the Assembly is going to be looking for during tomorrow evening’s joint meeting with BRH and will be used in making important decisions regarding BRH services. A mill rate adjustment would be required if subsidizing BRH services were to be addressed during this budget cycle. Assembly, City Manager, and community members will need to be brought on board to increase the mill rate for the next budget cycle. Mr. Solomon-Gross noted this is a community problem, not just a BRH problem. If the community wants a reduced mill rate, they are choosing a reduction of services throughout the community, not just at BRH.

**XV. PRESIDENT REPORT**

President’s report provided by Kenny Solomon-Gross. Community Feedback Forums are to be held at 5:30p.m. on June 4<sup>th</sup> and 10<sup>th</sup> to allow community members to provide public comment on community healthcare priorities and non-core hospital services. In addition, public comment can be submitted by mail and electronically through a designated webpage from May 29<sup>th</sup> – June 19<sup>th</sup>. All comments will be compiled and included in the public packet of the June Board of Directors meeting.

**XVI. BOARD CALENDAR**

June 2024 calendar reviewed. MOTION by Mr. Geiger to approve the June 2024 calendar as presented. Ms. Johnston seconded. There being no objections, MOTION approved.

**XVII. BOARD COMMENTS AND QUESTIONS – Mr. Geiger and Ms. Petersen expressed appreciation for the work that had gone into the recovery plan, it was done very well.**



Mr. Solomon-Gross called for a brief recess at 8:39 p.m. Meeting resumed at 8:46 p.m.

**XVIII. EXECUTIVE SESSION**

MOTION by Mr. Geiger to recess into executive session to discuss several matters as noticed in the agenda:

- 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, patient safety dashboard, union negotiations and personnel matters; and
- To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney.

Dr. Raster seconded. There being no objection, MOTION approved. Mr. Solomon-Gross reminded virtual attendees to ensure they are in a private area where no one else can hear the confidential conversations of the executive session.

The Board entered executive session at 8:47 p.m. and returned to regular session at 9:44 p.m.

MOTION by Mr. Geiger to approve the credentialing report as presented. Dr. Raster seconded. There being no objection, MOTION approved.

Mr. Geiger reported direction has been given to President, Kenny Solomon-Gross and Chad Brown, Human Resources Director, to work together to develop an updated contract for Mr. Worden.

MOTION by Ms. Johnston to extend the Board of Directors meeting to 10:00 p.m. Mr. Geiger seconded. There being no objection, MOTION approved.

**XIX. ADJOURNMENT – 9:46 p.m.**

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## DRAFT MINUTES – SPECIAL BOARD OF DIRECTORS MEETING

**DATE:** June 4, 2024  
**LOCATION:** BRH Boardroom and Zoom Videoconference

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**I. CALL TO ORDER** –5:31 p.m. by Mr. Solomon-Gross, Board President

**II. LAND ACKNOWLEDGEMENT** –Read by Ms. Johnston

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

**III. ROLL CALL**

**Board Members Present:** *(Virtual attendees italicized)*

**President:** Kenny Solomon-Gross, **Vice-President:** Deb Johnston, **Secretary:** Shelly Deering, Max. Mertz, Lindy Jones, MD., Hal Geiger, Lisa Petersen, John Raster, MD, and James Kohn

**Staff Present:** Ian Worden, Joe Wanner, Kim McDowell, Gail Moorehead, Kim Stout, Chad Brown, Erin Hardin, and Anita Moffitt

**IV. APPROVAL OF AGENDA** –MOTION by Mr. Mertz to approve the agenda as presented. Ms. Johnston seconded. There being no objection, MOTION approved.

**V. OPENING COMMENTS**

Mr. Solomon-Gross welcomed everyone to the meeting. He stated the hospital's current financial challenges underscore the need for community engagement and support to ensure its long-term sustainability. The purpose of tonight's meeting is to hear public comment on community healthcare priorities and services identified as non-core, meaning they fall outside of the hospital enterprise fund.

**VI. BRH SUSTAINABILITY AND RECOVERY PLAN**

Mr. Worden introduced himself as the interim CEO of Bartlett Regional Hospital (BRH). He provided background information on how BRH leadership is looking at its current financial situation, what their concerns are and what needs to happen for BRH to remain operational into the foreseeable future. Mr. Wanner provided an in-depth overview of BRH's sustainability and recovery plan. During this overview, Mr. Mertz provided historical funding sources for Juneau Recovery Hospital, now known as RRC (Rainforest Recovery Center).

**VII. PUBLIC QUESTION AND ANSWER SESSION**

Mr. Solomon-Gross invited attendees to ask questions regarding the recovery plan.

1. Rebeka Mills, BRH employee, asked what the impact on the ED (Emergency Department) would look like if RRC (Rainforest Recovery Center) were no longer in operation. Ms. McDowell said the impact is unknown however it may push patients outside of the community to find an ASAM (American Society of Addiction Medicine) program.
2. Aaron Surma, Executive Director of NAMI (National Alliance of Mental Illness) Juneau, asked if BRH would have to pay back funding received from the Mental Health Trust for the ABHC (Aurora Behavioral Health Center) and implementation of the Crisis Stabilization program if these services no longer exist. Mr. Wanner reported there is no indication that those funds will have to be repaid but BRH will have to pay off the bonds.
3. Luke McCarthy Jones, BRH employee, asked how overhead facility costs would be absorbed if RRC closes. Mr. Wanner reported some of those costs would go away, but not all. Mr. Worden added that BRH would try to put something in that building that would be revenue producing and could absorb overhead costs.
4. Roman Motyka, Hospice volunteer, asked if there will be another lapse in Hospice services if they are transferred to a third party and who would that third party be. He also asked what is being done to make the public aware of available Hospice and Home Health services. Mr. Mertz reported there needs to be a long-term commitment to the program, whether BRH or a 3<sup>rd</sup> party operates it, and the donor and funding base needs to be reestablished. Juneau Community Foundation has expressed interest.
5. Reverend Karen Perkins asked if there were data supporting the ED physician's assumption that the closure of RRC would have minimal impact on ED utilization. Ms. McDowell reported we don't know what that impact will look like. Dr. Jones agrees that we don't know what the impact will be. He did note that 50% of RRC patients are SEARHC beneficiaries so it's important to have SEARHC involved in the conversations about how to address this situation. Reverend Perkins asked about Medicare/Medicaid reimbursement mandates and why BRH is not getting more support from CBJ. Mr. Worden provided background about Medicare/Medicaid reimbursements and stated the Assembly would need to answer the question about CBJ support.
6. Sally Bibb asked why utilization of Hospice and Home Care services in Alaska is so low and if it's higher in Juneau vs. statewide. Dr. Timothy (Quigley) Peterson, Medical Director of Hospice and Home Health, provided background information on efforts to educate physicians and the community to help increase utilization of these services. The sooner patients are put into the Hospice program, the more sustainable the program will be.
7. Alden Balalong, military veteran, former recipient of RRC services, asked if a third party has been found to take over RRC. Ms. McDowell reported discussions are just beginning with the entities throughout Alaska that have reached out to discuss the future of this program. Mr. Worden reported in addition to opening up conversations with the public, the CBJ Assembly, and other organizations that might have similar services, BRH has been in contact with the State Department and the office of Senators Murkowski and Sullivan to make sure they understand some of the issues we are facing.
8. Rebeka Mills asked if there is evidence reflected in the packets from previously published revenue reports in BRH BOD meetings that would support today's edition of the breakdown of the program and facility costs listed. If not, would that information be publicly shared to help with problem solving and decision making? Mr. Wanner reported that information is found in BRH's cost reports and is publicly available. Mr. Mertz provided an overview of information included in cost reports.
9. Justine Muench, former BRH employee, asked what the initiatives and discussions are regarding increasing overall hospital revenues. Mr. Worden reported on efforts to increase gynecological oncology, orthopedic surgeries and diagnostic imaging services. Discussions are also being held with CBJ and the State about sending its employees out of Juneau to receive services. Ms. Muench asked what the impact is of SEARCH beneficiaries going

somewhere other than BRH and of SEARHC offering services to non- SEARHC beneficiaries. Mr. Worden highlighted some advantages SEARHC has over BRH. For BRH to survive, these advantages are going to have to be addressed. Mr. Mertz reported SEARHC is in direct competition with private providers as well as BRH and Juneau is in danger of SEARHC having a monopoly on healthcare services. He also reported BRH is pursuing potential conversion to a critical access designation. Ms. McDowell reported on efforts to increase census on inpatient mental health services. Mr. Wanner explained that critical access is a payment designation for Medicare and what that means.

10. Leslie Chandler Holzman, former Hospice and Home Health nurse with CCS (Catholic Community Services), asked if there is an active program to educate provider and different groups about these services. She told the board not to give up on this program as the reward to the community is immeasurable. Mr. Solomon-Gross stated the Board is very committed to finding a solution to this program.
11. Luke McCarthy Jones referenced a State of Alaska website's description of a critical access hospital as maintaining no more than 25 inpatient beds and asked what that 25 inpatient beds means. Mr. Wanner clarified that it is referring to 25 licensed acute inpatient beds (Med Surg, OB and CCU). It does not include mental health beds.

Mr. Solomon-Gross called for a brief recess at 7:06 p.m. Meeting resumed at 7:17 p.m.

Mr. Solomon-Gross asked if there were any more questions before moving on to the public comments.

12. Aaron Surma asked what the structural reason is that the ABHC is not able to serve adults and youth, how it came to be, and what it would cost to fix it. Ms. McDowell explained that adolescents and adults must be completely separated. The layout of the building does not allow this. It is unknown what the costs would be to resolve this issue, but it would be pretty significant.
13. Carlene Conway, former Surgical Services Director of BRH, stated BRH needs to continue to provide the surgical services that it does and do it well. Don't try to take on too much and don't mix surgical services and endoscopy services. She asked if the previous reference to contracts meant there would be no contracts with nurses from outside of Alaska. Mr. Wanner clarified that he was talking about service contracts, not staffing contracts. Mr. Mertz asked Ms. Conway what she thinks the impact would be on BRH if SEARHC opens a surgery center. Her response: it would gut the hospital.
14. Brenda Knapp, former BRH Board member, stated Juneau needs this community hospital. BRH is the most intensive end of the continuum of care but can't be responsible for everything. She provided history of the former CBJ Health Department (later identified as Social Services Department) and questioned the obligations CBJ still has to community healthcare.
15. Karen Lawfer provided history of her past employment with Social Services Department, SEARHC and as a CON (Certificate of Need) Administrator. She stated Juneau needs a Community Board. Healthcare services can't be siloed, they must be circular for a continuum of care.

## VIII. PUBLIC COMMENT

Mr. Solomon-Gross reported during public comment, each speaker would have 3 minutes to speak.

1. Aaron Surma, Executive Director of NAMI Juneau and Juneau Suicide Prevention Coalition, requests the Board think about Crisis services the same way it talks about and characterizes Hospice and Home Health services and to give it the same commitment to ensuring Crisis services exist. There are no other Crisis services available in Juneau and when BRH received money from the Mental Health Trust to provide these services, it became obligated to do so.
2. Rebekah Mills provided statics on addiction and shared a personal story. She advocated for the BOD to allow time to find the funding needed for services at RRC to continue. Closing RRC would have a negative impact on some lives forever and lives would be lost.
3. Dr. Timothy (Quigley) Peterson encouraged the BOD to think about the language it is using in reference to non-core services and enterprise fund. BRH has to be clear about its commitment and its sustainability plan for Hospice services. He also stated SEARHC needs to be called out for not paying its fair share to support these services.
4. Alden Balalong spoke about continuity and working together. He encourages everyone to work as a team to make the right decisions for the benefit of the community.
5. Luke McCarthy Jones spoke about integrated healthcare systems in England. Juneau doesn't have a central party responsible for the welfare of this community but has the opportunity to do so with Home Health and Hospice.

#### **IX. BOARD COMMENTS**

Mr. Geiger stated he has read the comments received in the mail and through online submissions. He doesn't feel like BRH, and the BOD communicated its message clearly. The hospital can only provide these services if we find the funding to pay the people providing these services. He asks the reporters in the room to try to help us clarify the issues in their news articles.

Mr. Solomon-Gross thanked attendees for providing input. This feedback will help the board make recommendations to the Assembly. He also expressed thanks for the board members' participation and the BRH leaders for the work they have put into this presentation. He encourages comments to continue to be submitted via the BRH website and for attendees to encourage their friends and family to participate in next Monday's community feedback forum session. Ms. Deering recognized Erin Hardin for her work in setting up these meetings and getting the information out to the public.

#### **X. ADJOURNMENT – 7:59 p.m.**

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## DRAFT MINUTES – SPECIAL BOARD OF DIRECTORS MEETING

**DATE:** June 10, 2024  
**LOCATION:** BRH Boardroom and Zoom Videoconference

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I. **CALL TO ORDER** –5:30 p.m. by Mr. Solomon-Gross, Board President

II. **LAND ACKNOWLEDGEMENT** –Read by Mr. Geiger

*Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.

III. **ROLL CALL**

**Board Members Present:** *(Virtual attendees italicized)*

**President:** Kenny Solomon-Gross, **Vice-President:** Deb Johnston, **Secretary:** *Shelly Deering*, Max. Mertz, Lindy Jones, MD., Hal Geiger, *Lisa Petersen*, John Raster, MD, and James Kohn

**Staff Present:** *Ian Worden*, Joe Wanner, Kim McDowell, Gail Moorehead, Jennifer Carson, Chad Brown, Erin Hardin, and Anita Moffitt

Mr. Solomon-Gross reported BOD (Board of Directors) members have read the 45 written comments received to date.

IV. **APPROVAL OF AGENDA** –MOTION by Mr. Mertz to approve agenda with an amendment to add Board Comment as item number VIII, making adjournment item IX. Dr. Raster seconded. There being no objection, MOTION approved.

V. **OPENING COMMENTS**

Mr. Solomon-Gross welcomed everyone to the meeting. He stated the hospital's current financial challenges underscore the need for community engagement and support to ensure its long-term sustainability. The purpose of tonight's meeting is to hear public comment on community healthcare priorities and services identified as non-core, meaning they fall outside of the hospital enterprise fund.

VI. **BRH SUSTAINABILITY AND RECOVERY PLAN**

Mr. Mertz introduced himself as the Finance Committee Chair of BRH (Bartlett Regional Hospital). He reported that BRH's long term positive relationship with, and support of, the community has been tested. He provided background information on changes in BRH's services and financial situation. BRH leadership and the BOD (Board of Directors) have developed financial plans around core and non-core services so that BRH may remain operational into the foreseeable future. Mr. Wanner provided an overview of BRH's sustainability and recovery plan.

## **VII. PUBLIC QUESTION AND ANSWER SESSION**

Mr. Solomon-Gross invited attendees to ask questions regarding the recovery plan.

1. Samra Green asked how a critical access hospital designation would be helpful to BRH in regard to the budgetary issues. Mr. Wanner explained that there are several nuances, but Medicare reimbursements would be higher than what we currently receive as part of the Rural Hospital Demonstration Program.
2. Darrin Kelly asked if BRH has received AK Mental Health Trust and other funds to build the Crisis Now building, are they are obligated to keep the building's core purpose. Mr. Wanner confirmed BRH had received funds from 4 different grants and donations, including from the AK Mental Health Trust. Restrictions have been reviewed to ensure BRH complies.
3. Mike Clemens asked what the BOD knew, when did it find out and how did they find out that SEARHC was directly impacting BRH's bottom line. Mr. Solomon-Gross stated the BOD has known SEARHC was a competitor for years. Mr. Clemens obtained confirmation that BRH knew SEARHC was eating into BRH's bottom line when BRH bought the Family Practice building. He asked if SEARHC is driving private practitioners out of the market, how is BRH going to put tenants in the building when the current physicians retire you can't fit anyone into the building. Mr. Solomon-Gross noted getting BRH out into the community was part of the strategic plan when BRH purchased this building and no physicians in that location were displaced. Mr. Clemens stated if BRH is asking to raise taxes to cover BRH's operating deficit, it is a concern and then repeated his initial question. Mr. Solomon-Gross noted the purpose of these meetings is to find out what the public wants from its community hospital, and it is the perfect time to say whether taxes should be raised to keep services or not.
4. Erin Walker-Tolles asked if BRH and the BOD has considered the growing current and future need for services during this decision-making process. Mr. Mertz reported yes, and there are different answers for each of the services. He highlighted plans for Hospice and Home Health services. Ms. Walker-Tolles asked about the future of BOPS and the adolescent program since there is such a big gap in behavioral health, especially for children. Ms. McDowell reported BRH is currently looking its options and is in conversation with others throughout the state that are interested in helping to support these programs.  
Ms. Walker-Tolles asked what the status is of the CEO search. Ms. Johnston reported the CEO Search Committee will meet on June 13<sup>th</sup> to review applications that have passed initial review and virtual interviews will be scheduled within the next week or so. Ms. Walker-Tolles would like to know what the key characteristics BRH is looking for in the next CEO.

Mr. Solomon-Gross called for a brief recess at 6:10 p.m. Meeting resumed at 6:20 p.m.

## **VIII. PUBLIC COMMENT**

Mr. Solomon-Gross outlined the public comment process. Each speaker will have 3 minutes to speak. Board members may ask clarifying questions.

1. Shannon Mason read a written statement on behalf of Dylan Stewart, RN. He reminded the BOD that BRH and the people living in the community will ultimately bear the financial burden of whatever decisions are made. Patients that no longer have access to services will wind up in the hospital with longer length of stays or in worse shape than they were before, putting more work on the acute care staff and social workers. He encourages CBJ to assist in supporting these services for its citizens. Dr. Jones stated, as a community, we have to look at the downstream effect before we make decisions about our mental health and addiction services.
2. Richard Fagnant, President of NAMI (National Alliance of Mental Illness) Alaska highlighted the indispensable role the Crisis Stabilization Center can play in our community. He, and NAMI Alaska, urge the BOD to ensure the continued operation of this center.

3. Debbie Fagnant, volunteer at NAMI Juneau, asked if the current recommendations reflect mental health parity ensuring the same level of care and treatment for mental health and substance abuse patients as provided to those with physical health conditions. It's the BOD's responsibility to acknowledge RRC and Crisis services as core services and the importance of them to the community. She encourages the BOD to ensure these services exist in the community in some capacity.
4. Paula Rohrbacher, 48-year resident of Juneau, spoke in support of the Crisis Stabilization Center by sharing an individual's mental health experience.
5. Murray Walsh, long time Juneau resident, spoke in support of Home Health and Hospice services by sharing his wife's experience while receiving Home Health services. He suggested a committee be created to help ensure the future of these services. He volunteered to be on the committee.
6. Rosemary Greening, former CCS (Catholic Community Services) employee, spoke in support of BRH keeping Home Health and Hospice services. Mr. Mertz asked Ms. Greening about CCS outreach to the physicians and the community regarding Home Health and Hospice services and how successful they were. She said outreach needs to be an ongoing process to educate the public and health care professionals. A long-term commitment and stability in staffing is also required for these programs.
7. Don Habeger, JREC (Juneau Re-entry Coalition) Coordinator, provided statistics on inmates with mental health disorders and on recidivism rates. Reductions in recidivism rates become achievable with an effective re-entry plan that includes treatment for behavioral health and substance use disorders. The JREC supports the continuation of BOPS (Bartlett Outpatient Psychiatric Services), Crisis Now and RRC services.
8. Robert Urata, MD spoke on behalf of Hospice and Home Health services. He described the type of care provided and the benefits to the family, as well as the patient. He feels these services would benefit BRH in many ways and will repay itself in more than dollars.
9. Alyson Currey, Social Worker at BRH, expressed concern the impact would have on Juneau and the outlying communities if RRC closes its doors. She will reach out to the Assembly to advocate permanent subsidization if a third-party organization is not found to take over. She has the same concerns about closing Crisis services. Dr. Jones asked how common it is for someone to be discharged from the Mental Health Unit to RRC. Ms. Currey responded that it happens often.
10. Erin Walker-Tolles, 30-year Juneau resident, asks the BOD to consider the current and projected community needs and to engage BRH employees and community partners in this decision-making process. The new CEO should prioritize collaboration, have a lot of integrity and be committed to Juneau and the region for the long term.
11. Darrin Kelly, 10-year Juneau resident, recipient of Behavioral Health and RRC services, stated without Crisis Now services, he is less likely to seek help when needed. He highlighted the impact discontinuation of these services would have on youth in the community. Mental illness and addiction are huge problems in the community and are medical conditions that deserve funding.
12. Cindy Audet, former 30-year BRH employee, expressed concerns that strain on employees would once again increase if behavioral health, hospice and substance abuse services are discontinued. She supports finding creative solutions to keep these services available and would support her taxes going to these programs.
13. Rebekka Mills, West Juneau resident, stated that for financial purposes at the June 4<sup>th</sup> meeting, the percentage of RRC patients that are SEARCH beneficiaries (which she identified as Alaska Native American individuals) was noted. She encourages support for the substance abuse disorders that European colonization has caused but does not feel the burden should be placed on SEARHC.
14. Christy Doyon, spoke up as the voice of the people that are unable to. Addiction does not discriminate on who it affects. The people that take a month out of their lives to get help and gain the skills they need to integrate back into the community are more than a number, they have families, friends, and neighbors. She encourages BRH and CBJ to work together for permanent subsidization of these services.



15. Deacon Charles Rohrbacher, former volunteer and staff chaplain for CCS, spoke in support of continuing Hospice and Home Health services. Hospice is about relieving suffering; physical, emotional, psychological and spiritual and requires coordination of care from many types of healthcare providers that BRH already has.

Mr. Mertz asked Ms. Walker-Tolles what caused the demise of Hospice and Home Health Services for CCS. She noted lack of a consistent Executive Director for several years and a lot of inefficiencies contributed. Working with some experts, they were able to implement efficiencies in documentation and compliance to almost break even before Covid hit. When Covid hit, the lack of nurses and the high cost of traveling nurses caused its ultimate downfall. CCS also struggled with outreach to educate providers and community members about these services. Outreach and education need to be ongoing.

## **IX. BOARD COMMENTS**

Mr. Geiger stated it has been helpful for the BOD to hear the comments and the passion for each of these programs. The BOD understands the importance of each program and each one is personal to him, however, BRH cannot operate these programs without money. He encourages the public to use its passion to talk to the Assembly and legislators about why they should invest in permanent subsidies for these very important programs.

Dr. Raster has read all of the written comments received by the BOD and appreciates the feedback. BRH and the BOD are trying very hard to keep these programs going, not trying to telegraph that we are closing them. The challenges are very substantial in terms of declining reimbursements from insurance companies, benefits from the State/Government Grant programs, and subsidization from CBJ.

Max Mertz requests Mr. Wanner provide the following information at the June 24<sup>th</sup> Finance Committee meeting if possible 1) What does the cost structure look like for each program if Hospice and Home Health services were split? 2) What do 3-year and 5-year plans look like for each of these services? 3) What information is available regarding parties interested in Home Health and possibly Hospice services? He requests Kim McDowell provide a list of who offers Crisis Now services in the state, what funding sources they have, and how they are able to sustain it. In regard to RRC, he thinks the CBJ needs to fund this program.

Dr. Jones stated ER physicians are very committed to the Crisis Now model. He's not sure if the model we set up for the Crisis Stabilization Center makes sense for Juneau. As a BOD, we need to figure out how we can make this work in a way that makes sense.

Ms. Johnston stated this has been the toughest decision the BOD has had to face. Every one of these programs is personal to her as well but BRH can't fund them with its current structure. She agrees with Mr. Mertz that CBJ needs to fund RRC since there are no other options unless somebody steps up to take it over. She expressed appreciation for everyone's feedback and encourages people to continue submitting written comments through June 19<sup>th</sup>.

Mr. Solomon-Gross reiterated how personal these programs are to everyone in the community, including BOD members. The BOD is working really hard to make the best choices for the sustainability of our community hospital. He thanked everyone for being here and encouraged people to continue to submit their comments.

## **X. ADJOURNMENT – 7:59 p.m.**

## MEMORANDUM

**DATE:** June 24, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Joe Wanner, Chief Financial Officer  
**RE:** April Financial Performance

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### **Income Statement**

April inpatient revenues were lower month-over-month with the largest decrease being in Med/Surg, OB and MHU. We saw a decreased average daily census in Med/Surg (19.4%), OB (14.4%) and MHU (12%). April outpatient revenue increased \$562K month-over-month with the largest increase being in OR where we saw an increase of \$642K month-over-month.

Contractual and bad debt write-offs were 52.2% of gross revenues, below the 12-month average of 47.8%. The large variance from the average was driven by a discrepancy in the way we calculate contractual's for outlier claims. This resulted in the March contractals being understated and April contractals being overstated. Uncompensated care decreased to 2.4% in April.

The result was net operating revenue totaling \$9.9M, which is below the 12-month rolling average of \$10.5M.

Major variations in expenses included Contract Labor, Physician Contracts, Supplies, and Other Operating Expenses. Contract Labor was \$381K over budget due to the ongoing use of contract employees in multiple departments, with the largest variance being in Crisis \$146K. Physician Contracts were \$221K over budget due to Anesthesia and Oncology not being budgeted. Supplies were over budget by \$323K primarily due to high monthly expenses for Pharmacy and Implants. Other operating expenses were over budget by \$73K primarily due to credit card fees.

The Net loss for the Hospital for the month of April was \$1.33M, and the rolling 12-month average monthly loss for the hospital is now **\$(834K)**.

### **Balance Sheet**

Unrestricted cash (Cash + Board Designated Cash) decreased from the prior month from \$19.6M to \$18.6M.

Net accounts receivable increased month-over-month to \$32.8 from \$32.3M.

### Wildflower Court (WFC)

For the month of April, WFC had \$1.1M of net operating revenues on \$1.19M of gross revenues.

From an expenditure standpoint, Contract labor continues to drive costs. Management is focused on reducing that amount, first through negotiating lower rates and, over time, by increasing direct employment traditional hiring processes as well as growing our own initiatives.

On a bottom-line basis, WFC had net operating income of \$155K. It is important to note that this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. As noted above, Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

BARTLETT REGIONAL HOSPITAL and WFC  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF APRIL 2024

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
\$3,813,391	\$5,592,485	-\$1,779,094	-31.8%	\$3,681,133	1. Gross Patient Revenue:	\$42,470,283	\$56,670,477	-\$14,200,194	-25.1%	\$38,825,294	9.4%
\$2,264,815	\$2,055,166	\$209,649	10.2%	\$1,065,939	2. Inpatient Revenue	\$22,815,597	\$20,825,759	\$1,989,838	9.6%	\$10,341,250	120.6%
\$6,078,206	\$7,647,651	-\$1,569,445	-20.5%	\$4,747,072	3. Inpatient Ancillary Revenue	\$65,285,880	\$77,496,236	-\$12,210,356	-15.8%	\$49,166,544	32.8%
					4. Total Inpatient Revenue						
\$13,626,429	\$12,801,230	\$825,199	6.4%	\$12,187,045	5. Outpatient Revenue	\$125,290,628	\$129,719,118	-\$4,428,490	-3.4%	\$120,241,760	4.2%
\$19,704,635	\$20,448,881	-\$744,246	-3.6%	\$16,934,117	6. Total Patient Revenue - Hospital	\$190,576,508	\$207,215,354	-\$16,638,846	-8.0%	\$169,408,304	12.5%
\$327,990	\$321,622	\$6,368	2.0%	\$331,649	7. RRC Patient Revenue	\$3,545,129	\$3,259,103	\$286,026	8.8%	\$2,588,079	37.0%
\$182,633	\$185,537	-\$2,904	-1.6%	\$219,617	8. BHOPS Patient Revenue	\$2,253,757	\$1,880,096	\$373,661	19.9%	\$2,248,596	0.2%
\$1,725,534	\$1,116,736	\$608,798	54.5%	\$998,192	9. Physician Revenue	\$12,758,845	\$11,316,189	\$1,442,656	12.7%	\$10,614,998	20.2%
\$21,940,792	\$22,072,776	-\$131,984	-0.6%	\$18,483,575	10. Total Gross Patient Revenue	\$209,134,239	\$223,670,742	-\$14,536,503	-6.5%	\$184,859,977	13.1%
					Deductions from Revenue:						
\$3,797,850	\$3,730,525	\$15,800	0.4%	\$2,181,907	11. Inpatient Contractual Allowance	\$31,586,531	\$36,356,004	-\$4,769,473	13.1%	\$24,862,555	27.0%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$3,500,000	-\$2,100,000	\$1,400,000		-\$308,333	
\$5,981,422	\$6,171,146	\$189,724	3.1%	\$5,432,655	11. Outpatient Contractual Allowance	\$53,807,911	\$62,534,279	-\$8,726,368	14.0%	\$51,358,270	4.8%
\$979,737	\$543,809	-\$435,928	-80.2%	\$650,179	12. Physician Service Contractual Allowance	\$7,189,661	\$5,510,595	-\$1,679,066	-30.5%	\$6,455,752	11.4%
\$591	\$28,798	-\$28,207	97.9%	\$23,594	13. Other Deductions	\$5,985	\$291,822	-\$285,837	97.9%	\$266,464	0.0%
\$241,257	\$45,084	-\$196,173	-435.1%	\$30,737	14. Charity Care	\$1,306,969	\$456,844	-\$850,125	-186.1%	\$377,645	246.1%
\$262,686	\$456,388	\$193,702	42.4%	\$142,685	15. Bad Debt Expense	\$6,092,737	\$4,624,729	-\$1,468,008	-31.7%	\$3,372,893	80.6%
\$10,913,543	\$10,625,750	-\$204,668	-1.9%	\$8,153,424	16. Total Deductions from Revenue	\$96,489,794	\$107,674,273	-\$11,184,479	10.4%	\$86,385,246	11.7%
47.4%	47.3%			44.7%	% Contractual Allowances / Total Gross Patient Revenue	42.6%	46.7%			44.6%	
2.3%	2.3%			0.9%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.5%	2.3%			2.0%	
49.7%	48.1%			44.1%	% Total Deductions / Total Gross Patient Revenue	46.1%	48.1%			46.7%	
\$11,027,249	\$11,447,026	-\$336,652	-2.9%	\$10,330,151	17. Net Patient Revenue	\$112,644,445	\$115,996,469	-\$3,352,024	-2.9%	\$98,474,731	14.4%
\$456,639	\$130,219	\$326,420	250.7%	\$363,227	18. Other Operating Revenue	\$1,449,941	\$1,319,556	\$130,386	9.9%	\$2,485,953	-41.7%
\$11,483,888	\$11,577,245	-\$93,357	-0.8%	\$10,693,378	19. Total Operating Revenue	\$114,094,386	\$117,316,025	-\$3,221,638	-2.7%	\$100,960,684	13.0%
					Expenses:						
\$5,083,594	\$5,025,720	-\$57,874	-1.2%	\$4,269,341	20. Salaries & Wages	\$50,457,791	\$50,927,331	-\$469,540	0.9%	\$44,667,325	13.0%
\$302,226	\$360,574	\$58,348	16.2%	\$294,790	21. Physician Wages	\$2,846,202	\$3,653,819	-\$807,617	22.1%	\$3,094,773	-8.0%
\$834,649	\$177,253	-\$657,396	-370.9%	\$440,373	22. Contract Labor	\$7,715,292	\$1,796,144	-\$5,919,148	-329.5%	\$6,269,468	23.1%
\$2,485,652	\$2,810,200	\$324,548	11.5%	\$2,453,740	23. Employee Benefits	\$24,580,977	\$28,476,708	-\$3,895,731	13.7%	\$22,018,742	11.6%
\$8,706,121	\$8,373,747	-\$332,374	-4.0%	\$7,458,244	24. % Salaries and Benefits / Total Operating Revenue	\$85,600,262	\$84,854,002	-\$746,260	-0.9%	\$76,050,308	12.6%
75.8%	72.3%			69.7%		75.0%	72.3%			75.3%	
\$78,096	\$54,938	-\$23,158	-42.2%	\$77,653	25. Medical Professional Fees	\$739,824	\$556,703	-\$183,121	-32.9%	\$710,966	4.1%
\$513,630	\$391,302	-\$122,328	-31.3%	\$249,530	26. Physician Contracts	\$4,888,589	\$3,965,215	-\$923,374	-23.3%	\$2,967,154	64.8%
\$260,102	\$291,292	\$31,190	10.7%	\$220,269	27. Non-Medical Professional Fees	\$3,018,301	\$2,951,820	-\$66,481	-2.3%	\$2,448,573	23.3%
\$1,818,466	\$1,498,224	-\$320,242	-21.4%	\$1,328,029	28. Materials & Supplies	\$15,385,159	\$15,182,031	-\$203,128	-1.3%	\$13,356,293	15.2%
\$177,787	\$172,609	-\$5,178	-3.0%	\$135,629	29. Utilities	\$1,756,848	\$1,749,063	-\$7,785	-0.4%	\$1,738,639	1.0%
\$434,470	\$509,977	\$75,507	14.8%	\$548,490	30. Maintenance & Repairs	\$4,849,787	\$5,167,763	-\$317,976	6.2%	\$4,804,421	0.9%
\$73,466	\$121,203	\$47,737	39.4%	\$59,555	31. Rentals & Leases	\$1,348,829	\$1,228,179	-\$120,650	-9.8%	\$657,460	105.2%
\$71,733	\$93,603	\$21,870	23.4%	\$78,489	32. Insurance	\$741,958	\$948,517	-\$206,559	21.8%	\$750,274	-1.1%
\$512,804	\$599,694	\$86,890	14.5%	\$589,596	33. Depreciation & Amortization	\$5,504,544	\$6,076,893	-\$572,349	9.4%	\$5,901,597	-6.7%
\$85,362	\$88,029	\$2,667	3.0%	\$0	34. Interest Expense	\$877,451	\$892,012	-\$14,561	1.6%	\$900,522	-2.6%
\$111,076	\$51,681	-\$59,395	-114.9%	-\$197,873	35. Other Operating Expenses	\$1,309,362	\$523,556	-\$785,806	-150.1%	\$1,297,971	0.9%
\$12,843,113	\$12,246,299	-\$596,814	-4.9%	\$10,547,611	36. Total Expenses	\$126,020,914	\$124,095,754	-\$1,925,160	-1.6%	\$111,584,178	12.9%
-\$1,359,225	-\$669,054	-\$690,171	103.2%	\$145,767	37. Income (Loss) from Operations	-\$11,926,528	-\$6,779,729	-\$5,146,799	75.9%	-\$10,623,494	12.3%
-\$23,843	\$82,192	-\$106,035	-129.0%	\$5,623	38. Non-Operating Revenue	\$1,458,608	\$832,877	\$625,731	75.1%	\$40,251	3523.8%
\$201,396	\$184,594	\$16,802	9.1%	\$78,452	39. Interest Income	\$2,090,265	\$1,870,539	\$219,727	11.7%	\$761,798	174.4%
\$177,553	\$266,786	-\$89,233	-33.4%	\$84,075	40. Other Non-Operating Income	\$3,548,873	\$2,703,416	\$845,457	31.3%	\$802,049	342.5%
-\$1,181,672	-\$402,268	-\$779,404	193.8%	\$229,842	41. Total Non-Operating Revenue	-\$8,377,655	-\$4,076,313	-\$4,301,342	105.5%	-\$9,821,445	14.7%
-11.84%	-5.78%			1.36%	Income from Operations Margin	-10.45%	-5.78%			-10.52%	
-10.29%	-3.47%			2.15%	Net Income	-7.34%	-3.47%			-9.73%	

BARTLETT REGIONAL HOSPITAL  
STATEMENT OF REVENUES AND EXPENSES  
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\$1,079,000	\$1,030,892	\$48,108	4.7%	\$1,065,939	2. Inpatient Revenue	\$11,187,775	\$10,446,448	\$741,327	7.1%	\$10,341,250	8.2%
\$4,892,391	\$6,623,377	-\$1,730,986	-26.1%	\$4,747,072	3. Inpatient Ancillary Revenue	\$53,658,058	\$67,116,925	-\$13,458,867	-20.1%	\$49,166,544	9.1%
\$13,626,429	\$12,801,230	\$825,199	6.4%	\$12,187,045	4. Total Inpatient Revenue	\$125,290,628	\$129,719,118	-\$4,428,490	-3.4%	\$120,241,760	4.2%
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\$20,754,977	\$21,048,502	-\$293,525	-1.4%	\$18,483,575	9. Physician Revenue	\$197,506,417	\$213,291,431	-\$15,785,014	-7.4%	\$184,859,977	6.8%
\$3,714,725	\$3,730,525	\$15,800	0.4%	\$2,181,907	10. Total Gross Patient Revenue	\$30,662,947	\$37,756,004	-\$7,093,057	-18.8%	\$24,862,555	23.3%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Inpatient Contractual Allowance	-\$3,500,000	-\$3,500,000	\$0		-\$308,333	
\$5,981,422	\$6,171,146	\$189,724	3.1%	\$5,432,655	11. Rural Demonstration Project	\$53,807,911	\$62,534,279	-\$8,726,368	-14.0%	\$51,358,270	4.8%
\$979,737	\$543,809	-\$435,928	-80.2%	\$650,179	12. Outpatient Contractual Allowance	\$7,189,661	\$5,510,595	\$1,679,066	30.5%	\$6,455,752	11.4%
\$591	\$28,798	-\$28,207	97.9%	\$23,594	13. Physician Service Contractual Allowance	\$5,985	\$291,822	-\$285,837	-97.9%	\$266,464	0.0%
\$241,257	\$45,084	-\$196,173	-435.1%	\$30,737	14. Other Deductions	\$1,306,969	\$456,844	\$850,125	186.1%	\$377,645	246.1%
\$262,686	\$456,388	\$193,702	42.4%	\$142,685	15. Charity Care	\$6,092,737	\$4,624,729	\$1,468,008	31.7%	\$3,372,893	80.6%
\$10,830,418	\$10,625,750	-\$204,668	-1.9%	\$8,153,424	16. Bad Debt Expense	\$95,566,210	\$107,674,273	-\$12,108,063	-11.2%	\$86,385,246	10.6%
49.8%	49.6%			44.7%	16. Total Deductions from Revenue	44.6%	49.6%			44.6%	
2.4%	2.4%			0.9%	% Contractual Allowances / Total Gross Patient Revenue	3.7%	2.4%			2.0%	
52.2%	50.5%			44.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	48.4%	50.5%			46.7%	
\$9,924,559	\$10,422,752	-\$498,193	-4.8%	\$10,330,151	17. Net Patient Revenue	\$101,940,207	\$105,617,158	-\$27,893,077	-26.4%	\$98,474,731	3.5%
\$456,639	\$130,219	\$326,420	250.7%	\$363,227	18. Other Operating Revenue	\$1,449,941	\$1,319,556	\$130,386	9.9%	\$2,485,953	-41.7%
\$10,381,198	\$10,552,971	-\$171,773	-1.6%	\$10,693,378	19. Total Operating Revenue	\$103,390,148	\$106,936,714	-\$27,762,691	-26.0%	\$100,960,684	2.4%
\$4,707,207	\$4,732,073	\$24,866	0.5%	\$4,269,341	20. Expenses:	\$47,341,256	\$47,951,711	\$610,455	1.3%	\$44,667,325	6.0%
\$302,226	\$319,478	\$17,252	5.4%	\$294,790	21. Salaries & Wages	\$2,846,202	\$3,237,381	\$391,179	12.1%	\$3,094,773	-8.0%
\$558,063	\$177,253	-\$380,810	-214.8%	\$440,373	22. Physician Wages	\$4,281,280	\$1,796,144	-\$2,485,136	-138.4%	\$6,269,468	-31.7%
\$2,334,173	\$2,577,819	\$243,646	9.5%	\$2,453,740	23. Contract Labor	\$23,317,288	\$26,121,911	\$2,804,623	10.7%	\$22,018,742	5.9%
\$7,901,669	\$7,806,623	-\$95,046	-1.2%	\$7,458,244	24. Employee Benefits	\$77,786,026	\$79,107,147	\$1,321,121	1.7%	\$76,050,308	2.3%
76.1%	74.0%			69.7%	% Salaries and Benefits / Total Operating Revenue	75.2%	74.0%			75.3%	
\$78,096	\$54,938	-\$23,158	-42.2%	\$77,653	25. Medical Professional Fees	\$739,824	\$556,703	-\$183,121	-32.9%	\$710,966	4.1%
\$507,880	\$285,904	-\$221,976	-77.6%	\$249,530	26. Physician Contracts	\$4,836,839	\$2,897,176	-\$1,939,663	-67.0%	\$2,967,154	63.0%
\$259,394	\$251,100	-\$8,294	-3.3%	\$220,269	27. Non-Medical Professional Fees	\$2,971,029	\$2,544,543	-\$426,486	-16.8%	\$2,448,573	21.3%
\$1,702,324	\$1,378,825	-\$323,499	-23.5%	\$1,328,029	28. Materials & Supplies	\$14,857,188	\$13,972,112	-\$885,076	-6.3%	\$13,356,293	11.2%
\$158,681	\$172,609	\$13,928	8.1%	\$135,629	29. Utilities	\$1,619,684	\$1,749,063	\$1,238,379	7.4%	\$1,738,639	-6.8%
\$436,949	\$509,977	\$73,028	14.3%	\$548,490	30. Maintenance & Repairs	\$4,781,950	\$5,167,763	\$385,813	7.5%	\$4,804,421	-0.5%
\$73,466	\$121,203	\$47,737	39.4%	\$59,555	31. Rentals & Leases	\$1,345,305	\$1,228,179	-\$117,126	-9.5%	\$657,460	104.6%
\$71,733	\$80,453	\$8,720	10.8%	\$78,489	32. Insurance	\$741,958	\$815,257	\$73,299	9.0%	\$750,274	-1.1%
\$512,804	\$599,694	\$86,890	14.5%	\$589,596	33. Depreciation & Amortization	\$5,504,544	\$6,076,893	\$572,349	9.4%	\$5,901,597	-6.7%
\$85,362	\$88,029	\$2,667	3.0%	\$0	34. Interest Expense	\$877,451	\$892,012	\$14,561	1.6%	\$900,522	-2.6%
\$106,736	\$33,931	-\$72,805	-214.6%	-\$197,873	35. Other Operating Expenses	\$1,295,778	\$343,696	-\$952,082	-277.0%	\$1,297,971	-0.2%
\$11,895,094	\$11,383,286	-\$511,808	-4.5%	\$10,547,611	36. Total Expenses	\$117,357,576	\$115,350,544	-\$2,007,032	-1.7%	\$111,584,178	5.2%
-\$1,513,896	-\$830,315	-\$683,581	82.3%	\$145,767	37. Income (Loss) from Operations	-\$13,967,428	-\$8,413,830	-\$5,553,598	66.0%	-\$10,623,494	31.5%
-\$23,843	\$82,192	-\$106,035	-129.0%	\$5,623	38. Non-Operating Revenue	\$1,458,608	\$832,877	\$625,731	75.1%	\$40,251	3523.8%
\$201,396	\$184,594	\$16,802	9.1%	\$78,452	39. Interest Income	\$2,090,265	\$1,870,539	\$219,727	11.7%	\$761,798	174.4%
\$177,553	\$266,786	-\$89,233	-33.4%	\$84,075	40. Other Non-Operating Income	\$3,548,873	\$2,703,416	\$845,457	31.3%	\$802,049	342.5%
-\$1,336,343	-\$563,529	-\$772,814	137.1%	\$229,842	41. Total Non-Operating Revenue	-\$10,418,555	-\$5,710,414	-\$4,708,141	82.4%	-\$9,821,445	-6.1%
-14.58%	-7.87%			1.36%	Income from Operations Margin	-13.51%	-7.87%			-10.52%	
-12.87%	-5.34%			2.15%	Net Income	-10.08%	-5.34%			-9.73%	

WILDFLOWER COURT  
STATEMENT OF REVENUES AND EXPENSES  
FOR THE MONTH AND YEAR TO DATE OF APRIL 2024

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR		YTD ACTUAL	YTD BUDGET	YTD \$ VAR
			Gross Patient Revenue:			
\$0	\$0	\$0	1. Inpatient Revenue	\$0	\$0	\$0
\$1,185,815	\$1,024,274	\$161,541	2. Inpatient Ancillary Revenue	\$11,627,823	\$10,379,311	\$741,326
\$1,185,815	\$1,024,274	\$161,541	3. Total Inpatient Revenue	\$11,627,823	\$10,379,311	\$741,326
\$0	\$0	\$0	4. Outpatient Revenue	\$0	\$0	\$0
\$1,185,815	\$1,024,274	\$161,541	5. Total Patient Revenue - WFC	\$11,627,823	\$10,379,311	\$741,326
\$1,185,815	\$1,024,274	\$161,541	9. Total Gross Patient Revenue	\$11,627,823	\$10,379,311	\$741,326
			Deductions from Revenue:			
\$83,125	\$0	\$83,125	10. Inpatient Contractual Allowance	\$923,583	\$0	\$923,583
\$0	\$0	\$0	10a. Rural Demonstration Project	\$0	\$0	\$0
\$0	\$0	\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0
\$0	\$0	\$0	13. Other Deductions	\$0	\$0	\$0
\$0	\$0	\$0	14. Charity Care	\$0	\$0	\$0
\$0	\$0	\$0	15. Bad Debt Expense	\$0	\$0	\$0
\$83,125	\$0	\$83,125	16. Total Deductions from Revenue	\$923,583	\$0	\$923,583
7.0%	0.0%		% Contractual Allowances / Total Gross Patient Revenue	7.9%	0.0%	
0.0%	0.0%		% Bad Debt & Charity Care / Total Gross Patient Revenue	0.0%	0.0%	
7.0%	0.0%		% Total Deductions / Total Gross Patient Revenue	7.9%	0.0%	
\$1,102,690	\$1,024,274	\$78,416	17. Net Patient Revenue	\$10,704,240	\$10,379,311	\$1,664,909
\$0	\$0	\$0	18. Other Operating Revenue	\$0	\$0	\$130,386
\$1,102,690	\$1,024,274	\$78,416	19. Total Operating Revenue	\$10,704,240	\$10,379,311	\$1,795,295
			Expenses:			
\$376,387	\$293,647	-\$82,740	20. Salaries & Wages	\$3,116,534	\$2,975,620	-\$140,914
\$0	\$41,096	\$41,096	21. Physician Wages	\$0	\$416,438	\$416,438
\$276,586	\$0	-\$276,586	22. Contract Labor	\$3,434,011	\$0	-\$3,434,011
\$151,479	\$232,381	\$80,902	23. Employee Benefits	\$1,263,689	\$2,354,797	\$1,091,108
\$804,452	\$567,124	-\$237,328		\$7,814,234	\$5,746,855	-\$2,067,379
73.0%	55.4%		% Salaries and Benefits / Total Operating Revenue	73.0%	55.4%	
\$0	\$0	\$0	24. Medical Professional Fees	\$0	\$0	\$0
\$5,750	\$105,398	\$99,648	25. Physician Contracts	\$51,750	\$1,068,039	\$1,016,289
\$708	\$40,192	\$39,484	26. Non-Medical Professional Fees	\$47,271	\$407,277	\$360,006
\$116,142	\$119,399	\$3,257	27. Materials & Supplies	\$527,971	\$1,209,919	\$681,948
\$19,106	\$0	-\$19,106	28. Utilities	\$137,164	\$0	-\$137,164
-\$2,479	\$0	\$2,479	29. Maintenance & Repairs	\$67,837	\$0	-\$67,837
\$0	\$0	\$0	30. Rentals & Leases	\$3,524	\$0	-\$3,524
\$0	\$13,150	\$13,150	31. Insurance	\$0	\$133,260	\$133,260
\$0	\$0	\$0	32. Depreciation & Amortization	\$0	\$0	\$0
\$0	\$0	\$0	33. Interest Expense	\$0	\$0	\$0
\$4,340	\$17,750	\$13,410	34. Other Operating Expenses	\$13,584	\$179,860	\$166,276
\$948,019	\$863,013	-\$85,006	35. Total Expenses	\$8,663,335	\$8,745,210	\$81,875
\$154,671	\$161,261	-\$6,590	36. Income (Loss) from Operations	\$2,040,905	\$1,634,101	\$406,804
			Non-Operating Revenue			
\$0	\$0	\$0	37. Interest Income	\$0	\$0	\$0
\$0	\$0	\$0	38. Other Non-Operating Income	\$0	\$0	\$0
\$0	\$0	\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0
\$154,671	\$161,261	-\$6,590	40. Net Income (Loss)	\$2,040,905	\$1,634,101	\$406,804
14.03%	15.74%		Income from Operations Margin	19.07%	15.74%	
14.03%	15.74%		Net Income	19.07%	15.74%	

**BARTLETT REGIONAL HOSPITAL and WFC**  
**Selected Ratios**  
**FOR THE MONTH AND YEAR TO DATE OF APRIL 2024**

	Moody's Not-for-profit Healthcare Medians	Desired Position	FY 2024
<b>Liquidity Ratios</b>			
Current ratio	2.00	Above	3.05
Days in accounts receivable	48.2	Below	84.00
Days in accounts payable	62.8	Below	28.60
Days cash on hand*	167.9	Above	74.1
<b>Profitability Ratios</b>			
Operating margin	2.7%	Above	-10.5%
Excess margin	5.6%	Above	-7.3%
<b>Activity Ratios</b>			
Average age of Plant	11.2	Below	18.37
<b>Capital Structure Ratios</b>			
Total debt-to-capitalization	34.9%	Below	61.6%
Total debt-to-total operating revenue	34.6%	Below	72.7%

\* Benchmark is BBB rated companies

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING INCOME STATEMENT  
FOR THE PERIOD MAY 23 THRU APRIL 24

	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24	April-24
Gross Patient Revenue:												
1. Inpatient Revenue	\$4,225,508	\$4,098,928	\$4,242,424	\$4,253,749	\$4,612,488	\$4,259,435	\$3,988,757	\$4,222,640	\$4,465,612	\$4,354,946	\$4,256,841	\$3,813,391
2. Inpatient Ancillary Revenue	\$1,061,531	\$1,175,099	\$1,213,356	\$1,295,265	\$1,207,835	\$1,218,991	\$980,859	\$1,004,218	\$1,271,189	\$937,503	\$979,559	\$1,079,000
3. Total Inpatient Revenue	\$5,287,039	\$5,274,027	\$5,455,780	\$5,549,014	\$5,820,323	\$5,478,426	\$4,969,616	\$5,226,858	\$5,736,801	\$5,292,449	\$5,236,400	\$4,892,391
4. Outpatient Revenue	\$12,507,831	\$13,744,438	\$13,102,559	\$14,182,989	\$12,359,514	\$11,719,376	\$10,707,445	\$12,266,492	\$11,555,507	\$12,705,864	\$13,064,453	\$13,626,429
5. Total Patient Revenue - Hospital	\$17,794,870	\$19,018,465	\$18,558,339	\$19,732,003	\$18,179,837	\$17,197,802	\$15,677,061	\$17,493,350	\$17,292,308	\$17,998,313	\$18,300,853	\$18,518,820
6. RRC Patient Revenue	\$375,532	\$270,145	\$246,267	\$310,499	\$296,483	\$355,172	\$391,055	\$294,581	\$425,830	\$418,776	\$478,477	\$327,990
7. BHOPS Patient Revenue	\$242,171	\$242,232	\$236,340	\$342,612	\$161,515	\$224,099	\$227,052	\$239,714	\$194,728	\$212,808	\$232,257	\$182,633
8. Physician Revenue	\$1,230,629	\$1,061,811	\$983,599	\$1,245,920	\$992,524	\$1,200,962	\$906,503	\$1,082,095	\$1,403,549	\$1,744,854	\$1,283,305	\$1,725,534
9. Total Gross Patient Revenue	\$19,643,202	\$20,592,653	\$20,024,545	\$21,631,034	\$19,630,359	\$18,978,035	\$17,201,671	\$19,109,740	\$19,316,415	\$20,374,751	\$20,294,892	\$20,754,977
Deductions from Revenue:												
10. Inpatient Contractual Allowance	\$2,868,064	\$2,353,583	\$3,190,077	\$2,286,274	\$2,677,511	\$3,430,104	\$3,853,034	\$2,805,127	\$3,437,685	\$2,904,313	\$2,392,963	\$3,714,725
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,132,514	\$5,552,589	\$5,651,316	\$5,447,660	\$5,336,016	\$5,150,505	\$4,572,434	\$5,324,224	\$4,930,858	\$5,278,894	\$6,134,582	\$5,981,422
12. Physician Service Contractual Allowance	\$709,218	\$682,788	\$523,629	\$710,207	\$748,903	\$750,520	\$615,091	\$538,211	\$827,524	\$961,349	\$714,490	\$979,737
13. Other Deductions	\$30,282	\$28,884	\$27,898	\$28,145	\$35,555	\$30,096	-\$119,253	\$591	\$1,181	\$591	\$591	\$591
14. Charity Care	\$83,234	\$48,450	\$52,888	\$152,387	\$160,587	\$178,785	\$67,893	\$165,043	\$86,390	\$112,570	\$89,169	\$241,257
15. Bad Debt Expense	\$663,739	\$515,314	\$995,105	\$1,080,279	\$589,461	\$615,584	-\$59,933	\$937,678	\$554,246	\$855,686	\$261,945	\$262,686
16. Total Deductions from Revenue	\$9,137,051	\$8,831,608	\$10,090,913	\$9,354,952	\$9,198,033	\$9,625,594	\$8,579,266	\$9,420,874	\$9,487,884	\$9,763,403	\$9,243,740	\$10,830,418
% Contractual Allowances / Total Gross Patient Revenue	42.6%	40.0%	45.0%	37.4%	42.9%	46.4%	50.5%	43.5%	45.8%	43.2%	43.8%	49.8%
% Bad Debt & Charity Care / Total Gross Patient Revenue	3.8%	2.7%	5.2%	5.7%	3.8%	4.2%	0.0%	5.8%	3.3%	4.8%	1.7%	8.2%
% Total Deductions / Total Gross Patient Revenue	46.5%	42.9%	50.4%	43.2%	46.9%	50.7%	49.9%	49.3%	49.1%	47.9%	45.5%	52.2%
17. Net Patient Revenue	\$10,506,151	\$11,761,045	\$9,933,632	\$12,276,082	\$10,432,326	\$9,352,441	\$8,622,405	\$9,688,866	\$9,828,531	\$10,611,348	\$11,051,152	\$9,924,559
18. Other Operating Revenue	\$226,256	\$845,504	\$64,574	\$66,281	\$320,220	\$63,173	\$62,521	\$76,702	\$102,985	\$52,862	\$183,984	\$456,639
19. Total Operating Revenue	\$10,732,407	\$12,606,549	\$9,998,206	\$12,342,363	\$10,752,546	\$9,415,614	\$8,684,926	\$9,765,568	\$9,931,516	\$10,664,210	\$11,235,136	\$10,381,198
Expenses:												
20. Salaries & Wages	\$4,470,801	\$4,392,535	\$4,509,486	\$4,661,026	\$4,780,938	\$4,875,621	\$4,594,095	\$5,040,712	\$4,633,447	\$4,715,635	\$4,823,090	\$4,707,207
21. Physician Wages	\$281,273	\$258,161	\$285,907	\$284,305	\$278,815	\$281,043	\$297,570	\$179,268	\$335,706	\$305,904	\$295,459	\$302,226
22. Contract Labor	\$559,311	\$70,995	\$416,754	\$461,504	\$395,611	\$370,037	\$326,325	\$507,401	\$428,819	\$402,520	\$414,246	\$558,063
23. Employee Benefits	\$2,245,914	\$2,054,678	\$2,198,682	\$2,339,061	\$2,286,966	\$2,331,343	\$2,286,725	\$2,409,083	\$2,422,623	\$2,260,625	\$2,448,007	\$2,334,173
	\$7,557,299	\$7,276,369	\$7,410,829	\$7,745,896	\$7,742,330	\$7,858,044	\$7,504,715	\$8,136,464	\$7,820,595	\$7,684,684	\$7,980,802	\$7,901,669
% Salaries and Benefits / Total Operating Revenue	70.4%	57.7%	74.1%	62.8%	72.0%	83.5%	86.4%	83.3%	78.7%	72.1%	71.0%	76.1%
24. Medical Professional Fees	\$38,897	\$83,986	\$89,318	\$87,575	\$51,620	\$63,206	\$49,053	\$72,525	\$87,769	\$78,049	\$82,613	\$78,096
25. Physician Contracts	\$214,409	\$472,150	\$391,878	\$365,250	\$371,953	\$357,944	\$461,340	\$601,382	\$591,140	\$605,990	\$582,082	\$507,880
26. Non-Medical Professional Fees	\$257,239	\$417,375	\$230,315	\$432,810	\$373,810	\$310,620	\$277,695	\$249,856	\$133,982	\$207,752	\$494,795	\$259,394
27. Materials & Supplies	\$1,587,203	\$1,767,300	\$1,526,291	\$1,845,858	\$1,680,600	\$1,436,674	\$1,294,488	\$1,222,074	\$1,345,411	\$1,461,026	\$1,342,442	\$1,702,324
28. Utilities	\$150,532	\$122,094	\$142,859	\$214,852	\$138,871	\$161,157	\$135,177	\$169,900	\$132,615	\$201,033	\$164,539	\$158,681
29. Maintenance & Repairs	\$348,717	\$428,196	\$449,955	\$713,878	\$470,513	\$426,520	\$410,319	\$469,640	\$453,927	\$417,718	\$532,531	\$436,949
30. Rentals & Leases	\$49,304	\$62,793	\$42,445	\$284,124	\$38,850	\$170,386	\$100,269	\$82,769	\$257,278	\$128,484	\$167,234	\$73,466
31. Insurance	\$78,804	\$72,992	\$117,103	\$71,963	\$46,525	\$71,733	\$75,969	\$71,733	\$71,733	\$71,733	\$71,733	\$71,733
32. Depreciation & Amortization	\$572,134	\$574,504	\$563,321	\$562,018	\$550,118	\$494,721	\$499,760	\$484,431	\$727,175	\$594,215	\$515,981	\$512,804
33. Interest Expense	\$35,000	\$100,000	\$35,000	\$90,900	\$90,900	\$130,992	\$86,938	\$84,417	\$102,140	\$85,349	\$85,453	\$85,362
34. Other Operating Expenses	\$141,657	\$199,905	\$114,060	\$92,965	\$186,088	\$115,521	\$291,412	\$164,583	-\$187,251	\$264,894	\$146,770	\$106,736
35. Total Expenses	\$11,031,195	\$11,577,664	\$11,113,374	\$12,508,089	\$11,742,178	\$11,597,518	\$11,187,135	\$11,809,774	\$11,536,514	\$11,800,927	\$12,166,975	\$11,895,094
36. Income (Loss) from Operations	-\$298,788	\$1,028,885	-\$1,115,168	-\$165,726	-\$989,632	-\$2,181,904	-\$2,502,209	-\$2,044,206	-\$1,604,998	-\$1,136,717	-\$931,839	-\$1,513,896
Non-Operating Revenue												
37. Interest Income	\$2,604	\$1,414	\$10,835	\$1,408	\$1,871	\$1,112	\$340,909	\$928,374	\$151,036	-\$24,267	\$71,173	-\$23,843
38. Other Non-Operating Income	\$98,333	-\$207,144	\$232,452	\$205,690	\$217,509	\$212,011	\$199,504	\$201,616	\$220,727	\$200,294	\$199,067	\$201,396
39. Total Non-Operating Revenue	\$100,937	-\$205,730	\$243,287	\$207,098	\$219,380	\$213,123	\$540,413	\$1,129,990	\$371,763	\$176,027	\$270,240	\$177,553
40. Net Income (Loss)	-\$197,851	\$823,155	-\$871,881	\$41,372	-\$770,252	-\$1,968,781	-\$1,961,796	-\$914,216	-\$1,233,235	-\$960,690	-\$661,599	-\$1,336,343

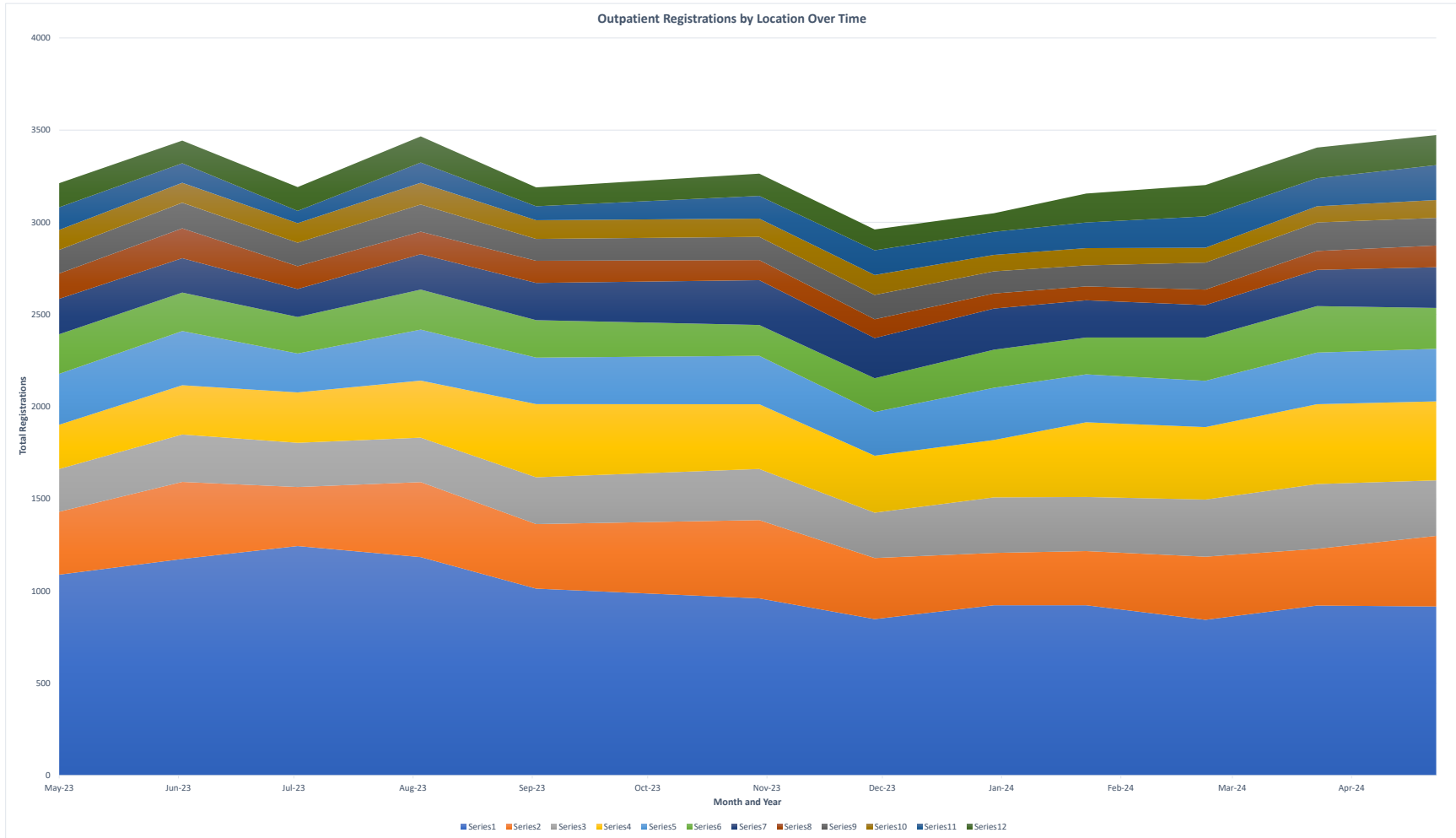


BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
April 30, 2024

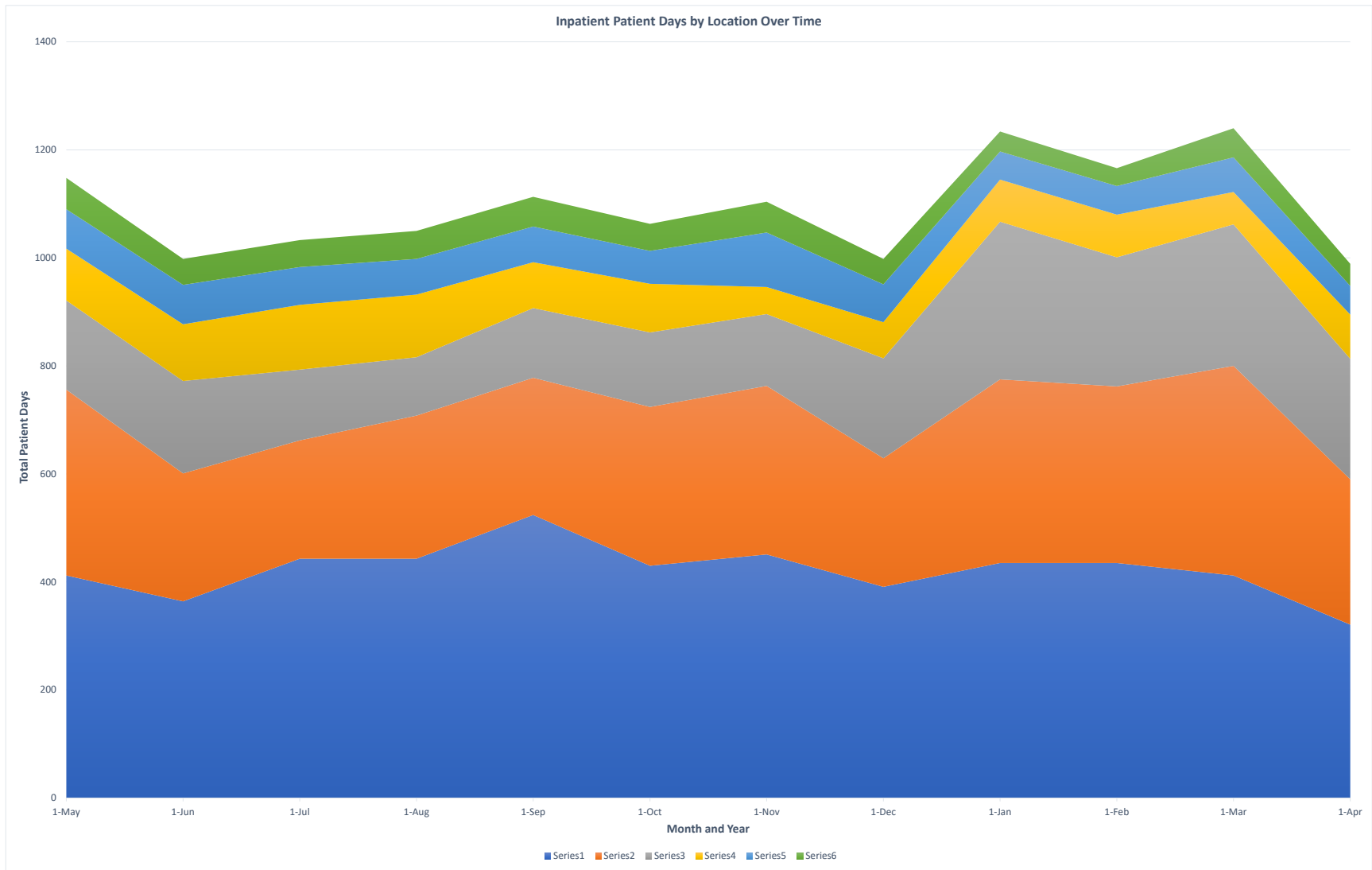
	<u>April-24</u>	<u>March-24</u>	<u>April-23</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	4,174,871	5,658,918	20,861,399	(16,686,528)
2. Board designated cash	14,495,980	14,002,474	18,787,517	(4,291,536)
3. Patient accounts receivable, net	32,762,890	32,306,493	19,090,559	13,672,331
4. Other receivables	1,722,080	1,571,605	(143,666)	1,865,746
5. Inventories	3,600,091	3,815,240	4,293,197	(693,106)
6. Prepaid Expenses	2,481,324	2,774,768	2,193,977	287,347
7. Other assets	3,039,100	3,058,697	758,152	2,280,947
8. Total current assets	62,276,336	63,188,195	65,841,135	(3,564,799)
Appropriated Cash:				
9. CIP Appropriated Funding	10,625,547	10,625,547	18,394,881	(7,769,334)
Property, plant & equipment				
10. Land, bldgs & equipment	160,275,129	160,275,129	156,716,305	3,558,825
11. Construction in progress	37,060,441	36,773,284	30,000,864	7,059,577
12. Total property & equipment	197,335,570	197,048,413	186,717,169	10,618,402
13. Less: accumulated depreciation	(121,006,740)	(120,513,233)	(114,711,204)	(6,295,536)
14. Net property and equipment	76,328,830	76,535,180	72,005,965	4,322,866
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,012,716	849,995
<b>16. Total assets</b>	<b>161,093,424</b>	<b>162,211,633</b>	<b>167,254,697</b>	<b>(6,161,272)</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	2,931,450	2,672,495	2,266,794	664,656
18. Accrued employee benefits	5,634,997	5,567,058	5,018,585	616,412
19. Accounts payable and accrued expenses	3,997,812	4,054,292	3,567,923	429,889
20. Due to 3rd party payors	1,202,163	1,394,450	1,999,056	(796,894)
21. Deferred revenue	357,334	524,000	364,037	(6,703)
22. Interest payable	520,278	415,207	408,246	112,032
23. Note payable - current portion	2,115,347	2,115,347	1,770,000	345,347
24. Other payables	3,655,928	3,605,362	1,147,476	2,508,453
25. Total current liabilities	20,415,309	20,348,211	16,542,117	3,873,192
Long-term Liabilities:				
26. Bonds payable	30,930,000	30,930,000	32,775,000	(1,845,000)
27. Bonds payable - premium/discount	1,953,133	1,974,144	2,522,472	(569,339)
28. Net Pension Liability	43,221,408	43,221,408	15,568,546	27,652,862
29. Deferred In-Flows	2,763,011	2,763,011	45,156,052	(42,393,041)
30. Total long-term liabilities	78,867,552	78,888,563	96,022,070	(17,154,518)
31. Total liabilities	99,282,861	99,236,774	112,564,187	(13,281,326)
32. Fund Balance	61,810,566	62,974,858	54,690,512	7,120,054
<b>33. Total liabilities and fund balance</b>	<b>161,093,424</b>	<b>162,211,633</b>	<b>167,254,697</b>	<b>(6,161,272)</b>

BARTLETT REGIONAL HOSPITAL  
12 MONTH ROLLING BALANCE SHEET  
FOR THE PERIOD MAY 23 THRU APRIL 24

	May-23	June-23	July-23	August-23	September-23	October-23	November-23	December-23	January-24	February-24	March-24	April-24
<b>ASSETS</b>												
Current Assets:												
1. Cash and cash equivalents	21,716,162	25,702,351	23,792,203	23,273,745	19,591,946	16,888,905	12,734,272	9,392,647	9,642,805	3,192,115	5,658,916	4,174,871
2. Board designated cash	18,787,517	17,493,703	18,065,645	18,699,623	19,249,741	19,744,462	20,036,503	18,625,341	19,100,858	19,557,453	14,002,474	14,495,980
3. Patient accounts receivable, net	19,629,284	20,669,786	20,721,436	21,710,131	23,868,411	25,649,252	26,543,155	27,903,274	29,315,301	31,955,366	32,306,493	32,762,890
4. Other receivables	(225,255)	872,487	728,026	697,841	951,040	401,435	439,081	1,459,238	1,619,405	1,458,065	1,571,605	1,722,080
5. Inventories	4,135,158	3,895,961	3,730,523	3,973,048	4,058,163	4,024,829	4,037,249	4,212,926	4,091,013	3,740,723	3,815,240	3,600,091
6. Prepaid Expenses	1,696,269	1,418,167	1,730,916	3,611,522	3,587,587	3,385,598	3,485,451	3,377,805	3,236,536	3,067,093	2,774,768	2,481,324
7. Other assets	750,044	750,043	729,004	2,328,294	2,328,594	2,330,194	3,242,573	3,242,573	3,099,292	3,079,994	3,058,697	3,039,100
<b>8. Total current assets</b>	<b>66,489,179</b>	<b>70,802,498</b>	<b>69,497,753</b>	<b>74,294,204</b>	<b>73,635,482</b>	<b>72,424,675</b>	<b>70,518,284</b>	<b>68,213,804</b>	<b>70,105,210</b>	<b>66,050,809</b>	<b>63,188,193</b>	<b>62,276,336</b>
Appropriated Cash:												
9. CIP Appropriated Funding	18,394,881	13,022,949	13,022,949	13,231,716	13,231,716	13,022,949	13,022,949	11,127,357	11,127,357	11,127,357	10,625,547	10,625,547
Property, plant & equipment												
10. Land, bldgs & equipment	156,716,305	156,470,440	156,461,818	156,461,818	156,461,818	156,461,818	156,661,054	156,661,054	156,662,431	157,682,804	160,275,129	160,275,129
11. Construction in progress	30,078,150	32,542,171	32,616,618	32,848,142	32,892,082	34,490,817	34,337,859	37,075,935	37,204,711	37,897,950	36,773,284	37,060,441
12. Total property & equipment	186,794,455	189,012,611	189,078,436	189,309,960	189,353,900	190,952,635	190,998,913	193,736,989	193,867,142	195,580,754	197,048,413	197,335,570
13. Less: accumulated depreciation	(115,283,339)	(115,695,170)	(116,258,491)	(116,820,509)	(117,370,627)	(117,865,348)	(118,365,108)	(118,849,538)	(119,441,632)	(120,016,256)	(120,513,233)	(121,006,740)
<b>14. Net property and equipment</b>	<b>71,511,116</b>	<b>73,317,441</b>	<b>72,819,945</b>	<b>72,489,451</b>	<b>71,983,273</b>	<b>73,087,287</b>	<b>72,633,805</b>	<b>74,887,451</b>	<b>74,425,510</b>	<b>75,564,498</b>	<b>76,535,180</b>	<b>76,328,830</b>
15. Deferred outflows/Contribution to Pension Plan	11,012,716	11,012,716	11,012,716	11,012,716	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711
<b>16. Total assets</b>	<b>167,407,892</b>	<b>168,155,604</b>	<b>166,353,363</b>	<b>171,028,087</b>	<b>170,713,182</b>	<b>170,397,623</b>	<b>168,037,750</b>	<b>166,091,323</b>	<b>167,520,788</b>	<b>164,605,375</b>	<b>162,211,631</b>	<b>161,093,424</b>
<b>LIABILITIES &amp; FUND BALANCE</b>												
Current liabilities:												
17. Payroll liabilities	2,668,095	2,912,993	3,642,621	4,235,192	2,328,597	2,910,445	3,257,343	3,708,487	4,491,739	4,484,237	2,672,495	2,931,450
18. Accrued employee benefits	5,056,010	4,516,747	4,765,323	4,785,079	5,376,240	5,485,243	4,823,879	4,766,998	4,801,021	5,053,138	5,567,058	5,634,997
19. Accounts payable and accrued expenses	3,511,654	4,259,881	4,544,391	5,213,501	5,260,666	3,791,300	5,101,452	4,823,877	7,665,297	4,989,768	4,054,292	3,997,812
20. Due to 3rd party payors	1,999,056	1,999,056	1,798,682	1,798,682	1,798,682	1,546,212	1,394,450	1,394,450	1,394,450	1,394,450	1,394,450	1,202,163
21. Deferred revenue	320,870	277,703	111,037	1,944,370	1,777,703	1,611,037	1,190,667	1,024,000	857,334	690,667	524,000	357,334
22. Interest payable	408,246	182,385	182,385	204,462	429,154	539,881	658,556	209,890	312,477	309,989	415,207	520,278
23. Note payable - current portion	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	2,040,347	2,070,347	2,070,347	2,115,347	2,115,347	2,115,347
24. Other payables	1,220,730	1,803,637	1,893,547	2,660,724	2,886,957	2,991,426	3,313,689	3,409,128	3,337,816	3,358,250	3,605,362	3,655,928
<b>25. Total current liabilities</b>	<b>16,954,661</b>	<b>17,722,402</b>	<b>18,707,986</b>	<b>22,612,010</b>	<b>21,627,999</b>	<b>20,645,544</b>	<b>21,780,383</b>	<b>21,407,177</b>	<b>24,930,481</b>	<b>22,395,846</b>	<b>20,348,211</b>	<b>20,415,309</b>
Long-term Liabilities:												
26. Bonds payable	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	32,775,000	31,960,000	31,960,000	30,930,000	30,930,000	30,930,000
27. Bonds payable - premium/discount	2,522,472	2,451,804	2,451,804	2,451,804	2,380,478	2,356,689	2,062,554	2,038,766	2,016,167	1,995,156	1,974,144	1,953,133
28. Net Pension Liability	15,568,546	15,568,546	15,568,546	15,568,546	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408
29. Deferred In-Flows	45,156,052	45,156,052	45,156,052	45,156,052	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011
<b>30. Total long-term liabilities</b>	<b>96,022,070</b>	<b>95,951,402</b>	<b>95,951,402</b>	<b>95,951,402</b>	<b>81,139,897</b>	<b>81,116,108</b>	<b>80,821,973</b>	<b>79,983,185</b>	<b>79,960,586</b>	<b>78,909,575</b>	<b>78,888,563</b>	<b>78,867,552</b>
<b>31. Total liabilities</b>	<b>112,976,731</b>	<b>113,673,803</b>	<b>114,659,387</b>	<b>118,563,411</b>	<b>102,767,896</b>	<b>101,761,652</b>	<b>102,602,356</b>	<b>101,390,362</b>	<b>104,891,067</b>	<b>101,305,421</b>	<b>99,236,774</b>	<b>99,282,861</b>
32. Fund Balance	54,431,161	54,481,801	51,693,976	52,464,676	67,945,286	68,635,972	65,435,395	64,700,962	62,629,722	63,299,955	62,974,858	61,810,566
<b>33. Total liabilities and fund balance</b>	<b>167,407,892</b>	<b>168,155,604</b>	<b>166,353,363</b>	<b>171,028,087</b>	<b>170,713,182</b>	<b>170,397,623</b>	<b>168,037,750</b>	<b>166,091,323</b>	<b>167,520,788</b>	<b>164,605,375</b>	<b>162,211,631</b>	<b>161,093,424</b>



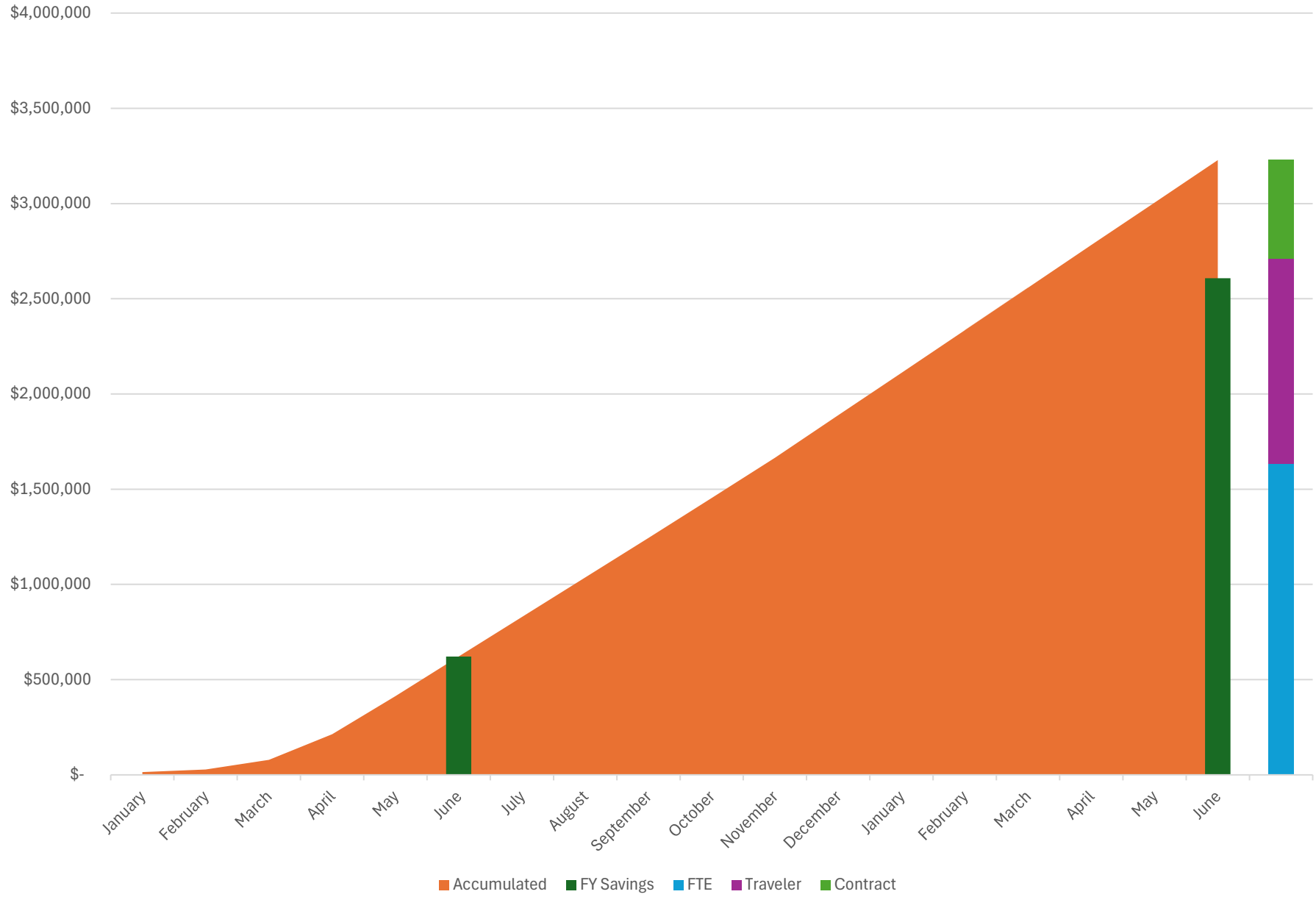
FY2024 Month and Registrations													
Group/Location	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	
Emergency Room	970	1089	1244	1,184	1013	960	848	923	923	844	921	916	
Physical Therapy Outpatient	297	341	320	407	350	425	331	284	294	342	308	383	
Ultrasound	260	232	240	241	254	277	246	301	293	310	351	301	
Laboratory Outpatient	241	240	273	309	397	351	309	311	405	393	433	429	
Same Day Surgery	232	276	211	277	252	263	237	283	260	251	280	285	
Infusion Center Outpatient	210	215	198	217	203	167	183	207	200	235	252	221	
Mammography	190	192	152	192	202	243	218	223	202	176	197	221	
Xray	142	137	124	122	120	109	102	82	75	84	102	118	
Computerized Tomography	129	128	127	147	119	126	132	120	114	146	155	150	
Occupational Therapy OutPt	125	109	106	118	101	99	108	89	94	81	88	97	
Speech Therapy Outpatient	102	122	67	110	76	123	134	125	139	170	152	189	
Magnetic Resonance Imaging	96	131	129	142	102	121	113	101	157	170	166	163	



Group/Location	FY2024 Month and Patient Days											
	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Medical/Surgical Unit	336	364	443	443	524	430	451	391	435	435	412	321
Chemical Dependency InPt	309	237	219	265	254	294	312	238	340	327	388	269
Mental Health Unit InPt	214	171	131	108	129	138	133	185	292	239	262	223
Critical Care Unit InPt	88	105	120	116	85	90	50	67	78	79	60	82
Obstetrics Unit InPt	54	73	70	66	66	61	101	70	52	53	64	53
Newborn Nursery InPt	40	48	50	52	55	50	57	47	37	33	54	41

	Enterprise Fund			SNF	Healthcare Ancillary		Public Health		
	Hospital	Hospitalist	BOPS	WFC	Home Health	Hospice	ABA	Crisis	RRC
Gross Patient Revenue:									
1. Inpatient Revenue	\$42,470,283	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. Inpatient Ancillary Revenue	\$11,187,774	\$0	\$0	\$11,627,823	\$0	\$0	\$0	\$0	\$0
3. Total Inpatient Revenue	\$53,658,057	\$0	\$0	\$11,627,823	\$0	\$0	\$0	\$0	\$0
4. Outpatient Revenue	\$124,864,833	\$0	\$0	\$0	\$411,150	\$392,333	\$0	-\$377,688	\$0
5. Total Patient Revenue - Hospital	\$178,522,890	\$0	\$0	\$11,627,823	\$411,150	\$392,333	\$0	-\$377,688	\$0
6. RRC Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,545,129
7. BHOPS Patient Revenue	\$155,836	\$0	\$1,519,191	\$0	\$0	\$0	\$578,730	\$0	\$0
8. Physician Revenue	\$10,123,277	\$2,635,568	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. Total Gross Patient Revenue	\$188,802,003	\$2,635,568	\$1,519,191	\$11,627,823	\$411,150	\$392,333	\$578,730	-\$377,688	\$3,545,129
Deductions from Revenue:									
10. Inpatient Contractual Allowance	\$27,162,948			\$923,583					
11. Outpatient Contractual Allowance	\$51,043,273		\$683,636				\$200,210		\$1,880,792
12. Physician Service Contractual Allowance	\$5,368,531	\$1,821,130							
13. Other Deductions	\$5,985								
14. Charity Care	\$1,249,903	\$19,036	\$10,973	\$0			\$4,180	-\$2,728	\$25,605
15. Bad Debt Expense	\$5,787,575	\$101,795	\$58,677	\$0			\$22,353	-\$14,588	\$136,925
16. Total Deductions from Revenue	\$90,618,216	\$1,941,961	\$753,285	\$923,583	\$0	\$0	\$226,743	-\$17,316	\$2,043,322
% Contractual Allowances / Total Gross Patient Revenue	44.3%	69.1%	45.0%	7.9%	0.0%	0.0%	34.6%	0.0%	53.1%
% Bad Debt & Charity Care / Total Gross Patient Revenue	3.7%	4.6%	4.6%	0.0%	0.0%	0.0%	4.6%	4.6%	4.6%
% Total Deductions / Total Gross Patient Revenue	48.0%	73.7%	49.6%	7.9%	0.0%	0.0%	39.2%	4.6%	57.6%
17. Net Patient Revenue	\$98,183,787	\$693,607	\$765,906	\$10,704,240	\$411,150	\$392,333	\$351,987	-\$360,372	\$1,501,806
18. Other Operating Revenue	\$1,449,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19. Total Operating Revenue	\$99,633,728	\$693,607	\$765,906	\$10,704,240	\$411,150	\$392,333	\$351,987	-\$360,372	\$1,501,806
Expenses:									
20. Salaries & Wages	\$42,522,874	\$152,738	\$1,186,811	\$3,116,534	\$303,768	\$330,679	\$494,609	\$954,417	\$1,395,362
21. Physician Wages	\$614,883	\$1,846,303	\$331,113	\$0	\$0	\$0	\$0	\$53,903	\$0
22. Contract Labor	\$4,074,371	\$0	\$175,988	\$3,434,011	\$11,434	\$0	\$17,693	-\$6,845	\$8,640
23. Employee Benefits	\$20,867,718	\$616,656	\$680,593	\$1,263,689	\$150,972	\$160,708	\$288,201	-\$145,966	\$698,407
% Salaries and Benefits / Total Operating Revenue	68.3%	377.1%	310.0%	73.0%	113.4%	125.2%	227.4%	-237.4%	140.0%
24. Medical Professional Fees	\$739,824	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
25. Physician Contracts	\$3,146,694	\$0	\$1,664,469	\$51,750	\$0	\$25,676	\$0	\$0	\$0
26. Non-Medical Professional Fees	\$2,912,145	\$0	\$2,622	\$47,271	\$819	\$4,715	\$0	\$50,729	\$0
27. Materials & Supplies	\$14,578,295	\$370	\$7,673	\$527,971	\$22,782	\$27,668	\$4,207	\$165,422	\$50,772
28. Utilities	\$1,536,091	\$2,130	\$11,433	\$137,164	\$449	\$881	\$0	\$60,466	\$8,235
29. Maintenance & Repairs	\$4,781,950	\$0	\$0	\$67,837	\$0	\$0	\$0	\$0	\$0
30. Rentals & Leases	\$1,271,834	\$0	\$0	\$3,524	\$12,776	\$12,776	\$3,120	\$44,800	\$0
31. Insurance	\$737,159	\$0	\$0	\$0	\$0	\$4,799	\$0	\$0	\$0
32. Depreciation & Amortization	\$5,302,379	\$0	\$27,530	\$0	\$0	\$0	\$27,530	\$27,530	\$119,576
33. Interest Expense	\$504,941	\$0	\$124,170	\$0	\$0	\$0	\$124,170	\$124,170	\$0
34. Other Operating Expenses	\$1,133,269	\$61,407	\$29,130	\$13,584	\$26,402	\$23,210	\$16,727	-\$2,745	\$8,377
35. Total Expenses	\$104,724,425	\$2,679,603	\$4,241,532	\$8,663,335	\$529,402	\$591,112	\$976,257	\$1,325,880	\$2,289,368
36. Income (Loss) from Operations	\$ (5,090,697)	\$ (1,985,996)	\$ (3,475,626)	\$ 2,040,905	\$ (118,252)	\$ (198,779)	\$ (624,270)	\$ (1,686,252)	\$ (787,561)
Non-Operating Revenue									
37. Interest Income	\$1,458,608								
38. Other Non-Operating Income	\$1,724,660					\$104,652	\$13,125	\$47,127	\$200,702
39. Total Non-Operating Revenue	\$3,183,268	\$0	\$0	\$0	\$0	\$104,652	\$13,125	\$47,127	\$200,702
40. Net Income (Loss)	(1,907,430)	(1,985,996)	(3,475,626)	2,040,905	(118,252)	(94,128)	(611,145)	(1,639,125)	(586,860)
	(5,328,146)				(212,379)		(2,837,129)		
	(8,377,655)								

### Projected Cost Reduction



## MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Ian Worden, Chief Executive Officer

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### ISSUE

- This is an update from the June 24, 2024, Finance Committee meeting. Max Mertz and Joe Wanner will be available to answer questions from board members.

### BACKGROUND

- Behind this cover memo are:
  - a. Formal Public Comments Received
  - b. Proposed Program Resolution Action Items
    - i. Resolution 01-2024: Bartlett Outpatient Psychiatric Services
    - ii. Resolution 02-2024: Applied Behavior Analysis Therapy Services
    - iii. Resolution 03-2024: Home Health and Hospice Services
    - iv. Resolution 04-2024: Crisis Care Services
    - v. Resolution 05-2024: Rainforest Recovery Center

### MEMORANDUM

**DATE:** June 20, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Erin Hardin, Community Relations

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### ISSUE

- This is an information update regarding public comment received during the formal public comment period (May 29 – June 19) on community healthcare priorities and ancillary and public health programs.

### BACKGROUND

- At its May 28, 2024 meeting, the board opened a formal public comment period to seek feedback on community healthcare priorities and important ancillary and public health programs that have been cross subsidized by the hospital for several years.
- Radio, print, and digital advertising were utilized to publicize the special board meetings and opportunities to provide public comment. A landing page was created on the hospital's website ([bartlethospital.org/sustainability](http://bartlethospital.org/sustainability)) to house all relevant documents and information for the public.
- During the comment period, the board held two special meetings, publicized as *Community Feedback Forums*, to present an overview of the hospital's finances, answer questions, and receive verbal public comment.
  1. June 4, 2024: Approximately 60 community members attended both in person and online. Following the presentation and Q&A session, 8 participants provided verbal public comment.
  2. June 10, 2024: Approximately 45 community members attended both in person and online. Following the presentation and Q&A session, 15 participants provided verbal public comment.
- In addition, the board solicited written public comment by mail and online.
  1. Online: 62 comments and letters were received from community members through the online form and by email.
  2. Mail: 0 letters were received from community members by mail.
- Enclosed please find copies of all (62) written public comment received during the comment period.

### OPTIONS

- This is an information update. No action is necessary.





**Juneau Housing First Collaborative 1944 Allen Court, Juneau, AK 99801 (907) 500-7345**

Dear Bartlett Regional Hospital Board of Directors,

I am writing this letter to convey my concerns about the potential closure of Rainforest Recovery Center (RRC). I am the Assistant Director at Juneau Housing First Collaborative and have gotten the opportunity to work with some of Juneau's most highly vulnerable individuals. RRC has helped many people at Housing First and people in our community heal, stay housed, keep families together, and overall stay alive.

RRC is a necessity in keeping many people in our community healthy, housed, and alive. I cannot imagine how devastating it would be for our community to lose such an essential resource.

Feelings of sadness, worry, and fear arise when thinking about the potential of RRC closing. Our program works closely alongside RRC and it has been a program that has helped keep many of our clients off the street and alive. Countless other clients and individuals have experienced great success, happiness, and opportunities through RRC. RRC is also a necessary step in connecting people to other, higher level, treatment centers; which is essential for many to succeed. Without RRC, many people will suffer, lose opportunities and motivation, and overall our community will hurt if our loved ones are unable to obtain this needed resource.

I appreciate your time in reviewing this letter and hope that a decision can be made that continues to give our community members the opportunities and resources that they need and deserve.

Sincerely,

Sierra Ezrre

Assistant Director

Juneau Housing First Collaborative



**JUNEAU HOUSING FIRST COLLABORATIVE dba The Glory Hall**

8715 Teal St. Juneau, AK 99801  
(907) 586.4159 info@feedjuneau.org

RE: Potential Closure of RRC

*Date: May 24, 2024*

Dear Bartlett Regional Hospital Board of Directors,

I am writing to express my deep concern regarding the potential closure of Rainforest Recovery Center (RRC). As someone deeply involved in Juneau's Continuum of Care, I am acutely aware of the indispensable role that RRC plays in our community. Its closure would have profound consequences for the countless individuals who rely on its services for their well-being and recovery journey.

First and foremost, the closure of RRC would directly impact JHFC dba The Glory Hall's ability to serve clients effectively. As the Deputy Director I work closely with individuals struggling with substance abuse - I regularly collaborate with RRC to ensure that my clients receive the comprehensive care they need. The closure of such a vital resource would severely limit not only my ability, but the entire Juneau Continuum of Care's ability to provide holistic support, potentially compromising the progress and recovery of those I work with. The sudden unavailability of these resources would undoubtedly disrupt their recovery journey, leaving them vulnerable and without the necessary support system to navigate their path to wellness.

Furthermore, the closure of RRC would create significant delays and obstacles in accessing treatment and recovery services for individuals in our community. The closure would not only strain existing resources but also force individuals to seek alternative options, which in Juneau are scarce or non-existent, leading to prolonged suffering and increased risk of relapse.

The invaluable services provided by RRC are indispensable to our community, and their preservation is essential for the well-being of countless individuals seeking support and recovery.

Thank you for considering my perspective on this matter. I remain hopeful that there is a solution that ensures the continued operation of RRC and the uninterrupted access to vital treatment and recovery services for those in need.

Sincerely,

Kaia Quinto

Deputy Director

JHFC dba The Glory Hall

## Fwd: RRC support

Rebekah A. Mills <ramills@bartletthospital.org>

Fri 5/24/2024 12:55 PM

To: Erin M. Hardin <emhardin@bartletthospital.org>

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**From:** Rebekah A. Mills <ramills@bartletthospital.org>

**Sent:** Friday, May 24, 2024 12:52 PM

**To:** Jennifer L. Carson <jlcarson@bartletthospital.org>

**Subject:** Fwd: RRC support

**From:** Todd Harper <tharper@searhc.org>

**Sent:** Friday, May 24, 2024 12:09 PM

**To:** Christy Doyon <cddoyon@bartletthospital.org>

**Subject:** RRC support

Dear Bartlett Regional Hospital board members,

Having worked at Front Street Clinic for six years, I have assisted many clients with getting into RRC. Below is a list of reasons why clients as well as myself choose RRC.

Clients are able to stay in town close to family. Some clients I serve have never been out of S.E. Alaska, and the thought of traveling out of the area to a residential treatment center is frightening to them, and so they would be unable to receive the services they need.

RRC is able to take clients to their primary care provider appointments as needed.

Having the Hospital next to RRC is beneficial.

Having the hospital detox people and then going straight into RRC is a huge factor in keeping RRC open. It's a challenge to send someone up north to a treatment center if they haven't been through detox, especially from alcohol abuse. It would become discouraging to the client with all the steps and procedures they have to endure just to get into a treatment center up north.

The interior of Alaska and surrounding areas have enough of their own people to take care of and support. Living in Juneau is a sense of community, and people with addictions would be best served in their own community with local supports.

Having worked with the staff at RRC for several years, the staff are very consistent, determined and reliable. I have worked with just about every treatment center in Alaska, and I can tell you that other treatment centers are inconsistent with staff and communication.

I'm sure each of you is well aware of the Fentanyl crisis, and it's only getting worse; it's imperative to the people we serve and to the community to have a local treatment center. We're not helping anyone by shipping them up north. People need and deserve to have treatment in their own community.

Every client I've assisted getting into RRC has been very pleased with the services there. As an SUD counselor, I'm very comfortable knowing that RRC provides excellent services to clients and giving them gainful knowledge and tools to maintain sobriety.

**Todd C. Harper - CDC I**

**HCH Case Manager**

**Front Street Clinic | SEARHC**

**225 Front Street, Ste 202 Juneau, AK 99801**

**Direct PH: 907-364-4425**

**Office PH: 907-364-4565**

**Fax: 907-463-0620**



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□

**Reply**

**Reply all**

**Forward**

# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

All comments received during this window will be compiled and included in the public packet for the June 24th Finance Committee and June 25th Board meetings.

## Your name

**First**

Marissa


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**Last**

Capito

---

**Email**

marissa.capito@gmail.com   
(mailto:marissa.capito@gmail.com)

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## Share your comments

I'm writing to implore the board to reconsider its cuts from mental health and hospice care in the Sustainability and Recovery plan. Cutting resources from crisis stabilization and substance abuse will put the burden on JPD, CCFR, and your own ER- deflecting the problem elsewhere does a disservice to our community. These other departments - JPD, CCFR, and the ER- are already stretched thin, especially during cruise ship season, which leaves even less resources available for Juneau's citizens.

Cutting hospice is both cruel and will no doubt further the burden on the ER and other hospital departments. If you must cut, please consider other areas, starting with Admin (show me a bureaucracy where admin is too small...).

Thank you for your time and consideration.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Alix

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**Last**

Polanski

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**Email**

axil82@yahoo.com 

(mailto:axil82@yahoo.com)

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## Share your comments

I have been a licensed social worker working in the substance abuse field for 12 years and have lived in Juneau since September 2012. Since moving here, I have had the privilege of working directly with marginalized populations, many of whom have experienced trauma, homelessness, neglect, abuse, substance abuse and mental health issues. RRC has provided a safe and stable environment for people who want help with addressing these issues and learning a healthier way to communicate.

Without this vital program, many people needing 3.5 substance abuse treatment will be waiting on wait lists several months long to admit into programs that prioritize members of their own communities. During that time, the risk of incarceration due to alcohol and drug related crimes, susceptibility to domestic violence, homelessness, unemployment, OCS involvement, hospitalizations, overdose and death increases.

Alaska has the highest rate of substance abuse in the country per capita and RRC is currently the only 3.5 level program within SE AK. If RRC were to close, it would have a ripple affect for not only members of the Juneau community but for surrounding SE communities as well.

It is my hope that additional funding sources can be explored including substance abuse and mental health grants, city tax revenue and federal funding.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Lisa


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**Last**

Daugherty

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**Email**

lisamaybehere@yahoo.com   
(mailto:lisamaybehere@yahoo.com)

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## Share your comments

I appreciate you working to cut services and undue spending where possible. Operating at a \$1M/month loss has gone on too long. Let SEARHC and the private sector tackle the things it can and then cover what it cannot. I don't know if selling the hospital would make sense, but it should not be off the table. Due to our isolation Juneau unfortunately has high prices, and not the best care. Growing up in a small town down south, we used the local hospital for only basic stuff and traveled elsewhere for more complicated needs. As expensive as that is, it sort of a reality here as well. Good luck. Don't draw from savings as a budgeting plan.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Ray

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**Last**

Preston

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**Email**

rcpreston@gci.net 

(mailto:rcpreston@gci.net)

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## Share your comments

It strikes me that drastic action must be taken in order to keep the doors open. Core services must be maintained. Everything else is expendable.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

carole

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**Last**

bookless

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**Email**

sealettuce-1@yahoo.com   
(mailto:sealettuce-1@yahoo.com)

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## Share your comments

When I first came to Juneau, I tried to support our local hospital and local doctors if I needed care. I thought that was important. But over time (17 years), I was frustrated with predatory billing practices and poor service to the point that I avoid Bartlett except for services that I can't avoid, like emergency services or imaging that I need for providers before going down South. Then I brace myself for the requests that I pay the whole costs of services before insurance because that is what Bartlett often does. Or the bills for costs that are not valid, or costs for services that were not provided. I have to carefully look over any Bartlett bill. I think this may be part of why the hospital is in the red. If you want stories to back up my experiences, I have them.

One of my best hospital experiences was in Monterey, CA. The nurses there were older and long time residents who had all been at the hospital for over a decade. At Bartlett, most nurses come from Outside and live Outside. They don't care about our community. I know a few local nurses and they are good but, in general, the day to day staff is nonprofessional and just not kind. The other day I went to imaging and the checkin person made me give my whole personal medical history in public for everyone in the waiting room in order to give me the information I asked for. I had asked for a consult with the radiologist over phone and could not get past this person. I never got the information that I needed. This is par for the course at Bartlett. I have gone into Bartlett and come out worse than I went in.

I value Bartlett as a last choice in an emergency, but not if I have ANY other options. I don't know what makes it this bad, maybe working conditions or unkind management, but that is part of the reason Bartlett is in the red.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

Glenn


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**Last**

Wuyts

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**Email**

glenn@therealjuneau.com   
(mailto:glenn@therealjuneau.com)

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## Share your comments

I have worked as a physical therapist at BRH from November 2019 until July 2021. In my opinion there is a lot of money that can be saved if that department is run differently. I left because of a conflict with the, then, manager of the rehab department which started after I voiced my concerns and frustrations with the department and the work ethic of most of the employees. Since I am still friends with nurses and PTs that currently work at the hospital, it is my understanding that circumstances haven't changed much since I left.

In my opinion there are too many therapists (PT, OT, SLP) working at the hospital. While their inpatient services are needed, it can be done much more efficiently. When they have to see more than 6-7 patients a day, it was typical that the therapist would complain about the workload even though this only means 3-4 hours of direct patient care. While some days might be busy and I had to see 10+ patients, there were more days where I only saw 3 to 5 patients a day. I also don't think a PT is needed on weekend days. Maybe have someone on a rotational schedule to be on call, but it's a waste of paying someone 8 hours differential pay for on Saturday and Sunday since only new admissions have to be seen on weekend days. The same goes for holidays.

When it comes to outpatient rehab services (excluding pediatric rehab), this can be cut completely to save money. There are enough outpatient rehab services in Juneau available in order for it to not have an impact on the community. The therapists that perform outpatient services only perform 6 to 7 treatments a day, where 9-10 could/should be performed if working 10 hour days. When eliminating outpatient services you could also decrease the number of schedulers/support staff.

Wound care is a costly therapy and often times not medically necessary. Most of the treatments can be performed by nurses, PAs, etc, and thus can be performed in other clinics around town. Often times the wound care therapist would only be with the patient for 5-10 minutes even though they're scheduled for 30-60 minute treatments.

The pediatric outpatient team (OT, Speech and PT) can also be more efficient and often would complain that seeing more than 5-6 patients a day was the max. During covid this was even worse because some of the therapists thought a full deep clean was needed between patients and thus needed at least 30 minutes in between patients to be able to clean and thus efficiency was down significantly.

I often would see therapists go out for walks, go to the store even or take naps without clocking out when census is low. From what I hear and see this is still going on.

While cutting back on the rehab department might not clear the budget deficit completely, i think it'll be a big help to completely restructure that department as there is a lot of money being wasted there due to poor efficiency, expensive employees and a lazy work ethic. Furthermore, it would have a significantly less disastrous impact on the community than cutting services like home health, ABA or withdrawal management since other providers can fill the void for outpatient services (SEARHC, JBJC, Arctic chiropractic and a handfull of private PT practices).

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Garrett


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**Last**

Odom

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**Email**

Bgarrett.odom@gmail.com   
(mailto:Bgarrett.odom@gmail.com)

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## Share your comments

A partnership with SEARHC should be considered for maintaining these services that are important to the city.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

John


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**Last**

Tribuzio

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**Email**

john70@msn.com   
(mailto:john70@msn.com)

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## Share your comments

The Physicians associated with Bartlett Hospital do not instill confidence in me to be treated there. In speaking with other locals I am not alone in this feeling. I wish it was otherwise however I will continue to go out of town for my treatments outside of my local care team at Searhc who I found after having less than adequate care performed by two local physicians previously. The emergency crew at Bartlett seem decent or better when needed which I am grateful for.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

Judith


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**Last**

Mitchell

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## Email

jumitchell@mac.com   
(mailto:jumitchell@mac.com)

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## Share your comments

Regarding the financial situation at Bartlett: First the hospital is critical to Juneau, and keeping it as a community hospital should be a priority. In order for the community to make informed suggestions, it would be helpful to see more detail than was presented. Particularly, it would be helpful to know the impact that tourists have on the costs and staffing, particularly of the emergency room. It would also be helpful to know how to decrease the costs of contract staffing. It may be worth looking into additional ways to encourage full-time staff: paying moving expenses, subsidizing housing, etc. It would help the community and decrease costs in the long term. It is also preferable to have the city taxes go to help the hospital instead of spending on other items - or to have a bond, etc. There has to be additional ways to make Juneau a more desirable place to encourage more permanent employees. There has been too much of a focus on contract staff. That is as much a city issue as it is a hospital issue. There has been a great deal of focus on the latest technology and spending. It would be important to see if costs could be decreased by focusing on the most critical equipment. The services provided are all necessary and none of those should be cut or decreased. Our population is aging, and having hospice and home health care is critical as is help for mental health issues and for the youth. Finally, finding solid leadership should also be a priority. It is a revolving door which doesn't help the situation. Listen to the current staff and health care providers in town and prioritize their comments - don't just ask the community. As more information comes out, there are likely to be more to say. Thanks for listening.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

Christianna


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**Last**

Torgerson

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**Email**

anitorgerson@hotmail.com   
(mailto:anitorgerson@hotmail.com)

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## Share your comments

I would be so sad to see Bartlett lose any of the programs that are up for consideration. I'm writing to advocate especially for the continuation of hospice care at Bartlett, but I would also like to say that I feel strongly that having addiction medicine treatment, and having services for kids in crisis and with autism are all vital to those that need them. As a capital city, it feels like we should be able to offer these services. With our schools in a similarly dire situation, let's not let the health of our community slide. Humans need support in order to thrive and a loss of support services would be a blow to our town. I would support raising sales tax to cover hospital costs. I would support raising property tax. I would support using cruise ship fees if that's legal - tourists do use the hospital. I would like to see the city do all it can to train local nurses and keep Bartlett from relying on traveling nurses. There must be ways to keep our services going.

I know families that are leaving Juneau. The loss of support staff in the schools is having a real impact on our kids education. If we lose vital support services at the hospital I fear more people will leave Juneau for other communities where they can get the services they need. Surely we don't want this for our community?

Thanks for your time,  
Ani Torgerson

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

michelle


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**Last**

milller

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**Email**

mmiller5575@gmail.com   
(mailto:mmiller5575@gmail.com)

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## Share your comments

These are core services (Rainforest Recovery Center, Home Health and Hospice, crisis services) and absolutely necessary to serving the community.

---

**If preferred, upload your written comments here (ex: letter).**

---

# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

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## Your name

**First**

Linda


---

**Last**

Cryan

---

## Email

idcryan@gci.net   
(mailto:idcryan@gci.net)

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## Share your comments

I understand the hospital is dealing with financial issues and consideration of service cuts. My comments apply to the home care/hospice services. The citizens of Juneau cannot be without these services. There are so few services available for seniors already! On a personal note, while these services were still available through Catholic Services, my mother was bed ridden and in her final two years. Had she not been able to have the home care and hospice services, her remaining days would have been in pain and great distress. Family did what we could but her spouse was also a senior and unable to provide what was needed and other family were certainly not medically trained. Without the services, the family would have been even more broken.

Than after Catholic Services suspended their services, a friend with a terminally ill spouse almost fell apart themselves trying to care for their loved one.

I would strongly urge the City Assembly to use passanger fees to support the hospital. It is a given the cruise industry will protest but you need to provide numbers for how many passengers seek medical treatment here in Juneau.

Perhaps too it is time for the hospital to take back the administrative work transferred to the city so that it can be given better attention.

You have a difficult task but Juneau needs a functional, high standard hospital.

Thank you.

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**If preferred, upload your written comments here (ex: letter).**

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\*Please note: I am an employee of Bartlett Regional Hospital, but I am writing the below letter from the perspective of a Juneau community member. The opinions below do not represent my employer. Thank you for your consideration of feedback from the community.\*

06/01/2024

Dear BRH Board of Directors,

I am writing to advocate for the consideration of keeping both Hospice and Home Health (HH) under Bartlett Regional Hospital's care and management. Both programs provide services critical to the wellbeing of our community.

Hospice not only provides pain relief, comfort, and education to patients – but also to their loved ones as a patient prepares for their end of life. I noticed when Hospice was not available in Juneau, many end of life patients died in their homes or hospital without ample access to pain medications or the support services Hospice provides. We owe our community members, many of whom are long-time residents, the option of a peaceful death in their own homes or setting of choice. When someone's medical provider deems a patient to have six months or less to live (Hospice's requirement for services), the patient and their loved ones deserve to have equitable access to end of life support. Without Hospice readily available, there may be delays in patient care and end of life is certainly not a time when any type of care should be delayed.

As you know, HH provides skilled care to homebound patients throughout the community. Without HH staff coming to patients' homes, homebound patients would not be able to safely access skilled care. For example, if a patient is determined to be "homebound," this implies leaving the home is not physically possible or may be medically contraindicated – therefore putting the patient at risk. HH physical therapists, occupational therapists, and nurses empower patients to heal in their home environment and the same healing potential may not be reached if patients must leave their home (and are unsafe to do so due to medical diagnoses).

I fear with the elimination of Hospice and HH, Bartlett Hospital's Emergency Department and medical units will feel the impact firsthand (in addition to community members). Hospice and HH staff are available 24 hours a day to triage and make home visits as needed. Without this service, there is a risk of higher utilization of emergency services, even if the patient's medical concern could have been treated at home or through triage.

Having both programs under Bartlett management demonstrates community care is a priority. Both HH and Hospice work closely with Bartlett departments to facilitate safe discharges, skilled nursing facility admissions, coordinate urgent referrals from the Emergency Department, and work collaboratively with staff who have previously treated the same patients. I am concerned if another party operates HH and Hospice, the continuum of care may be interrupted – and impact patients the most.

Thank you for your continued advocacy and support of the Juneau community.

Sincerely,



Erin Kusek, PO Box 240761, Douglas, AK 99824

\*Please note: I am an employee of Bartlett Regional Hospital, but I am writing the below letter from the perspective of a Juneau community member. The opinions below do not represent my employer. Thank you for your consideration of feedback from the community.\*

06/01/2024

Dear BRH Board of Directors,

I am writing to advocate for the consideration of keeping Rainforest Recovery Center (RRC) under Bartlett Regional Hospital's care and management. Through their outpatient and inpatient programs, RRC provides critical access to mental health and sobriety services.

RRC's level III.5 inpatient treatment provides intensive individual/group counseling, access to medical services (RN and MD), discharge planning with a social work case manager, and recreational activities to all participants.

Having an inpatient treatment option locally makes treatment an accessible resource. When someone is experiencing substance use disorder and is wanting to pursue sobriety – accessing care immediately is a priority. Pursuing treatment outside of Juneau often entails being placed on a multi-month wait list at different facilities across the state. The existing facilities are already limited, and eliminating RRC would only increase barriers for southeast Alaska-based participants.

RRC's outpatient services provides treatment for co-occurring disorders, assessments, and therapy for community members. These outpatient services provide a bridge between other agencies (such as a doctor's office assisting a patient in applying for treatment) and ensure participants feel well supported from both settings. Many local counselors, therapists, and outpatient behavioral health services have wait lists in place and eliminating outpatient RRC services would only increase those wait list lengths and therefore delay mental health and substance use disorder care.

Risking the elimination of RRC's services is a detriment to the Juneau community. Accessing inpatient treatment will no longer be community-based and participants would then risk losing bed availability at other facilities. Losing a local, accessible option for inpatient and outpatient services will not only hurt participants experiencing substance use disorder, but also their loved ones impacted.

Thank you for your continued advocacy and support of the Juneau community.

Sincerely,



Erin Kusek  
PO Box 240761  
Douglas, AK 99824

# Share your feedback

You may comment on the hospital's sustainability and recovery plan, including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

All comments received during this window will be compiled and included in the public packet for the June 24th Finance Committee and June 25th Board meetings.

## Your name

**First**

Dane


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**Last**

Schmick

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## Email

schmicdr@gmail.com 

(mailto:schmicdr@gmail.com)

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## Share your comments

Thank you for reaching out for public comments regarding this important situation. I believe that these "non-core" programs are quite vital services for our community and help make Bartlett the strong, well round independent hospital that it is. I have a few questions that I hope would get addressed in the upcoming meetings:

1. Has SEARHC been contacted and asked if they could be involved with these non-core programs in any capacity? Even partnering with Bartlett on some of these services to share the load would be extremely helpful. According to their ads that I am seeing online, I believe that SEARHC helping with these programs would fit into their mission appropriately.
  2. What is the plan to balance and level load some of the non-core programs that have ballooned in cost and personnel these last few years, and will the plan be made public? I would hope that before any requests for support from the city or the people are brought forward that non-core programs are leaned to run as efficiently as possible. We need to make sure we are finding the right balance of good service that is accessible yet budget consensus.
  3. Ultimately, I hope that the message of how important these services are gets communicated to the city and people of Juneau. With the knowledge of how vital the programs are and how passionate Bartlett is to provide strong independent care in our community, I would hope Juneau would band together to support them.
- Thank you again for taking the time to seek feedback and the best of luck with all of this.
- 

**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name


### First

Michelle

### Last

Kavouras

## Email

mkavouras@scpsak.org   
(mailto:mkavouras@scpsak.org)

## Share your comments

I am writing to you as the Program Manager of Sitka Counseling, a 3.1 Level of Care Residential Program in Sitka, which regularly receives patients from Bartlett Regional Hospital as a step-down from their care. I want to emphasize the critical importance of maintaining the comprehensive services provided by Bartlett Regional Hospital for the health and well-being of our communities.

Bartlett Regional Hospital is the cornerstone of healthcare for over 55,000 people in more than 35 rural communities in northern Southeast Alaska. As the only healthcare organization in the region accredited by The Joint Commission, Bartlett provides essential, high-quality care that our residents rely on. In my role, I witness daily the profound impact that Bartlett's comprehensive care has on patients who transition to our residential program. The continuity of care provided by Bartlett is vital for their recovery and long-term health.

The financial challenges facing Bartlett, with operating losses of approximately \$1 million per month since the summer of 2020, are indeed severe. While achieving financial sustainability is necessary, it is equally crucial to preserve the ancillary and public health programs that Bartlett offers. These programs are essential not only for the immediate care of patients but also for their successful transition to subsequent levels of care, such as our residential program.

Eliminating these programs would create significant gaps in the healthcare continuum, leading to adverse outcomes for many patients who depend on these services. The ancillary and public health programs at Bartlett ensure that patients receive comprehensive care, which is critical for their rehabilitation and reduces the likelihood of readmission.

To address the financial challenges while maintaining these essential services, I urge the Board to consider the following strategies:

**Enhanced Community Partnerships:** Strengthen collaborations with local organizations and businesses to secure additional funding and resources.

**Grant Opportunities:** Aggressively pursue state, federal, and private grants aimed at supporting rural healthcare facilities.

**Fundraising Campaigns:** Launch targeted fundraising efforts to involve the community in supporting their hospital.

**Efficiency Improvements:** Continue implementing process improvements and cost-saving measures without compromising care quality.

**Advocacy:** Advocate for higher reimbursement rates and increased state and federal funding for rural healthcare.

I encourage the Board to listen closely to the community's needs and to explore all possible avenues to ensure that Bartlett Regional Hospital can continue to operate independently and sustainably while offering comprehensive healthcare services.

Thank you for considering my comments. The health and well-being of our community depend on Bartlett Regional Hospital's ability to provide a full spectrum of care. I am confident that, with a collaborative and strategic approach, we can secure a sustainable future for our hospital and the services it provides.

**If preferred, upload your written comments here (ex: letter).**

To Bartlett Regional Hospital Board of Directors:

I am writing you this letter to address significant concerns in your recommendations for closure of the behavioral health programs, including the decision for the closure of the ABA therapy program. It is of great disappointment that the members of senior leadership, including the CEO and CFO did not know how the ABA program started at the hospital, and provided incorrect information to the Juneau Empire when they stated that the Juneau School District previously funded the ABA program as that was inaccurate. It is also of note that no member of senior leadership has visited the ABA department or seen the therapy in the home, school, or community settings in the three years the program has been around since its initial development to see first-hand the important and hard work that the ABA staff, including the technicians and BCBA supervisors put in for these children.

To give some history, ABA has only been provided in Juneau by a single private company, starting in 2013. This private company was small, but grew its patient caseload significantly and was succeeding until the hospital recruited the only certified staff for opening the ABA program. Currently, there are no other organizations or companies in Juneau that provide this important service to children diagnosed with autism. With the Juneau School District also dealing with a financial crisis, eliminating this important resource to families is leaving them with no solution and leaving children with autism without a brighter future that they could have had before. I have seen first-hand the difference ABA can make in the lives of children. I have watched personally as they have grown in their communication skills, social relationships, and behaviors and without this therapy, children with autism will have no choice but to go unsupported or move out of Juneau if they are able.

Bartlett Regional Hospital prides themselves in being “community focused healthcare”, but without providing these services, they are not truly focusing on the needs of the community. The wait list and need for ABA services continues to grow, and children in Juneau are getting diagnosed earlier and have a strong need for early intervention. The news of the closure of the ABA program was devastating to many who are involved, including the ABA staff who care so much about what they do and those who collaborate with them.

In addition, I hope that you take time and seriously consider outcomes of additional behavioral health program closures like Rainforest Recovery Center before it is too late to provide necessary support for our community. In Juneau and southeast Alaska, substance abuse and addiction affects almost everyone in some way, not just those struggling with the addiction. In our community, most everyone knows someone personally who has struggled with addiction. Removing services to support those in their highest level of need in our community (and all of Southeast Alaska) is a terrible oversight that will result in further healthcare costs and potentially more challenges for the hospital in the future.

As a concerned community member, I ask you to strongly reconsider and find other solutions to help fund the remaining important behavioral health programs. Watching our beloved community of Juneau lose resources for those who need it most shows that the hospital is not honoring their mission statement of patient-focused and community-focused healthcare. Juneau wants Bartlett Regional Hospital to be our community hospital, but that means supporting the needs of our community.

Thanks for your time,

A Concerned Community Member



# Dahl Memorial Clinic

Municipality of Skagway

GATEWAY TO THE KLONDIKE

PO Box 537, 350 14<sup>th</sup> Avenue, Skagway, Alaska, 99840

Phone (907) 983-2255 – Fax (907) 983-2793



Bartlett Leadership,

I hope this letter finds you well. I would like to take a moment and share my experience working alongside Rainforest Recovery Center as a Licensed Professional Counselor in Skagway Alaska.

Before moving to Skagway I served at the hospital both as therapist and clinical supervisor. During my time at Bartlett I watched how Bartlett was truly a hub for the care of Southeast Alaska. What happens and what is available at Bartlett does have impact in the smaller communities of Southeast Alaska. All behavioral health departments of Bartlett serve patients throughout Southeast Alaska, I met patients from Skagway, Haines, Gustavus, Elfin Cove, Hoonah and other small remote communities. I have now seen both sides of receiving and sending patients to or from Bartlett.

As you know substance use disorder and mental health of the above mentioned communities is delicate and sometimes requires help from outside the immediate community. The potential impact of not having an ASAM 3.5 program in Southeast Alaska could be fatal. I have been able to see the life transforming work RRC does through patients who have returned home to Skagway, without RRC we may not have them with us still.

Because of my history with Bartlett I am able to inform patients about barriers that were once believed to be an issue, details of the program, funding options with the state, etc. Options for treatment outside of Juneau are much more difficult to reach and do not understand the unique nature of remote Southeast Alaskan life.

The impact of not having RRC would be potentially disastrous. It is key to keep culturally competent care in our community, RRC provides such care. The feedback from patients who have been treated at RRC is nothing but positive and affirming of the life changing work they provide.

The funding issues Bartlett is facing are no joke, however, the funding issues smaller communities like Skagway would face by not having RRC would be of great impact also. When I served in leadership at Bartlett I had made recommendations to hire billing specialists who specialize in behavioral health coding, there seems to be much room for improvement in this area and may help alleviate funding concerns.

I truly hope there are ways to maintain RRC and their life saving work, substance abuse continues to be a significant problem for much of Southeast Alaska and the need for programs like RRC have only grown. Cutting a vital program like this would only create a wider gap in care.



# Dahl Memorial Clinic

## Municipality of Skagway

GATEWAY TO THE KLONDIKE

PO Box 537, 350 14<sup>th</sup> Avenue, Skagway, Alaska, 99840

Phone (907) 983-2255 – Fax (907) 983-2793



Thank you for your time and consideration of my thoughts. I always enjoy collaborating with RRC/BRH Mental Health and wish nothing but the best because I believe what happens in Juneau impacts all of Southeast.

Sincerely,

Kira Lathrop, MA, LPC, NCC  
Behavioral Health Clinical Therapist



To whom it may concern,

Rainforest Recovery Center is a vital resource to the southeast community. As it is, there are not enough residential treatment centers to meet the demands for rehabilitative services in this state. For Rainforest to close its doors due to financial divestment would suggest to the Juneau and greater southeast community that recovery and rehabilitation is not being prioritized by the people and organizations that should be serving and upholding their best interests.

Countless people in our community are impacted by substance use addictions. For many, high intensity residential treatment is their best hope for ending cycles of poverty, homelessness, criminal justice involvement and recidivism.

Ultimately, this community needs *more* resources for individuals struggling with addiction and their family members. The only 3.5 ASAM level residential treatment center in the Southeast to closing its doors would be an extremely consequential setback for the ongoing wellbeing and restoration of this community.

Sincerely,

Emily McLean

# Share your feedback

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## Your name

**First**

Kathleen


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**Last**

Hursh

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## Email

kmhursh@gmail.com 

(mailto:kmhursh@gmail.com)

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## Share your comments

I have lived in Juneau since 1955. I am now 88 years old, living alone and have no family in town.

As an RN I have worked at both St. Ann's and Bartlett. I have watched Bartlett become a first class hospital with an amazing and caring staff.

I was relieved when I learned that Bartlett would be taking over hospice and home care.

Both services are essential for our city especially since our population is aging. And at my age I can see the need for these services in my future.

I realize everyone has their favorite program that they do not want eliminated. You have some very tough decisions ahead of you. Perhaps if we all put our heads together we can come up with some solutions.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Linda

**Last**

Kruger

## Email

lindalaska2003@gmail.com 

(mailto:lindalaska2003@gmail.com)

## Share your comments

My name is Linda Kruger and I live at 3042 Nowell Avenue here in Juneau.

I am concerned about the critical services Bartlett Regional Hospital is considering cutting due to financial constraints. Rainforest Recovery Center and the Crisis Stabilization Center offer vital, unduplicated support services in Juneau to individuals living with substance use disorders and mental illnesses.

I am writing to ask that my assembly members ensure that these critical services are maintained. My concern is that if these programs are lost completely, fewer of our family, friends and neighbors will receive necessary the care and at worst, we will lose more people in our community to substance use and suicide-related deaths.

Rainforest Recovery Center has played a pivotal role in the stories of many people in Juneau living in recovery or still struggling with addiction. For many people, Rainforest Recovery Center is the "front door" to substance use services. Losing Rainforest Recovery Center would make treatment, and hope, an even more distant possibility for folks struggling with substance use. I believe that individuals living with active addiction deserve the opportunity to experience recovery and making it impossible for Juneau residents access inpatient substance use treatment in Juneau would be a devastating loss. Rainforest Recovery Center is the only ASAM level 3.5 short-term residential program in Juneau. This intensive inpatient treatment for substance abuse and co-occurring mental health disorders is only available at Bartlett. The crisis stabilization center at Bartlett is a missing piece of our mental health continuum of care, providing local support for the 30% of Juneau students who reported being suicidal at some point in the past year, as well as adults who are struggling and who would benefit more from a safe, stable place rather than jail or another night living on the street.

I am grateful that Bartlett Outpatient Psychiatric Services is not being closed or transferred to another organization, which I read in the BRH Financial Plan. Closing BOPs would make it even more difficult, and for some impossible, to receive needed behavioral health services in Juneau.

These programs provide critical, necessary support and services to members of our community, our families, and friends. The Assembly recently had an opportunity to set a higher mil rate that could have been used to cover these costs. I commend the Assembly Members who voiced support for the increased mil rate. These are the kinds of community services that demand our support as a caring community. These expenses to maintain critical services help to justify the higher mil rate.

Thank you for taking the time to consider my comments and carefully consider the next steps for these vital services. Those who need these services deserve quality and accessible support services. I am asking the assembly of Juneau to ensure that these programs continue to exist and at Bartlett and that the programs are given a chance to flourish.

Sincerely,

Linda Kruger

Cc: Nami Juneau

Bartlett Regional Hospit

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**


Emily

**Last**

Kane

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## Email

dremilykane@gmail.com   
(mailto:dremilykane@gmail.com)

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## Share your comments

Thank you for allowing public commentary. The success of Bartlett Regional Hospital is very important for the community; also I wish to express my gratitude for BRH having been a partner to me in providing primary care services in Juneau for 31 years. I agree with the recommendations of the board in all of the 6 arenas for consideration to cut costs by streamlining or off-loading "non-core" services, and have a few suggestions. RCC serves about 50% Native population and thus providers with specific training in cultural trauma would benefit the program. In my opinion, this would be a good program and building to request that SEARHC purchase and manage with a 6-month transition period to allow for training and transfer of funds. The board states that ED would not anticipate an uptick in demand if the Crisis Center closes, which intuitively doesn't make sense, but if that is the case, then the program should close. I think BOPS/Aurora Center offers critical services and is essential for the wellbeing of our community. Has the board worked with Senator Lisa Murkowski's office to find federal subsidies? For example SAMSHA announced a \$36.9 million Behavioral Health Funding opportunity on Feb 26 of this year for grant programs supporting behavioral health services across the country. Also, could Senator Murkowski be approached about lobbying for an increased Medicaid allocation to Alaska? Hospice and Homecare are also essential services for our community, particularly in light of Juneau being the hot-spot for an aging Alaskan population. A full 25% of Juneau's residents are aged 60+. It is likely that more of us will be dying than being born here in the foreseeable future. In my opinion, Homecare could be distributed to a coalition of Cornerstone, CCS and Compass with permanent support from CBJ. Each agency would have a sub-focus and services would be coordinated so as to eliminate competition for funding or staff. It's possible a home care coalition could be run through our local ADRC at SAIL. As for Hospice I believe it is critical to allow for our community members to die with comfort and dignity. Funding is not the only problem— staffing shortages have caused agencies to very expensively hire travelers. Currently there is an effort to promote workforce development for healthcare careers through SREC (housed at JEDC, and working with the DOL) as well as starter programs (PATH academy) being launched from our AHEC, in the SERRC office downtown. However these efforts need a boost from CBJ, and from federal dollars flowing into the main AHEC in Anchorage. Regardless of these efforts which are a start to fixing the problem, future benefits will not be immediate. Therefore I urge BRH to work with CBJ to make Hospice a permanent line-item in the city budget. I cannot imagine Juneau taxpayers not wanting to pay for hospice services because that time will come for all of us.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Amy


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**Last**

D

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## Email

amy\_diem@yahoo.com   
(mailto:amy\_diem@yahoo.com)

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## Share your comments

Please keep hospice. It's an essential service.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

### First

Jennifer

### Last

Malecha

## Email

jenandpatmalecha@gmail.com 

(mailto:jenandpatmalecha@gmail.com)

## Share your comments

Dear Bartlett Regional Hospital Board of Directors,

I am writing to express my strong support for keeping the Rainforest Recovery Center (RRC) at Bartlett Regional Hospital open. As a vital resource for individuals struggling with substance use disorders, RRC's closure would have severe and far-reaching impacts on Juneau, the Southeast community, and the state of Alaska.

RRC is the only 3.5 residential treatment facility in Juneau and Southeast Alaska. Without it, individuals seeking residential treatment would be forced to travel long distances to access similar services. This geographical barrier is not just an inconvenience but a significant deterrent to seeking help, particularly for those in vulnerable situations. The absence of this facility would likely result in increased substance use, deteriorating mental health, and a higher incidence of related emergencies. The impact on the community would be profound.

RRC provides critical support, helping individuals regain stability, health, and purpose. Without it, the burden on local emergency services and law enforcement would increase, straining already limited resources. Additionally, the economic implications are concerning; untreated substance use disorders often lead to higher unemployment rates, increased healthcare costs, and lost productivity. On a broader scale, the state of Alaska would also feel the ripple effects. Alaska already faces significant challenges with substance use disorders, and removing an essential treatment option exacerbates these issues. The state would likely see an uptick in health crises, fatalities, and social services demand, creating further strain on public systems and funding.

The most profound impacts would be felt by families and individuals. Substance use disorders do not just affect the person using substances; they affect entire families and communities. The RRC offers a chance for individuals to rebuild their lives and reconnect with their loved ones. The loss of this facility means fewer opportunities for recovery, more families torn apart, and more children growing up in unstable environments. For these reasons, I urge you to consider the irreplaceable value of the RRC and the critical services it provides.

Closing the Center would be a step backward in our efforts to combat substance use disorders and support our community members in their recovery. Please keep RRC open and ensure that Juneau and Southeast Alaska continue to have access to essential residential treatment services. Thank you for considering my perspective. I hope you will take the necessary actions to preserve this crucial resource for our community.

Sincerely,

Jennifer Malecha

18224 Point Stephens Road

Juneau, AK 99801

**If preferred, upload your written comments here (ex: letter).**

# Share your feedback

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## Your name

**First**

Scott

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**Last**

Innes

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**Email**

dscottinnes@hotmail.com 

(mailto:dscottinnes@hotmail.com)

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## Share your comments

It is hard to conceive how a hospital in Alaska could be losing money. I am an orthopaedic surgeon at Central Peninsula Hospital, and our hospital is incredibly profitable. If your hospital has not hired surgeons, it needs to do so.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

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**Last**

Maller

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**Email**

chelsy31588@yahoo.com   
(mailto:chelsy31588@yahoo.com)

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## Share your comments

Thank you for the opportunity to comment. Thank you for providing an easily digestible sustainability and recovery plan. I am a community member who grew up in Juneau and have utilized BRH services and have family and friends who have used BRH services. The programs that are up for possible closure are fundamental needs to ensure the health and wellbeing of our community. Avenues of ownership change, or subsidization are better outcomes than full closure of life saving services. As we all are facing the increased pressures and constraints of the economy and cost of living in Alaska, removing access only hurts and further deepens inequality for the individuals who need and use the services. Program closure will increase health costs for those that have to leave to seek assistance, or not leave and don't receive help, which in turn will come back to the community in other costly issues. Thank you for your time.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Lacey


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**Last**

Derr

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## Email

lebartlett@yahoo.com 

(mailto:lebartlett@yahoo.com)

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## Share your comments

Greetings Board Members,

Thank you for your service and the willingness to attempt making the tough decisions ahead of you. Bartlett Regional Hospital is an artery for SE Alaska and its services are utilized by so many. However it is understood that current services to income ratios are unsustainable.

I would ask the board to prioritize services which CANNOT be provided by private entities and work to keep them as long as possible. I understand the Aurora Behavior Health unit is new and likely not creating an income but its emergency services to youth in crisis cannot be met elsewhere. My mother had to be treated out of state for her breast cancer which created even greater financial burden upon us. Please keep as many cancer treatment related services local as possible. These are just my examples but I would hope the hospital is able to keep those services which cannot be met elsewhere in the community by other medical providers.

I appreciate your time in reading my comment.

Respectfully,  
Lacey Derr  
Juneau, AK

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Jo


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**Last**

Boehme

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**Email**

joboehme175@gmail.com   
(mailto:joboehme175@gmail.com)

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## Share your comments

I attended the 6/4/24 community feedback forum. I worked at BRH in my profession of occupational therapy 1994-2016 plus 6 more years on call. I concurrently worked for Hospice & Home Care of Juneau 1994-2013.

I left the forum with these impressions:

- As a community hospital, we cannot just close services that don't pay for themselves. Crisis events and addiction disease will continue. Chronically ill people will continue to die; a home hospice setting is more compassionate and less expensive end of life care than in the hospital.
- Our community needs adult and adolescent crisis services. All effort (cost) should be made to fix the problem caused by the construction of incorrect facility layout; the Board and Management should pursue permanent subsidization.
- Develop an action plan with community services such as Front St Clinic and Mountainside Urgent Care for them to provide triage and treatment for the residents in crisis they serve.
- Support home health and hospice services with adequate, appropriately trained professional staff for a minimum of 1 full fiscal year to gather adequate data to analyze. Pursue permanent subsidization.
- Seek grants, endowments and national funding streams. Does BRH still employ a grant writer? This was not mentioned at the forum.

Thank you for the opportunity to listen and comment.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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All comments received during this window will be compiled and included in the public packet for the June 24th Finance Committee and June 25th Board meetings.

## Your name

**First**

Jaye

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**Last**

Forst

---

## Email

jaye.forst@gmail.com 

(mailto:jaye.forst@gmail.com)

---

## Share your comments

Is there a way for SEARHC to take over Rainforest Recovery and/or Hospice. I see the same thing that happened in Sitka happening in Juneau. SEARHC started purchasing private clinics and small doctors offices, eventually Sitka Community closed they couldn't compete. Has there been any conversations with SEARHC about taking over certain programs? Can we get more federal funding for the hospital programs?

What about cruise ship money? Patients from the cruise ships utilize our hospital emergency room.

I'm not an expert or super knowledgeable on the budget, or hospital but maybe thinking outside of the box might make a difference. Thanks for all that you do.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Amanda

**Last**

Triplett

---

## Email

iamatriplett@gmail.com 

(mailto:iamatriplett@gmail.com)

---

## Share your comments

I want to make a plea to not cut the essential and valued services listed in the KTOO article, which are extremely important resources in the community. Juneau is becoming a difficult place to live, not just in terms of hospital services, but all services in general. This encompasses the feelings of the local CBJ and the state of Alaska. My husband and I moved to Juneau to attend UAS, where we met, graduated, and never questioned living anywhere else. We now have two kids, one in high school and another in first grade, and we actively participate in our community.

I am concerned about having access to local emergency mental health services for my family. I wonder if SEARHC could step in to provide these services, as they seem to be taking over medical services in the area. I understand the need for financial stability, but cutting these services is giving us more reasons to consider moving out of Juneau.

My frustration is not solely about the hospital; it encompasses the overall challenges of living in Juneau and the gradual reduction of services. Although we love Juneau and want to raise our family here, I am getting tired of hearing about service reductions while costs continue to increase.

Thanks for reading,  
Amanda Triplett

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Rachel

**Last**

lafolla

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## Email

iafolla.rachel@gmail.com   
(mailto:iafolla.rachel@gmail.com)

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## Share your comments

To the Board:

I am a former Juneau resident who used Bartlett on numerous occasions and was always pleased with the care I received. I am a relatively healthy & active 27 year old who absolutely adored calling Juneau home. I often said that in a perfect world I would never have to leave. That being said, the overall lack of mental and physical health care is a major factor that helped make my ultimate decision to leave about a year ago.

Obviously, limited services comes with the territory of living in a remote place, but we were already limited a year ago... to have to face more cuts/potential cuts is devastating for all. I fear continued cuts will only add to the migration of folks from that sweet city. But I especially think of those who do not have the luxury of leaving, those whose whole family/support system/community/life is in Juneau, or those who simply cannot afford to get out even if they needed to. Our neighbors need these services to stick around in some way.

While I understand that you may be unable to continue to house these services, I urge you to change your language in your plan to reflect that if you are unable to continue the services, you will ENSURE the services exists in the community in some capacity. Simply allowing them to close cannot be an option, and your dedication and language will signal this to the community, assembly, third parties, etc.

I know y'all do not want to even be having this debate/discussion and having to make these decisions; I am quite sure you wish we could keep them all! I thank you for your work and consideration, acknowledge the stress you must be under, and encourage you to take care of yourselves and your community.

My best,  
Rachel Iafolla

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Sue


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**Last**

Trivette

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## Email

susietriv@gmail.com   
(mailto:susietriv@gmail.com)

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## Share your comments

Reading about the 6 programs being evaluated for cutting, I see that 3-4 are exploring possible 3rd party subsidy (Rainforest, COS/CSS & Hospice/Home Health. Has anyone thought about contacting SEARHC about being this 3rd party? Since they seem to have new clinics/practices up & running & another being built, they seem to have the ability to provide more services here. Also, the ABA Therapy program has 2 current program providers starting their own services very soon; let's support that, in a nonfinancial way. If any or all of the above can be shifted away from CBJ auspices, that would certainly free up funds to help Bartlett be profitable while providing services for those who are most vulnerable, infants to seniors.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Catherine


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**Last**

Mannix

---

## Email

mannixalaska@hotmail.com   
(mailto:mannixalaska@hotmail.com)

---

## Share your comments

The Behavioral Health (BOPS) program is an essential community service that should not be considered for elimination. Please keep youth at home by offering proactive preventative services and crisis help for teens with mental health needs.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Katrina


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**Last**

Cook

---

## Email

astridblank287@gmail.com 

(mailto:astridblank287@gmail.com)

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## Share your comments

Im getting ready to become an advocacy myself.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**


Laura

**Last**

Lucas

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## Email

laurajlucas88@gmail.com   
(mailto:laurajlucas88@gmail.com)

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## Share your comments

As a retired social worker who served individuals seeking assistance getting treatment for their addiction, I can testify to the vital importance of the Rainforest Recovery Center for Juneau. When an individual experiencing a substance use disorder reaches out for help, those professionals who coordinate care for them rely on the limited recovery network of programs in Alaska that are appropriate to their client's level of need. As RRC offers the only ASAM (American Society of Addiction Medicine) level 3.5 program in Southeast Alaska, it provides a critical link in the care continuum. Care coordinators throughout the state work together to refer clients when openings are available.

In light of this shared network of resources, when one program closes, there is an impact throughout the state. While stressed budgets in Juneau may conclude that they cannot support non-CBJ residents, those who work in this field understand that it is a statewide problem that requires collaboration amongst communities. How does it look for the state capital to shirk their contribution to this effort?

I empathize with both those on the BRH board and the CBJ Assembly who are now faced with the difficult fact that RRC is not financially self sustainable. The options cited (find third party, secure CBJ subsidy or close the program) are based on the conclusion that Juneau cannot afford to continue to provide this service. May I respectfully suggest that Juneau cannot afford to NOT provide this service.

We are all too aware that the impact of addiction is embedded in some of Juneau's most vexing problems including homelessness. If we remove the supports like RRC that contribute to solving these complicated issues, I fear we will suffer setbacks in the long run.

Respectfully,  
Laura Lucas MSW  
6615 North Douglas Hwy

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**


Nicole

**Last**

Lake

---

## Email

Nblake0215@gmail.com   
(mailto:Nblake0215@gmail.com)

---

## Share your comments

I worked at Rainforest Recovery Center for 2.5 years. In those years, I was able to witness individuals come from all over Alaska to focus on their recovery. I sat with individuals and discussed their deepest traumas, explored how their substance use has impacted their lives, and watched in awe as 28 days reformed their physical, mental, and emotional well-being. As national statistics show that substance use rates and overdose rates / death continue to increase - the loss of this program and the resources it provides to the community would be detrimental.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Mary


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**Last**

Ashmore

---

## Email

mashmor3@gmail.com   
(mailto:mashmor3@gmail.com)

---

## Share your comments

Bartlett has been mismanaged for a long time. I believe all these services are important but I am tired of hearing that addicts are getting a disproportionate amount of the resources available. As the elderly population continues to grow we need services such as home health care and hospice.

You built a new high school which was obviously not needed as evidenced by the ability to empty it out.

You built a new building at Bartlett that you can't staff and can't afford. You have so many contract workers it is a wonder that the local employees don't revolt over pay disparity.

When I moved here I saw Bartlett as a glorified emergency room. Over the years I saw it improve and was glad because I wanted to live out my life in Juneau, but it is beginning to decline into a glorified emergency room for tourists.

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**If preferred, upload your written comments here (ex: letter).**

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June 7, 2024

Bartlett Regional Hospital

Letter of Support: for Behavioral Health Outpatient Psychiatric Services (BOPS) and Crisis Center

While I understand the Hospital is struggling financially right now, long-term sustainability is important, and providing quality care is a priority, I would urge you to think carefully about what “providing quality care” means in regards to sustainability and cutting programs. I am asking you to fully fund BPOS and your Crisis Center.

I am a retired educator and grandmother, impacted by alcohol in womb, am on the Board for the Alaska Center for FASD, and have been an activist for services for those impacted by Fetal Alcohol Syndrome Disorder (FASD) in Juneau and the State. I have lived in Juneau for almost 40 years and Alaska for over 50 years. FASD is a huge issue in Alaska and services are sorely lacking in Juneau and in our State. Bartlett BOPS and the Crisis Center have been meeting the unique and critical needs of this population, as the staff have been willing to learn about FASD and spectrum disorders and implement strategies needed to effectively meet the needs of those impacted. Your Behavioral Health Outpatient Psychiatric Services as well as your Crisis Center provide critically needed services for this population and many on the neurodevelopmental spectrum. I know this, because I personally know families who have benefitted from your services and who look at these services as a life-line. Limiting these services will negatively impact their lives and their ability for success and well-being.

While I understand you have difficult decisions to make, I believe that losing or downsizing the BOPS and the Crisis Center would be a huge loss to our community in its efforts to prevent and provide services for those on the neurodevelopmental spectrum as well as those struggling with other mental health issues. Keeping these services in tack will provide quality care for our community.

I thank you for reading my request and wish you luck with the difficult decisions you are making.

Sincerely Yours,

Barbara Pastorino, Retired Educator and Community Advocate  
4935 Wren Drive  
Juneau, AK 99801  
907-500-2390

**From:** Janet Gene Coffin <jgcoffin@hotmail.com>  
**Sent:** Monday, June 10, 2024 10:58 AM  
**To:** Anita L. Moffitt <amoffitt@bartletthospital.org>  
**Subject:** to: ceo

I have a concern regarding BRH discontinuing BOPS. My husband has been using the service since 2020. Prior to 2020, my husband was referred to SEARCH for psychiatric care. Dr. Weeks semi-retired, Eugene was referred to BOPS

BOPS is doing a good service to Juneau and se communities. Discontinuing this service, then patients and family member  
Would have to travel to Seattle/Tacoma or Anchorage. This would be a huge expense.

It is unfortunate that SEARCH is competing with Bartlett.

Janet Coffin

Society of St. Vincent de Paul  
St. Therese Conference  
8617 Teal Street  
Juneau, AK 99801

*“We provide material and spiritual  
charity and work for social  
justice for all people”*



June 4, 2024

City and Borough of Juneau and  
Bartlett Regional Hospital Board of Directors

RE: Program cuts

Dear Board and Assembly Members:

I am writing as both the director of a non profit that needs these services and as a citizen of this community for the last 30 years. The decisions regarding services will greatly affect our community. Where we spend our money shows our values, and I've always valued the community services provided.

I'd prefer to testify in person, but I am preparing to travel to Anchorage where my 91-year-old father-in-law is in hospice and approaching his final days of life at ANMC, the medical center he dedicated 54 years of his life to. Hospice will be done by people whom he mentored. It is not easy to face death, but hospice provides dignity and relieves burdens from the family. When Hospice ended in Juneau during the pandemic, I saw the value of hospice and home care in good friends, pillars of the community, who had to deal with the final days of the spouses' lives alone without the valuable and dignified care such people deserve. One of the greatest rewards of my current job is hearing the gratitude of a dying person for receiving housing, often for the first time in many years, where they can die with dignity.

I see the value of Rainforest Recovery every day at St. Vincent de Paul many of my most effective employees are people formerly homeless or in the throes of addiction who have used Rainforest services to begin their recovery and their sobriety. This service has saved lives, and those who have recovered can be the inspiration for others who need to see such hope. Addiction and mental health issues destroy lives and cost our community significant money in services, extra security, and damages.

I realize that Bartlett Regional Hospital is hemorrhaging money. In many respects we have the choice of limiting services that diminish the quality of our community or seeking ways to creatively expand the pool of money to provide those services that allow Juneau to continue to be an attractive place to live.

Sincerely,

Dave Ringle  
Executive Director  
Society of St. Vincent de Paul  
[dave@svdpjuneau.org](mailto:dave@svdpjuneau.org)  
907-321-702

# Share your feedback

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## Your name

**First**

Kristie


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**Last**

Erickson

---

## Email

kristie@alaskaglacierseafoods.com 

(mailto:kristie@alaskaglacierseafoods.com)

---

## Share your comments

I'm writing in support of keeping Rainforest Recovery. This service is critical to those who are most vulnerable in our community. I can't imagine not having a service in Juneau to care for our citizen's who are at their lowest low. What would happen to them if RR were not available? Please continue finding this program for the good of our community.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Charity


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**Last**

Anderson

---

## Email

charity@namijuneau.org   
(mailto:charity@namijuneau.org)

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## Share your comments

I'm writing to share my serious concerns about the recent news regarding the Crisis Now services commitment made by Bartlett Regional Hospital. Bartlett made a big promise to provide one of the three crucial components of the Crisis Now services to our community in Juneau. This promise was backed by millions of dollars from the Trust and led to building a dedicated facility. The Trust's investment, marketing efforts, ribbon-cutting ceremony, and open house last summer all showed a strong commitment to our community.

However, it's unacceptable to hear that Bartlett might not follow through on this commitment. The idea that Bartlett might not provide the promised services is not only troubling but also a breach of trust and responsibility to the community.

If Bartlett can't deliver these services, there's a moral obligation to make sure the funds allocated for this purpose don't vanish without benefiting the community. It's crucial to actively and transparently explore alternative solutions to prevent Juneau from suffering the consequences of closing this program before it even begins. Getting such a significant amount of funding for a project of this size is a rare opportunity that Juneau can't afford to waste.

I'm demanding that the board changes its recommendation for Crisis Services from "close it" to "ensure this service exists in the community in some capacity." I'm fully behind using my tax dollars to keep these services open. Our community needs these services, whether they're provided by Bartlett or another organization. A Crisis Stabilization Center is essential for our community.

The community of Juneau expects and deserves action. I look forward to your prompt and decisive response.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

Anne


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**Last**

Post

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## Email

annepost8790@gmail.com   
(mailto:annepost8790@gmail.com)

---

## Share your comments

I've lived in Juneau for over 40 years and received many services from Bartlett Hospital. Both of my children were born there and I've had numerous medical tests and a couple of visits to the emergency room. The care I received from the skilled and compassionate staff was outstanding in every case. I feel very fortunate to live in such a small town with a hospital that provides such a diversity of health care. Please do all you can to keep Bartlett financially solvent.

In particular, I request that you keep the hospice program going. Both of my parents were in hospice programs in another state and I and my family greatly appreciated the assistance hospice provided during their final days. Thank you for the opportunity to comment.

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name


First

Charles

Last

Renick

## Email

krenick@gmail.com 

(mailto:krenick@gmail.com)

## Share your comments

Regarding the BRH Financial Sustainability and Recovery Plan

Hello. My name is Charles Kiel Renick, and I live in Juneau at 615 Basin Rd. I have lived in Juneau for a total of over 8 years, and am a licensed clinical psychologist who has provided mental health services as a clinician here for over the past 4 years.

My comment comes from my lived personal and work experience as someone who has been providing care to many people in our community, and a resident who hopes to live here indefinitely with all of the lifetime health needs that come with it.

I have two main points to contribute given limited time and capacity.

1. Please do what is needed to continue operating Bartlett Regional Hospital. It provides necessary care and is in some ways on some levels (imperfect as it may be) dedicated and accountable to the residents of Juneau. It is much easier to fix something to continue it than it is to start anew--if it disappears or is taken over, leaving only 1 major medical provider in town, it will lead to problems in care for Juneau residents. For some of lower means, that will create a lack of choice, worse care and worse overall health outcomes. For others it will mean lack of choice, worse care, and choosing to leave Juneau, weakening our community. Please consider cautiously and with a responsible skepticism the long term consequences for our community should BRH, or hospital responsibilities in general, to be taken over by SEARHC. I have deep appreciation for the quality and expertise of SEARHC providers. However, as an entity they have proven to be top-heavy with exorbitant payment and bureaucracy, and have often put organizational strategy above the care for their clients and stakeholders. Those past organizational behaviors combined with recent legal rulings freeing them from legal accountability, create the potential for Juneau residents to have a disempowered role in their own health care, and I urge those who have the power to make decisions to be wary of this and do what they can to maintain a healthcare entity in Juneau that is accountable to the people and that creates competition and choice which have been shown to be beneficial for the quality of service provision across sectors.

2. Of the non-essential programs that are being considered for cuts or reductions, I would like to express my opinion that Rainforest Recovery Center should be prioritized for continuation. I work with many people experiencing severe substance use disorders. Rainforest is an absolutely critical piece of the continuum of care. That we have a place that is local, regional, and connected with other service providers in town like GHS, JAMHI, SEARHC, LCCC, etc., is an incredible value. It offers hope for recovery for those struggling, and has been a fundamental part of many success stories I have witnessed first hand. Its value is huge. And practically, it is the most difficult to construct and replace. It requires a building, extensive staff with policies and procedures, and integration into a hospital for care. While I greatly value and appreciate the value and importance of ABA, BOPS, Home Health, and Hospice, all of those services have at times, and again in the future could be, operated independently or absorbed by other community orgs. A residential treatment program is an enormous undertaking. Its losses are not the most severe, its community role is great, and its specific preciousness as is for our community is high. Additionally, I imagine there are many other funding sources to help offset costs that I hope may be available and pursued. Therefore, while I hope you can find ways to preserve many of the non-essential programs while keeping BRH sustainable for the future, I urge you to prioritize Rainforest.

Thank you for your consideration and effort.

C. Kiel Renick

**If preferred, upload your written comments here (ex: letter).**

# Share your feedback

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## Your name

**First**

Christine

**Last**

Ermold

## Email

akermold@live.com 

(mailto:akermold@live.com)

## Share your comments

I am deeply concerned that BRH lacks a long-term plan that is fiscally sustainable. I realize that hospitals are uniquely positioned in the economy and face challenges not experienced by other businesses or agencies. As a result, I believe that a long-range plan supported by short term goals that are on their own either fiscally neutral or fiscally positive, is essential.

As an example, choosing to add the Hospice program if it couldn't at least be fiscally neutral by generating the revenue (either through billable costs, subsidies, or donations) necessary, was irresponsible. Conversely, if the Hospice program is generating more funds than it expends in costs, then it is a fiscally positive program that was easily justified in adding. Acknowledgement of the various sources of funds that can support a program is essential when making program decisions. It is reasonable to expect that both the Board and the Administration would work together to ensure accurate information is gathered, shared, and incorporated into the decision-making process. I know too well from my own professional experience how difficult it can be to break down a budget in this manner within a multi-million-dollar organization if the accounting processes aren't already in place to do so. But if they aren't in place already, they need to be put in place immediately so informed decisions can occur. Otherwise, our hospital Board will continue to be unable to make decisions that have a high likelihood of being successful for the long-range health of our community and fiscal solvency of our hospital.

With these thoughts in mind, I find it absolutely essential that the Board act immediately to cut all six non-core programs. As an end-of-life caregiver, I do find it unacceptable that a community of this size would not have a Hospice program. However, I recognize that in order for any hospital service, including Hospice, to be successful and sustainable, the hospital must FIRST have a realistic financial plan in place. Only once the plan is in place and is enacted, should the Board look at strategies to strengthen and expand hospital services beyond the core.

I am a lifelong Alaskan who moved to Juneau last year, bought a home and boat, and will likely live out my (second) retirement here. I have been disappointed by our locally owned hospital and have sought services from SEARHC on several occasions, despite what seems like high costs with the insurance coverage I have. I've visited SEARHC because of ease of scheduling and access, lovely facilities, and skilled staff. My first inclination would have been to go to BRH, but I couldn't get a response back from the departments I contacted after my physician sent over a referral.

I would like to strongly encourage the Administration and Board to visit other community owned hospitals in the state to learn from what has worked well and find ways to apply relevant strategies for the benefit of our community. The presence of a robust core hospital program, community partnerships, and a strong volunteer corps are three indicators of a community-owned hospital's success. None of these things can succeed if the hospital is trying to triage itself on an annual basis due to poor financial planning.

In summary, I am confident that CBJ, BRH Administration, and the BRH Board, can do better. I realize that it is painful to amputate so many needed and important programs. But if they are not amputated now, then the hospital runs the risk of dying a slow death by sepsis. By amputating programs now, the rest of the hospital's body can recover and grow strong, and only then should programs be carefully evaluated for expansion or addition.

Please make the hard choices now to benefit our future. Stop "kicking the can down the road" and deal with the tough issues now.

**If preferred, upload your written comments here (ex: letter).**

## FW: BRH Core Services -- Fund Rainforest Recovery Center & Crisis Stabilization Center

Anita L. Moffitt <amoffitt@bartletthospital.org>

Mon 6/17/2024 1:20 PM

To: Erin M. Hardin <emhardin@bartletthospital.org>

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**From:** Jan Caulfield <janiceacaulfield@gmail.com>

**Sent:** Monday, June 17, 2024 1:15 PM

**To:** boroughassembly@juneau.gov

**Cc:** Anita L. Moffitt <amoffitt@bartletthospital.org>

**Subject:** BRH Core Services -- Fund Rainforest Recovery Center & Crisis Stabilization Center

Dear Juneau Assembly Members,

My name is Jan Caulfield, I am a 43 year resident of Juneau. I live and raised my family at 525 W. 9th St.

I am writing to express my concern about the critical services Bartlett Regional Hospital (BRH) is considering cutting due to financial constraints. Rainforest Recovery Center and the Crisis Stabilization Center offer vital, unduplicated support services in Juneau to individuals living with substance use disorders and mental illnesses. We know that mental health and substance use services are essential to the public health of local/regional families and our community, and that this need has increased as we continue to live with the effects of the pandemic, increasing mental health issues in our young people, and the prevalence of illegal drugs and addiction.

In my early life, my father took his life by suicide because of mental illness. In those years, the medical and mental health community did not know how to effectively help him or others with his diagnosis. He suffered, our family suffered, and he was lost to us. We now know so much more about what can be done to provide life-saving treatment, relief and safety for people with mental illness and substance use. It would be shameful and catastrophic to not provide these services in a city of 30,000 people, that is a regional medical service center, and Alaska's Capital City.

I am writing to ask that CBJ Assembly members work w the BRH Board to ensure that these needed services continue to be funded. My concern is that if these programs are lost, fewer Juneau and SE residents will receive needed care, and at worst, we will lose more people in our communities — especially our youth — to substance use and suicide-related deaths.

If we need to increase property tax rates to ensure we can provide these types of essential services, then I support that action. These services should be viewed by the BRH Board and the Assembly as "core services".

Thank you for your consideration of my comments and those of the many other people in Juneau who care about BRH services.

Sincerely,

Jan Caulfield

907-209-8604

[janiceacaulfield@gmail.com](mailto:janiceacaulfield@gmail.com)

I recognize the fiscal constraints Bartlett Hospital is facing and wish great wisdom for you and Juneau's community leaders in dealing with them.

I have comments on three of the ancillary services.

My strongest support is for the Hospice and the Home Health Care.

**Hospice:**

My father received amazing hospice care as he approached his death. Actually hospice not only assisted not only the dying – my father – but also the living – my sister, who was caring for my father.

This service does much to ease that final journey – for the dying person and for the loving family and friends who are present.

Could SEARHC take over this important service?

**Home Health Care:**

It is important to help people remain in their own home as long as possible. This may even more cost efficient than placing someone in assisted living???

Could SEARHC take over this important service?

**Rainbow Recovery Center:**

Heavy taxes are collected on alcohol, tobacco products, and legal marijuana.

Could not those taxes be used to run the center?

If not, then I would close the center or find a third party to operate it.

Thank you for your service in carefully considering what Juneau can afford to provide at Bartlett Hospital and setting the priorities.

---- Lee Parker  
Juneau, Alaska

June 18, 2024

Comments on Hospice and Home Care re Bartlett Hospital Plans

From: Roman J Motyka

**You are going to die!!**

Do have your attention? No way out of it, we are all going to die and I personally feel fortunate that we have hospice here in Juneau to provide end-of-life palliative care to our community.

I participated in the June 4<sup>th</sup> open forum hosted by the BH board of directors and I thank the board for all of their hard work and for the opportunity for additional public comments. I realize that the current drain on finances by so-called “non-core” programs presents a difficult situation for BH and for our CBJ community. However, these “non-core” programs were all initiated and developed in response to vital community needs and I would hate to see any of them axed and their services terminated.

My comments here are specifically in support of hospice, a program with which I am most familiar. During the Q&A on June 4<sup>th</sup> I asked a couple of questions that were not fully answered. I would like to follow up on these questions plus provide additional comments.

For the record I have been a resident of Juneau since 1984 and have been an active hospice volunteer for over a decade. I have seen Hospice transition between three different entities during my tenure with hospice, most recently from CCS to Bartlett Hospital. Each transition caused lapses in end-of-life care and “trauma” to families seeking such care.

I am certain that you are well aware of what a valuable program hospice is for our community. My own experiences as a volunteer have shown me just how important hospice holistic end-of-life palliative care can be for our patients. And I hope that hospice services will be available for me when I approach my own death. Do you share that that same sentiment? Thus, it is frustrating that BH is thinking of putting hospice on the chopping block because of the current negative financial balance. Remember: hospice at BH wasn't up and running until mid-fiscal year and hasn't really had a chance to prove that it can be self-sustaining. The problem of finances in part stems from lack of educating medical providers and patients about hospice, as was well pointed out by Dr. Quigley Peterson, the BH hospice physician (and as also articulated by Dr. Bob Urata, his predecessor at CCS). However, we need to reach out further and include educating the general public about hospice and its benefits. This could be done through community forums, perhaps sponsored either by BH or by the *Foundation for End of Life Care* or both.

I am deeply concerned that BH is considering to have a “third party” take over hospice. Just who would be that 3<sup>rd</sup> party? The only entity that I can think of is SEARCH. Is this group that BH is contacting? It would be really frustrating if hospice has to once again transition to a new home with its probable attendant months-long lapse in providing care to our community.

The compassionate care provided by our hospice nurses, social workers, chaplains, and volunteers is unsurpassed and it would be a shame to see the hospice program lapse due to lack of funding. I urge the board to give hospice sufficient time to prove it can become sustainable. Or consider the option of requesting a CBJ subsidy to maintain the program.

Sincerely,

Roman J Motyka  
835 Dixon St  
Juneau, Ak 99801  
907-723-0761

June 19, 2024

Dear Juneau Assembly Members,

My name is Kim Champney and I live at 723 West Tenth Street. I am writing to you because I am concerned about the critical services Bartlett Regional Hospital is considering cutting due to financial constraints. While I understand the difficult situation facing our community, I can't underscore enough the need to maintain both Rainforest Recovery Center and the Crisis Stabilization Center.

I am so proud of how our community has increased capacity and support for unhoused residents, especially residents who are living with mental illness and substance use disorders, through the development of Housing First, the new Glory Hall, and other supportive services. For these investments to have their full impact, we need to support the full continuum of care. RRC provides an essential local option for substance abuse treatment. I urge you to evaluate all options to maintain this facility; possibly through a third party if there's not a way to sustain it within Bartlett's structure.

Even more urgently, I ask the city to consider committing to subsidize the Crisis Stabilization Center. This will absolutely fill a critical gap in care where there are no other alternatives. In my role as a statewide disability advocate, I have seen the impact of Crisis Stabilization programs in other communities and was grateful Juneau stepped up to invest in the facility and infrastructure. The State of Alaska is launching a Medicaid rate study which service providers anticipate will lead to more sustainable rates. This likely will result in a decrease in the city's level of subsidy for this program over time. This program is so new – it hasn't had time to gain momentum. But again, it is so needed in our community.

Thank you for your hard work on this issue. These two programs are essential to maintaining Juneau as a safe and healthy place to live.

Sincerely,



Kim Champney  
907.957.1970





Bartlett Regional Hospital Board of Directors  
3260 Hospital Drive  
Juneau, AK 99801

June 19, 2024

Dear Bartlett Hospital Board of Directors,

I understand you are faced with a challenging financial situation and difficult decisions. Thank you for this opportunity to advocate for critical, life-saving, mental health services.

I am the Executive Director of Southeast Alaska Independent Living (SAIL). We are the Independent Living and Aging and Disability Resource Center responsible for the SE region of the state. We provide an array of services for seniors and people of all ages who experience any disability so they can live as independently as possible in the community of their choice. We are charged with providing five core services, including advocacy. It's this core service that has me writing to you today.

First, thank you for supporting the continuation of Home Health Care and Hospice Services. Additionally, if a 3rd party can not be identified to take over the Rainforest Recovery Center, I ask that you implore the CBJ Assembly to provide a permanent subsidy.

Bartlett's crisis stabilization services were built because of a clear, and high, need for crisis stabilization in Juneau. Crisis Services save lives. On behalf of so many individuals, their families, and the larger community, I ask that you change your recommendation for Crisis Services from "closure" to "we are committed to this service continuing to exist in Juneau" similar to your recommendation for Hospice and Home Care services.

The Alaska Mental Health Trust Authority (AMHTA) is helping to implement Crisis Now, a suite of crisis services in Alaska. This is an effort to catch up with other states a best practice approach to crisis services that would both provide meaningful care and reduce the burden and cost on the emergency room, the mental health unit, Lemon Creek Correctional Facility, JPD, CCFR, and other services where people often end up when what would, in many situations, best serve them is an operational crisis stabilization center. If I understand correctly, Bartlett Hospital committed to providing one of the three components of Crisis Now and accepted substantial AMHTA funding to do just that. I ask that you fully live up to this obligation. Our community needs these services. In too many cases, it's the difference between life and death.

In closing, thank you for this opportunity to advocate for those with mental health disabilities.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Joan O'Keefe', is written over a light blue horizontal line.

Joan O'Keefe  
Executive Director

# Share your feedback

You may comment on the hospital's sustainability and recovery plan (<https://www.bartletthospital.org/sustainability>), including the proposed program recommendations, by submitting written comments using the form below - an option is included to upload a document (ex: letter) if preferred. **Comments must be received not later than 4:30 p.m. on June 19, 2024.**

All comments received during this window will be compiled and included in the public packet for the June 24th Finance Committee and June 25th Board meetings.

## Your name

**First**

Jeorghette

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**Last**

Wales

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## Email

[jwalesplang@bartletthospital.org](mailto:jwalesplang@bartletthospital.org) 

(mailto:jwalesplang@bartletthospital.org)

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## Share your comments

If the Aurora Building is shutting down, can it be turned into an Aurora Assisted Living Home?

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If preferred, upload your written comments here (ex: letter).

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# Share your feedback

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## Your name

**First**


Scott

**Last**

Spickler

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## Email

Sspickler@gmail.com 

(mailto:Sspickler@gmail.com)

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## Share your comments

I would encourage the board to continue to identify the core services that our community hospital can provide on a sustainable basis and to wean us off of the ones that are causing the biggest losses which I know you are trying to do. Unfortunately BRH is just not in the position to survive for the long haul with the ongoing financial losses we have been experiencing.

I hope you will take a serious and open minded approach to contacting professional hospital management firms, similar to what we had with Quorum many years ago, to see what they can offer a hospital of our size in the way of solutions to our problems.

We have to do something dramatic to stop the revolving door of CEO's and CFO's that has occurred ever since the CBJ decided to terminate the management contract with Quorum.

I feel that exploring this option should be a top priority for the board because what we have been doing in my opinion is using bandaids when we truly need major surgery to stop the bleeding.

BRH is such a great asset for a community of our size and we need to keep it under our ownership and not allow it to be taken over by any other entity.

Thanks for your consideration.

Scott Spickler, former BRH board member

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

Kirsa


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**Last**

Hughes-Skandijs

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## Email

kirshark@gmail.com   
(mailto:kirshark@gmail.com)

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## Share your comments

My primary concern is the proposed cut of Rainforest Recovery. Operating at capacity, the shortfall between collections and cost is so small that it makes no sense to cut something that is so clearly needed. I think it would be wiser to seek full occupancy and morally indefensible to take this option off the board for folks in need. Likewise I think it's incredibly important to make sure that our community has outpatient mental health resources.

I also think that having a hospice service is mandatory for our city. Our aging population is only growing and the comfort and dignity of remaining home in their final days shouldn't be negotiable.

I understand that money is needed to retain these services - but I think that having a city hospital is worth paying a little extra for. Subsidizing our hospital so that it can maintain its offerings is more than worth any slight increase in taxes that are needed to offset the cost. We must maintain our health care as the capital city and as a city that is seeking to net new migration to our population. Health care is one of the biggest factors for people thinking about staying in Juneau or relocating to Juneau for work.

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

Crystal


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**Last**

Bourland

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## Email

bourlanc@gmail.com   
(mailto:bourlanc@gmail.com)

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## Share your comments

I am asking you to change your recommendation for Crisis Services from "closure" to "we are committed to this service continuing to exist in Juneau," as you did in your recommendation for Hospice and Home Care services.

Rainforest Recovery Center is an unduplicated service in Juneau and a vital program in our community. Sending individuals out of their home communities to receive addiction services is not a best practice. Due to the high rates of substance use in our community, this is a program Juneau cannot afford to lose. Juneau has made progress in providing services to individuals needing low-barrier housing. Shutting down Rainforest Recovery would set us back and lead to more individuals continuing the cycle of addiction, incarceration, homelessness, and re-traumatization. As a community mental health provider, many of the clients I work with have benefited from Rainforest Recovery's program, and I support any efforts to continue these services.

Bartlett's crisis stabilization services were built because of a clear unmet need for crisis stabilization in Juneau. The crisis stabilization center was supposed to provide crisis services to individuals needing immediate care but who do not meet the criteria for using the Mental Health Unit and to reduce the use of emergency room and law enforcement services. The original commitment made by Bartlett went from seeing both adults and youth to just seeing youth. This means the number of Juneau residents who would benefit from these services has been significantly reduced. With support from community and statewide partners, Bartlett committed extensive budgetary and staffing efforts and resources toward the crisis stabilization center. Now, they are saying they will not stand up these services.

It is unfortunate that Bartlett is in a position where it is considering discontinuing so many essential behavioral health services. I would ask that the Board and staff continue to explore how these services may be scaled and continued, as they are essential to Juneau's behavioral health continuum and provide vital services to many of our friends, families, and community members.

Thank you for receiving these comments and your efforts to find solutions to these challenging issues.

Crystal Bourland

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

Marna


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**Last**

Schwartz

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## Email

Marna\_schwartz@hotmail.com   
(mailto:Marna\_schwartz@hotmail.com)

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## Share your comments

As a long time Juneau pediatrician:

1. Preserve outpatient child adolescent psychiatry provider position (s, maybe in the future) specifically a board certified fellowship trained child and adolescent psychiatrist (MD or DO) to provide a higher level of care. I am being very specific here - this specific level of training is what this community has a hard time doing in the private sector, including Searhc,
  - 2.Utilize the hospitality program to cover essential hospital emergency call services that you are currently paying community providers to cover - an example is the way in which you are covering neonatal and pediatric call. If you want to subsidize private primary care practices (which is important in the community) then do so, rather than in this manner. Overall quality of these services will likely improve by making use of your in-house physicians.
  3. Maintain some element of crisis mental health services for adolescents and children -perhaps that is hospital based that works better than admission to the medical floors. Essentially a small short term in patient adolescent/child mental health unit so that we do not have to send young children to NorthStar in Anchorage for these services.
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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

John

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**Last**

Tarim

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## Email

john.tarim@med.einstein.yu.edu 

(mailto:john.tarim@med.einstein.yu.edu)

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## Share your comments

I'm a psychiatrist and a Juneau resident. I have worked intermittently at Bartlett for the past several years (not currently employed by Bartlett) and I served as the medical director of RRC for a period of time after the departure of the previous medical director. As a member of this community and as a physician, I feel obligated to provide input regarding the fate of RRC.

RRC is a four week, high-intensity residential program for people suffering from serious addiction disorders. To provide some background: as per the American Society of Addiction Medicine, there are different levels of care for treating substance abuse disorders, ranging from outpatient (level 1), to intensive outpatient and partial hospitalization (level 2), and residential treatment (level 3). Level 3 is further divided into low intensity (3.1) and high-intensity (3.5). The recommendation for which level of care is appropriate for an individual suffering from addiction is determined by a standardized assessment interview prior to beginning treatment.

RRC is the sole remaining high-intensity (3.5) residential treatment program in Southeast Alaska after the closure of a similar program in Ketchikan. There are low-intensity (3.1) residential programs in Southeast Alaska. However, those with more serious addiction issues and/or serious psychological and social issues will typically not be accepted into lower level residential programs as those individual require more intense care, one that is provided by programs similar to RRC (i.e. 3.5 level residential). 3.5 level programs are also typically the only residential programs that treat those with both mental illness and addiction disorders.

Programs like RRC treat individuals with addiction who are in dire need of help in a timely manner. There are such programs in Anchorage but the waitlists can be months long. During my career, I have had patients die while waiting to get into treatment. This will happen in Juneau and the rest of Southeast Alaska if RRC is to be closed.

These are some of the most vulnerable and stigmatized people in our community and closing down such a program would be discriminatory and a disservice to the community.

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

Murray


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**Last**

Walsh

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## Email

murray@acsalaska.net   
(mailto:murray@acsalaska.net)

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## Share your comments

Greetings Bartlett Board of Directors,

Thank you for seeking public comment on the S&R Plan. My concern is the Home Heath/Hospice service. I am glad that you want to maintain it but I am not glad that you see it as a necessary nuisance. There is another way of looking at it: Think big! This could be a money maker if you grow the program. Create a short term advisory panel - five to seven people - to help grow the business. Ask for retired medical and business people. Look into delivering service to every place where there might be a need like the Pioneers Home and any other retirement facility or group home.

Also, be expansive when applying the term "homebound." In the rule, the word is modified by another word: "essentially." Let the patient be the one who says he or she is homebound. There are a lot of situations where a patient would prefer to receive service at home versus having to go to a facility.

Another idea is to see if there is a way to offer a "house call" service the way country doctors did long ago, only this time with RNs. Right now, the service is based on an expectation that a patient would "intake" and then be served several times before being discharged. I think there is a market for single visits by an RN for non-emergent medical issues.

I am a retired government affairs consultant. For the last 30 years I have worked to get the authorizations that my clients needed to realize their dreams. I would be glad to help do this for the Home Heath/Hospice program, pro bono. Create the panel and put me on it. We can make this program an asset, not a liability. Thanks for listening.

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**If preferred, upload your written comments here (ex: letter).**

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## Your name

**First**

Dacia


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**Last**

Davis

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## Email

daciadavis8@gmail.com   
(mailto:daciadavis8@gmail.com)

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## Share your comments

To the board of Bartlett Regional Hospital,

My name is Dacia Davis I am a social worker who has lived in Alaska since 2011. During this time, I spent five years living in Juneau, one of the best communities I have ever had the joy to live in. I have worked in social services for over 22 years supporting a variety of populations from children who had high ACE scores, working with OCS families in Alaska, and with adults who lived at Juneau Housing First. I am sure you are aware; substance use is a significant problem throughout America; we can all agree substance use is an even larger problem in the state of Alaska. I was shocked and extremely disheartened to hear the proposal to close the Rainforest Recovery Center. The mere suggestion to close the only 3.5 treatment facility in Southeast Alaska is ill informed, and devastating to anyone who loves and supports a person living with a substance use disorder in our state. By proposing this, you are saying those who live with substance use disorder do not matter, their families, their children, their futures do not matter. I recognize substance use treatment is not a lucrative entity. I think it is important that those in charge, pause and assess the future, the cost to our fellow Alaskan citizens who seek treatment and have nowhere to go. The cost to the future of families and communities who will have one less huge resource to support them in their recovery. The city, hospital, and other social service organizations will end up paying more to support those who are engaged in substance use and have no option to address their substance use. I have seen so many (mainly Juneau) community members attend Rainforest Recovery and be better for it. Rainforest Recovery gives hope, a space to address trauma, to be seen, and cared for. This program is more than a line item in a budget. We cannot quantify or qualify the impact RRC has made and will continue to make if supported to do so. I hope you make the choice that supports people, our people. Southeast deserves this, I urge you all to please think long-term about systems, families, and communities.

Thank you for your time in reading all our comments and for the time you will take to make difficult decisions.

Sincerely,  
Dacia Davis  
MSW

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**If preferred, upload your written comments here (ex: letter).**

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# Share your feedback

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## Your name

**First**

matt

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**Last**

taintor

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## Email

matt.taintor@gmail.com 

(mailto:matt.taintor@gmail.com)

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## Share your comments

I would like to see RRC stay open. Use of the current alcohol tax to support the program would make sense to me. An additional alcohol tax would also be reasonable. If Juneau taxpayers do end up supporting the program, I think they should get preferential access to those services. A partnership with SEARHC for funding should also be pursued, as many of the patients served by RRC are SEARHC beneficiaries. It is my understanding that SEARHC doesn't offer residential chemical dependency treatment since the closure of the Bill Brady program in Sitka about 10 years ago. A partnership could be a win/win for SEARHC beneficiaries and the city.

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**If preferred, upload your written comments here (ex: letter).**

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Hospice Target Projection\*

	2025	2026	2027	2028	2029	2030
Wages and Benefits	\$ 723,719	\$ 772,058	\$ 795,220	\$ 819,077	\$ 843,649	\$ 868,959
Total Expenses	\$ 974,443	\$ 1,003,676	\$ 1,033,786	\$ 1,064,800	\$ 1,096,744	\$ 1,129,646
Revenues	\$ 827,312	\$ 835,585	\$ 928,335	\$ 937,619	\$ 1,033,085	\$ 1,043,416
Profit (Loss)	\$ (147,131)	\$ (168,091)	\$ (105,451)	\$ (127,181)	\$ (63,659)	\$ (86,230)

\* Assumptions

- 1 Based on historical staffing and productivity in current hospice practice and modified by NHPCO staffing guidelines for growth
- 2 Anticipate stable staffing to support modest growth of program (up from ADC of 10 to ADC of 12)
- 3 Anticipates a 1% increase to base rates for revenues.

Hospice Optimistic Projection\*

	2025	2026	2027	2028	2029	2030
Wages and Benefits	\$ 723,719	\$ 772,058	\$ 795,220	\$ 884,603	\$ 911,141	\$ 938,475
Total Expenses	\$ 999,515	\$ 1,050,000	\$ 1,105,356	\$ 1,228,615	\$ 1,290,783	\$ 1,355,575
Revenues	\$ 910,043	\$ 1,002,702	\$ 1,097,123	\$ 1,193,333	\$ 1,291,356	\$ 1,391,221
Profit (Loss)	\$ (89,472)	\$ (47,297)	\$ (8,233)	\$ (35,283)	\$ 573	\$ 35,646

\* Assumptions

- 1 Includes additional staffing costs, primarily driven by rehab and social work needs
- 2 Anticipates more aggressive growth of program (ADC growth from 11 to 16 patients)
- 3 Anticipates a 1% increase to base rates for revenues.

Home Health Target Projection\*

	2025	2026	2027	2028	2029	2030
Wages and Benefits	\$ 607,540	\$ 625,766	\$ 644,539	\$ 663,875	\$ 683,792	\$ 704,305
Total Expenses	\$ 713,484	\$ 734,889	\$ 756,935	\$ 779,643	\$ 803,033	\$ 827,124
Revenues	\$ 613,382	\$ 619,516	\$ 625,711	\$ 631,969	\$ 638,288	\$ 644,671
Profit (Loss)	\$ (100,102)	\$ (115,372)	\$ (131,224)	\$ (147,675)	\$ (164,744)	\$ (182,452)

\* Assumptions

- 1 Expenses based on actuals for prior three months of stable operations
- 2 Anticipate stable staffing and expenses due to capped patient target
- 3 Anticipates a 1% increase to base rates for revenues.
- 4 Revenues based on CMS's 30-day payment rate

Combined

Profit (Loss)	\$ (247,232)	\$ (283,463)	\$ (236,675)	\$ (274,856)	\$ (228,403)	\$ (268,683)
Profit (Loss)	\$ (189,573)	\$ (162,670)	\$ (139,456)	\$ (182,957)	\$ (164,171)	\$ (146,807)

## MEMORANDUM

**DATE:** June 20, 2024  
**TO:** Bartlett Regional Hospital Finance Committee  
**FROM:** Board Finance Committee (*pending approval on June 24, 2024*)

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### ISSUE

- The Board is being asked to review and approve five (5) program resolutions covering the six (6) previously identified non-core hospital services in light of the hospital's \$10M annual budget deficit, following review and approval by the Finance Committee (*pending approval on June 24, 2024*).

### BACKGROUND

- The hospital's serious financial position necessitated a thorough program evaluation of these six programs that have been cross subsidized by the hospital for several years.
- The hospital's Board of Directors has reviewed the financial position and economics of each program with the City & Borough of Juneau (CBJ) Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public.
- The hospital's Board of Directors has taken into consideration both written and verbal public comment regarding the importance of these services in the community.
- Behind this cover memo are the five (5) proposed program resolutions.

### OPTIONS

- Approve the resolutions as presented to the board.
- Amend the resolution(s) and approve the amended resolution(s).
- Seek additional information.

### FINANCE COMMITTEE'S RECOMMENDATION

- Approve the resolutions as presented to the board.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the program resolutions for outpatient psychiatric services, applied behavior analysis therapy, home health and hospice, crisis care, and Rainforest Recovery Center as presented.

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF BARTLETT REGIONAL HOSPITAL**

Regarding the Continuation of Bartlett Outpatient Psychiatric Services

**Resolution 01 – 2024**

**WHEREAS**, Bartlett Regional Hospital’s psychiatric providers and clinicians provide inpatient psychiatric treatment for adults on the Mental Health Unit (MHU); and

**WHEREAS**, in response to community need for additional psychiatric services, the hospital’s psychiatric providers and clinicians began providing individual and family psychotherapy and medication management in an outpatient setting in the 1990’s when they were not providing care on MHU; and

**WHEREAS**, over the last several years, in response to the needs of the COVID-19 pandemic, Bartlett’s outpatient psychiatric services (BOPS) grew significantly in staffing and expenses have far exceeded program revenue; and

**WHEREAS**, the hospital’s serious financial position necessitated a thorough program evaluation of several services, including BOPS, that have been cross subsidized by the hospital for several years; and

**WHEREAS**, the hospital’s Board of Directors has reviewed the financial position and economics of BOPS with the City & Borough of Juneau (CBJ) Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public; and

**WHEREAS**, the hospital’s Board of Directors has taken into consideration both written and verbal public comment regarding the importance of these services in the community and recognizes the hospital’s psychiatric providers and clinicians support MHU, a core service, and therefore BOPS needs to be likewise managed as a core service.

**NOW, THEREFORE, BE IT RESOLVED**, the hospital’s Board of Directors affirms BOPS is a core service within the purview of management and thereby supports management direction to pursue outpatient service realignment to achieve program sustainability. **The Board directs management to establish and communicate goals for efficiency and improvement of services by August 31, 2024, and provide monthly reports to the Board on progress towards achieving those goals through December 31, 2024.**

ADOPTED June 25, 2024

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Kenny Solomon-Gross, President  
On behalf of the BRH Board of Directors

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF BARTLETT REGIONAL HOSPITAL**

Regarding the Closure of Applied Behavior Analysis Therapy Services

**Resolution 02 – 2024**

**WHEREAS**, Bartlett Regional Hospital’s applied behavior analysis (ABA) therapy program has served children ages 2 to 21 years with an autism diagnosis and their families since 2021; and

**WHEREAS**, ABA therapy helps children with autism achieve greater independence, overcome challenging behaviors, and develop skills for everyday life; and

**WHEREAS**, the hospital’s serious financial position necessitated a thorough program evaluation of several services, including ABA therapy, that have been cross subsidized by the hospital for several years; and

**WHEREAS**, the hospital’s Board of Directors has reviewed the financial position and economics of the ABA program with the City & Borough of Juneau (CBJ) Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public; and

**WHEREAS**, understandably, but regrettably, the uncertainty regarding the future of the ABA program led to the resignations of the program’s board-certified leaders. Without them, the hospital is unable to continue providing services and the difficult decision was made to close the program effective June 13, 2024; and

**WHEREAS**, the hospital’s Board of Directors has taken into consideration both written and verbal public comment regarding the importance of these services in the community and the intent of the board-certified staff, now former program leaders, to continue providing ABA services independent of the hospital.

**NOW, THEREFORE, BE IT RESOLVED**, the hospital’s Board of Directors extends its sincere appreciation to all the program’s professionals for their dedicated service to our community’s youth and their families. Furthermore, the Board expresses its full support to the board-certified staff and their efforts to continue providing ABA therapy through independent practice and directs management to assist in the transition of services.

ADOPTED June 25, 2024

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Kenny Solomon-Gross, President  
On behalf of the BRH Board of Directors

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**RESOLUTION OF THE BOARD OF DIRECTORS  
OF BARTLETT REGIONAL HOSPITAL**

Regarding the Continuation of Home Health and Hospice Services

**Resolution 03 – 2024**

**WHEREAS**, Bartlett Regional Hospital’s home health and hospice services opened their doors in 2023 for the first time following a nearly one-year absence of services in the community; and

**WHEREAS**, home health is a service that provides intermittent in-home care for individuals who are recovering from an illness, surgery, or need temporary assistance managing their health. Hospice is a service that provides care for individuals in their last six months of life who wish to focus on living their best life with the time they have remaining; and

**WHEREAS**, the hospital’s serious financial position necessitated a thorough program evaluation of several services, including home health and hospice, that have been cross subsidized by the hospital for several years; and

**WHEREAS**, the hospital’s Board of Directors has reviewed the financial position and economics of the home health and hospice programs with the City & Borough of Juneau (CBJ) Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public; and

**WHEREAS**, there are community members and organizations that have expressed willingness to financially support hospice; and

**WHEREAS**, the hospital’s Board of Directors has stated how significant home health and hospice services are to the aging population of Juneau and the healthcare continuum, and has taken into consideration both written and verbal public comment regarding the importance of these services in the community.

**NOW, THEREFORE, BE IT RESOLVED**, the hospital’s Board of Directors recognizes the potential for services to become sustainable and resolves to retain home health and hospice care as part of its services for a period of five years and directs management to:

- prepare a five-year plan to reach sustainability and include the plan for review by the Board Finance Committee by September 30, 2024, ~~and annually thereafter~~; and
- ~~continue to evaluate whether there are other potential third-party operators for these programs. Any potential third-party operators would be subjected to thorough due diligence by management and the Board; and~~
- ~~seek public and private funding to help defray the financial burden of these vital community services on the hospital; and~~
- request the CBJ Assembly provide funding to cover deficit operations of home health and hospice care during the five-year sustainability period. ~~and~~

**NOW, THEREFORE, BE IT FURTHER RESOLVED**, on an annual basis, the hospital's Board of Directors will evaluate, using the five-year sustainability plan and all known funding sources, the viability of the programs individually and collectively and take all appropriate actions.

- ~~• evaluate at the end of the five-year period if sustainability has been achieved. If the programs are not sustainable, the Board reluctantly resolves to close home health and hospice consistent with all applicable city, state, and federal guidelines and notices.~~

ADOPTED June 25, 2024

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Kenny Solomon-Gross, President  
On behalf of the BRH Board of Directors



**RESOLUTION OF THE BOARD OF DIRECTORS  
OF BARTLETT REGIONAL HOSPITAL**

Regarding Dedicated Financial Subsidy or Closure of Crisis Care Services

**Resolution 04 – 2024**

**WHEREAS**, Bartlett Regional Hospital’s crisis stabilization unit for adolescents ages 12 to 17 years opened its doors to the community in 2023. The voluntary program’s primary goals are to provide immediate care to adolescents experiencing a behavioral health crisis and avoid unnecessary hospitalization for individuals whose crisis may resolve with time and observation; and

**WHEREAS**, suicide prevention is a needed service within the community; and

**WHEREAS**, the hospital’s serious financial position necessitated a thorough program evaluation of several services, including crisis care services, that have been cross subsidized by the hospital for several years; and

**WHEREAS**, the hospital’s Board of Directors has reviewed the financial position and economics of the crisis program with the City & Borough of Juneau (CBJ) Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public. Available funding sources will not cover the direct costs of operating the facility, and required overhead allocations from the hospital will cause further losses; and

**WHEREAS**, the hospital’s Board of Directors has taken into consideration both written and verbal public comment regarding the importance of these services in the community; and

**WHEREAS**, the hospital’s Board of Directors recognizes the Aurora Behavioral Health Center, which houses the crisis stabilization unit among its services, was not built in a manner that allowed for full implementation of the program as originally conceived; and

**WHEREAS**, the construction of the Aurora Behavioral Health Center resulted in high-cost overruns, high overhead costs, and was funded with revenue bonds. These factors increase the actual losses of the crisis program beyond direct operating costs.

**NOW, THEREFORE, BE IT RESOLVED**, the hospital’s Board of Directors ~~resolves~~ directs management to:

- evaluate whether there are alternate service models that better meet the community need for crisis services; and
- collaborate with key stakeholders, including, but not limited to, NAMI Juneau and the Juneau Suicide Prevention Coalition, to explore alternate sustainable service models for those experiencing behavioral health emergencies.

**NOW, THEREFORE, BE IT FURTHER RESOLVED**, the hospital’s Board resolves to seek dedicated subsidy funding from public and private sources to defray direct and indirect operating costs of crisis care services. If dedicated subsidization cannot be secured within a reasonable period (by **December October 31, 2024**), the Board reluctantly resolves to close the crisis program consistent with all applicable city, state, and federal guidelines and notices. The Board further directs management to:

- evaluate the best and highest use of the building's physical space; and
- pursue dedicated subsidy funding and present an update to the Board at its November 2024 meeting, along with a plan of closure if dedicated subsidization has not been secured.

ADOPTED June 25, 2024

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Kenny Solomon-Gross, President  
On behalf of the BRH Board of Directors

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**RESOLUTION OF THE BOARD OF DIRECTORS  
OF BARTLETT REGIONAL HOSPITAL**

Regarding Dedicated Financial Subsidy or Closure of Rainforest Recovery Center

**Resolution 05 – 2024**

**WHEREAS**, Bartlett Regional Hospital has been operating Rainforest Recovery Center (RRC), an intensive inpatient residential substance abuse treatment program, since 2000; and

**WHEREAS**, the City and Borough of Juneau historically supported RRC since 2000. That funding was fully eliminated for fiscal years 2024 and 2025; and

**WHEREAS**, the hospital's serious financial position necessitated a thorough program evaluation of several services, including RRC, that have been cross subsidized by the hospital for several years; and

**WHEREAS**, the hospital's Board of Directors has reviewed the financial position and economics of RRC with the City & Borough of Juneau Assembly and its leadership, hospital medical staff leadership, hospital employees, and the public; and

**WHEREAS**, the hospital's Board of Directors has taken into consideration both written and verbal public comment regarding the importance of these services in the community; and

**WHEREAS**, the hospital's Board of Directors recognizes RRC is a vital community program that is ultimately not sustainable without dedicated financial subsidy. Furthermore, the Board recognizes that without a dedicated subsidy, continued cross subsidization of RRC jeopardizes the financial sustainability of the hospital.

**NOW, THEREFORE, BE IT RESOLVED**, the hospital's Board of Directors resolves to seek dedicated subsidy funding from public and private sources to defray direct and indirect operating costs of RRC. **The Board directs management to explore potential third-party operators for the program.** If dedicated subsidization or a third-party operator cannot be secured within a reasonable period (by ~~December~~ **October** 31, 2024), the Board reluctantly resolves to close RRC consistent with all applicable city, state, and federal guidelines and notices. The Board directs management to pursue dedicated subsidy funding **and potential third-party operators** and present an update to the Board at its ~~January~~ **November** 2024 meeting, along with a plan of closure and redeployment of the building to more sustainable hospital programs if dedicated subsidization or a third-party operator has not been secured.

ADOPTED June 25, 2024

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Kenny Solomon-Gross, President  
On behalf of the BRH Board of Directors

### MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Ian Worden, Chief Executive Officer

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### ISSUE

- This is a standing report to the board from the CEO and Executive Administration regarding current BRH matters.

### BACKGROUND

- The board will be briefed on current BRH matters in the form of a standing report.
- Behind this cover memo are reports for:
  - a. CEO and Executive Administration
  - b. Home Health, Hospice, and Wildflower Court

### OPTIONS

- This is an information update. No action is necessary.

## MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** CEO and Executive Administration

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### CHIEF EXECUTIVE OFFICER

**“The man that moves a mountain begins by carrying away small stones.” - Confucius**

So, from time to time, I like to step back and describe the larger picture (the mountain) and what initiatives (the stones) we are pursuing to reach our sustainability goal.

We identified three basic problems that must be fixed to ensure the sustainability of Bartlett Regional Hospital (BRH).

- 1) Improve the financial viability of the core operations of BRH.
- 2) Determine the disposition of public health services that have been added to BRH core operations over the years.
- 3) Determine what services provide growth opportunities and analyze the competitive landscape of the healthcare market.

**1) Improving core operations of the hospital:** Long-term sustainable operations is both an urgent and important big issue. The following initiatives have been implemented to improve sustainability:

- Position control was implemented and is ongoing.
- Contract management has been implemented and is ongoing.
- IT (Information Technology) governance has been implemented and is ongoing.
- IT reduction of duplicate applications has been implemented and is ongoing.
- Prior two fiscal year Medicare cost reports were revised to maximize reimbursement and have been resubmitted.
- Critical Access Hospital (CAH) status is being reviewed by legal counsel to determine if it helps the organization's long-term sustainability.

**2) Disposition of public health services:** While these are important services to the community, the core operations of BRH can no longer cross subsidize these services. The following initiatives have been implemented to improve sustainability:

- This issue was brought to the attention of the CBJ Assembly during our budget hearings. Management committed to developing decision point documents that analyze each entity.

- The Board and management presented the decision point documents to the CBJ Assembly and leaders to ensure a mutual understanding and to receive advice and counsel from CBJ's elected officials.
- The Board held two special meetings to present the decision point documents and obtain input from the community. Written input was also obtained and shared with the Board.
- The Board prepared resolutions to formally lay out the next steps and timelines for each entity.

**3) Growth and Competition:** There are strategic growth opportunities within the Juneau market. The following initiatives are being implemented:

- Women's services, especially in gynecologic oncology, is a needed service to women in Southeast Alaska. This service is currently supported by two surgeons, as well as existing infusion, medical oncology, and radiation therapy services in Juneau. The da Vinci robot is used in many of the surgeries. Most importantly, women are provided full-service care earlier and within their community.
- An Orthopedic Center of Excellence is being developed and we are in discussions with surgeons to ensure that BRH can provide appropriate orthopedic services on a timely basis and within our community.
- Cardiovascular Diagnostics is another area BRH can provide now that our diagnostic equipment has been upgraded.

Competition in a small market is a particularly critical issue to sort out. There are two basic issues at play in our market:

- 1) Outmigration of patients that BRH could handle that receive medical treatment in other communities.
  - a. Reviewing claims data to understand the reasons for outmigration.
- 2) Competition with a local competitor that has significantly more resources and is not subject to the same laws and regulations.
  - a. Legal review of all state and federal healthcare laws to determine the regulatory landscape and what options are available to even out the playing field.

Each of the three basic problems must be addressed to provide BRH with a sustainable future. Management, in collaboration with the medical staff, elected officials and City leadership, and the Board are moving rapidly to address these issues. I feel confident that we are making progress and will ultimately prevail.

**CHIEF NURSING OFFICER/CHIEF OPERATING OFFICER:**

**Cruise Ship Liaison:** Conversations are continuing with CLAA (Cruise Line Agencies of Alaska) and CBJ regarding providing Bartlett with logistical support for patients discharged from the ED (Emergency Department) and needing to get back on the ship, to a hotel or to fly back home. This takes an extraordinary amount of time for BRH staff to manage on top of the regular community caseload. CLAA as well as CBJ is committed to continued conversations and collaboration.

**Behavioral Health (BH):** BH providers throughout the State have reached out to start conversations with BRH regarding recent public comment related to BRH's finances and the possibility of closing

BH services. BRH will continue conversations in hopes that another BH provider has the capacity to take over BH services from BRH.

**Human Resources:**

**Key Initiatives**

- 1) Using employee engagement data to improve employee satisfaction.
- 2) Reduction of contract staff
- 3) Implementing intuitive user-friendly technology to enhance employee experience and provide much needed data and reporting functionality.
- 4) Enhancing New Employee and Supervisor/Manager Training

UPDATE – New Employee Orientation rolling out in July anticipated 30% reduction in cost (between 100 – 200k annualized savings)

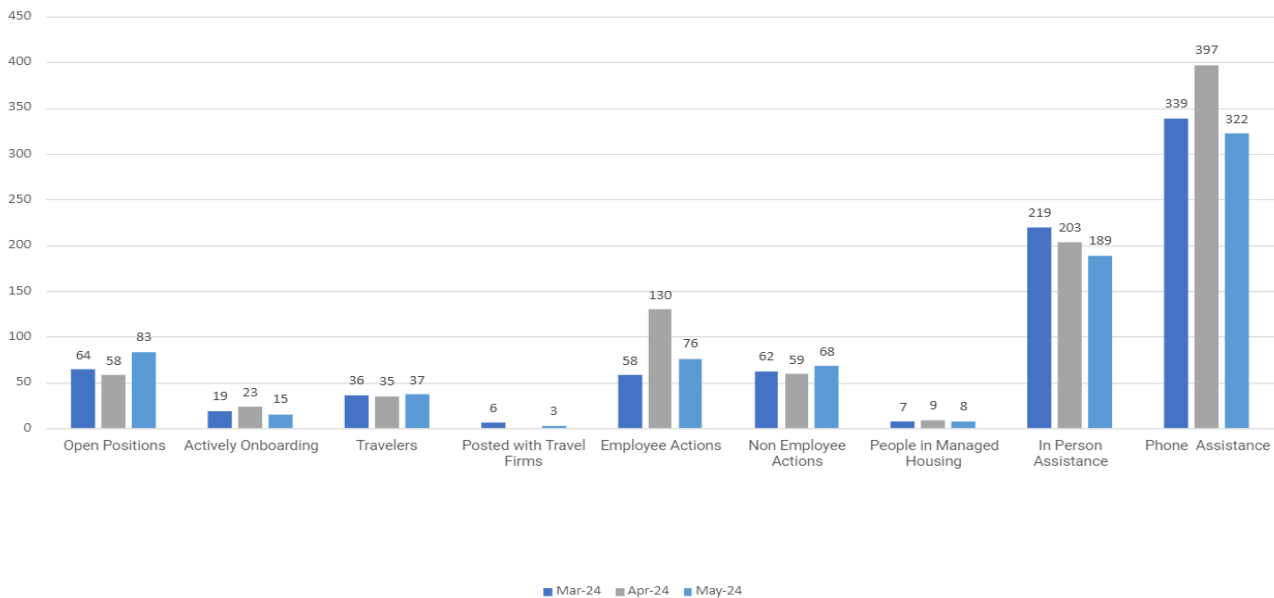
**Additional Critical Projects**

- Union negotiations
- CEO Search
- Oversight of Strategic Goal #2 – A3s
- Transition to new Time and Attendance system.
- Implementation of check-in meetings with new hires
- Policy Review – All BRH HR Policies
- Succession Planning – FY25 Q2
- Digital / Paperless Transformation

UPDATE – 30% of historical documents have been digitalized and 100% of CY24 new hires are electronic.

**Monthly Metrics**

HR Board Dashboard



## MEMORANDUM

**DATE:** June 21, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kim Stout, Post-Acute Care Services Executive Director

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### HOME HEALTH SERVICES

Home Health was notified on April 19<sup>th</sup> by the State of Alaska that Home Health is in compliance with State/Federal regulations, effective 4/8/2024. We continue to wait for Centers for Medicare and Medicaid Services (CMS) to provide Home Health with an official license and a Provider Transaction Number (PTAN), which will allow us to begin billing and collecting for services rendered.

Home Health has had one-hundred and three admissions since opening the program in 8/2023 and, currently has seventeen active patients on service. There are five pending admissions under review.

### HOSPICE SERVICES

Hospice has received the necessary provider number(s) to begin financial training with our contracted billing service (HealthCare First). The first training call will take place on Monday, June 17<sup>th</sup>.

Hospice has had a total of forty-five admissions since 8/1/2023, three of which currently receive services. The hospice average daily census for the current quarter is eight and the average length of stay for the current quarter is 69 days. Volume has significantly dropped this month due to several deaths.

Unfortunately, home health/hospice received a registered nurse resignation, effective July 31<sup>st</sup> due to relocating out of the state of Alaska.

### WILDFLOWER COURT (WFC)

WFC experienced a COVID outbreak during the last week of May. Our last positive test resulted on 6/10/2024 and will be off isolation 6/21/2024. WFC had twelve residents and eight staff members test positive for COVID. During this outbreak, safety measures were immediately implemented, including isolation procedures, implementation of hepa filtering devices, signage providing notification of COVID infection, request for visitors/residents to wear masks and washing hand frequently, avoid entering the facility if feeling ill, etc. WFC halted acceptance of new admissions until 6/12/2024.

WFC's average daily census (ADC) for May was, was forty-five (45). We had nine discharges and eight new admissions during the month of May. WFC has three Medicare A residents, two Medicare B residents, two Private Pay residents and thirty-five Medicaid Long-term Care residents as of 6/14/2024. Currently WFC has five pending long-term care referrals that are under review. WFC is scheduled to admit approximately three new admissions within the next week.

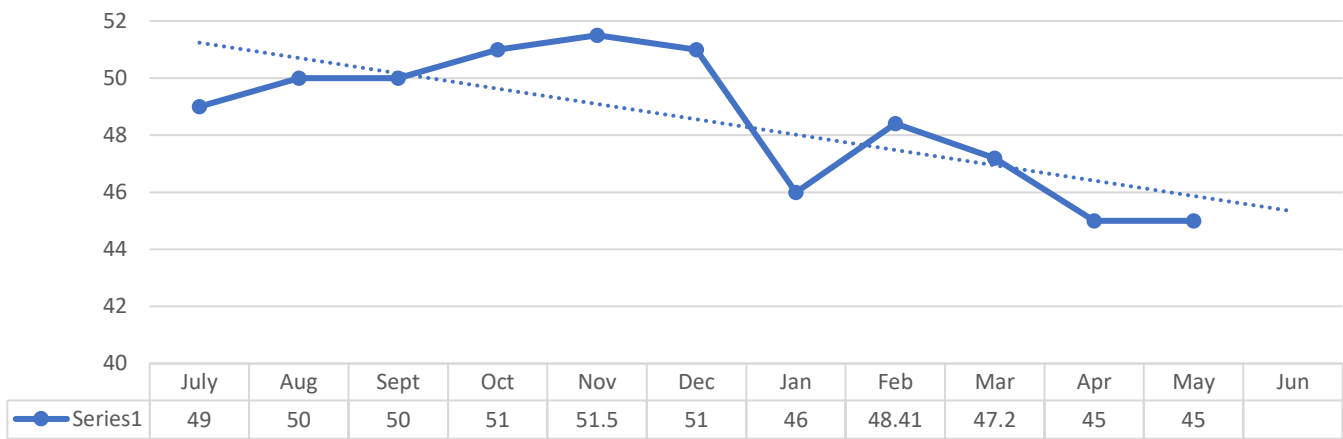


Staffing is adequate for current needs and the number of residents we are serving. We are happy to announce BRH/WFC has hired two new Licensed Practical Nurse (LPN) graduates. They will be sitting for their NCLEX Nursing Board exam at the end of June or first of July 2024. WFC offered a position to a new RN applicant, who has accepted and will begin new employee orientation 6/24/2024.

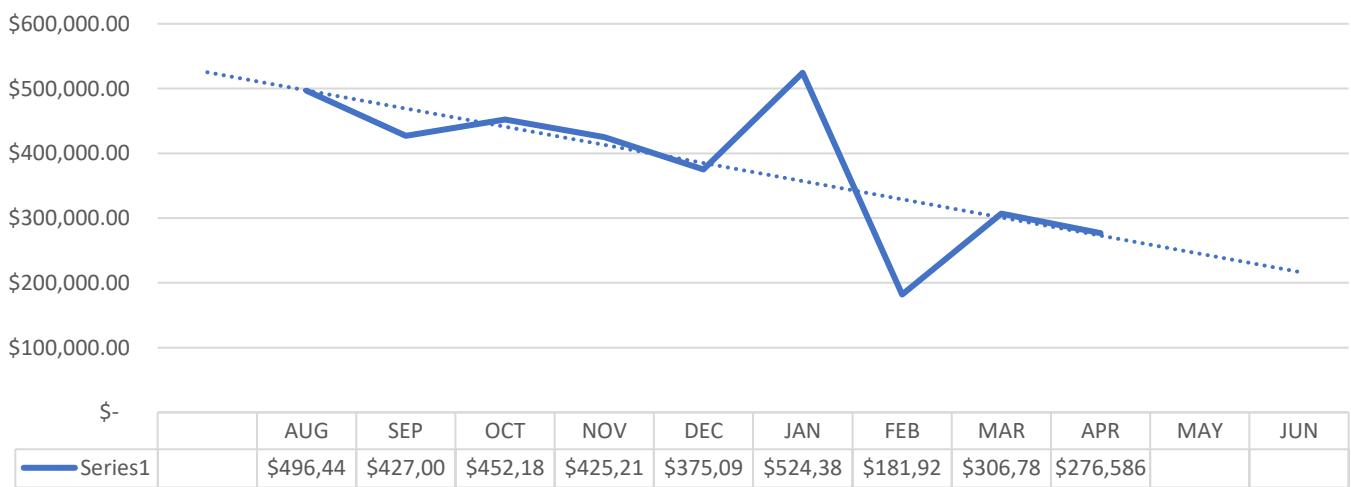
BRH/WFC welcomed Jackie Russell, MSW to our team on 5/13/2024. Ms. Russell will spend the next three months training with Sharon Woodward, WFC Social Worker, who plans to retire in August 2024.

WFC nursing staff have completed intravenous infusion education and competency assessment review. Provision of infusion services will benefit Bartlett Regional Hospital by reducing the length of stay for patients requiring long-term IV antibiotic therapy. WFC will be admitting an infusion recipient into Subacute Rehab (SAR) the week of 6/16/2024.

WFC FY 2024 Average Daily Census Report



Contracted Labor Cost FY 2024



### MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Maria Uchytel, Executive Director Bartlett Foundation

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### ISSUE

- This is a standing report to the board from Maria Uchytel regarding current Bartlett Foundation matters.

### BACKGROUND

- The board will be briefed on current Bartlett Foundation matters in the form of a standing report.
- Behind this cover memo is the standing report for the Bartlett Foundation.

### OPTIONS

- This is an information update. No action is necessary.

## MEMORANDUM

**DATE:** June 20, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Maria E. Uchytel, Executive Director Bartlett Foundation

### Current Activity/Fundraising/Events:

1. The Scholarship Committee is reviewing Edelman scholarship applications. A total of 31 complete applications were received.
2. The Wildlife Cruise event was held on Saturday, June 15th, with 77 people in attendance.
3. The Foundation's Appreciation Dinner pig roast fundraiser is scheduled for August 24th.
4. Continue discussions with the CBJ Tourism Manager and CLA to provide logistical support for cruise ship patients once they are discharged from BRH.
5. The Foundation is housing a student participating in the Rural Immersion Institute of the North (RIIN) program from June 25th-29th. The student, Sarah DeSantos, is a Biology Pre-med student at WA State Pullman and is interested in pediatrics or general practice.
6. Foundation investment in BRH through May 31, 2024:

ED RN Education Q1 Funding	\$20,000
Hospice Education Q1 Funding	\$10,000
Suicide prevention Training	\$1,500
ED and Hospice Education Q2 Funding	\$6,500
Q1 Malnutrition Documentation Performance Improvement Project, (lunch and coffee cards)	\$250
Q1 and Q2 Fireweed Awards	\$600
2024 Nursing of Excellence and Physician Appreciation Awards	\$1,100
<b>Total Amount To Date</b>	<b>\$39,950</b>

“No one has ever become poor from giving.”  
Anne Frank

### MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Kenny Solomon-Gross, Board President

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### ISSUE

- The board is being asked to review and approve the board calendar for the next month.

### BACKGROUND

- Behind this cover memo is the draft calendar of board and committee meetings scheduled to take place in the upcoming month.

### OPTIONS


- Approve the board calendar as presented to the board.
- Amend the board calendar and approve the amended board calendar.
- Seek additional information.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital approve the board calendar as presented.

# July 2024

All public meetings will be held in the BRH board room and will have a virtual option for attendance.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2 7:00am Credentials Committee  (Not a public meeting)	3	4 	5 12:00pm Planning Committee (PUBLIC MEETING)	6
7	8 3:30pm Board Quality Committee (PUBLIC MEETING)	9	10	11	12 12:00pm Finance Committee (PUBLIC MEETING)	13
14	15	16	17	18 2:30pm Board Compliance Committee (PUBLIC MEETING)	19	20
21	22	23 5:30pm Board of Directors (PUBLIC MEETING)	24	25	26	27
28	29	30	31			

**Committee Meeting Checkoff:**  
 Board of Directors – 4<sup>th</sup> Tuesday every month  
 Board Compliance and Audit  
 Board Quality

**Joint Conference**  
 Finance  
 Governance  
 Planning

### MEMORANDUM

**DATE:** June 25, 2024  
**TO:** Bartlett Regional Hospital Board of Directors  
**FROM:** Ian Worden, CEO

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### ISSUE

- The board will be briefed on confidential matters not subject to public disclosure, including the credentialing status of medical providers, discussions from the Medical Staff meeting, patient safety, any legal and litigation matters that need discussion and union negotiation updates.

### BACKGROUND

- Behind this cover memo are:
  - a. Credentialing files summary report
  - b. June 11, 2024, Medical Staff Meeting Minutes
  - c. Patient Safety Dashboard
- Additional topics to be discussed during executive session include:
  - a. Legal and litigation Report
  - b. Union negotiations

### OPTIONS

- No action will be taken during executive session. Action to be taken on the credentialing files summary report will occur when the open meeting resumes.

### SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital recess into executive session 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, patient safety dashboard and union negotiations; and
  - To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and City attorney. *(Unnecessary staff and the Medical Chief of Staff may be excused from this portion of the session.)*