Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
Brattleboro Retreat	03-0107360

Number, street, and room or suite no. If a P.O. box, see instructions.
1 Anna Marsh Lane

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Brattleboro, VT 05302

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ William King
1 Anna Marsh Lane - Brattleboro, VT 05301

Telephone No. ▶ (802)258-3716 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2021 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

123841 01-12-22

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Brattleboro Retreat

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1 Anna Marsh Lane

City or town, state or province, country, and ZIP or foreign postal code
Brattleboro, VT 05302

F Name and address of principal officer: Linda Rossi
same as C above

D Employer identification number
03-0107360

E Telephone number
(802)257-7785

G Gross receipts $ 67,018,798.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.brattlebororetreat.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1834 **M** State of legal domicile: VT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Offering a continuum of care including Inpatient, Partial Hospitalization, Residential and

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	616
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,066.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,184,144.	20,923,754.
9	Program service revenue (Part VIII, line 2g)	52,962,587.	44,084,665.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,829.	86,451.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-16,654.	370,169.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,332,906.	65,465,039.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,350.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,748,551.	37,359,612.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,220,451.	22,634,045.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,976,352.	59,993,657.
19	Revenue less expenses. Subtract line 18 from line 12	-1,643,446.	5,471,382.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	45,056,083.	45,190,535.
21	Total liabilities (Part X, line 26)	27,213,457.	21,872,622.
22	Net assets or fund balances. Subtract line 21 from line 20	17,842,626.	23,317,913.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date

▶ Linda Rossi, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Joseph R. Byrne	Joseph R. Byrne	11/14/22	☐	P01289281

Firm's name ▶ Berry Dunn McNeil & Parker, LLC — Firm's EIN ▶ 01-0523282

Firm's address ▶ 2211 Congress St
Portland, ME 04102 — Phone no. (207)775-2387

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
Inspired by the courage of our patients, the Brattleboro Retreat is dedicated to children, adolescents and adults in their pursuit of recovery from mental illness, psychological trauma and addiction. We are committed to excellence in treatment, advocacy, education,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 47,225,236. including grants of $ _____) (Revenue $ 43,942,929.)
Offering a full continuum of care including inpatient and partial hospitalization, residential care for children and adolescents, intensive outpatient services for adults (including treatment for opiate addiction), and traditional outpatient treatment for children, adolescents adults and older adults from throughout the Northeast. Patient Days: Inpatient 18,950, Partial 4,176, Residential 2,294, Outpatient - 20,373

4b (Code: _____) (Expenses $ 241,487. including grants of $ _____) (Revenue $ 444,315.)
Vermont Board of Education Approved school serving children and adolescents in inpatient, residential, and partial hospitalization programs. The curriculum meets the educational, clinical, and behavioral needs of our students as well as the requirements of Vermont's educational standards. Patient School Days 905.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 47,466,723.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	52		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 616			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ VT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

William King - (802)258-3716
1 Anna Marsh Lane, Brattleboro, VT 05301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Louis Josephson	40.00									
CEO	0.00	X		X				429,117.	0.	43,793.
(2) Lisa Lambert	40.00									
Staff Psychiatrist	0.00					X		439,600.	0.	12,126.
(3) Guarav Chawla	40.00									
Chief Medical Officer	0.00					X		400,840.	0.	36,093.
(4) Karl Jeffries	40.00									
Sr Medical Director	0.00					X		288,480.	0.	42,208.
(5) Elizabeth H Joseph	40.00									
Staff Psychiatrist	0.00					X		268,961.	0.	28,398.
(6) Tracey Krasnow	40.00									
Unit Chief	0.00					X		258,379.	0.	34,913.
(7) Beth L Chague	40.00									
Past CFO	0.00			X				113,887.	0.	9,857.
(8) Steven Van Loh	40.00									
Vice President Finance	0.00			X				51,241.	0.	4,618.
(9) Thomas Huebner	1.00									
Board Chair	0.00	X		X				0.	0.	0.
(10) Elizabeth Catlin	1.00									
Vice Chair	0.00	X		X				0.	0.	0.
(11) Adam Grinold	1.00									
Secretary	0.00	X		X				0.	0.	0.
(12) Joshua Davis	1.00									
Asst Secretary	0.00	X		X				0.	0.	0.
(13) Christopher Turley	1.00									
Acting Treasurer	0.00	X		X				0.	0.	0.
(14) Drew Pate	1.00									
Trustee	0.00	X						0.	0.	0.
(15) Joseph Pyle	1.00									
Trustee	0.00	X						0.	0.	0.
(16) Judi Fox	1.00									
Trustee	0.00	X						0.	0.	0.
(17) Justin Johnson	1.00									
Trustee	0.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Kate O'Connor	1.00									
Trustee	0.00	X						0.	0.	0.
(19) Kenneth Becker	1.00									
Trustee	0.00	X						0.	0.	0.
(20) Tonia Wheeler	1.00									
Past Trustee	0.00	X						0.	0.	0.
1b Subtotal ▶								2,250,505.	0.	212,006.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								2,250,505.	0.	212,006.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 53

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo PO Box 360170, Pittsburgh, PA 15251-6170	Food/Housekeeping services	3,436,577.
AHSA, LLC PO Box 928, Edmond, OK 73083-1928	Travel nurse provider	3,048,449.
Schroeder Consulting 6630 Fonder Dr, Parker, CO 80134	Process consultant	1,364,155.
Avant Healthcare PO Box 744554, Atlanta, GA 30374-4554	Travel nurse provider	1,008,899.
Locumtenens PO Box 405547, Atlanta, GA 30384-5547	Travel doctor provider	799,275.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 17

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	18,546,407.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,377,347.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			20,923,754.			
Program Service Revenue		**Business Code**					
	2a Patient Service Revenue	622200		89,016,976.	89016976.		
	b Miscellaneous	900099		1,081,781.	957,530.	2,066.	122,185.
	c MSO Revenue	622200		570,539.	570,539.		
	d Contractual/Char. Adj.	622200		-46584631.	-46584631.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			44,084,665.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			85,474.			85,474.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	167,342.					
	b Less: rental expenses 6b	99,752.					
	c Rental income or (loss) 6c	67,590.					
	d Net rental income or (loss)			67,590.			67,590.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	1,454,984.					
	b Less: cost or other basis and sales expenses 7b	1,454,007.					
	c Gain or (loss) 7c	977.					
	d Net gain or (loss)			977.			977.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a Joint Venture Earnings	900099		302,579.	302,579.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			302,579.			
	12 **Total revenue.** See instructions			65,465,039.	44262993.	2,066.	276,226.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	652,514.		652,514.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	28,642,959.	24,784,218.	3,858,741.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	410,338.	355,216.	55,122.	
9 Other employee benefits	5,554,188.	4,726,757.	827,431.	
10 Payroll taxes	2,099,613.	1,771,632.	327,981.	
11 Fees for services (nonemployees):				
a Management				
b Legal	437,240.		437,240.	
c Accounting	90,450.		90,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,579.		23,579.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,007,843.	9,585,556.	2,422,287.	
12 Advertising and promotion	69,232.		69,232.	
13 Office expenses	65,502.	22,751.	42,751.	
14 Information technology				
15 Royalties				
16 Occupancy	1,728,149.	11,815.	1,716,334.	
17 Travel	14,591.	10,035.	4,556.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	429,119.	242,096.	187,023.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,754,605.	967,467.	787,138.	
23 Insurance	796,025.	796,025.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Provider Tax	2,552,822.	2,552,822.		
b Miscellaneous Expenses	1,624,347.	604,358.	1,019,989.	
c Meals	626,074.	621,508.	4,566.	
d Medical Supplies	414,467.	414,467.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	59,993,657.	47,466,723.	12,526,934.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☒

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,708,410.	1	2,603,533.
	2	Savings and temporary cash investments	5,155,635.	2	9,925,163.
	3	Pledges and grants receivable, net	711,923.	3	1,027,878.
	4	Accounts receivable, net	7,699,649.	4	2,890,283.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	150,075.	8	150,075.
	9	Prepaid expenses and deferred charges	630,185.	9	1,222,576.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 65,013,612.			
	b	Less: accumulated depreciation — 10b: 43,101,713.	22,585,319.	10c	21,911,899.
	11	Investments - publicly traded securities	3,672,832.	11	3,807,383.
	12	Investments - other securities. See Part IV, line 11	188,551.	12	492,049.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,553,504.	15	1,159,696.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	45,056,083.	16	45,190,535.
Liabilities	17	Accounts payable and accrued expenses	10,354,793.	17	10,024,175.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	10,371,906.	20	9,532,832.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	57,605.	23	356,221.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,429,153.	25	1,959,394.
	26	**Total liabilities.** Add lines 17 through 25	27,213,457.	26	21,872,622.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	10,058,073.	27	19,822,573.
	28	Net assets with donor restrictions	7,784,553.	28	3,495,340.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	17,842,626.	32	23,317,913.
	33	Total liabilities and net assets/fund balances	45,056,083.	33	45,190,535.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,465,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,993,657.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,471,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,842,626.
5	Net unrealized gains (losses) on investments	5	3,905.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,317,913.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Brattleboro Retreat

Employer identification number
03-0107360

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Brattleboro Retreat

Employer identification number

03-0107360

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: Brattleboro Retreat

Employer identification number: 03-0107360

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 84,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Brattleboro Retreat

Employer identification number: 03-0107360

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 7,804,895.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 4,881,447.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 2,239,004.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 572,156.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 8,989.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Brattleboro Retreat

Employer identification number: 03-0107360

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 2,950,642.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Brattleboro Retreat

Employer identification number: 03-0107360

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: Brattleboro Retreat

Employer identification number: 03-0107360

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
Brattleboro Retreat	03-0107360

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		12,353.
j Total. Add lines 1c through 1i			12,353.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Line 1b relates to a portion of MSO VP's salary in the amount of $4,851.

Line 1i includes the portion of AHA and VAHHS dues related to lobbying.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Brattleboro Retreat

Employer identification number
03-0107360

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included in (a) 2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,686,428.	4,965,555.	7,094,433.	7,046,470.	6,856,675.
b Contributions					
c Net investment earnings, gains, and losses	-49,619.	-1,279,127.	389,087.	47,963.	191,951.
d Grants or scholarships					
e Other expenditures for facilities and programs			2,517,965.		2,156.
f Administrative expenses					
g End of year balance	3,636,809.	3,686,428.	4,965,555.	7,094,433.	7,046,470.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100 %
b Permanent endowment ▶ .0000 %
c Term endowment ▶ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,033.		120,033.
b Buildings		51,136,658.	31,992,641.	19,144,017.
c Leasehold improvements				
d Equipment		10,965,763.	9,206,500.	1,759,263.
e Other		2,791,158.	1,902,572.	888,586.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				21,911,899.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Bank Overdraft	263,629.
(3) Deferred Compensation Obligation	559,820.
(4) Deferred Provider Relief Funds	73,330.
(5) Medicare Accelerated Payments	1,062,615.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,959,394.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	65,568,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,905.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	99,752.		
e	Add lines **2a** through **2d**			2e	103,657.
3	Subtract line **2e** from line **1**			3	65,465,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	65,465,039.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	60,093,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	99,752.		
e	Add lines **2a** through **2d**			2e	99,752.
3	Subtract line **2e** from line **1**			3	59,993,657.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	59,993,657.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

These funds consist of assets held by a trustee under an indenture agreement and funds set aside by the Board for capital improvements, over which the Board retains control and may, at its discretion, use for other purposes such as short-term operating needs.

Part XI, Line 2d - Other Adjustments:

Rental Expenses 99,752.

Part XII, Line 2d - Other Adjustments:

Rental Expenses 99,752.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Brattleboro Retreat

Employer identification number
03-0107360

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2681668.		2681668.	4.47%
b Medicaid (from Worksheet 3, column a)			26976485.	14511344.	12465141.	20.78%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial Assistance and Means-Tested Government Programs			29658153.	14511344.	15146809.	25.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			240,105.		240,105.	.40%
g Subsidized health services (from Worksheet 6)			15730817.	9187060.	6543757.	10.91%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			15970922.	9187060.	6783862.	11.31%
k **Total.** Add lines 7d and 7j			45629075.	23698404.	21930671.	36.56%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 0.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 7,192,464.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 15,948,262.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -8,755,798.		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 Brattleboro Retreat 1 Anna Marsh Lane Brattleboro, VT 05301 www.brattlebororetreat.org 921	X									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Brattleboro Retreat

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 21			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): www.brattlebororetreat.org/info			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [ ] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): www.brattlebororetreat.org/info			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Brattleboro Retreat

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): See Part V, Page 8			
b	[X] The FAP application form was widely available on a website (list url): See Part V, Page 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): See Part V, Page 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[ ] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Brattleboro Retreat

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Brattleboro Retreat

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	[ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	[ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	[ ] The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		X
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		X
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Brattleboro Retreat:

Part V, Section B, Line 5: Because of its diverse and extensive service area, the Retreat defines its service area at both the county and state levels, and assesses the health needs of both areas. This gives planners a detailed understanding of the needs of the local populations as well as Vermont as a whole.

The Community Health Needs Assessment (CHNA) was therefore divided into two phases: Phase I for Windham County and Phase II for the state of Vermont.

For Phase I (Windham County), the Retreat partnered with Grace Cottage Hospital and Brattleboro Memorial Hospital to gather and assess both quantitative and qualitative data. The three health care organizations developed a steering committee, made up of representatives from each of the hospitals as well as from the Vermont Department of Health, Brattleboro Office, to guide the qualitative research and collect and analyze the quantitative data. The Windham County CHNA Steering Committee planned and conducted qualitative research, which included a countywide survey and a focus group on health care needs of minority and underserved populations. During the research process, the Steering Committee consulted with Vermont Agency of Human Services District Leadership Team and the Clinical Planning Group of the Vermont Blueprint for Health-Brattleboro Service Area.

In Phase II (statewide), the Retreat gathered and assessed quantitative

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

and qualitative data on mental health and addiction in the state of Vermont. Additionally, qualitative data was collected from community stakeholders across the state of Vermont through an online survey that was widely distributed across the state. During this phase of research, the Retreat consulted with the Vermont Department of Health, the Brattleboro Retreat's Consumer Advisory Council as well as a range of Retreat staff members, including clinical and administrative staff.

Once the qualitative and quantitative data were collected and analyzed, planners reviewed the community health needs that emerged as a result of conducting the assessment. They carefully assessed each need, identified the major themes and developed broader priority areas to encompass these needs. Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat, namely in mental health and addiction treatment, as well as within the Retreat's capacity to make an impact. Planners also worked to identify needs that were supported by quantitative research data OR were identified in the community input process, through either of the surveys or the focus group. Once the planners identified some potential priority areas, they shared the results of the needs assessment as well as the recommended priority areas with the Brattleboro Retreat's Consumer Advisory Council and a group of Retreat staff members that included both clinical and administrative staff from various departments.

Brattleboro Retreat:

Part V, Section B, Line 6a: Brattleboro Memorial Hospital, Grace Cottage Hospital and Brattleboro Retreat

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Brattleboro Retreat:

Part V, Section B, Line 11: See attached implementation strategy.

Brattleboro Retreat

Part V, line 16a, FAP website:

https://www.brattlebororetreat.org/financial-assistance

Brattleboro Retreat

Part V, line 16b, FAP Application website:

https://www.brattlebororetreat.org/financial-assistance

Brattleboro Retreat

Part V, line 16c, FAP Plain Language Summary website:

https://www.brattlebororetreat.org/financial-assistance

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part II, Community Building Activities:

Retreat Trails-Nine mile recreational trail network open to the public for non-motorized recreational activities.

Part III, Line 4:

See Pages 9-11 of audited financial statements for footnote disclosure.

Part III, Line 8:

A cost to charge ratio was used to determine the amount reported on Line 6.

Part III, Line 9b:

Included in our debt collection policy there is a section that if a patient is known to qualify for Charity Care upon admission then the eligibility guideline is followed at the time of admission to capture that information.

Part VI, Line 2:

Part VI **Supplemental Information** *(Continuation)*

In 2021, the Brattleboro Retreat served 2,258 children, adolescents and adults in inpatient, residential, ambulatory, outpatient, and school programs.

The impact of the Retreat's services upon its patients and their families and communities is often dramatic and life-saving; especially as fewer and fewer healthcare organizations choose to offer a full continuum of mental health and addiction care services. Meanwhile, the number of patients seeking treatment for mental health and substance abuse issues continues to rise throughout the region and the nation. The Retreat strives to meet this increasing demand for services by renovating and updating facilities and patient care areas and utilizing the latest in treatment modalities to improve health care outcomes for the populations served.

In 2021, the Brattleboro Retreat served 1,689 individuals in our outpatient programs. Two hundred and sixty two (262) children were served across all programs. Thirteen (13) children were served in our residential programs.

The Retreat continued to meet the need for quality psychiatric and addiction care coupled with an ongoing trend of higher inpatient acuity by strengthened its clinical expertise. This included the continued roll out of evidence-based practices throughout the hospital's programs along with an expansion of required clinical skills trainings involving both psychiatric and co-morbid medical conditions (wound care, for example) offered through the Retreat's Clinical Education department.

The Retreat also continued to make important strides forward in improving

Part VI **Supplemental Information** *(Continuation)*

its financial systems with the goal of strengthening cash flows and establishing a more predictable operating margin.

Summary of Process for Openness and Public Participation:

The Brattleboro Retreat keeps the community informed with regular appearances and/or memberships with the Brattleboro Select Board, Building a Better Brattleboro, Brattleboro Development and Credit Corporation (BDCC), Brattleboro Chamber of Commerce, the Windham County Legislative Delegation, Southeastern Vermont Economic Development Strategies (SeVEDS), the Rotary Club of Brattleboro, and ongoing collaborations with other community organizations including Brattleboro Memorial Hospital, Grace Cottage Hospital, Health Care and Rehabilitation Services (HCRS), Rescue Inc., the Brattleboro Police Dept., and area schools.

In addition to its regular treatment and professional education services, the Brattleboro Retreat offers numerous programs to the community free of charge, including various lectures, forums, and special educational events. The feedback of patients, their families, and community members is of great importance to the Brattleboro Retreat.

Strategic Plan & Financial Information:

In 2021 the Brattleboro Retreat spent approximately $1M on capital improvements. The depreciation schedule was $1.8M. As a private not-for-profit organization, copies of the strategic plan are not publicly available.

Part VI, Line 3:

Part VI **Supplemental Information** *(Continuation)*

At the time of admission, patients receive counseling about their eligibility for assistance under various governmental programs as well as the organization's charity care policy.

Part VI, Line 4:

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southeastern corner of Vermont-on the border with both New Hampshire and Massachusetts. Brattleboro is a small, rural town with an estimated population of 11,332. The estimated population for Windham County is 42,222. The state of Vermont has an estimated population of 623,989. (U.S. Census estimate, July 1, 2019).

The Retreat plays a vital role as a large provider of mental health and substance abuse services in New England. It provides treatment to individuals of all ages from throughout the Northeast, accepts high numbers of Medicare and Medicaid funded patients and provides services offered by few other hospitals. In addition, the Retreat provides an array of ambulatory services to people in the local area. These services include outpatient counseling as well as partial hospital and intensive outpatient mental health and substance use disorder treatment.

The Brattleboro Retreat is the only mental health and addiction specialty hospital in Vermont and one of the few in New England. In Vermont, there are four medical hospitals with psychiatric units. The Retreat is the largest provider of inpatient psychiatric services in the state and operates roughly the same number of psychiatric beds as the other four hospitals combined. The Retreat is also the only mental health hospital in Vermont for children and adolescents. The surrounding states have similar

Part VI **Supplemental Information** *(Continuation)*

arrays of services: a few free-standing psychiatric hospitals, such as Providence Behavioral Healthcare Hospital in Holyoke, MA, and some medical hospitals operating psychiatric units. Many area medical hospitals have downsized or eliminated their psychiatric beds in recent years, particularly those in New Hampshire. Most psychiatric units also exclusively serve adults with few inpatient programs available for children and adolescents. The Retreat is dedicated to serving this population. As a regional specialty hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont and throughout the greater New England area and beyond. The relatively low population of Vermont and the greater population to the south necessitate drawing from a broad and diverse area. The Retreat's geographic location also facilitates this regional draw. While the majority of inpatient admissions to the Retreat come from the state of Vermont, patients also come from all other New England States and beyond. Massachusetts, with an estimated population in 2019 of 6,892,503 is the second largest sending state. The Retreat is located just 8 miles from the Massachusetts border with interstate access to the western part of the state, including the cities of Northampton, Holyoke, and Springfield. The demographics of income, race, poverty etc., vary greatly across the catchment area and are therefore difficult to characterize. According to the data collected in the American Community Survey (ACS) and the Puerto Rico Community Survey (PRCS) conducted annually by the U.S. Census Bureau, the estimated median household income of Vermont residents is $60,076. Eleven percent of Vermonters live in poverty and 4.9 percent of Vermonters are without health insurance. In 2019, 74 percent of the Retreat's funding came from public sources-22 percent from Medicare and 51 percent from Medicaid/State programs.

Part VI **Supplemental Information** *(Continuation)*

Part VI, Line 5:

AL-ANON-weekly use of Central Conference Room

AA-weekly use of Cafeteria

Midwinter Lunch Series-a series of 4 hour-long educational programs. Held annually in February, the series is free and open to staff, community providers, and the public. Topics are related to mental health and substance abuse in children, adolescents, and adults.

Community Wellness Workshops-presented by the Brattleboro Retreat; these include wellness programs, ongoing classes, and support groups, many of which are free, for all members of the community.

Cafeteria & Conference Room-both facilities are used for meetings by groups including: Brattleboro Area Development Committee, Brattleboro Area Chamber of Commerce, Early Education Services, Brattleboro Area Human Resources Network, Windham Regional Commission, Local Emergency Planning Committee (LEPC), Brattleboro Area Hospice, Brattleboro Early Educators Cooperative, Brattleboro Area Human Resources Network, Windham County Consortium on Substance Use (COSU), Safe Driving Program, Windham Southeast Supervisory Union, Windham Central Supervisory Union, NFI Vermont, Center for Health & Learning, Green Mountain Care Board, Blue Cross Blue Shield of Vermont, Al Anon, Alcoholics Anonymous, and United Way of Windham County.

Relay for Life-the hospital's "Retreat Feat" team participates in this local event to raise funds and awareness in the fight against cancer.

Part VI **Supplemental Information** *(Continuation)*

Part VI, Line 6:

Vermont Assoc. for Mental Health-provides advocacy for the mental health community in Vermont: Vermont Program for Quality in Healthcare-provides advocacy for access to health-care services in Vermont.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Brattleboro Retreat

Employer identification number

03-0107360

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Louis Josephson	(i)	406,202.	0.	22,915.	8,700.	35,093.	472,910.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Lisa Lambert	(i)	439,600.	0.	0.	8,700.	3,426.	451,726.	0.
Staff Psychiatrist	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Guarav Chawla	(i)	400,840.	0.	0.	0.	36,093.	436,933.	0.
Chief Medical Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Karl Jeffries	(i)	288,480.	0.	0.	8,700.	33,508.	330,688.	0.
Sr Medical Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Elizabeth H Joseph	(i)	268,961.	0.	0.	2,741.	25,657.	297,359.	0.
Staff Psychiatrist	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Tracey Krasnow	(i)	258,379.	0.	0.	7,950.	26,963.	293,292.	0.
Unit Chief	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Beth L Chague	(i)	61,864.	0.	52,023.	0.	9,857.	123,744.	0.
Past CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 4a:

During 2021, Beth Chague, Past CFO, received a severance payment of $38,464.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
Brattleboro Retreat

Employer identification number
03-0107360

Part I Bond Issues See Part VI for Column (a) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Vermont Educational and Health Buildings Financi	23-7154467	None	07/15/15	11245000.	Refund Series 2011A Bonds		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,674,608.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	11,245,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	97,745.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	11,147,255.			
12	Other unspent proceeds				
13	Year of substantial completion	2015			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K, Part I, Bond Issues:
(a) Issuer Name: Vermont Educational and Health Buildings Financing Agency

Schedule K, Part IV, Arbitrage, Line 2c:
(a) Issuer Name: Vermont Educational and Health Buildings Financing Agency
Date the Rebate Computation was Performed: 12/20/2021

SCHEDULE O (Form 990)	**Supplemental Information to Form 990 or 990-EZ**	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.** ▶ **Attach to Form 990 or Form 990-EZ.** ▶ **Go to www.irs.gov/Form990 for the latest information.**	**2021** **Open to Public Inspection**

Name of the organization	Employer identification number
Brattleboro Retreat	03-0107360

Form 990, Part I, Line 1, Description of Organization Mission:

Outpatient Treatment for Children, Adolescents, Adults, and Older Adults throughout the Northeast.

Form 990, Part III, Line 1, Description of Organization Mission:

research, and community service. We provide hope, healing, safety and privacy through a full continuum of medical and holistic services delivered by expert caregivers in a uniquely restorative Vermont setting.

Form 990, Part VI, Section B, line 11b:

The Governing Body will receive the prepared 990 electronically for their review prior to filing the return, followed by a presentation at their next full board meeting.

Form 990, Part VI, Section B, Line 12c:

A. The Brattleboro Retreat accepts the responsibility for the provision of optimum care and services to its patient population, and therefore must protect the integrity of clinical decision making and the provision of treatment and care to all patients.

B. The Brattleboro Retreat will disclose any existing or potential conflicts of interest for those who provide care, treatment and services as well as management and governance activities.

C. The Brattleboro Retreat will routinely review its existing relationship

and its staff's relationships, with other care providers, educational institutions and payers to ensure that all relationships are within law and regulation and to identify and determine if conflicts of interest exist.

D. Regardless of any fiduciary relationship with any healthcare provider (licensed clinical practitioner, vendor, educational institution, payer, outside resource agency, etc.), the hospital and its representative staff (including medical staff), will strive to provide optimum care to patients following appropriate utilization of resources standards. Care provided to patients will not be dependent upon financial relationships or fiduciary responsibilities.

a. Tests, studies, treatments or procedures deemed usual and routine in the diagnosis, management or treatment of disease processes; as standard in the healthcare community, will not be withheld from any patient (unless the patient exercises his/her patient right to refuse treatment).

b. Any healthcare provider who feels there is a conflict of interest in patient management and their relationship with the facility, must contact administration and notify the Chief Executive Officer immediately.

E. Discussion at the administrative level will be initiated, whereby problem resolution will be the primary goal. In the interim, the Chief of the service/department with jurisdiction over the healthcare provider will arrange for coverage of the patient; until resolution has been reached.

F. If resolution cannot be reached at the administrative level, the matter will be forwarded to an Executive Committee of the Governing Body, who will

Name of the organization: Brattleboro Retreat

Employer identification number: 03-0107360

meet as soon as practicable, however no later than one week after notification of issue. The Governing Body's primary purpose is to assure that optimum patient care and treatment is provided, regardless of fiduciary relationships, while maintaining a fair and just review of all circumstances surrounding the issue. The determination of the Governing Body will be final.

G. No contract or transaction entered into by the corporation known as the Brattleboro Retreat, shall be affected by the fact that a director, member or officer of the corporation was personally interested in the contract or transaction or was personally interested in or a director or officer of a corporation that was personally interested in the contract or transaction.

H. A member of the Governing Body or a member of a committee, when called upon to cast a vote for or against a matter which personally involves such individual, shall disclose himself/herself ineligible to vote on the grounds of conflict of interest. In cases where conflict of interest is not clearly apparent, or when such conflict is not declared by a person who in the opinion of other members has potential conflict, the conflict of interest issue may be brought before the body who will vote on such issue to determine whether or not a conflict of interest exists.

I. Should there become known, at any time, a conflict of interest between any member of the Governing Body, medical staff, hospital personnel or other healthcare providers and the hospital or any of its agents, the individual(s) may excuse himself/herself from discussions and/or determinations with the identified healthcare provider(s).

Name of the organization: Brattleboro Retreat

Employer identification number: 03-0107360

J. All members of the Governing Body, medical staff and hospital personnel have the responsibility and obligation, if there is such a time as it is discovered; that due to a fiduciary relationship, care of any patient may be compromised or may not be delivered within the known standard of care; to notify the Chief Executive Officer of the Brattleboro Retreat immediately upon identification of this issue

Form 990, Part VI, Section B, Line 15:

The Board Compensation Committee reviews comparative data for the CEO. The CEO does review benchmarking/comparative data for VPs and other key employees.

Form 990, Part VI, Section C, Line 19:

All governing documents, conflict of interest policy, and audited financial statements are available upon request

Form 990, Part IX, Line 11g, Other Fees:

Clinical Services:

Program service expenses	219,387.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	219,387.

Contract Services:

Program service expenses	9,296,480.
Management and general expenses	1,044,871.
Fundraising expenses	0.
Total expenses	10,341,351.

Name of the organization: Brattleboro Retreat

Employer identification number: 03-0107360

Purchased Services:	
Program service expenses	64,109.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	64,109.
Consulting Fees:	
Program service expenses	0.
Management and general expenses	1,377,416.
Fundraising expenses	0.
Total expenses	1,377,416.
Collection Fees:	
Program service expenses	5,580.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	5,580.
Total Other Fees on Form 990, Part IX, line 11g, Col A	12,007,843.

Form 990, Part X, Line 10; Land, Building, and Equipment

Section 1.263(a)-3(n) Election:

Brattleboro Retreat

1 Anna Marsh Lane

Brattleboro, VT 05302

EIN 03-0107360

Name of the organization: Brattleboro Retreat

Employer identification number: 03-0107360

Brattleboro Retreat is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part VI, Line 16:

Brattleboro Retreat invested in the Vermont Collaborative Care, LLC with Catamount Insurance Services, Inc. which is a wholly-owned subsidiary of Blue Cross and Blue Shield of Vermont, a non-for-profit organization.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Brattleboro Retreat

Employer identification number

03-0107360

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
Vermont Collaborative Care, LLC - 46-2187169, PO Box 186, Montpelier, VT 05601-0186	Care Management Services	VT	Brattleboro Retreat	Related	303,498.	536,906.		X	N/A	X		50.00%

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Form **8868**
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	Brattleboro Retreat	03-0107360
	Number, street, and room or suite no. If a P.O. box, see instructions. 1 Anna Marsh Lane	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Brattleboro, VT 05302	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ▶ William King
1 Anna Marsh Lane - Brattleboro, VT 05301

Telephone No. ▶ (802)258-3716 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year 2021 or
▶ ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

123841 01-12-22

Extended to November 15, 2022

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning _____ , and ending _____ .

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
Brattleboro Retreat

D Employer identification number
03-0107360

Number, street, and room or suite no. If a P.O. box, see instructions.
1 Anna Marsh Lane

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
Brattleboro, VT 05302

F ☐ Check box if an amended return.

C Book value of all assets at end of year ▶ 45,190,535.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ William King Telephone number ▶ (802)258-3716

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1,396.
2	Reserved	2	
3	Add lines 1 and 2	3	1,396.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	1,396.
6	Deduction for net operating loss. See instructions Statement 1	6	1,396.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2021)

123701 07-06-22

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	**Total credits.** Add lines 1a through 1d		1e	
2	Subtract line 1e from Part II, line 7		2	0.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)		3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶		4	0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g		
7	**Total payments.** Add lines 6a through 6g		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶		10	
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax** ▶ **Refunded** ▶		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4	Enter available pre-2018 NOL carryovers here ▶ $ 413,413. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
620000	$ 151,306.
	$

6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Statement 3

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Joseph R. Byrne	Joseph R. Byrne	11/14/22		P01289281

Firm's name ▶ Berry Dunn McNeil & Parker, LLC — Firm's EIN ▶ 01-0523282

Firm's address ▶ 2211 Congress St Portland, ME 04102 — Phone no. (207)775-2387

Form 990-T — Pre 2018 NOL Schedule — Statement 1

Pre-2018 NOL carry forward from prior year	413,413.
Pre-2018 NOL deduction included in Part I, Line 6	1,396.

Schedule A Portion of Pre-2018 NOL

Schedule A entity	Schedule A Share
1	0.

Total Schedule A share of Pre-2018 NOL	0.
Net Operating Deduction	1,396.
Balance after Pre-2018 NOL Deduction	0.
Expiring Net Operating Losses	0.
Carry forward of Net Operating Loss	412,017.

Form 990-T — Pre-2018 Net Operating Loss Deduction — Statement 2

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/01	11,498.	11,498.	0.	0.
12/31/02	43,757.	28,974.	14,783.	14,783.
12/31/03	15,992.	0.	15,992.	15,992.
12/31/04	57,507.	0.	57,507.	57,507.
12/31/05	53,593.	0.	53,593.	53,593.
12/31/06	38,816.	0.	38,816.	38,816.
12/31/07	30,751.	0.	30,751.	30,751.
12/31/08	25,186.	0.	25,186.	25,186.
12/31/09	32,560.	0.	32,560.	32,560.
12/31/10	39,596.	0.	39,596.	39,596.
12/31/11	7,940.	0.	7,940.	7,940.
12/31/12	35,825.	0.	35,825.	35,825.
12/31/13	19,275.	0.	19,275.	19,275.
12/31/14	8,087.	0.	8,087.	8,087.
12/31/15	6,481.	0.	6,481.	6,481.
12/31/16	3,049.	0.	3,049.	3,049.
12/31/17	23,972.	0.	23,972.	23,972.
NOL Carryover Available This Year			413,413.	413,413.

Form 990-T Part V - Supplemental Information Statement 3

Schedule A, Line 1: - The Organization ceased conducting its Day Care Provider unrelated business income activity during 2021. Therefore, Form 990-T will not be filed going forward for this activity.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: Brattleboro Retreat

B Employer identification number: 03-0107360

C Unrelated business activity code (see instructions) ▶ 620000

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ Day Care Provider

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 2,066. b Less returns and allowances c Balance ▶	1c	2,066.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	2,066.		2,066.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	2,066.		2,066.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) See Statement 4			14	670.
15 **Total deductions.** Add lines 1 through 14			15	670.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	1,396.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	1,396.

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2021**

123741 01-28-22

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

		A	B	C	D
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.

		A	B	C	D
9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 ▶			0.

Part XI Supplemental Information (see instructions)

Form 990-T (A) Other Deductions Statement 4

Description	Amount
Training & Education	143.
Miscellaneous	527.
Total to Schedule A, Part II, line 14	670.

990-T Sch A Post-2017 Net Operating Loss Deduction Statement 5

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/18	5,693.	0.	5,693.	5,693.
12/31/20	145,613.	0.	145,613.	145,613.
NOL Carryover Available This Year			151,306.	151,306.

BerryDunn

Brattleboro Retreat

FINANCIAL STATEMENTS

December 31, 2021 and 2020

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Brattleboro Retreat

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Brattleboro Retreat, which comprise the balance sheets as of December 31, 2021 and 2020, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Brattleboro Retreat as of December 31, 2021 and 2020, and the results of its operations, changes in its net assets, and its cash flows for the years ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Brattleboro Retreat and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Substantial Doubt about Brattleboro Retreat's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that Brattleboro Retreat will continue as a going concern. As discussed in Note 17 to the financial statements, Brattleboro Retreat has experienced recurring losses from operations for several years, and has stated that substantial doubt exists about Brattleboro Retreat's ability to continue as a going concern. Management's evaluation of the events and conditions and management's plans regarding these matters are also described in Note 17. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Brattleboro Retreat’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Brattleboro Retreat's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Brattleboro Retreat's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audits.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
July 26, 2022
Registration No. 92-0000278

BRATTLEBORO RETREAT

Balance Sheets

December 31, 2021 and 2020

ASSETS

	2021	2020
Current assets		
Cash and cash equivalents	**$ 8,142,296**	$ 5,715,267
Accounts receivable	**2,890,283**	7,699,649
Due from third-party payors	**115,000**	1,462,536
Prepaid expenses, supplies and other current assets	**1,372,651**	780,260
Grant receivable	**1,000,000**	-
Total current assets	**13,520,230**	15,657,712
Assets limited as to use		
Board-designated funds	**3,636,809**	3,686,428
By donor restriction	**3,495,340**	1,847,105
By bond indenture	**1,089,512**	-
Total assets limited as to use	**8,221,661**	5,533,533
Property and equipment, net	**21,911,899**	22,585,319
Cash surrender value of life insurance policies and annuity contracts	**525,049**	525,049
Other assets	**1,011,696**	754,470
Total assets	**$ 45,190,535**	$ 45,056,083

The accompanying notes are an integral part of these financial statements.

LIABILITIES AND NET ASSETS

	2021	2020
Current liabilities		
Bank overdraft	**$ 263,629**	$ 218,707
Current portion of long-term debt	**9,625,235**	10,386,933
Accounts payable and accrued expenses	**6,878,710**	6,883,190
Accrued salaries and related amounts	**3,145,465**	3,471,603
Medicare accelerated payments	**1,062,615**	1,678,932
Deferred provider relief and other stimulus funds	**73,330**	3,912,932
Current portion of deferred compensation obligations	**15,000**	15,000
Total current liabilities	**21,063,984**	26,567,297
Deferred compensation obligations, excluding current portion	**544,820**	603,582
Long-term debt, excluding current portion	**263,818**	42,578
Total long-term liabilities	**808,638**	646,160
Total liabilities	**21,872,622**	27,213,457
Net assets		
Without donor restrictions	**19,822,573**	10,058,073
With donor restrictions	**3,495,340**	7,784,553
Total net assets	**23,317,913**	17,842,626
Total liabilities and net assets	**$ 45,190,535**	$ 45,056,083

BRATTLEBORO RETREAT

Statements of Operations

Years Ended December 31, 2021 and 2020

	2021	2020
Revenues without donor restrictions, gains, and other support		
Net patient service revenue	**$ 42,432,345**	$ 45,583,203
Provider relief and other stimulus fund revenue	**7,697,116**	14,342,729
Paycheck Protection Program refundable advance revenue	**7,804,895**	-
State of Vermont payments in excess of amounts owed	**2,950,642**	-
Other revenue	**1,819,662**	3,935,801
Total revenues without donor restrictions, gains, and other support	**62,704,660**	63,861,733
Expenses		
Salaries and wages	**29,237,205**	32,796,453
Employee benefits	**8,122,407**	9,177,391
Utilities expense	**1,031,674**	1,009,877
Insurance expense	**796,025**	832,437
Purchased services	**10,723,560**	9,987,268
Other operating expenses	**5,445,992**	6,398,339
Health care improvement tax	**2,552,822**	2,496,765
Depreciation	**1,754,605**	1,759,641
Interest expense	**429,119**	375,274
Total expenses	**60,093,409**	64,833,445
Income (loss) from continuing operations	**2,611,251**	(971,712)
Loss from discontinued operations	**-**	(2,672,831)
Income (loss) from operations	**2,611,251**	(3,644,543)
Other income (losses)		
Investment income	**70,703**	107,136
Net realized (loss) gain on the sales of investments	**(29,059)**	69,667
Change in net unrealized gains on equity investments	**264,222**	209,588
Other non-operating income (losses)	**303,498**	(8,472)
Net other income	**609,364**	377,919
Excess (deficiency) of revenues, gains, and other support over expenses and losses	**3,220,615**	(3,266,624)
Change in net unrealized losses on investments	**(306,993)**	(147,600)
Net assets released from restrictions for property and equipment	**6,850,878**	12,400
Increase (decrease) in net assets without donor restrictions	**$ 9,764,500**	$ (3,401,824)

The accompanying notes are an integral part of these financial statements.

BRATTLEBORO RETREAT

Statements of Changes in Net Assets

Years Ended December 31, 2021 and 2020

	Without Donor Restrictions	With Donor Restrictions	Total
Balances, January 1, 2020	$ 13,459,897	$ 5,886,862	$ 19,346,759
Deficiency of revenues, gains, and other support over expenses and losses	(3,266,624)	-	(3,266,624)
Change in net unrealized (losses) gains on investments	(147,600)	77,325	(70,275)
Investment income, net of fees	-	13,321	13,321
Net realized gains on the sales of investments	-	9,929	9,929
Restricted contributions - other	-	310,473	310,473
Restricted contributions for property and equipment	-	1,499,043	1,499,043
Net assets released from restrictions for property and equipment	12,400	(12,400)	-
Change in net assets	(3,401,824)	1,897,691	(1,504,133)
Balances, December 31, 2020	10,058,073	7,784,553	17,842,626
Excess of revenues, gains, and other support over expenses and losses	**3,220,615**	**-**	**3,220,615**
Change in net unrealized (losses) gains on investments	**(306,993)**	**46,676**	**(260,317)**
Investment income, net of fees	**-**	**13,852**	**13,852**
Net realized gains on the sales of investments	**-**	**30,036**	**30,036**
Restricted contributions for property and equipment	**-**	**2,471,101**	**2,471,101**
Net assets released from restrictions for property and equipment	**6,850,878**	**(6,850,878)**	**-**
Change in net assets	**9,764,500**	**(4,289,213)**	**5,475,287**
Balances, December 31, 2021	**$ 19,822,573**	**$ 3,495,340**	**$ 23,317,913**

The accompanying notes are an integral part of these financial statements.

BRATTLEBORO RETREAT

Statements of Cash Flows

Years Ended December 31, 2021 and 2020

	2021	2020
Cash flows from operating activities		
Change in net assets	**$ 5,475,287**	$ (1,504,133)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Contributions and investment income restricted for long-term purposes	**(2,471,101)**	(1,499,043)
Depreciation	**1,754,605**	1,759,641
Net realized and unrealized gains on investments	**(4,882)**	(218,909)
Loss from discontinued operations	**-**	2,672,831
Equity in (income) loss of joint venture	**(303,498)**	8,472
Distribution from investment in joint venture	**-**	600,000
Change in value of life insurance policies and annuity contracts	**-**	36,803
Decrease in		
Accounts receivable	**4,809,366**	2,953,917
Prepaid expenses, supplies and other current assets	**(592,391)**	364,379
Grants receivable	**(1,000,000)**	-
Increase (decrease) in		
Accounts payable and accrued expenses	**609,540**	1,222,033
Accrued salaries and related amounts	**(326,138)**	180,244
Due to third-party payors	**1,347,536**	(664,059)
Other current liabilities	**-**	(250,000)
Medicare accelerated payments	**(616,317)**	1,678,932
Provider relief and other stimulus funds	**(3,839,602)**	3,912,932
Deferred compensation obligations	**(12,490)**	(12,021)
Net cash provided by operating activities from continuing operations	**4,829,915**	11,242,019
Net cash used by operating activities from discontinued operations	**-**	(2,672,831)
Net cash provided by operating activities from operations	**4,829,915**	8,569,188
Cash flows from investing activities		
Purchases of property and equipment	**(1,319,106)**	(4,675,951)
Proceeds from sales of investments	**1,454,984**	4,193,175
Purchases of investments	**(3,048,718)**	(243,448)
Net cash used by investing activities	**(2,912,840)**	(726,224)
Cash flows from financing activities		
Increase (decrease) in bank overdraft	**44,922**	(2,253,890)
Payments on long-term debt	**(916,557)**	(816,576)
Net payments on line of credit	**-**	(597,584)
Contributions and investment income restricted for long-term purposes	**2,471,101**	1,499,043
Net cash provided (used) by financing activities	**1,599,466**	(2,169,007)
Net increase in cash and cash equivalents and restricted cash	**3,516,541**	5,673,957
Cash and cash equivalents and restricted cash, beginning of year	**5,715,267**	41,310
Cash and cash equivalents and restricted cash, end of year	**$ 9,231,808**	$ 5,715,267
Breakdown of cash and cash equivalents and restricted cash, end of year:		
Cash and cash equivalents	**$ 8,142,296**	$ 5,715,267
Restricted cash included in assets limited as to use	**1,089,512**	-
	$ 9,231,808	$ 5,715,267

The accompanying notes are an integral part of these financial statements.

BRATTLEBORO RETREAT

Statements of Cash Flows (Concluded)

Years Ended December 31, 2021 and 2020

	2021	2020
Supplemental disclosure of cash flow information		
Cash paid for interest	**$ 429,119**	$ 378,549

Non-cash transactions:

At December 31, 2020, there was $614,020 of construction-in-progress additions included in accounts payable.

During 2021 and 2020, equipment in the amount of $376,099 and $60,110, respectively, were acquired through capital leases.

The accompanying notes are an integral part of these financial statements.

Organization and Description of Business

The Brattleboro Retreat (Retreat), a not-for-profit corporation, is principally a facility for the treatment of mental health and addictive disorders among children, adolescents and adults. The Retreat also offers educational programs to school-age children receiving rehabilitative care.

1. Summary of Significant Accounting Policies

Basis of Statement Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-For-Profit Entities*. Under FASB ASC 958 and FASB ASC 954, *Health Care Entities*, all not-for-profit healthcare organizations are required to provide a balance sheet, a statement of operations, a statement of changes in net assets, and a statement of cash flows. FASB ASC 954 requires reporting amounts for an organization's total assets, liabilities, and net assets in a balance sheet; reporting the change in an organization's net assets in statements of operations and changes in net assets; and reporting the change in its cash and cash equivalents in a statement of cash flows, according to the following net asset classification:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Retreat. These net assets may be used at the discretion of the Retreat's management and the Board of Trustees (Board).

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Retreat or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations and changes in net assets.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include all demand deposit and short-term money market accounts. Bank overdrafts are the result of timing differences between the payment of obligations and the transfer of funds from other sources, and are included in current liabilities in the balance sheets at December 31, 2021 and 2020.

Revenue Recognition and Accounts Receivable

Patient service revenue is reported at the amount that reflects the consideration to which the Retreat expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Retreat bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

The Retreat has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Retreat's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Retreat does in certain instances enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Performance obligations are determined based on the nature of the services provided by the Retreat. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Retreat believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the hospital receiving inpatient acute care services or patients receiving services in outpatient programs. The Retreat measures the performance obligation from admission into the hospital or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to patients and customers in a retail setting (for example, cafeteria) and the Retreat does not believe it is required to provide additional goods or services related to that sale. For the years ended December 31, 2021 and 2020, the Retreat determined any revenue recognized from goods and services that transfer to the customer at a point in time is not material to the financial statements.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Retreat has elected to apply the optional exemption provided in FASB ASC 606-10-50-14 (a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Retreat determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Retreat's policy, and implicit price concessions provided to uninsured patients. The Retreat determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Retreat determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Accounts receivable at January 1, 2020 was $10,653,566.

The Retreat has agreements with third-party payors that provide for payments to the Retreat at amounts different from its established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon a patient classification system. These rates vary based on clinical, diagnostic and other factors. Amounts not paid by Medicare beneficiaries are reimbursed through the annual cost reports. As of December 31, 2021, final settlement has been made by Medicare for all years through 2019.

Medicaid

Services rendered to Medicaid program beneficiaries are paid under prospectively determined rates, per diem payments and fee schedules.

Other Payors

The Retreat has also entered into payment agreements with certain commercial insurance carriers. The basis for payment to the Retreat under these agreements includes prospectively determined daily rates and discounts from established rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 29% and 50%, respectively, of the Retreat's gross patient revenue for the year ended December 31, 2021 and 25% and 50%, respectively, of the Retreat's gross patient revenue for the year ended December 31, 2020. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Retreat's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Retreat. In addition, the contracts the Retreat has with commercial and other payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Retreat's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from changes in transaction price in 2021 and 2020 decreased net patient service revenue by approximately $11,000 and $131,000, respectively.

Consistent with the Retreat's mission, care is provided to patients regardless of their ability to pay. Therefore, the Retreat has determined it has provided implicit price concessions to uninsured patients and other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represents the difference between amounts billed to patients and the amounts the Retreat expects to collect based on its collection history with those patients.

Patients who meet the Retreat's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. The Retreat estimates the costs associated with providing charity care by calculating a ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of caring for charity care patients was approximately $139,000 and $144,000 for 2021 and 2020, respectively.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Retreat also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Retreat estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2021 and 2020 was not significant.

The Retreat has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Method of reimbursement (fee for service or fixed prospective payment)
- Retreat's program that provided the service

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investment income (including realized gains and losses on investments and unrealized gains and losses on equity investments, interest, and dividends) is included in the excess (deficiency) of revenues, gains, and other support over expenses and losses unless the income or loss is restricted by donor or law.

Supplies

Supplies are stated at the lower of cost (determined by the first-in, first-out method) or net realizable value.

Assets Limited as to Use

Assets limited as to use consist of restricted assets required as collateral under indenture agreements, donor-restricted funds, assets set aside by the Board for operations, and Board-designated endowment funds, over which the Board retains control and which at its discretion may use for other purposes.

Property and Equipment

Property and equipment acquisitions are recorded at cost or, if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Excess (Deficiency) of Revenues, Gains, and Other Support Over Expenses and Losses

The statements of operations include excess (deficiency) of revenues, gains, and other support over expenses and losses. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, include contributions restricted for property and equipment and net unrealized gains and temporary unrealized losses on investments in debt securities.

Accounting for Impairment of Long-Lived Assets and Long-Lived Assets to be Disposed Of

The Retreat reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Long-lived assets to be disposed of are reported at the lower of carrying amounts or fair value, less cost to sell. The Retreat evaluates the recoverability of the carrying amounts of long-lived assets based on estimated cash flows to be generated by each of such assets as compared to the original estimates used in measuring such assets. To the extent impairment is identified, the Retreat would reduce the carrying value of such assets. To date, the Retreat has not experienced any such impairments.

Provider Relief and Other Stimulus Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided $175 billion to eligible healthcare providers to prevent, prepare for and respond to the 2019 Novel Coronavirus Disease (COVID-19) pandemic. The CARES Act provides the U.S. Department of Health and Human Services (HHS) with discretion to operate the program and determine the reporting requirements. The funds have been appropriated to reimburse healthcare providers for COVID related expenses or lost revenues that are attributable to COVID-19. During 2020, the Retreat received $5,089,609 of HHS Provider Relief Funds (PRF) and during 2021 the Retreat received $968,515 of American Rescue Plan Funds (ARP) and attested to the receipt of the PRF and ARP funds and agreement with the associated terms and conditions. The Retreat has chosen to follow the conditional contribution model for these Funds. For the years ended December 31, 2021 and 2020, the Retreat recognized $4,881,447 and $1,176,677, respectively, of the PRF and ARP funds for lost revenues in other operating revenues in the statements of operations. There are no PRF or ARP funds included as deferred provider relief and other stimulus funds on the balance sheet at December 31, 2021. During 2021 and 2020, the Retreat also received or earned $2,312,332 and $13,166,052, respectively, of COVID-19 related pass-through grant funding from the State of Vermont and has recognized these funds in other operating revenues in the statements of operations. The grant receivable of $1,000,000 represents the portion of the grant funds earned but not yet received as of December 31, 2021.

Management believes the position taken is a reasonable interpretation of the rules currently available. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to lost revenues and qualifying expenses may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known. During 2021, the Retreat did not meet one of the PRF reporting deadlines required by HHS, as a result, there is the possibility that the funding related to this reporting in the amount of $1,435,423 could be recouped by HHS in a future period.

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) made available an accelerated and advance payment program to Medicare providers. The Retreat received $1,678,932 in 2020. During 2021, CMS began recouping payment from claims payments, one year after the advance was made to the Retreat for a period of seventeen months.

Paycheck Protection Program (PPP) Refundable Advance

During 2021, the Retreat qualified for and received a loan in the amount of $7,804,895 pursuant to the PPP, a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act. The PPP provides funds to pay up to 24 weeks of payroll and other specified costs, and forgiveness of the loan is dependent upon compliance with this and other terms and conditions of the CARES Act. The Retreat applied for, and subsequently received, forgiveness under the provisions of the CARES Act from the lending institution and the SBA in September 2021. The Retreat had chosen to follow the conditional contribution model for the loan which requires income to be recognized in the period in which forgiveness is received. The full amount received has been

reported as other operating revenues in the statements of operations for the year ended December 31, 2021. The loan forgiveness is subject to audit by the SBA for a period of six years from the date the loan was forgiven.

Health Care Improvement Tax

The Retreat is assessed a health care improvement tax (State tax) based on a percentage of net patient service revenue which is determined annually by the Vermont General Assembly as part of a program to upgrade services in Vermont. The Retreat recorded $2,552,822 and $2,672,806 of State tax, including amounts allocated to discontinued operations, for the years ended December 31, 2021 and 2020, respectively.

Income Taxes

The Retreat is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. generally accepted accounting principles, the Retreat has considered transactions or events occurring through July 26, 2022, which was the date the financial statements were available to be issued.

In January 2022, the Retreat received additional COVID-19 related pass-through grant funding of $14,183,044 from the State of Vermont as part of the Vermont Health Care Provider Stabilization Program.

In June 2022, the Retreat received $2,182,795 of Phase 4 PRF funds from HHS.

2. Net Patient Service Revenue

Net patient service revenue from continuing operations consisted of the following for the years ended December 31:

	2021	2020
Gross patient service revenue	**$ 89,016,976**	$ 108,238,898
Less Medicare and Medicaid allowances	**32,792,945**	44,381,552
Less other contractual allowances	**13,585,768**	18,041,561
Less charity care	**205,918**	232,582
	46,584,631	62,655,695
Net patient service revenue	**$ 42,432,345**	$ 45,583,203

The performance obligation is separately identifiable from other promises in the customer contract. As the performance obligations are met (i.e., room, board, ancillary services, level of care), revenue is recognized based upon allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price. In instances where management determines there are multiple performance obligations across multiple months, the transaction price is allocated by applying an estimated implicit and explicit rate to gross charges based on the separate performance obligations.

In assessing collectability, the Retreat has elected the portfolio approach. This portfolio approach is being used as the Retreat has a large volume of similar contracts with similar classes of customers. The Retreat reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all of the contracts (which are at the patient level) by the particular payor or group of payors, will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level.

3. Availability and Liquidity of Financial Assets

As of December 31, 2021 and 2020, the Retreat had negative working capital of $7,543,754 and $10,909,585, respectively, and average days (based on normal expenditures) of cash and cash equivalents and Board designated investments on hand from continuing operations of 51 and 33, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, were as follows as of December 31:

	2021	2020
Cash and cash equivalents	**$ 8,142,296**	$ 5,715,267
Accounts receivable, net	**2,890,283**	7,699,649
Grant receivable	**1,000,000**	-
Financial assets available to meet general expenditures within one year	**$ 12,032,579**	$ 13,414,916

The Retreat has other assets limited as to use of $3,636,809 and $3,686,428 at December 31, 2021 and 2020, respectively, that are designated assets set aside by the Board for future capital improvements and other purposes. Therefore, these assets are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary. The Retreat has other assets restricted to use, which are more fully described in Note 9, and which are not available for general expenditure within the next year and not reflected in the amount above.

The Retreat's goal is generally to maintain financial assets to meet 54 days of operating expenses from continuing operations (approximately $8.6 million and $9.3 million for 2021 and 2020, respectively). As part of its liquidity plan, cash in excess of daily requirements is invested in short-

term investments and money market funds. Occasionally, the Board designates a portion of an operating surplus to an operating reserve included in Board designated funds, which was $629,703 and $639,181 at December 31, 2021 and 2020, respectively. This fund established by the Board may be drawn upon, if necessary, to meet unexpected liquidity needs pending notification to and subsequent vote of the Finance Committee of the Board.

Additionally, the Retreat maintains a $3,250,000 line of credit, as discussed in more detail in Note 7. As of December 31, 2021, $1,541,500 remained available on the Retreat's line of credit.

4. Assets Limited as to Use

The composition of assets limited to use at December 31, 2021 and 2020 is set forth in the following table. Investments are stated at fair value.

	2021	2020
Internally designated for capital acquisitions and endowment		
Cash and short-term investments	**$ 119,028**	$ 284,177
Corporate bonds	**931,678**	1,138,595
Marketable equity securities	**878,069**	809,696
U.S. Treasury securities and government-sponsored enterprises	**1,708,034**	1,453,960
	3,636,809	3,686,428
Donor-restricted		
Cash and cash equivalents	**3,177,860**	864,601
Mutual funds	**289,602**	270,581
Contribution receivable from State of Vermont (see Note 5)	**27,878**	711,923
	3,495,340	1,847,105
By bond indenture for collateral		
Cash and cash equivalents	**1,089,512**	-
	$ 8,221,661	$ 5,533,533

Investment income and gains (losses) consisted of the following:

	2021	2020
Net assets without donor restrictions:		
Interest and dividends, net of fees	**$ 70,703**	$ 107,136
Realized (losses) gains	**(29,059)**	69,667
Unrealized (losses) gains	**(42,771)**	61,988
	(1,127)	238,791
Net assets with donor restrictions:		
Interest and dividends, net of fees	**13,852**	13,321
Realized gains	**30,036**	9,929
Unrealized gains	**46,676**	77,325
	90,564	100,575
	$ 89,437	$ 339,366

5. Property and Equipment

A summary of property and equipment follows:

	2021	2020
Land and land improvements	**$ 2,600,684**	$ 2,597,184
Buildings and improvements	**51,136,658**	44,293,830
Fixed equipment	**870,346**	868,352
Major moveable equipment	**10,095,417**	9,616,762
	64,703,105	57,376,128
Less accumulated depreciation and amortization	**43,101,713**	41,341,016
	21,601,392	16,035,112
Construction in progress	**310,507**	6,550,207
	$ 21,911,899	$ 22,585,319

During 2018, the Retreat entered into an agreement with the State of Vermont to construct twelve new Level 1 inpatient psychiatric beds. The estimated cost of this project was approximately $7 million and was funded by the State of Vermont. The project was completed during 2021 at a total cost of approximately $7.1 million. Construction in progress related to this project at December 31, 2020 was $6,550,207.

6. Investment in Vermont Collaborative Care, LLC

The Retreat owns a 50% interest in Vermont Collaborative Care, LLC (VCC), a State of Vermont care management services entity for mental and physical healthcare benefits. VCC opened for operations during 2013. VCC's fiscal year-end is December 31.

The investment in VCC is reported in accordance with the equity method and included in other assets. The investment includes the Retreat's cost adjusted for its applicable share of VCC's profit or loss based on the December 31 audited financial statements of VCC. As such, a gain of $303,498 and a loss of $8,472 are included in the statements of operations as other non-operating income (losses) for the years ended December 31, 2021 and 2021, respectively. The Retreat received a $600,000 capital surplus distribution in 2020. There was no capital surplus distribution in 2021.

7. Line of Credit

At December 31, 2021 and 2020, the Retreat had an on-demand $3,250,000 variable rate line of credit available with a bank. Interest on borrowings is charged at LIBOR Advantage Rate plus 2.00% (2.101% at December 31, 2021). The line of credit is collateralized by all business assets of the Retreat.

Pursuant to the line of credit agreement, a letter of credit in the amount of $1,708,500 has been issued as collateral for the Retreat's self-insured workers' compensation claims, reducing the maximum available borrowing capacity on the above line of credit by $1,708,500. The letter of credit commitment expires November 1, 2022.

8. Long-Term Debt

Long-term debt consisted of the following as of December 31:

	2021	2020
Vermont Educational and Health Buildings Financing Agency (VEHBFA), Revenue Bond 2015 Series A, 3.63% fixed rate with interest-only payments of $34,016 through December 2019, followed by monthly installments of $99,216, including interest, through July 2031.	**$ 9,570,392**	$ 10,420,197
Non-interest bearing note payable in monthly installments of $1,252 through November 2024. Collateralized by the associated asset.	**42,578**	57,605
Capital lease obligation payable in equal monthly installments of $6,526, including interest at 8.77%, through December 2025. Collateralized by the associated asset.	**256,856**	-
Capital lease obligation payable in equal monthly installments of $1,774, including interest at 2.86%, through October 2024. Collateralized by the associated asset..	**56,787**	-
Total long-term debt before unamortized deferred issuance costs	**9,926,613**	10,477,802
Unamortized deferred issuance costs	**(37,560)**	(48,291)
Total long-term debt	**9,889,053**	10,429,511
Less current portion	**9,625,235**	10,386,933
Long-term debt, excluding current portion	**$ 263,818**	$ 42,578

The VEHBFA Revenue Bond (The Brattleboro Retreat Project) 2015 Series A is collateralized by all assets of the Retreat. The bond was issued to refund the Series 2011A bonds, and is held by a bank. The bank has the option to redeem the bond in full on or after July 1, 2025, provided the Retreat is given at least a 90-day written notice.

There are various restrictive covenants which include compliance with certain financial ratios and a detail of events constituting defaults. The Retreat was not in compliance with certain of these requirements at December 31, 2019 and no waiver was issued by the bank, therefore, the Retreat is in technical default and the entire outstanding loan balance is classified as current at December 31, 2021 and 2020. At December 31, 2021, the Retreat and the bank were operating under the Fourth Forbearance Agreement (Agreement) with a termination date of March 31, 2022. Under the Agreement, the Retreat was required to deposit $1,089,512 in a debt service reserve account with the bank.

Scheduled principal repayments on long-term debt are as follows:

	Long-Term Debt	Capital Lease Obligations
2022 (included in current liabilities)	$ 9,585,416	$ 99,601
2023	15,027	99,601
2024	12,527	94,958
2025	-	71,783
2026	-	-
Thereafter	-	-
	$ 9,612,970	365,943
Less amount representing interest under capital lease obligations		52,300
		$ 313,643

9. Net Assets With Donor Restrictions and Endowment Funds

Net assets with donor restrictions are available for the following purposes:

	2021	2020
Endowment appreciation	**$ 345,512**	$ 254,948
Healthcare services	**272,650**	512,739
Deferred maintenance and capital improvements	**2,471,101**	-
Vermont State Hospital Project	**-**	6,639,097
Helen Daley fund	**1,788**	1,788
Employee crisis fund	**44,535**	36,516
	3,135,586	7,445,088
Investments to be held in perpetuity, the income from which is expendable to support healthcare services	**359,754**	339,465
	$ 3,495,340	$ 7,784,553

Interpretation of Relevant Law

The Retreat has interpreted State law as requiring realized and unrealized gains on endowment funds with donor restrictions to be retained until appropriated by the Board and expended. State law allows the Board to appropriate so much of the net appreciation of endowment funds as is prudent considering the Retreat's investment spending policy, long- and short-term needs, present and anticipated financial requirements, and expected total return on its investments, price level trends, and general economic conditions.

As a result of this interpretation, the Retreat classifies as net assets with donor restrictions (a) the original value of the gifts donated to the endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to the endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. The remaining portion of the donor restricted endowment fund composed of accumulated gains not required to be maintained in perpetuity is classified separately within net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Retreat considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds: duration and preservation of fund, purposes of the donor restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Retreat, and the investment policies of the Retreat.

Endowment Investment Return Objectives

The Retreat has adopted investment policies for endowment assets that attempt to provide a predictable stream of funding to the programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, the endowment assets are invested in a manner to attain a total return (net of investment management fees) of at least 3% per year in excess of inflation, measured by the Consumer Price Index. To satisfy its long-term rate of return objectives, the Retreat targets a diversified asset allocation that places a greater emphasis on equity-based investments within prudent risk constraints.

The following is a summary of the endowment net asset composition by type of fund and the changes therein:

	Without Donor Restrictions (Board-Designated)	With Donor Restrictions	Total
Endowment net assets, January 1, 2020	$ 558,966	$ 474,218	$ 1,033,184
Contributions	-	18,360	18,360
Investment income	15,742	13,321	29,063
Net appreciation	64,503	87,254	151,757
Endowment net assets, December 31, 2020	639,211	593,153	1,232,364
Contributions	**-**	**20,289**	**20,289**
Investment income	**14,958**	**13,852**	**28,810**
Net depreciation	**(23,175)**	**76,712**	**53,537**
Endowment net assets, December 31, 2021	**$ 630,994**	**$ 704,006**	**$ 1,335,000**

Spending Policy

The Retreat has a policy of appropriating for distribution each year, once its endowment reaches $5,000,000, 4% of its endowment fund's average fair value over the prior 12 quarters through the calendar year-end preceding the fiscal year in which the distribution is planned. In establishing this policy, the Retreat considered the long-term expected return on its endowment. This is consistent with the Retreat's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return. There was no appropriation for both 2021 and 2020.

Funds with Deficiencies

From time-to-time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires the Retreat to retain as a fund of perpetual duration. There were no deficiencies of this nature as of December 31, 2021 or 2020.

10. Concentrations

Credit Risk

The Retreat grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	2021	2020
Medicare	**58 %**	24 %
Medicaid	**8**	58
Blue Cross	**9**	5
Other third-party payors	**19**	7
Patients	**6**	6
	100 %	100 %

The Retreat maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Retreat has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk with respect to these accounts.

Labor Force

The Retreat's unionized labor workforce are members of the United Nurses and Allied Professionals Local Unit #5086 and Local Unit #5087. The union contracts were in effect through October 31, 2019, and negotiations regarding their renewal are ongoing. At December 31, 2021 and 2020, approximately 58% and 64% of the Retreat's workforce was covered under the expired contracts.

11. Commitments and Contingencies

Medical Malpractice Claims

The Retreat insures against malpractice losses by obtaining a claims-made policy which provides specified coverage for claims reported during the policy term. The policy contains a provision which allows the Retreat to purchase "tail" coverage for an indefinite period to avoid any future lapse in insurance coverage. The possibility exists, as a normal risk of doing business, the Retreat will be subject to complaints and litigation related to actual and potential claims. In the event a loss contingency should occur, the Retreat would give appropriate recognition to it in its financial statements in conformity with FASB ASC 450, *Contingencies*. The Retreat has evaluated its exposure to losses arising from actual and potential claims and has properly accounted for them for the years ended December 31, 2021 and 2020. The Retreat intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

Self-Insurance Programs

The Retreat self-insures its employee health benefits and has estimated and recorded an amount to meet the expected obligations under the program. Stop loss insurance coverage is in effect which limits the Retreat's exposure to loss on an individual basis of $155,000, excluding services rendered by the Retreat to participants. In 2021 and 2020, total claims for health benefits were $2,519,113 and $3,622,742, respectively. The Retreat has accrued a liability for this program within accrued expenses of $400,000 at December 31, 2021 and 2020.

The Retreat also partially self-insures its employee workers' compensation benefits and has estimated and recorded an amount to meet the expected obligations under the program. The policy in effect limits the Retreat's exposure to loss on an individual basis of $500,000 and an aggregate basis of $1,950,000. Under the policy, a letter of credit commitment of $1,708,500 was required to be issued by the Retreat. The policy expires on November 15, 2022 and the Retreat intends to renew coverage and anticipates that such coverage will be available.

Operating Leases

The Retreat has leased building space and equipment under operating leases expiring at various dates through 2024. Total rental expense for the years ended December 31, 2021 and 2020 for the operating leases was approximately $120,000 and $145,000, respectively.

The following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2021 that have initial or remaining lease terms in excess of one year:

2022	$ 82,714
2023	41,994
2024	41,994
	$ 166,702

Litigation

The Retreat is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Retreat's future financial position or results from operations.

Asset Retirement Obligation

FASB ASC 410, *Asset Retirement Obligations*, requires entities to record asset retirement obligations at fair value if they can be reasonably estimated. The State of Vermont requires special disposal procedures relating to building materials containing asbestos. The Retreat buildings contain asbestos, but a liability has not been recognized. This is because there are no current plans to renovate or dispose of the buildings that would require the removal of the asbestos; accordingly, the liability has an indeterminate settlement date and its fair value cannot be reasonably estimated.

12. Pension Plan

The Retreat has a contributory defined contribution plan available to substantially all employees. Employees may elect to contribute up to 20% of gross compensation up to the maximum amount allowed per year to the plan, with the Retreat contributing an additional $.50 for each $1.00 of participant contribution. This matching contribution is limited to 6% of the participant's eligible compensation. During 2016, the Retreat implemented automatic enrollment of eligible employees into the plan at a 2% deferral at which time the employee has the option to opt out of the plan. Total expense related to the defined contribution plan for the years ended December 31, 2021 and 2020 was approximately $419,000 and $603,000, respectively.

In addition, the Retreat may elect to make a discretionary contribution to the plan. During 2021 and 2020, there were no discretionary contributions.

13. Deferred Compensation

The Retreat maintains a 457(b) plan for certain highly-compensated employees. This plan allows these employees to set aside up to an additional $19,500 of annual salary on a tax-deferred basis, over and above any other retirement contributions. Amounts in the 457(b) plan are included in other assets and long-term deferred compensation obligations and total $519,647 and $565,919 at December 31, 2021 and 2020, respectively.

14. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, repairs and maintenance, and office and occupancy, which are allocated on a square-footage basis, as well as salaries and benefits, which are allocated on the basis of estimates of time and effort. Expenses related to providing these services for continuing operations were as follows for the years ended December 31:

2021:	Healthcare Services	Administrative Support	Total
Salary, payroll taxes and fringe benefits	**$ 31,637,823**	**$ 5,721,789**	**$ 37,359,612**
Supplies and other	**2,381,637**	**4,892,054**	**7,273,691**
Purchased services	**9,684,878**	**1,038,682**	**10,723,560**
Provider tax	**2,552,822**	**-**	**2,552,822**
Depreciation	**967,467**	**787,138**	**1,754,605**
Interest expense	**242,096**	**187,023**	**429,119**
	$ 47,466,723	**$ 12,626,686**	**$ 60,093,409**
2020:			
Salary, payroll taxes and fringe benefits	$ 35,996,943	$ 5,976,901	$ 41,973,844
Supplies and other	2,835,641	5,405,012	8,240,653
Purchased services	9,328,239	659,029	9,987,268
Provider tax	2,496,765	-	2,496,765
Depreciation	970,244	789,397	1,759,641
Interest expense	203,849	171,425	375,274
	$ 51,831,681	$ 13,001,764	$ 64,833,445

15. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets measured at fair value on a recurring basis are summarized below. Fair values were primarily determined using a market approach.

	Fair Value Measurements at December 31, 2021, Using			
	Total	Quoted Prices in Active Markets for Identical Asset (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Cash and cash equivalents	**$ 4,386,400**	**$ 4,386,400**	**$ -**	**$ -**
Marketable equity securities	**878,069**	**878,069**	**-**	**-**
Corporate bonds	**931,678**	**-**	**931,678**	**-**
U.S. Treasury securities and government-sponsored enterprises	**1,708,034**	**1,685,528**	**22,506**	**-**
Mutual funds	**289,602**	**289,602**	**-**	**-**
Investments to fund deferred compensation and related liability (mutual funds)	**519,647**	**519,647**	**-**	**-**
Total assets	**$ 8,713,430**	**$ 7,759,246**	**$ 954,184**	**$ -**

	Fair Value Measurements at December 31, 2020, Using			
	Total	Quoted Prices in Active Markets for Identical Asset (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Assets				
Cash and cash equivalents	$ 1,148,778	$ 1,148,778	$ -	$ -
Marketable equity securities	809,696	809,696	-	-
Corporate bonds	1,138,595	-	1,138,595	-
U.S. Treasury securities and government-sponsored enterprises	1,453,960	1,420,095	33,865	-
Mutual funds	270,581	270,581	-	-
Investments to fund deferred compensation and related liability (mutual funds)	565,919	565,919	-	-
Total assets	$ 5,387,529	$ 4,215,069	$ 1,172,460	$ -

The fair value for Level 2 assets is primarily based on quoted market prices of comparable securities.

16. Discontinued Operations

In March 2020, the Retreat discontinued its Uniformed Service, Mulberry Bush Daycare, and Bridges/Meadows School programs in an effort to reduce the breadth of the Retreat's operations and improve profitability.

The total change in net assets without donor restrictions includes change in net assets without donor restrictions - discontinued operations, as follows for the year ended December 31, 2020:

Gross patient service revenue	$ 8,699,193
Less contractual allowances	5,121,080
Net patient service revenue	3,578,113
Expenses	
Salaries and benefits	4,641,707
Contract labor	1,006,732
Supplies	426,464
Health care improvement tax	176,041
Total expenses	6,250,944
Loss from discontinued operations	$ (2,672,831)

17. Financial Improvement Plan

The accompanying financial statements have been prepared in conformity with U.S. generally accepted accounting principles, which contemplate continuation of the Retreat as a going concern. The Retreat has incurred significant operating losses for several years and currently has a working capital deficit and cash flow challenges as a result of these ongoing losses. The Retreat has been in technical default for failure to meet bond covenant requirements since 2019. These factors raise substantial doubt about the Retreat's ability to continue as a going concern.

In view of these matters, realization of a major portion of the assets in the accompanying balance sheet is dependent upon continued operations of the Retreat, which in turn are dependent upon the Retreat's ability to meet its obligations as they become due, and the success of its future efforts. Management has undertaken several initiatives to mitigate these conditions.

The Retreat continues to strive for a full financial and operational recovery following the business downturn fueled by the COVID pandemic. During 2021, the Retreat began a stabilization journey. and subsequent to a series of program closures, capacity reductions, and a significant reduction in workforce in December 2020, the Retreat worked diligently to stabilize the workforce, reconfigure operations and tighten fiscal oversight. Management also negotiated an Alternative Payment Model with the State of Vermont (State) Medicaid program allowing the Retreat to receive prospective payments throughout the entire year. The predictability of the prospective payments assisted with stabilizing the Retreat's cash flows and address ongoing COVID-19 related inpatient

census fluctuations as well as seasonal fluctuations in the utilization of services and was a significant improvement from the prior fee for service model.

The Retreat also refined its cash management process utilizing a rolling 13 week forecast and a weekly cash utilization report. A Runway Report was created to forecast business returns at various operational levels. The Retreat further implemented significant changes to the inpatient admissions process, implemented Med Note, an enhancement to the electronic medical record, and outsourced inpatient coding in order to ensure the highest level of expertise and continuity of processing. By mid-year an outpatient business development process was launched that included jumpstarting the Uniform Services Program, creation of a new Healthcare Professionals telehealth program, and the installation of Transcranial Magnetic Stimulation and Ketamine services.

The Retreat strengthened its State partnership and was the recipient of a two State Stabilization Awards as well as Payroll Protection Program funds and other provider relief funds. Finally, late in the year, the Retreat replaced contracted financial staff with permanent hires. In October 2021, the Retreat was able to secure a critical mass of contract labor which opened capacity at the Retreat to service the backlog of patients in the Emergency Departments across the State during a COVID surge. The year ended with a modest uptick in capacity and a blueprint for future stability.

Management believes the initiatives already taken and those management is planning to implement provide the opportunity to allow the Retreat to continue as a going concern.

Brattleboro Retreat

2021 Community Health Needs Assessment

Table of Contents

Introduction

This report presents the findings of a comprehensive 2021 Community Health Needs Assessment (CHNA) for residents of Windham County, Vermont and surrounding towns within the Brattleboro Retreat service area. It identifies significant mental health needs and substance use disorder needs in our community and establishes priorities that the Brattleboro Retreat Executive Team has chosen based on an analysis of the findings. An Implementation Plan will be developed in the coming months to address the established priorities.

The Brattleboro Retreat first began conducting assessments of the healthcare needs of the community in 2015. As in 2015 and 2018, the Retreat conducted its 2021 Community Health Needs Assessment in partnership with the two other Windham County hospitals, Brattleboro Memorial Hospital and Grace Cottage Family Health & Hospital. The Vermont Department of Health—Brattleboro Office actively assisted in this project.

The CHNA findings presented herein provide the most recent, comprehensive data regarding the mental health and substance use disorder concerns of Windham County residents. The data is available to local health and human services organizations and to the public at large.

This 2021 CHNA complies with IRS Regulations called for under the Patient Protection and Affordable Care Act. By law, it is required to be conducted every three years.

This report was approved by the Brattleboro Retreat Board of Trustees at their December 10, 2021 meeting.

This report is available to the public on the Brattleboro Retreat website, www.brattlebororetreat.org.

Executive Summary

While the population health data and resident survey results compiled in this report were prepared in collaboration with the institutions listed above, each of the three hospitals has established its own priorities and implementation strategies.

Following collection of the qualitative and quantitative data, planners identified emerging community health needs, and flagged major themes and key findings worthy of attention for the Implementation Plan. Based on these key findings, planners at the Brattleboro Retreat established the following priorities:

- Mental/Psychiatric Health
- Addiction Treatment
- Access to Care

Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat (i.e., mental health and addiction treatment) and that exist within the Retreat's capacity to make an impact. In the first quarter of 2022, planners at the Brattleboro Retreat will develop a three-year action plan to address our identified priority areas.

Background on the Brattleboro Retreat

The Brattleboro Retreat is a not-for-profit, regional specialty mental health and addiction treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families.

Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including:

- inpatient programs for children, adolescents and adults
- specialized mental health and addiction inpatient treatment program for lesbian, gay, bisexual and transgender individuals
- partial hospitalization and intensive outpatient mental health and addiction treatment services for adults
- specialized trauma and addiction treatment for police officers, fire fighters, military personnel, veterans, emergency responders, corrections personnel and other uniformed service professionals
- residential program for children
- outpatient mental health treatment for people of all ages.

The Retreat plays a vital role in the provision of mental health and substance abuse services in New England. It accepts high numbers of Medicare and Medicaid funded patients, and provides services offered by few other hospitals. In 2020, 77.3 percent of the Retreat's funding came from public sources—30.5 percent from adult Medicaid / state programs, 24.9 percent from Medicare, and 21.9 percent from child and adolescent residential funding or Medicaid.

Purpose

The Retreat, a tax-exempt health care organization, is conducting a community health needs assessment (CHNA) to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). This structured CHNA process not only provides the opportunity to maintain compliance, but it also serves as a means to engage the communities served and better understand their health care needs. The CHNA also provides an opportunity for the Retreat to examine current programs and services in the context of state and national benchmarks.

As mandated by the PPACA, the overarching view of the assessment and identification of the health needs must be taken from the perspective of the community. Participating health care organizations may utilize existing information and research conducted by public health agencies and not-for-profit organizations. Additionally, health care organizations may work in partnership with one another to complete the assessment.

According to the PPACA, the purpose of the CHNA is to identify the following:

- community needs, concerns and issues
- major risk factors and causes of ill health in the community
- resources required to meet the needs of the community
- health care organizations' priorities to meet the needs in their service areas
- target outreach programs for needed services

- services that community members would like to see offered or extended in their health care service area.

Although the Brattleboro Retreat is a specialty mental health and addiction treatment hospital, planners chose to conduct a portion of this CHNA in collaboration with medical hospitals in Windham County, Vermont in order to gain a better understanding of health as a state of complete physical, mental and social well-being. As stated by Dr. Brock Chisholm, the first Director-General of the World Health Organization (WHO), "without mental health there can be no true physical health." (World Health Organization, 2013). Moreover, the Centers for Disease Control and Prevention maintain that many associations exist between mental illness, cardiovascular disease, diabetes, obesity, asthma and arthritis, among other chronic diseases (2012).

Description of the Community Served

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southwestern corner of Vermont—on the border with both New Hampshire and Massachusetts. It is a small, rural town with a population of 11,332. The 2019 population estimate for Windham County is 42,222. The state of Vermont has an estimated population of 623,829. (U.S. Census, 2019)

The three hospitals located in Windham County, Vermont—Brattleboro Memorial Hospital (BMH), Grace Cottage Family Health & Hospital (GCH) and the Brattleboro Retreat (Retreat)—together serve the rural population of southeastern Vermont. The specific geographic areas cover all of Windham County, Vermont and Bondville in Bennington County, Vermont. This area has a combined population of roughly 42,792. BMH and the Retreat also serve some towns in southwestern New Hampshire, and the total combined population of these areas is approximately 76,085 (Cheshire County, NH).

The Brattleboro Retreat is the only mental health specialty hospital in Vermont and one of the few in New England. In Vermont, only four private medical hospitals have psychiatric units. The Retreat operates roughly the same number of beds as the other four hospitals combined, making it the largest provider of inpatient psychiatric services in the state. The Retreat is also the only mental health hospital in Vermont for children and adolescents who require inpatient care.

As a regional specialty hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont and throughout the greater New England area and beyond. Over half of patients in inpatient care come from within the state of Vermont, followed by Massachusetts, New Hampshire, New York, and Connecticut. A small percentage of patients come from states across the country. During portions of the COVID-19 pandemic, travel restrictions greatly limited the number of patients that came from outside of Vermont. The Retreat's service area is extremely diverse in terms of geography and socioeconomic indicators. Included in this expansive area are urban, suburban and rural communities with varying degrees of education, economic opportunities, and access to health services and treatment. Furthermore, these populations perceive health, namely mental health, differently.

In 2020, the Retreat provided ambulatory services to more than 2,044 individuals, well over 50% from the state of Vermont. These services include outpatient counseling services in the Anna Marsh Clinic; partial hospitalization and intensive outpatient mental health and addiction treatment programs in the Birches Treatment Center; outpatient and intensive outpatient addiction treatment in Starting Now; outpatient services

in the Mind-Body Pain Management Clinic; and specialized treatment services for police officers, fire fighters, veterans and other uniformed professionals in the Uniformed Service Program.

Thank You to Our Partners

We would like to thank our partners at Brattleboro Memorial Hospital and the Grace Cottage Family Health & Hospital for working together with us to conduct the Community Health Needs Assessment survey and to report on its findings. In addition, Brattleboro Memorial Hospital staff reached out to local social service organizations for the information that appears at the end of this report. We would also like to thank all of the community partners who provided input into the 2021 Community Health Needs Assessment. In particular, we thank the Vermont Department of Health—Brattleboro District for its generous sharing of statistical data, insight, and support in preparing this report.

Process

The Retreat conducted a collaborative Community Health Needs Assessment in partnership with Brattleboro Memorial Hospital, Grace Cottage Family Health & Hospital, and the Vermont Department of Health. The Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting In October 2020. The group met at least monthly over the next ten months.

The data collection process took place from January through June 2021. CHNA surveys were available from mid-March to mid-May 2021. The largest portion of the surveys were completed by residents attending COVID-19 vaccination clinics at Grace Cottage and Brattleboro Memorial Hospital. Windham County social service agencies, including Groundworks Collective, which serves housing-insecure clients, also helped to distribute surveys to their clients. Surveys were also distributed by social media.

Following collection of the qualitative and quantitative data, planners identified emerging community health needs, and flagged major themes and key findings worthy of attention in the Implementation Plan. Based on these key findings, planners at the Brattleboro Retreat established the following priorities:

- Mental/Psychiatric Health
- Addiction Treatment
- Access to Care

Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat (i.e., mental health and addiction treatment) and that exist within the Retreat's capacity to make an impact. In the first quarter of 2022, planners at the Brattleboro Retreat will develop a three-year action plan to address our identified priority areas.

Sources of Data

This report consists of four primary sources of information:

- Demographic, geographic, economic, and population health data gathered on Windham County residents from a variety of sources, mostly accessed through the Vermont Department of Health's online databank
- Community Health Needs Assessment Survey results (See survey in the Appendix)

- Completed questionnaires submitted by social service agencies representing unique populations of Windham County residents (potentially medically underserved populations)
- Group discussion and clinical experience of Grace Cottage healthcare providers and leadership

Since Grace Cottage did not receive any written comments regarding its 2018 CHNA Report or Implementation Plan, this was not part of the information collected.

Process for Consulting with Persons Representing the Community's Interests

The 2021 CHNA Steering Committee made significant efforts to assure that the needs and concerns of all segments of the Windham County population were heard, as described in survey efforts above.

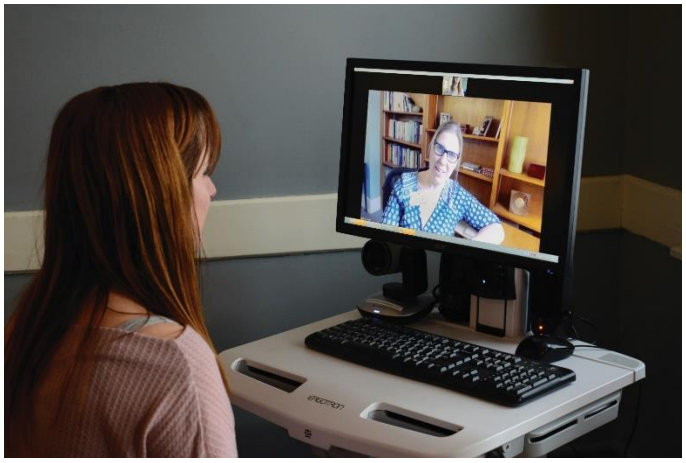
Additionally, in the appendix of this report, information is provided from representatives of nine social service agencies and non-profit groups who were asked to identify the needs of the people in the community they serve, their barriers to achieving good health and well-being, and the resources available in the community to address their needs and barriers (see pages 84-94).

Limitations and Information Gaps

The data presented in this report has a few limitations.

First, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors, and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope or reporting period, which limits comparisons. Although the most recent available data was used in this report, the secondary data may be several years old.

Second, the quantitative data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the respondents' own views directly. Thus, the surveys provide respondents' perceptions of themselves and their world. Of course, the main disadvantage of self-reported data is that there is no independent verification of the respondents' answers. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by asking questions that deflected the focus away from the respondent (i.e., respondents were first asked which health issues are of most concern to themselves and their family; this was followed by a question about the top health issues of the community).



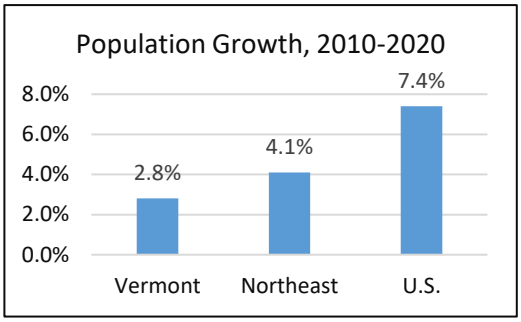
Third, the consumer survey was not distributed to a random sample. Rather, respondents chose to participate in the survey (whether in hard-copy or online), and thus were a self-selected sample set. This means that one cannot extrapolate statistical conclusions based on the consumer survey results. That said, the consumer survey had very good participation results and was fairly representative of the demographics of the county population.

Windham County Demographics

Population Data

Vermont is second only to Wyoming, as the 2nd least populous of the 50 United States.

The concentration of the U.S. population is shifting away from Vermont and the Northeast. The Northeast and Midwest populations are increasing at a much slower pace than the South and the West. During the last decade, the U.S. population grew 7.4% (the lowest growth rate since 1940), while he Northeast's population grew by only 4.1%, and Vermont's grew by just 2.8% (an increase of only 17,336).[1]



The rural nature of Vermont brings challenges as well as benefits. A smaller population means fewer financial resources to support health care. Also, attracting medical providers can be difficult when more lucrative opportunities exist in urban areas. These, plus Vermont's mountainous geography, can affect health care access.

	Windham County 2019*	Windham County 2017**	Vermont	U.S.
Population	42,222	42,869	623,989	328,239,523
Population Density Per Square Mile (2010)	56.7	56.7	67.9	87.4
Population Change since April 2010	-5.1%	-3.7%	-0.3%	6.3%
Age Under 18	17.6%	18.0%	18.3%	22.3%
Age 18-64	58.5%	60.0%	61.7%	61.2%
Age 65 and Older	23.9%	2.0%	20.0%	16.5%
Race/White Alone	94.7%	93.0%	94.2%	76.3%
Race/Other	5.3%	7.0%	5.8%	23.7%
Female	51.1%	51.0%	50.6%	50.8%
Education High School Graduate (age 25+)	92.4%	91.5%	92.7%	88.0%
Education Bachelor's Degree or Higher (age 25+)	38.1%	35.3%	38.0%	32.1%
Median Household Income (2012-2016)	$51,985	$50,917	$61,973	$62,843
Per Capita Annual Income (2012-2016)	$32,535	$28,923	$34,577	$34,103
Persons in Poverty	11.6%	12.7%	10.2%	10.5%
(U.S. Census Quick Facts, July 1, 2019 estimates)				
** 2019 data is being used because 2020 Census data is not yet available. ** 2018 CHNA used 2017 Census data.*				

[1] https://www.census.gov/data/tables/time-series/dec/popchange-data-text.html

Has COVID-19 Caused a Population Boom?

During the 2020-2021 pandemic, the *New York Times*, *VTDigger*, *Seven Days*, and the *Burlington Free Press* have all carried stories suggesting that, because of COVID-19, Vermont has been experiencing a population boom. Stories about out-of-staters buying Vermont houses sight unseen abound, and housing shortages are being reported.

While anecdotal evidence supports the theory of a population boom, there is no concrete data to prove this point on a broad basis. *Vermont Public Radio* reporters Peter Hirschfeld and Angela Evancie, responding to a listener's question about the rumor, reported on their podcast "Brave Little State" that, "The data to back that narrative up just doesn't exist. At least, not yet. And trust us when we say we tried pretty hard to find some cold, hard numbers."[2]

On the other hand, real estate agents report being very busy over the past year. The impact is seen most often in ski towns and their environs. Hirschfeld and Evancie did find that some towns in Windham County have seen a population increase. They said that, "While Vermont lacks the statewide data needed to quantify the volume of in-migration since the pandemic began, in some towns, the COVID boom is real." They cite increased student enrollment in the Windham Central Supervisory Union (serving Windham County towns of Brookline, Dover, Jamaica, Marlboro, Newfane, Stratton, Townshend, Wardsboro, Windham, and Winhall in Bennington County). Dover has an increase of 31 students, and neighboring Wardsboro is up 8 students.[3]

Vermont Business Magazine listed three Windham County towns in the top five for house sales to out-of-state buyers in the past year: Dover was ranked #3, Stratton was 4th, and Wilmington was 5th.[4]

Whether these newcomers will relocate to Vermont permanently, came temporarily during the pandemic, or purchased homes only as vacation properties is unknown.

Population increases or decreases have had and will continue to have an impact on state finances, and thus on funds for health care and other services. According to the Vermont Tax Structure Commission's December 2019 report, Vermont has the dubious distinction of being the only state with the highest employment rate and the slowest population growth in the U.S. [5]

[2] https://www.vpr.org/post/vermont-really-having-covid-boom#stream/0
[3] Ibid.
[4] "Economy Stronger Than Expected," *VT Business Magazine*, May 2021, p. 37.
[5] https://ljfo.vermont.gov/assets/Subjects/Commission-Resources/05a742b874/Population-Changes-and-Vermont-State-Revenue-FULL-REPORT.pdf, p.45

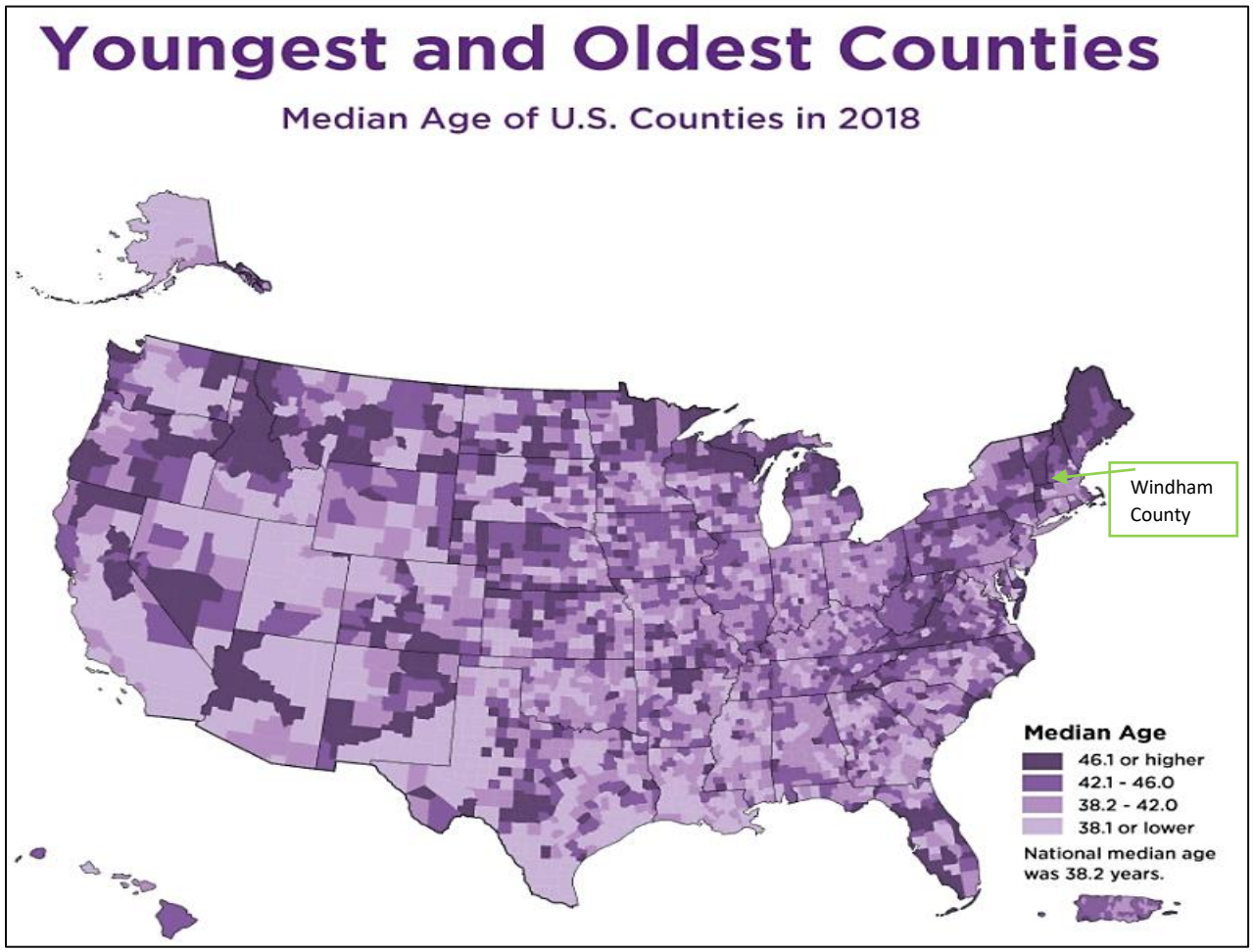
Windham County's Aging Population

For a number of years, Vermont's business and legislative leaders have expressed concern about the rate at which Vermont's population is aging. The 2018 Community Assessment report from the social services organization Southeastern Vermont Community Action stated that, "Vermont's most notable demographic trend is the aging of its population."[6] Statistics bear that out.

Windham County, VT, ranks in the highest median-age bracket of all U.S. counties (46.1 or higher – see map below).[7] Among the states, Vermont ranks third, following Maine and New Hampshire, as the state with the highest median age in the country (Maine = 45.0; New Hampshire = 43.1; Vermont = 43.0).[8]

At the time of the 2010 U.S. Census, 14.6% of Vermont's population was age 65+, and Windham County's was 22%. The 2019 U.S Census's American Community Survey showed Vermont at 20% (an increase of 5.4%) and Windham County at 23.9% (a 1.9% increase).[9]

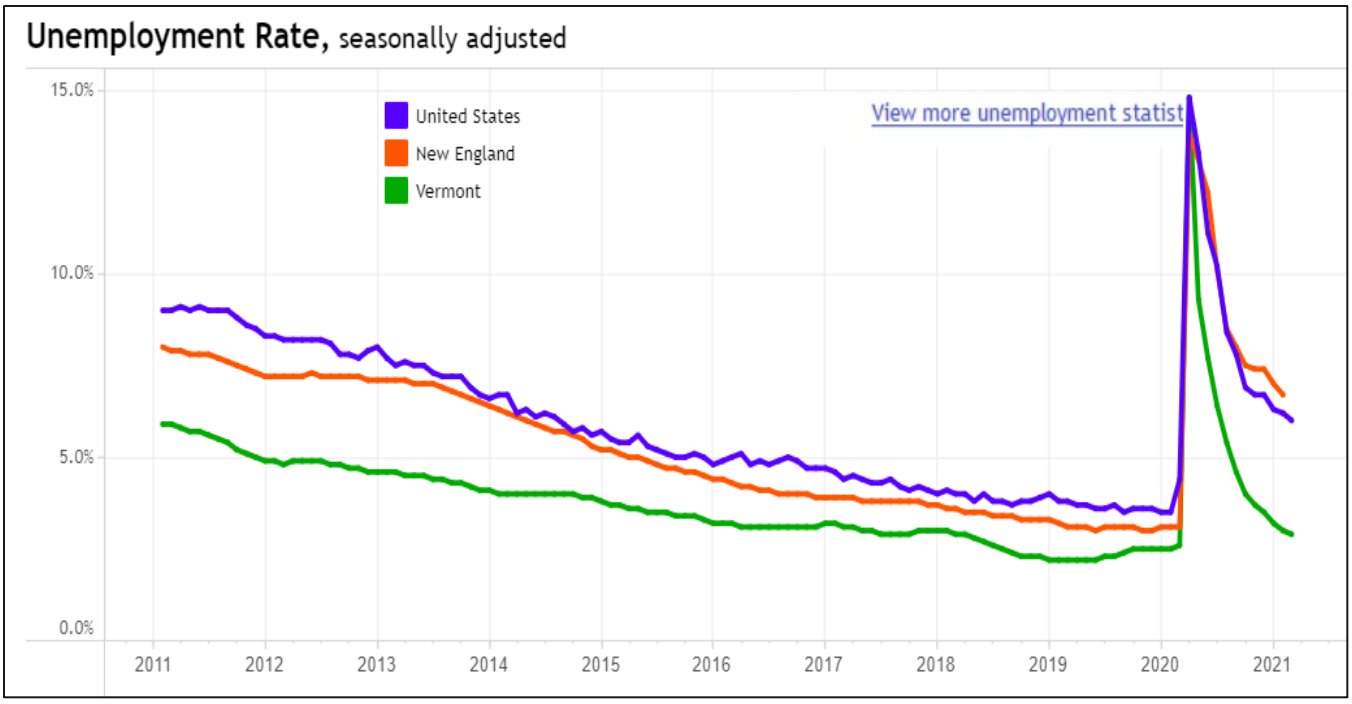
As Vermont's population ages, the demands on its health care system also increase.



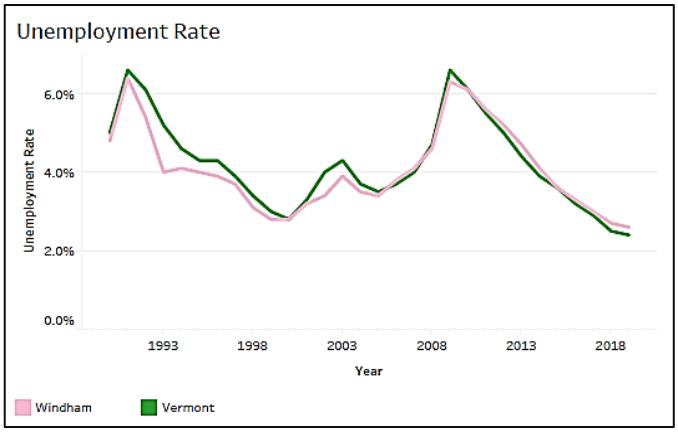
[6] https://www.sevca.org/images/pdf/Community_Assessment_2018-with_Attachments.pdf, p. 12
[7] *https://www.census.gov/library/visualizations/2018/comm/youngest-oldest-counties.html*
[8] http://www.statsamerica.org/sip/rank_list.aspx?rank_label=pop46&ct=S09
[9] https://data.census.gov/cedsci/table?q=2010%20vermont&tid=ACSST1Y2010.S0101;

Windham County Employment

The effects of the COVID-19 pandemic on Vermont's unemployment rate are obvious in this chart provided by the Vermont Department of Labor. Has there ever been such a sudden and dramatic increase in unemployment? It's hard to imagine. During the Depression era, Vermont workers were much more likely to have been farmers, and thus less affected by the country's economic crisis. By contrast, today's pandemic has affected thousands of workers across the state, as well as across the New England Region and the country as a whole.



Vermont's and Windham County's unemployment rates have fluctuated over time, but not as drastically as during the COVID-19 pandemic. This Department of Labor (DOL) chart shows that the economic downturn of 2008 also affected unemployment noticeably. There was a previous sharp rise in the mid-1990s.[10]

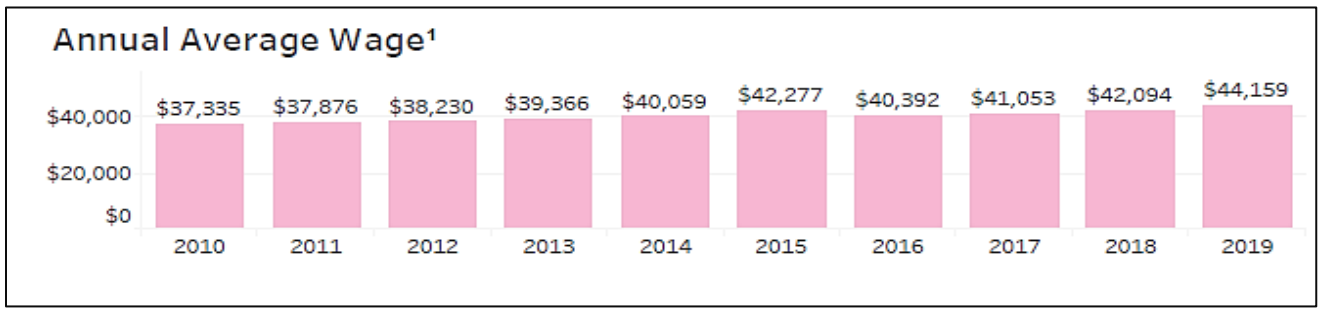


In 2019 Windham County had a labor force of 21,977, the sixth largest of Vermont's 14 counties.[11] Just before the pandemic, Vermont's unemployment rate was the lowest in almost four decades. In 2019, the statewide unemployment rate was 2.4%, the lowest annual rate since 1976. Vermont's average workforce numbered 342,226 people. By contrast, in April 2021, the DOL reported that almost 10% of that workforce, a total of 33,818 Vermonters, were filing for unemployment.[12]

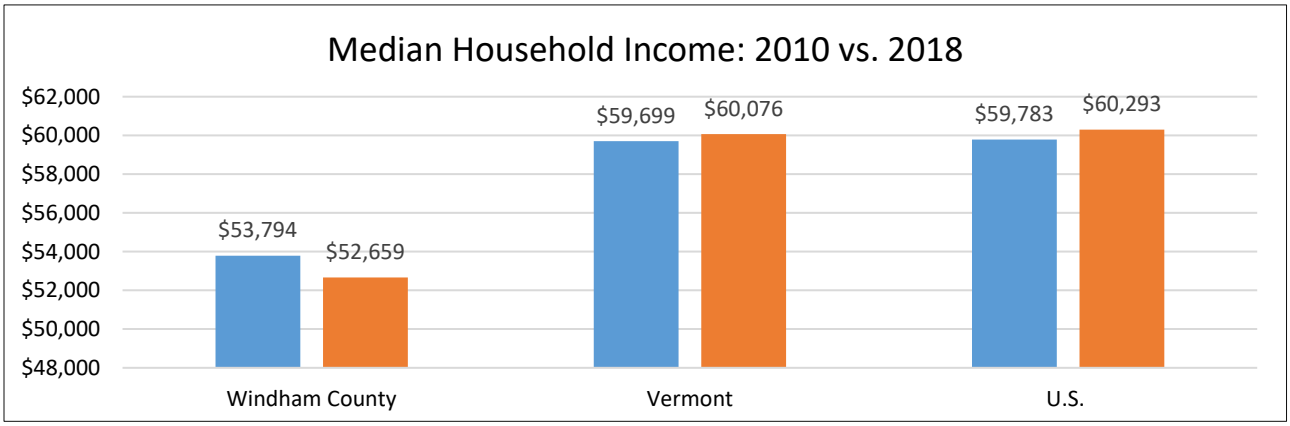
[10] http://www.vtlmi.info/profile2020.pdf, p. 112.
[11] http://www.vtlmi.info/profile2020.pdf, p. 110
[12] http://www.vtlmi.info/

Windham County's Median Household Income

Windham County's average annual wage (adjusted for inflation) has not increased much over the past decade. [13]



In fact, when adjusted for inflation and compared to the state and the U.S. as a whole, Windham County's median household income has decreased by almost $1,000 since 2010, while Vermont's and the nation's median household incomes have increased slightly. [14]



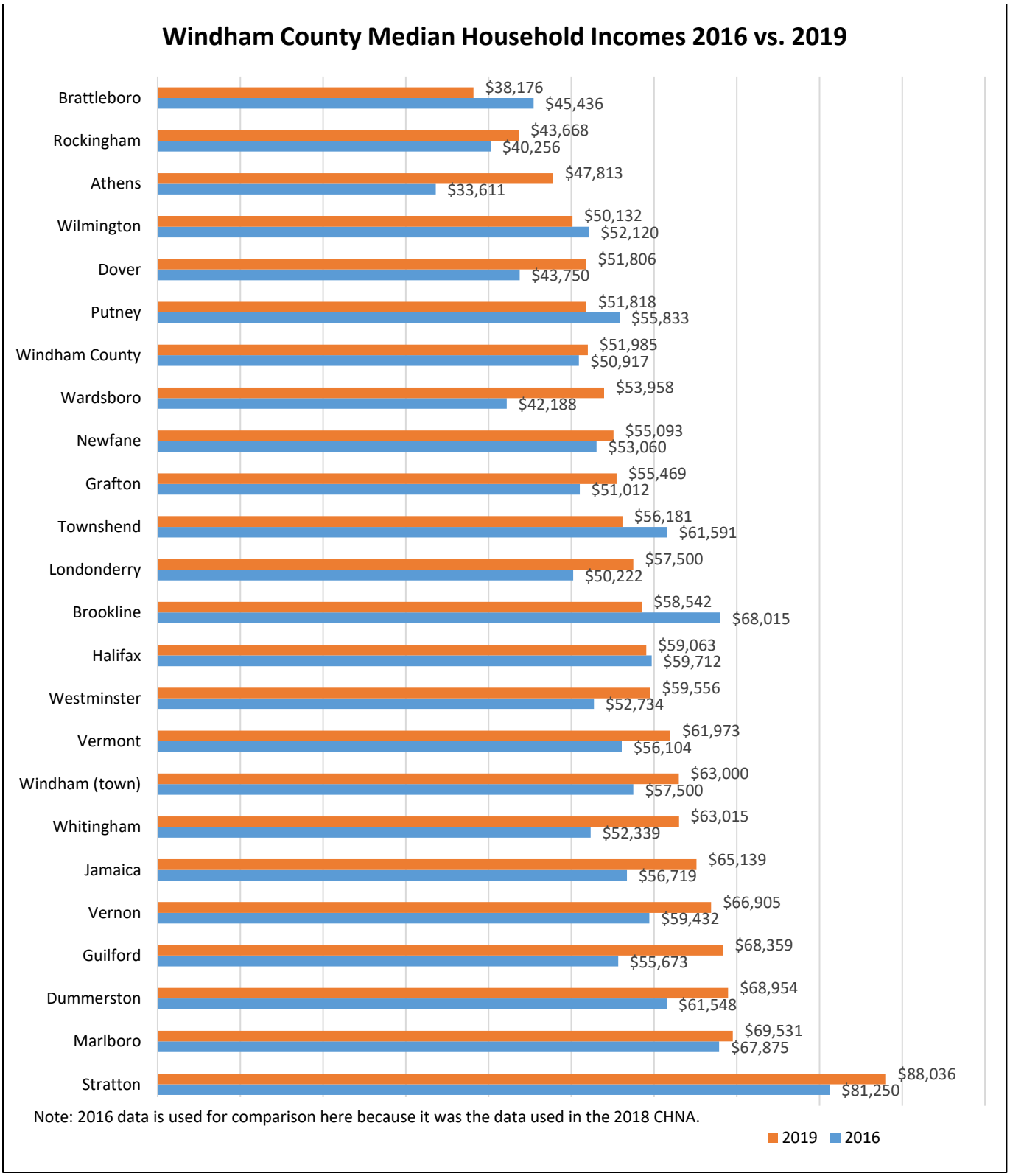
Median household incomes for individual Windham County towns are shown on page 6 of this report.

Poverty in Windham County

The Federal Poverty Level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services. FPLs are used to determine eligibility for federal programs and benefits, including health insurance. For 2021, the FPL income numbers are: $12,760 for individuals (up slightly from $12,140 in 2018); $17,240 for a family of 2 ($16,460 in 2018); $21,720 for a family of 3 ($20,780); $26,200 for a family of 4 ($25,100). Families at or below these numbers are considered to be living in poverty. Families with incomes up to 250% of the FPL are considered low-income.[15]

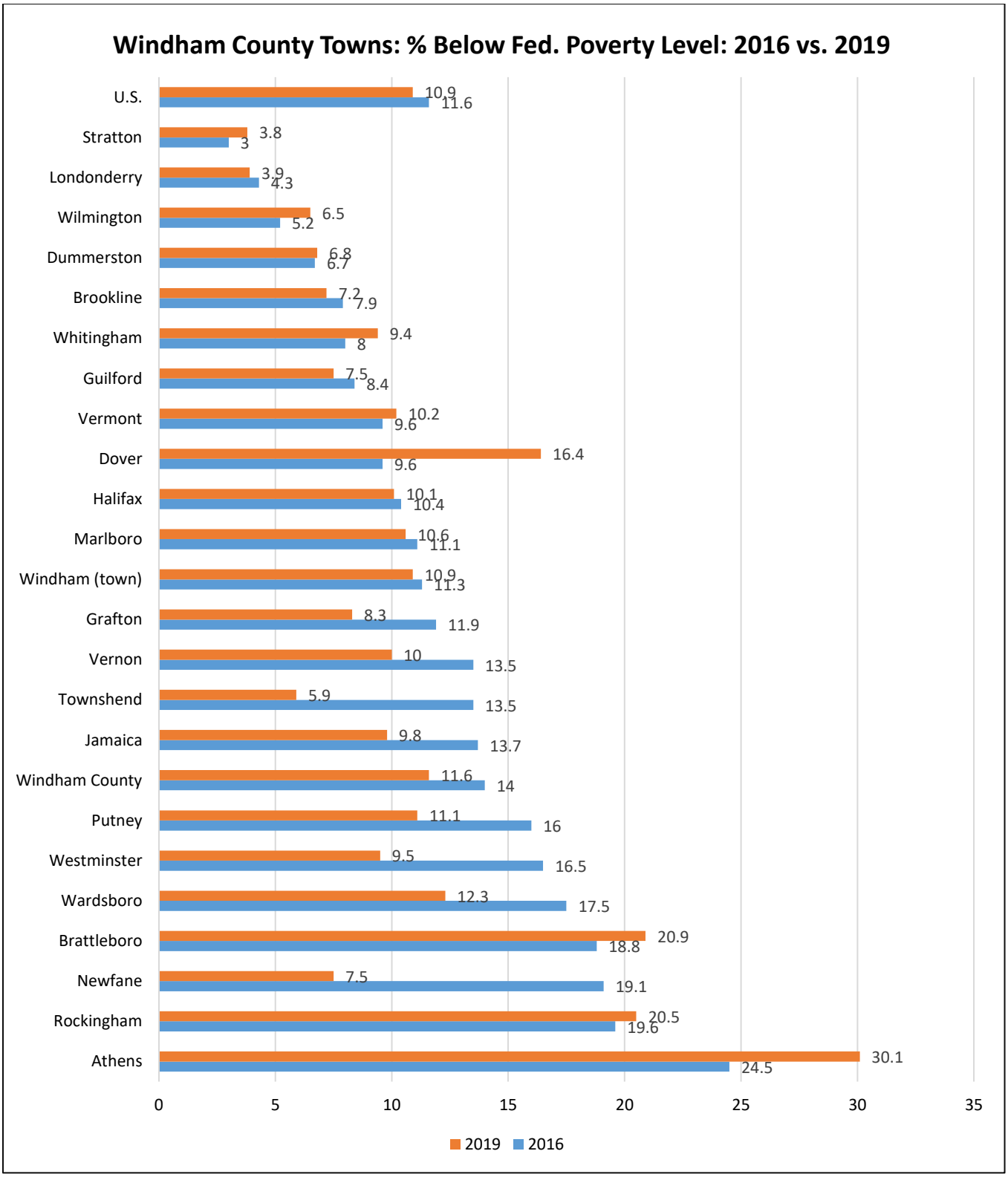
The percentage of Windham County's residents who live below the federal poverty level varies widely across the towns within the county, and the percentage itself hides those within a town who struggle with poverty despite a seemingly low poverty rate town-wide. Some Windham County towns have seen noticeable shifts since the 2018 CHNA. Poverty rates for individual Windham County towns and shown on page 7.

[13] http://www.vtlmi.info/profile2020.pdf
[14] Ibid.
[15] https://aspe.hhs.gov/2020-poverty-guidelines



[16]

[16] https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2016.DP03; https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2019.DP03; https://data.census.gov/cedsci/table?t=Income%20and%20Poverty&g=0500000US50025.060000&tid=ACSST5Y2019.S1901



[17]

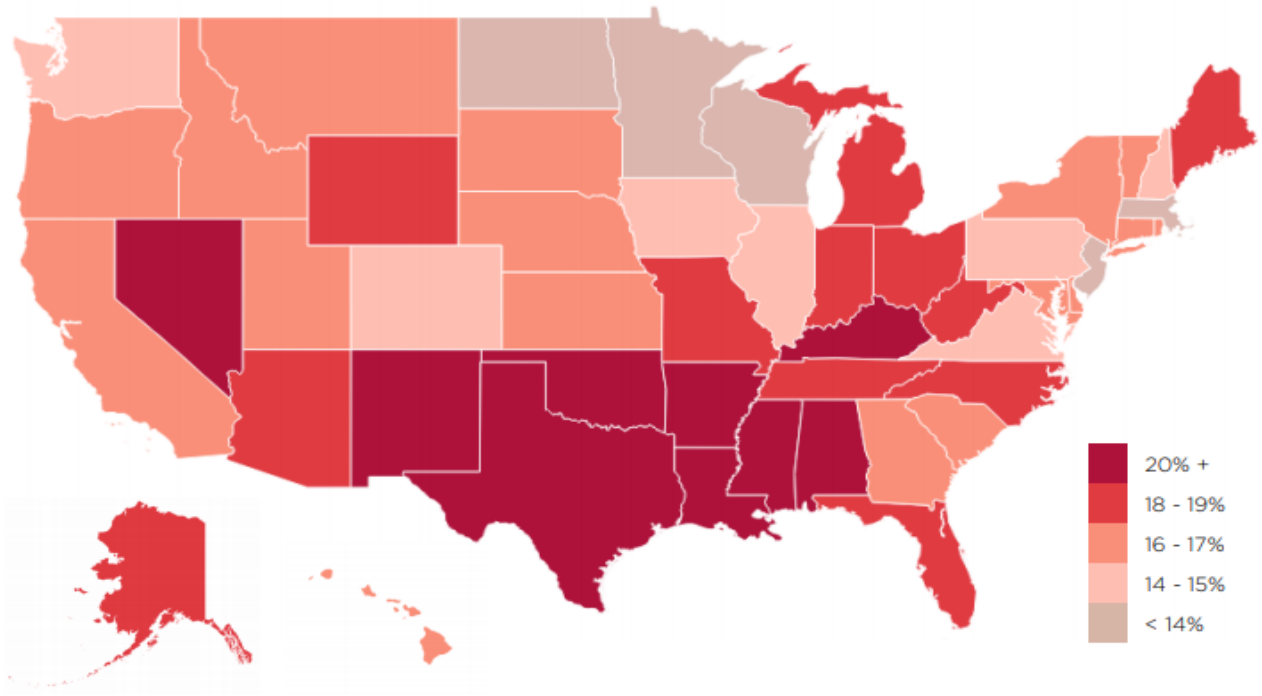
[17] https://data.census.gov/cedsci/table?g=0400000US50&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2016.DP03; https://www.census.gov/quickfacts/fact/table/US,VT,windhamcountyvermont/PST045219; https://data.census.gov/cedsci/table?t=Income%20and%20Poverty&g=0500000US50025.060000&tid=ACSST5Y2019.S1701

Poverty's Impact on Health and Food Insecurity

The relationship between one's economic status and one's health has been well-documented. Poverty can be both a cause, and a consequence, of poor health. Poverty can affect access to healthy food, thus leading to food insecurity as well as poor health. Households that experience food insecurity are unable to obtain enough good food for an active, healthy life for all household members.[18]

Before the COVID-19 crisis began, more than 37 million people in the U.S., including more than 11 million children, lived in food-insecure households (actually the lowest food insecurity rate since the 2008 Great Recession). The pandemic and the accompanying rise in unemployment has created food insecurity for those newly unemployed and has exacerbated the situation for others. Demand at food pantries and food banks has soared over the past year.

Figure 1. Projected rates of food insecurity among the overall population in 2020 by state



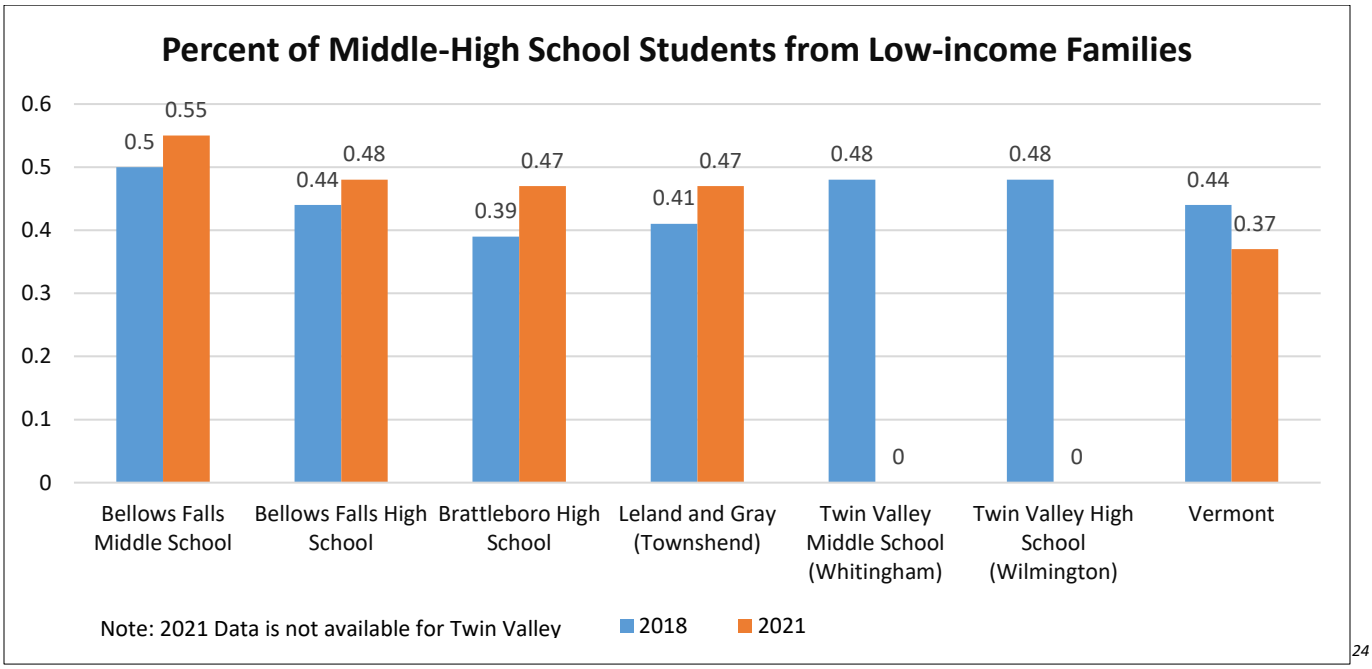
While this map shows that Vermont's food insecurity situation is not as dire as some states, there is still cause for concern. Many adults and children still go hungry in Vermont—as much as 16-17% of the population in the past year--16 or 17 individual Vermonters per 100--as this map indicates.[19] Pre-pandemic, the state's rate was 11.3%.[20]

Food insecurity is also a significant problem in Windham County, affecting 12 out of every 100 residents (pre-pandemic data). For children, the rate is worse: 17.2% of Vermonters under the age of 18 live in food-insecure households, according to Feeding America.[21] During the 2020-21 school year, an average of 36.7% percent of

[18] https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf
[19] Ibid.
[20] https://map.feedingamerica.org/county/2018/overall/vermont
[21] https://map.feedingamerica.org/county/2018/child/vermont/county/windham

secondary-school-age students in Windham County qualified for free- or reduced-price lunches. (To qualify as income-eligible for free meals, a household's income must be at or below 130% of the Federal Poverty Level guidelines. To qualify for reduced-price meals, a household's income must be 130-185% of FPL.[22]

Some Vermont schools qualify for the Community Eligibility Provision (CEP) program, administered by the Vermont Department of Education and the USDA. Through this program, eligible schools can provide breakfast and lunch to all students at no charge. Three Windham County schools participate in CEP – Academy School, Green Street School, and Oak Grove School, all in Brattleboro.[23]



[24]

A number of organizations are helping Windham County residents to access healthy foods, especially fruits and vegetables. These include the Vermont Department for Children & Families through its 3Squares (SNAP) program and the Vermont Foodbank though its support of local food shelves and through its VeggiVanGo program.

VeggieVanGo trucks arrive at a variety of location throughout Windham County each month—low-income housing sites, schools, and hospitals--with large bins of fresh produce to give away to families and individuals in need. Grace Cottage Family Health & Hospital and Brattleboro Memorial Hospital both host monthly VeggieVanGo events.

[22] https://education.vermont.gov/documents/edu-nutrition-2021-free-and-reduced-eligibility-report
[23] Ibid.
[24] Ibid, numbers rounded to the nearest 1/10th.

Windham County has food shelves, at the following locations:

- Agape Christian Fellowship, Canal Street, Brattleboro (weekly)
- Bread of Life, Vernon Advent Christian Church, 4554 Fort Bridgman Rd., Vernon, VT (2xmonth)
- Deerfield Valley Food Pantry, Church Street, Wilmington (2xmonth)
- Grafton Community Church, 55 Main St. (Route 121) Grafton, VT (most mornings)
- Groundworks Collaborative's Foodworks, 143 Canal Street, Brattleboro (6xweek)
- Guilford Food Pantry, Guilford Center Road, Guilford (weekly)
- Jamaica-Wardsboro Food Pantry, Main Street, Wardsboro (monthly)
- Neighbors Pantry, Main Street, Londonderry (monthly)
- Our Place Drop-in Center, Island Street, Bellows Falls (6xweek)
- Putney Food Shelf, Christian Square, Putney (2xweek)
- Retreat Farm Community Food Shelf, 45 Farmhouse Square Rd, Brattleboro (24/7)
- Neighbors Pantry, 2nd Congregational Church, 2021 North Main St., Londonderry (monthly)
- St. Brigid's Kitchen and Pantry, Walnut Street, Brattleboro (2xweek)
- Townshend Food Shelf, Townshend church (weekly)

Windham County also has meal sites for the general public:

- Brigid's Kitchen and Pantry, Walnut Street, Brattleboro (lunch: M, W, Thu)
- Loaves & Fishes, Main Street, Brattleboro (lunch: Tue, F)

Other organizations working to improve food security include:

- 3SquaresVT (formerly known as food stamps), administered through VT's Dept. of Families & Children.
- Commodity Supplemental Food Program, monthly food boxes distributed to adults 60+ by VT Foodbank.
- Edible Brattleboro has gardens and a Share-the-Harvest Stand in Brattleboro. It partners with the Brattleboro Food Co-op and local farmers, giving away leftovers from Farmers Markets.
- Food Connects helps to connect local farmers to schools, healthcare facilities, and other outlets by delivering locally produced food; provides educational and consulting to improve the food system.
- The Hunger Council of Windham Region helps schools and other site set up meal programs; provides nutrition education to professionals and the public; works to change state and federal policy.
- Meals on Wheels/Senior Solutions – Delivering nutritious meals to seniors and others.
- Vermont 211 – Dial 2-1-1 or visit vermont211.org; "Community Resource Directory" by zip code.

Special Resources during COVID-19, now discontinued:

- *Everyone Eats! Brattleboro* leverages state & FEMA funds to buy and distribute to-go meals from local restaurants. Anyone negatively impacted by COVID is welcome to receive a meal, no questions asked. As of May 2021, *Everyone Eats! Brattleboro* had distributed 150,000 meals, at a rate of 5,000 meals a week, through a variety of community partners. Currently funded at least through September 2021.
- Farmers to Families, food box distribution, funded in 2020 by the USDA and in 2021 by donations to the Vermont Foodbank (ended in May). Followed by the Vermont Foodbank's Full Plates VT program, which ran from June-September, offering fresh produce and shelf-stable items. Recipients were required to self-certify that they meet the income requirements as part of the registration process (300% federal poverty level), but they were not asked to show proof of income.

Windham County: Health Care Access

Health Care Equity

Equality doesn't always mean equity. Equity means that all people have a fair and just opportunity. As this graphic illustrates, sometimes adaptations and accommodations are necessary in order to achieve an equitable result.[25]

George Washington University's Milken School of Public Health explains it this way: "Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome."[26]

While Vermont is often ranked as one of the healthiest states in the nation, data shows that not everyone has an equal opportunity to be healthy. Health insurance coverage, economic status, age, race, gender, ethnicity, social position, sexual orientation and disability, distance from healthcare sources, and the number of available medical providers—all of these and more have an impact on a person's and a family's health opportunities.

Those entrusted with preparing this 2021 Windham County Community Health Needs Assessment have been careful to consider the needs of the "Potentially Medically Underserved" – defined as respondents in one or more of the following categories: Age 65+, household income less than $35,000, people of color, transgendered, and/or limited English speakers. (See pages 62-75 for survey responses indicating these specific needs.)

In order for all Vermonters to be as healthy as they can be, the healthcare facilities that serve them must consider the social and environmental factors that affect health—factors often labeled as "social determinants of health." The goal is to improve health not only through the direct provision of healthcare services, but also by connecting Vermonters with social services and community partners that can provide housing, healthy food, heat assistance, transportation, and other necessary resources.

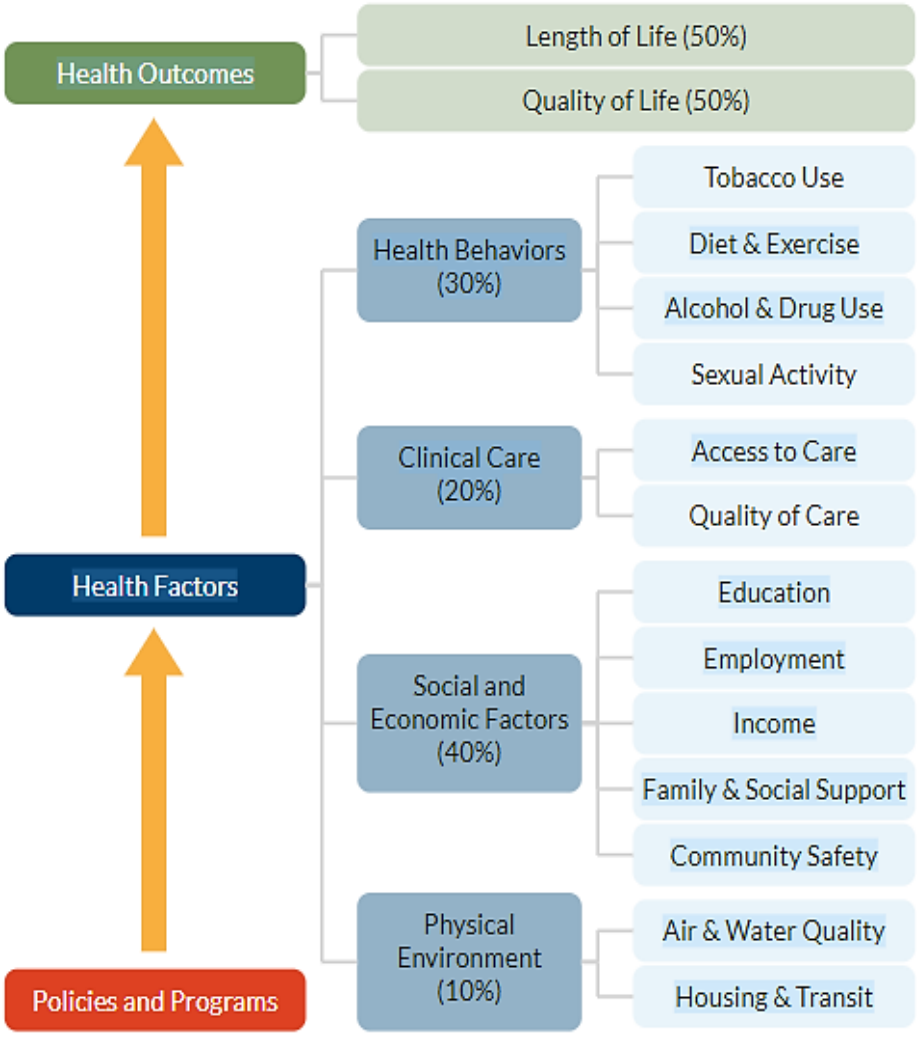
[25] *https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan*
[26] https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/

Useful Terms for Understanding Health Care Equity[27]

Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

Health Disparities are statistical differences in health that occur between groups of people. These could be from any cause.

Health Inequities exist when avoidable inequalities lead to an uneven distribution of the resources and opportunities for health, and are differences in health that are avoidable, unfair or stemming from injustice. The concept of health inequities focuses on conditions that create health, and emphasizes the systemic distribution of opportunity, wealth and power.



Discrimination is the unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories.

Prejudice is an unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason.

Social Determinants of Health are the conditions in which people live, learn, work, play, worship and age that affect a wide range of health, functioning; and quality of life outcomes and risks. These include social, economic and physical conditions, as well as patterns of social engagement and sense of security and wellbeing.

Chart:[28]

[27] https://www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan
[28] https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

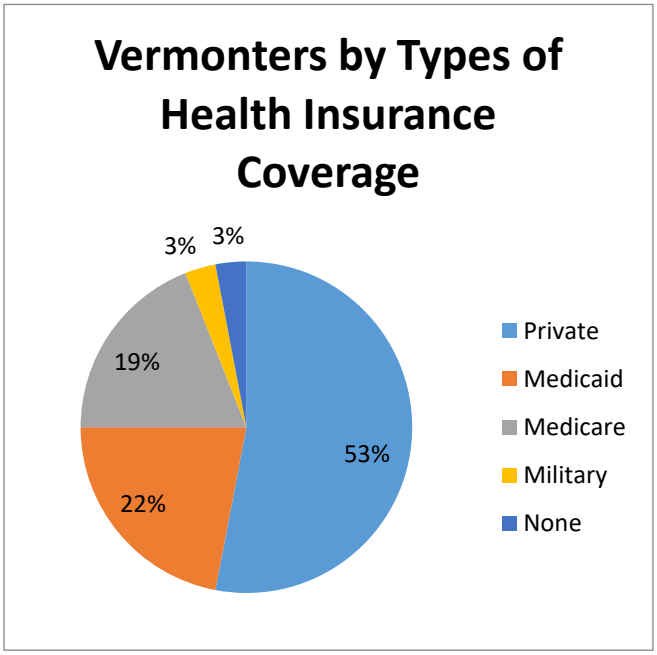
Access and Insurance

Access to comprehensive healthcare services is important for overall health. That access may be limited if a person does not have health insurance, lacks money for co-pays, or has no transportation for getting to appointments. It may also be limited if there are no medical providers available.

The Vermont Department of Health and Vermont's Office of Rural Health & Primary Care are working to improve access to primary care, dental care, and mental health care for all Vermonters – especially the uninsured, under-served and most rural populations. The partners who are preparing this report are also working together to improve access to patients and potential patients in their service area.

How well is this working for Windham County residents?

Most Vermonters have some level of health insurance. Based on results of a telephone survey that reached 3,002 Vermonters, the Department of Health reported in 2018 that 97% of Vermont residents have some type of health insurance coverage. A majority (53%) have private health insurance; 19% have Medicare and 22% have Medicaid. Three percent said they are uninsured. Because Medicare is available for anyone over age 65, those represented by the 3% Medicaid statistic are likely to be under age 65.



These numbers have not changed substantially since the last survey in 2014.[29]

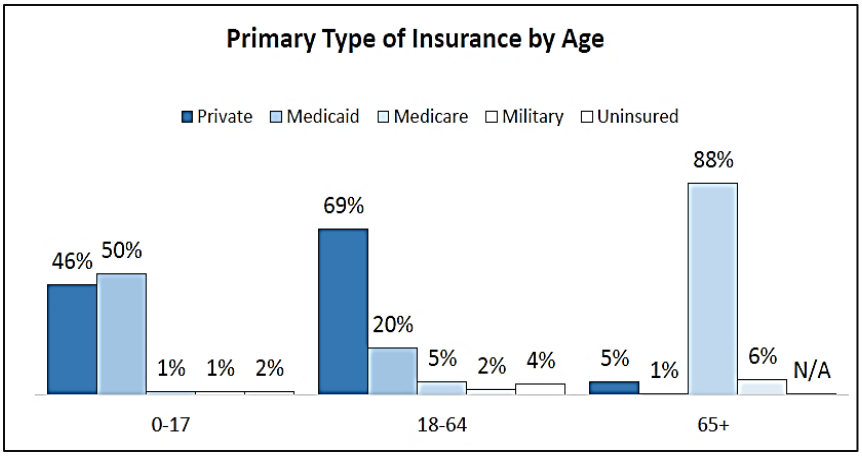
It is worth noting, however, that the percentage of Vermonters with private insurance has decreased substantially since 2000 (60% to 53%), while the percentages of Medicare (14% to 19%) and Medicaid (16% to 22%) have increased.[30]

In 2021, the Robert Wood Johnson Foundation (RWJ) conducted research in conjunction with the University of Wisconsin Population Health Institute (UWPHI). Their more-recent data is nearly, but not exactly, the same as that gathered by the VT Department of Health.

According to RWJ and UWPHI's "County Health Rankings," 5% of Vermonters and 5% of Windham County residents are uninsured, two points higher on both accounts than Vermont's 2018 survey results.[31] The RWJ/UWPHI report also indicates that 10% of Americans under age 65 are uninsured.[32] Thus, Vermonters and Windham County residents have better access to healthcare through insurance coverage than do Americans overall.

[29] Vermont Household Health Insurance Survey Vermont Department of Health Data Compendium - July, 2018, p. 3 & 5, https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
[30] Ibid.
[31] https://www.countyhealthrankings.org/app/vermont/2021/rankings/windham/county/outcomes/overall/snapshot
[32] https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_VT.pdf

The state's health insurance survey also provided information about insurance coverage for Vermonters by age: (see chart at right)[33]



Having health insurance is one thing, but being able to afford to use it is another. Many Vermonters are "under-insured," meaning they either have high deductibles that they cannot afford to pay, or important health care services are not covered by their insurance. Vermont's 2018 health insurance survey found that more than a third of Vermonters (36%) under age 65 are under-insured, up from 27% in 2014.[34]

Those who have health insurance are more likely to seek care when they need it than those who do not. To illustrate this point, the state's survey found that 22% of uninsured Vermonters have delayed routine care due to cost, compared to 2% of those with insurance. Twice as many uninsured Vermonters delayed getting a prescription (6% vs. 3%). Four percent of uninsured Vermonters skipped doses or took smaller amounts of medications to make them last longer,[35] a tendency that may lead to worse health outcomes, especially for chronic conditions.[36]

Nearly one-third of Windham County Community Health Needs Assessment survey respondents indicated that the cost of co-pays and deductibles is often a barrier to good health. (Note: some respondents skipped this question; for those who answered, nearly one-third indicated this is their greatest barrier to accessing health care.)

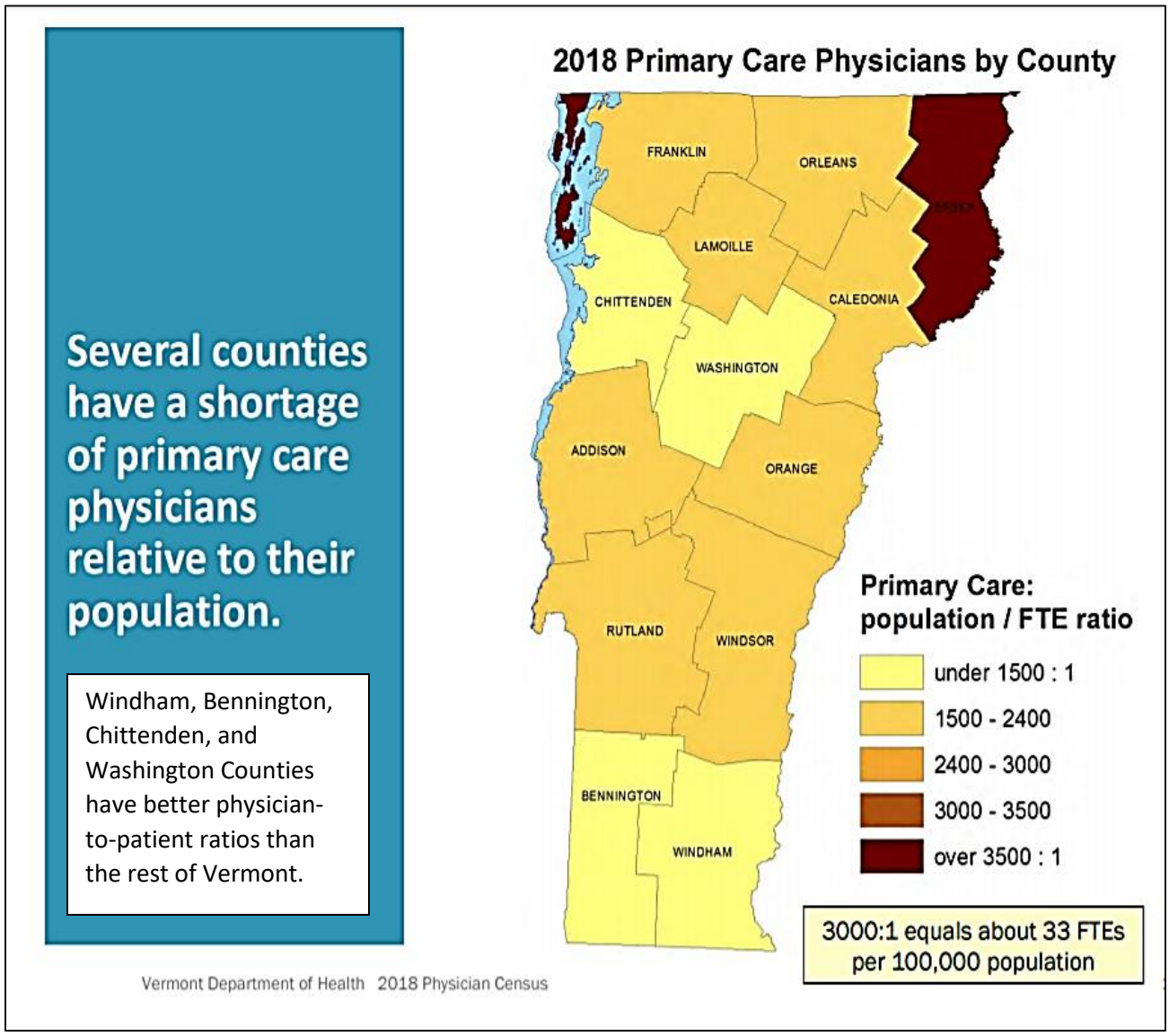
In order to help mitigate this situation, each Windham County hospital has at least one staff member who helps people sign up for health insurance and other benefits that may reduce their cost of living, thus reserving some money for co-pays and deductibles. Here is a summary of this work (note: each hospital keeps records differently):

- The Brattleboro Retreat helped 25 patients in 2019, 43 patients in 2020, and 16 patients thus far in 2021* with free care or reduced fee applications. Over the past three years, the Retreat has helped 20 Windham County clients with VT Medicaid enrollment, and 10 county residents with VT Medicaid for the Aged, Blind & Disabled enrollment.
- Over the past three years, Brattleboro Memorial Hospital helped 97 Individuals with Financial Assistance, and helped 69 patients with insurance enrollment; 19 new mothers were helped with Medicaid, and 13 Inpatient/Emergency Department patients and 36 additional individuals were assisted with insurance enrollment; 21 of these were clients of Groundworks, an agency that assists those without stable housing; 6 individuals assisted are Blind, Aged and/or Disabled.*
- Grace Cottage's Resource Advocate helped 67 individuals qualify for free or reduced-fee care in 2020, and 20 so far in 2021.* In addition, the Resource Advocate helped 32 new applicants in 2020 and 8 new applicants in 2021 to obtain health insurance through VT Health Connect.

*Jan. to May 2021

[33] https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
[34] Vermont Household Health Insurance Survey Vermont Department of Health Data Compendium - July, 2018; https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
[35] https://www.healthvermont.gov/sites/default/files/documents/pdf/VHHIS_Report_2018.pdf
[36] Windham County CHNA survey results are provided in the second half of this report.

Access and Availability of Providers



[37]

Throughout the U.S., there are many regions that lack an adequate number of providers offering primary care, dental, and mental health providers and services. The federal government works with state partners to determine which of these should be classified with "shortage designations," and therefore eligible to receive certain federal resources.

The Vermont Department of Health tracks provider-to-patient ratio for a variety of medical provider types, including primary care, oral health, and mental health. This data helps in establishing shortage designations.

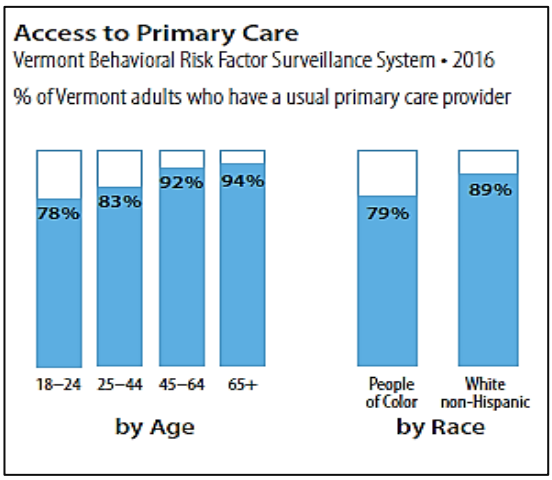
The two main shortage designations are "Health Professional Shortage Area" (HPSA) and "Medically Underserved Area" (MUA).

[37] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS-Stats-phys18-ppt-.pdf

Grace Cottage Family Health currently qualifies as a HPSA because of its Rural Health Center status.[38]

Several towns in Windham County are designated as MUAs, meaning they have a shortage of primary care health services, a high infant mortality rate, a high poverty rate, or a high elderly population. Towns in Windham County that qualify as MUAs include:

Athens	Grafton	Rockingham	Wardsboro
Brookline	Jamaica	Stratton	Westminster
Dover	Newfane	Townshend	



The Vermont Department of Health reports that 67% of Vermonters have an established primary care provider (PCP), either a physician, a nurse practitioner, or a physician assistant, that they see for their primary care needs.[39] This means that 67% of Vermonters have a "Medical Home," a medical practice and provider who is seen for all primary care issues. An important difference between having a "Medical Home" and going to urgent care is the continuity of care. A provider in a "Medical Home" has a record of a patient's health issues over time, so that patterns and progression of diseases can be noted and treated. (chart source: [40])

While 67% of Vermonters have a PCP, 33% do not. These individuals are more likely to go to urgent care or the Emergency Department of a hospital when they need care, or to put off seeking care until the situation is dire. Currently, the state's goal is to increase the percentage of Vermonters with a PCP to at least 75%.[41]

Working against that goal is the reality of Vermont's aging medical providers. Vermont is the third oldest state in the U.S., with its population aging at a faster rate than other states.[42] Windham County's medical provider workforce is aging at pace with the rest of the population. According to the Vermont Department of Health's 2018 Physician Census, 48% of Windham County's primary care physicians are age 60 and older.

By contrast, primary care increasingly relies on Nurse Practitioners, Advanced Practice Registered Nurses, and Physician Assistants, and those providers are generally younger. While county-specific statistics are not available, overall, only 22% of Vermont's NP/APRNs are age 60+,[43] and only 16% of its Physicians Assistants are 60+.[44]

At press time for this report, there are at least five primary care providers accepting new patients in Windham County. The situation is fluid because the loss of just one provider can send hundreds of patients scrambling for a new provider. Residents may then experience health care service shortages in the form of long wait times for appointments, particularly when they are seeing a provider for the first time.

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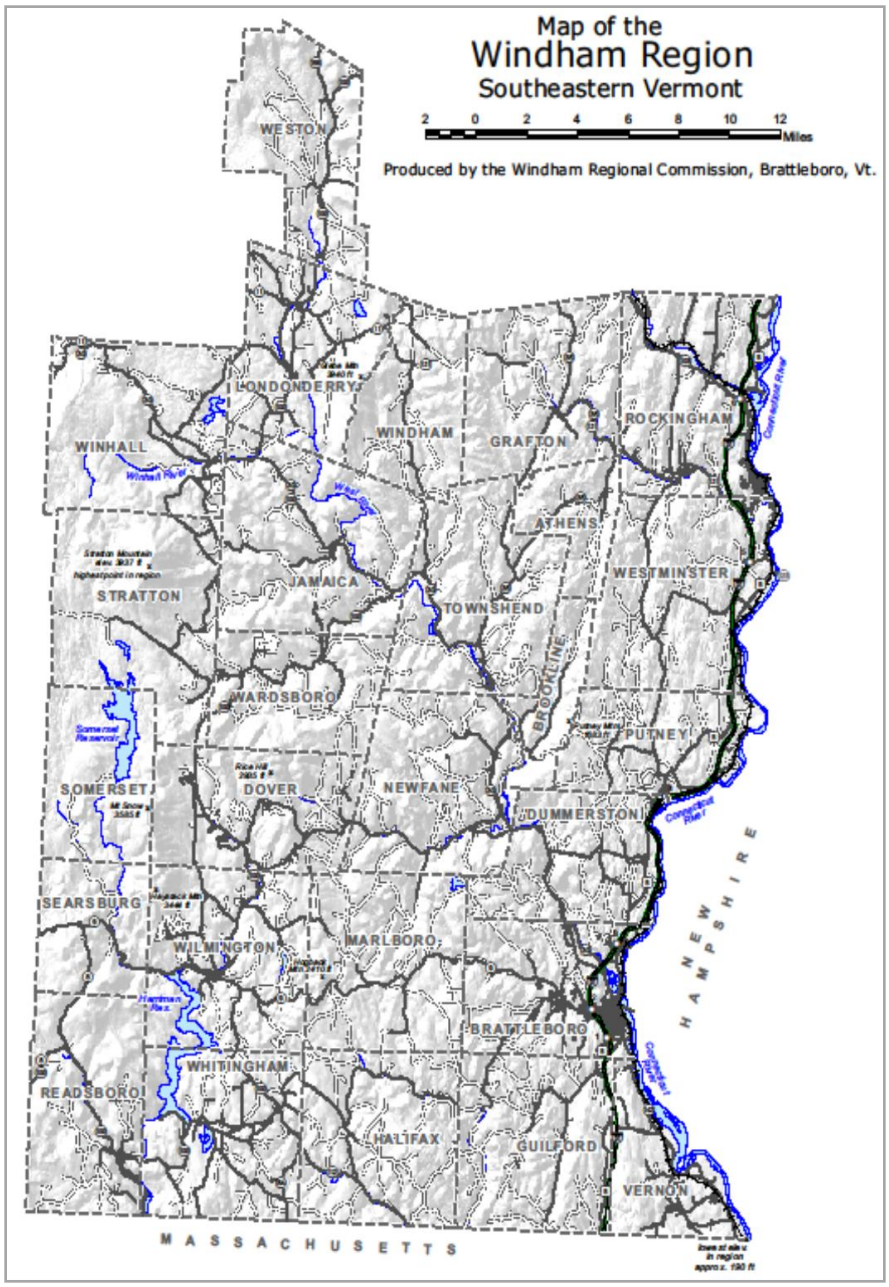
[38] https://www.healthvermont.gov/systems/health-professionals/shortages-and-designations
[39] https://www.healthvermont.gov/scorecard-health-services-access
[40]https://www.healthvermont.gov/sites/default/files/documents/pdf/VT%20State%20Health%20Assessment%202018%20Full%20Report.pdf
[41] https://www.healthvermont.gov/scorecard-health-services-access
[42]file:///G:/COMMUNITY%20HEALTH%20NEEDS%20ASSESSMENTS/2021%20Research/Rural%20Health%20Services%20Report%20Final%20Draft%201%203%202020%20v11.pdf
[43] https://www.healthvermont.gov/sites/default/files/documents/PDF/HS-stats-APRN19BK.PDF
[44] https://www.healthvermont.gov/sites/default/files/documents/PDF/PA18BK.PDF

Access: Geography and Transportation

Vermont's road conditions are a common barrier to healthcare. Windham County has a total of 1,491 miles of roads; 868 miles, or 58% of these, are unpaved. This makes travel difficult during the five winter months and the mud season that follows. Additionally, the geography of Windham County, specifically the mountains, can be challenging, as road conditions vary greatly throughout the county based on elevation. The land climbs sharply from Brattleboro, in the southeastern corner of Windham County (278 feet above sea level); to Townshend, in the northwest (616 feet elevation); and to the town of Windham (1,950 feet in elevation), at the county's far northwestern corner.



Lack of Public Transportation

Most of Windham County has infrequent or no public transportation. Residents with economic challenges often find the costs of buying and maintaining a car and purchasing gasoline are insurmountable barriers when faced with a choice between food, heating fuel, car insurance, or gasoline. It is not uncommon for low-income patients to cite lack of transportation as the reason for canceling a medical appointment.

Lack of public transportation in Windham County plays a significant and persistent role in limiting access to health and human services. Windham County's 2015 Community Health Needs Assessment identified lack of transportation as a major factor affecting access to health care services.

The Windham Regional Commission works to assess the transportation difficulties and opportunities, including tapping into infrastructure improvement appropriations. At present, the challenges persist.

Map: Dirt Roads vs. Paved Roads & Relief Map for Windham County. Darkest lines are paved roads: double-dotted lines are unpaved; single-dotted lines are town borders; shading indicates mountains.[45]

[45] Windham Regional Commission, 2013.

Windham County Population Health

"Social Determinants of Health"

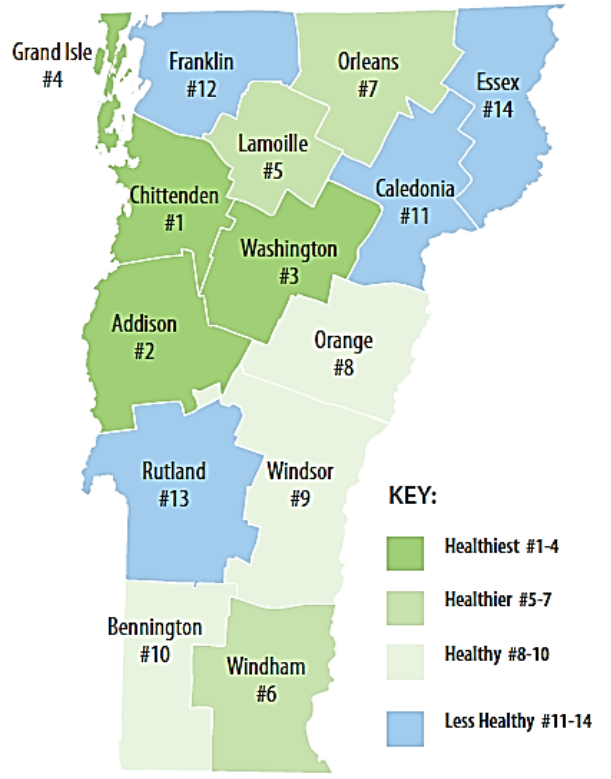
The Vermont Department of Health (VDH) and Windham County's healthcare providers recognize the strong link between social indicators – demographic, economic, and access to health care factors – and the actual health of Windham County residents.

Every ten years, the U.S. Department of Health and Human Services (HHS) creates a nationwide "Healthy People" report, providing information about current conditions and setting benchmarks for improvement in the coming decade. The report aims to encourage collaboration among health and social services providers, and to help individuals make more informed healthcare choices. According to HHS, "Chronic diseases are responsible for 7 in 10 deaths each year, and treating people with chronic diseases accounts for many of our nation's health care costs … most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings … Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the U.S."[46]

Vermont also creates a statewide "Healthy People" report every ten years. According to Vermont's "Healthy People 2020" report, "Health is shaped by factors well beyond genetics and health care. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are 'social determinants' that affect population health."[47]

VDH's "Healthy Vermonters 2020" report also includes data on current conditions and goals for improving health outcomes. The most up-to-date data can be found at healthvermont.gov.

VDH cites the following chronic conditions as having the greatest impact on the health of Vermonters: cancer, diabetes, heart disease, high blood pressure, high cholesterol, lung disease, mental health, obesity, lack of physical activity, stress, and substance abuse. Thus, it makes sense, individually and as a healthcare system, to focus on preventing and treating these chronic diseases. Data for these conditions in Windham County is presented on the following pages. Windham County is currently ranked in the middle of the pack, sixth healthiest among Vermont's 14 counties. [48]



Health Outcome Rankings, by County
Rankings are based on a combination of morbidity measures (poor or fair health, poor physical health days, poor mental health days, low birthweight) and mortality (premature death).

[46] https://www.cdc.gov/chronicdisease/center/index.htm
[47] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[48] Ibid.

Windham County Behavioral Risk Assessments

The Vermont Department of Health and the Vermont Agency of Education conducted the Vermont Youth Risk Behavior Survey (YRBS) every other year. Developed by the U.S. Centers for Disease Control (CDC), YRBS helps to monitor priority health risk behaviors that contribute to death, disease, injury, and social problems among youth. Two surveys are conducted, one for middle school students (grades 6-8) and another one for high schoolers (grade 9-12). Students are asked about physical activity, nutrition, weight status, tobacco use, alcohol and other substance use, violence and bullying, and sexual behaviors. Nearly all schools participate.

~ YRBS ~

BRFSS™

The CDC & VDH also conduct a similar assessment of adults. Called the Behavioral Risk Factor Surveillance System (BRFSS), this survey covers a wide range of health and lifestyle topics, from housing and food security, to pregnancy and sexual health, to smoking and tobacco use, alcohol, firearms, tick bites, to health habits and chronic disease. All states and territories, plus Washington D.C. are surveyed. Vermont's most recent BRFSS reached 6,544 adults.

Much of the population health data provided in this report comes from these two surveys, YRBS and BRFSS.

The 2021 YRBS has been delayed until autumn, with hopes that students will be fully back in school. Because the 2021 results were not available in time for this report, data from the 2019 survey is reported here. Similarly, the 2020 BRFSS is just now underway, so 2018 data is being reported here.

According to the VDH, "Personal health behaviors have a major impact on the health of the population and contribute to the leading causes of disease and premature death."[49] Medical providers and health researchers recognize that beyond personal preferences and choices, behavior is greatly influenced by the conditions, communities, systems and social structures in which people live. The need to belong to a group that shares common values and habits is a powerful influence on behavior.

The Vermont Department of Health has created the slogan "3-4-50" to emphasize the connection between risk behaviors and chronic disease. VDH points to three behaviors (lack of physical activity, poor nutrition, and tobacco use) that contribute to the development and severity of four chronic diseases (cancer, Type 2 diabetes, heart disease and stroke, and lung disease) that claim the lives of more than 50% of all Vermonters.[50]

Some risks can be circular. For example, poor diet and sugar-sweetened beverages may cause tooth decay and obesity. Vermonters who are obese or smoke tend to have more tooth loss, making it harder to eat healthy foods.

While personal behavior is an important measure for preventing disease, Vermont communities can be powerful agents of change. Changes in policies or programming can help create conditions so that everyone has an equal chance to be healthy.

This 2021 Windham County Community Health Needs Assessment is one tool in this process, helping to guide the prevention, treatment, and outreach strategies of Windham County's three hospitals.

[49] https://www.healthvermont.gov/health-statistics-vital-records/population-health-surveys-data/brfss
[50] https://www.healthvermont.gov/3-4-50

Windham County's Four Most Common Chronic Diseases

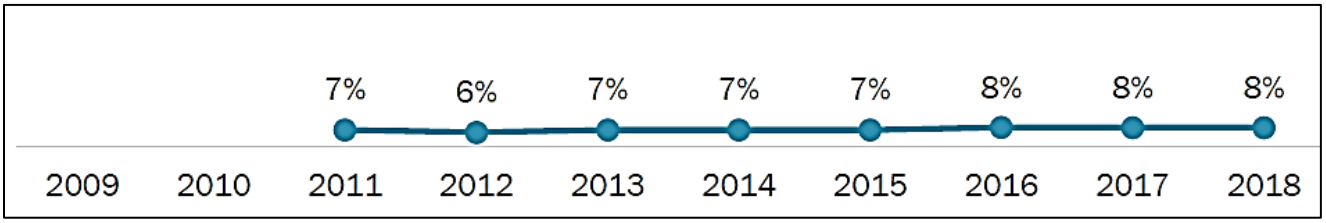
Because research has shown that more than half of all deaths are due to the same four chronic diseases, often caused by three common behaviors, it makes sense to focus on these diseases and these behaviors when assessing community health and designing programs and interventions for the future.

First, here is a Windham County perspective on the four chronic diseases: cancer, Type 2 diabetes, heart disease and stroke, and lung disease.

Cancers

Cancer is not a single disease, but a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environment, and genetic factors. Certain behaviors put people at a higher risk for certain cancers. Nearly two-third of cancer deaths in the U.S. can be linked to tobacco use, poor diet, obesity, and lack of exercise.[51]

Cancer affects thousands of Vermonters and is now the leading cause of death.[52] Each year, approximately 3,700 Vermonters are diagnosed and 1,400 of them die.[53] Cancer prevalence among Vermont adults has remained relatively consistent since 2011.[54]



Approximately four in 10 adults in the U.S. will develop cancer in their lifetime.[55]

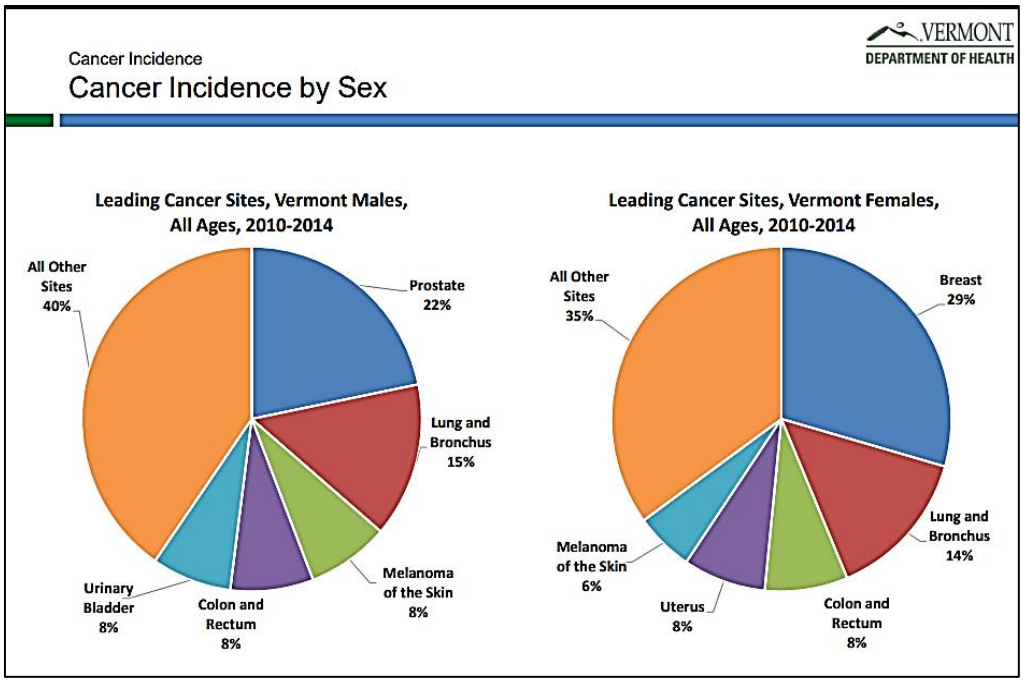
Genetic and demographic factors affect cancer rates. Cancer occurs in people of all ages, but risk increases significantly with age. Differences also exist between genders. Women are statistically more likely to have had cancer than men. There are no differences in cancer by education level, but income level seems to make a difference. Adults living in homes with an annual income less than $25,000 are statistically more likely to have had cancer than adults in homes with an income of $50,000 - $75,000. Cancer prevalence is statistically similar by sexual orientation and gender identity. Vermonters with a disability are nearly twice as likely to have ever had cancer than adults without a disability.[56]

Behavioral factors also affect cancer rates. Not all cancers can be prevented, but risk for many can be reduced through a healthy lifestyle. Excess weight increases the likelihood of cancers of the breast (postmenopausal), colon

[51] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; https://www.healthvermont.gov/wellness/cancer
[52] https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm
[53] https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf
[54] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; https://www.healthvermont.gov/wellness/cancer
[55] https://www.cancer.gov/about-cancer/understanding/statistics
[56] Ibid.

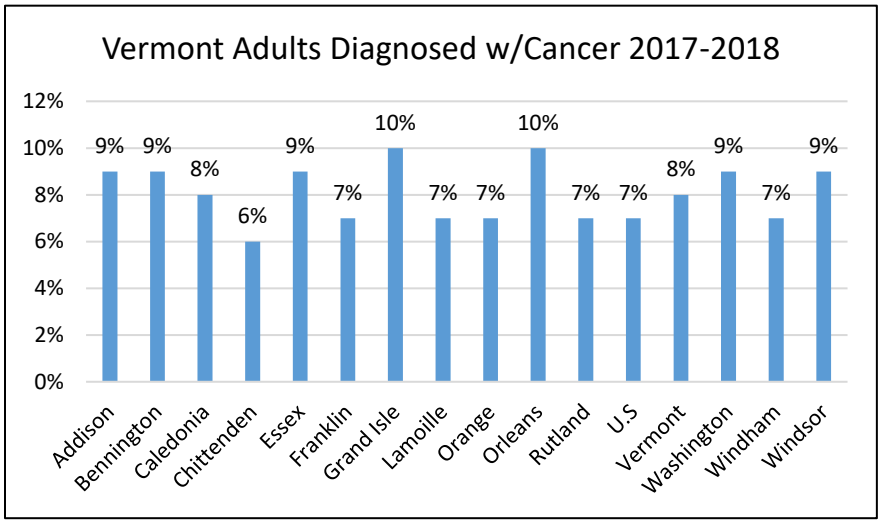
and rectum, uterus, thyroid, pancreas, kidney, esophagus, gallbladder, ovary, cervix, liver, non-Hodgkin lymphoma, myeloma and prostate (advanced stage). Use of tobacco increases the likelihood of Cancers of the lung, larynx (voice box), mouth, lips, nose and sinuses, throat, esophagus, bladder, kidney, liver, stomach, pancreas, colon and rectum, cervix, ovary and acute myeloid leukemia. [57]

Five types of cancer make up the majority of new cancer diagnoses or cancer-related deaths. The leading cancer types differ for male and female bodies (see chart at right.[58]



For females, the incidence of cancers of the breast, lungs/bronchus uterus, bladder, and skin are higher in Vermont than the U.S. average. For males, cancers of the skin, bladder, esophagus, and non-Hodgkins lymphoma is higher in Vermont than in the U.S.[59]

How does Windham County compare to the rest of Vermont? The rates of cancer are relatively similar in all Vermont counties, as the chart at right shows. Approximately 2,500 of Windham County residents are now living with cancer, and 22% of Windham County deaths are due to cancer, according to VDH.[60]

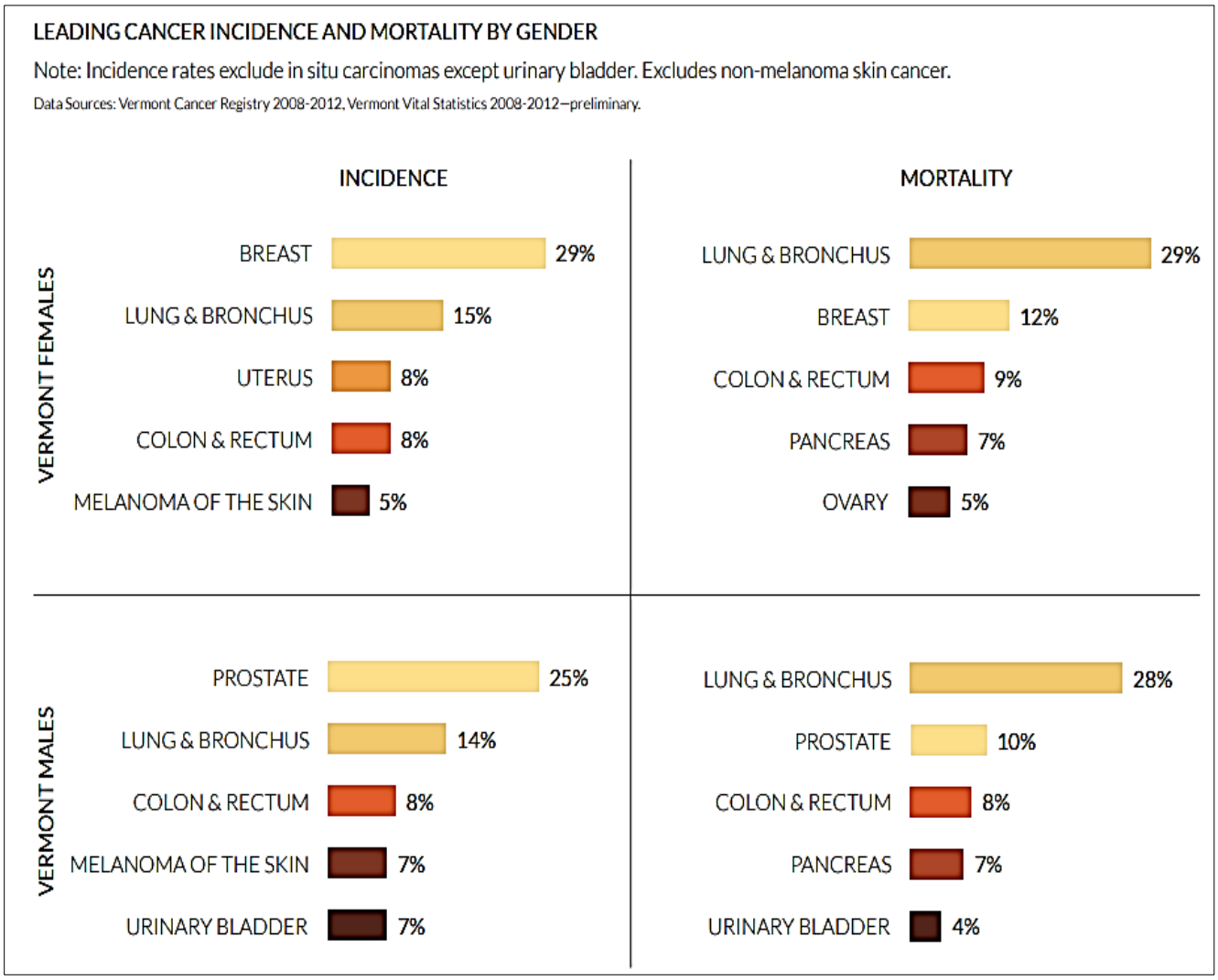


Cancer Screening Tests

The good news is that cancer is often survivable. Early detection is important. When cancer is found and treated early, before it has spread, a person's chance for survival is much better. That's why recommended cancer screenings are so important, including those for lung, breast, cervical, and colorectal cancers.

[57] https://www.healthvermont.gov/wellness/cancer/prevention
[58] https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_CancerDataPagesPDF.pdf
[59] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[60] https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham_infographic.pdf

The cancers most commonly diagnosed early are not leading causes of cancer death. Cancers such as melanoma, prostate, and female breast cancer are most often diagnosed at earlier stages. By contrast, cancers such as pancreatic cancer are less commonly diagnosed early, and much more likely to cause death.[61]



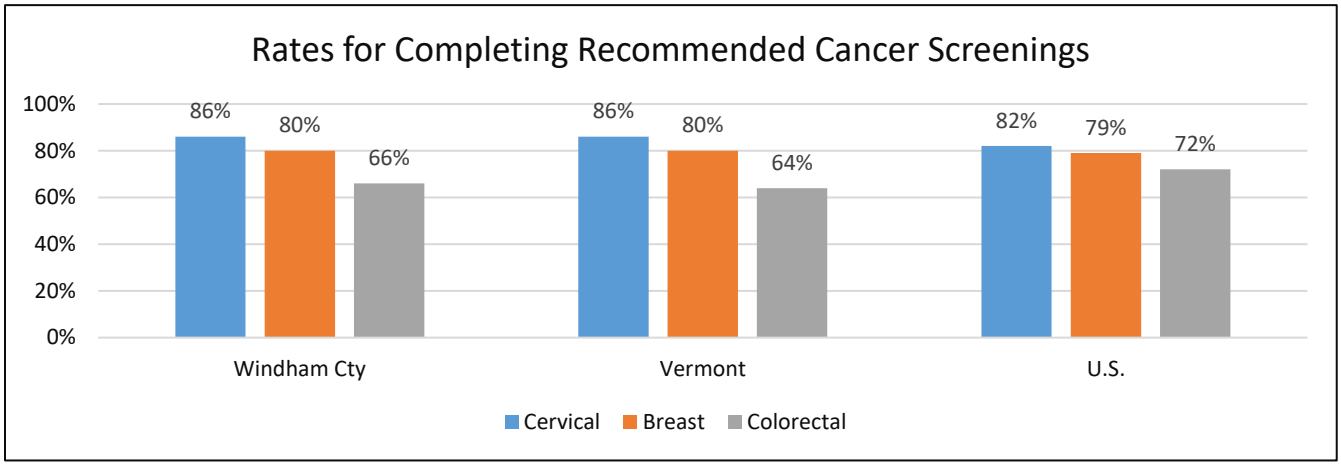
Windham County's Cancer Screening Rates

The Vermont Department of Health focuses especially on cancer screenings for breast cancer, prostate cancer, colorectal cancer, and cervical cancer.

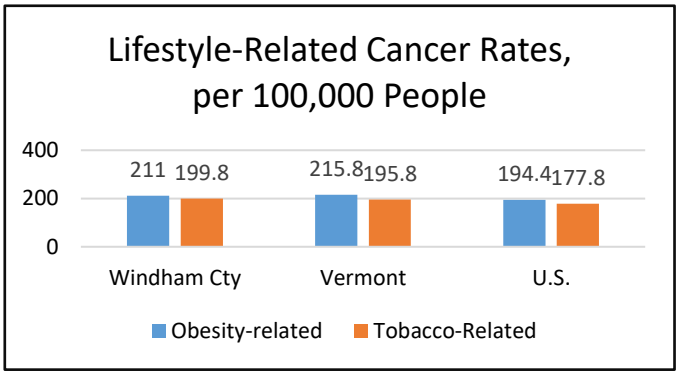
Windham County residents are better at completing some recommended screenings than others. Cervical cancer screenings, recommended for women age 21-65, are 4% higher in Windham County and in Vermont than for the U.S. as a whole. Windham County's cervical cancer rate is quite low, 3 or fewer cases/year. Vermont averages 12 cases/year; the U.S. as a whole averages 10,242 cases/year.[62]

[61] https://www.healthvermont.gov/sites/default/files/documents/2016/12/2016-2020_VermontCancerPlan.pdf
[62]https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=50&areatype=county&cancer=057&race=00&sex=2&age=006&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results

Women in Windham County and Vermont complete breast cancer screenings (annual mammograms, recommended for women ages 50-74), at a slightly higher rate than the U.S.[63] Windham County has a higher incidence of advanced breast cancers per 100,000 residents, 106.7 versus Vermont's 91.8, despite this good rate of screenings.[64]



Windham County has a slightly better rate than Vermont, but lags behind the U.S., for colorectal cancer screenings (fecal occult blood screening and colonoscopy, for adults 50-75).[65] Windham County's rate of advanced colorectal cancer (70.7 cases per 100,000 residents) is much than Vermont's (60.6).[66]



Prostate cancer screening is generally recommended for men age 65+. Most often this is done by physical examination. A protein-antibody screening test exists, but it is not universally recommended.[67] Windham County's rate of prostate cancer is better than Vermont's and much better than the U.S., 26.2 incidences per 100,000 vs. 31.4 for Vermont and 42.5 for the U.S.[68]

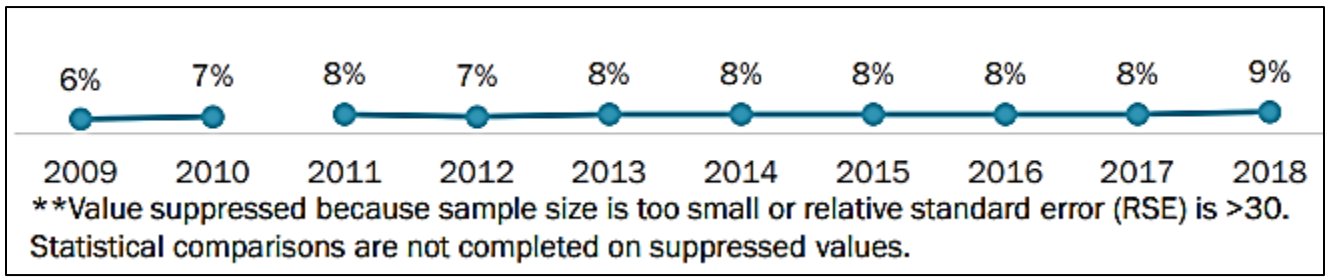
Windham County's rate for obesity-related cancers is better than Vermont's, but worse than the U.S. rate. The county's rate of tobacco-related cancer is worse than both Vermont and the U.S.[69]

[63] https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf
[64] Ibid.
[65] Ibid.
[66] https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf
[67] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[68]https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=50&areatype=county&cancer=066&race=00&sex=1&age=006&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results
[69]https://www.healthvermont.gov/sites/default/files/documents/pdf/stat_cancer_Windham.pdf

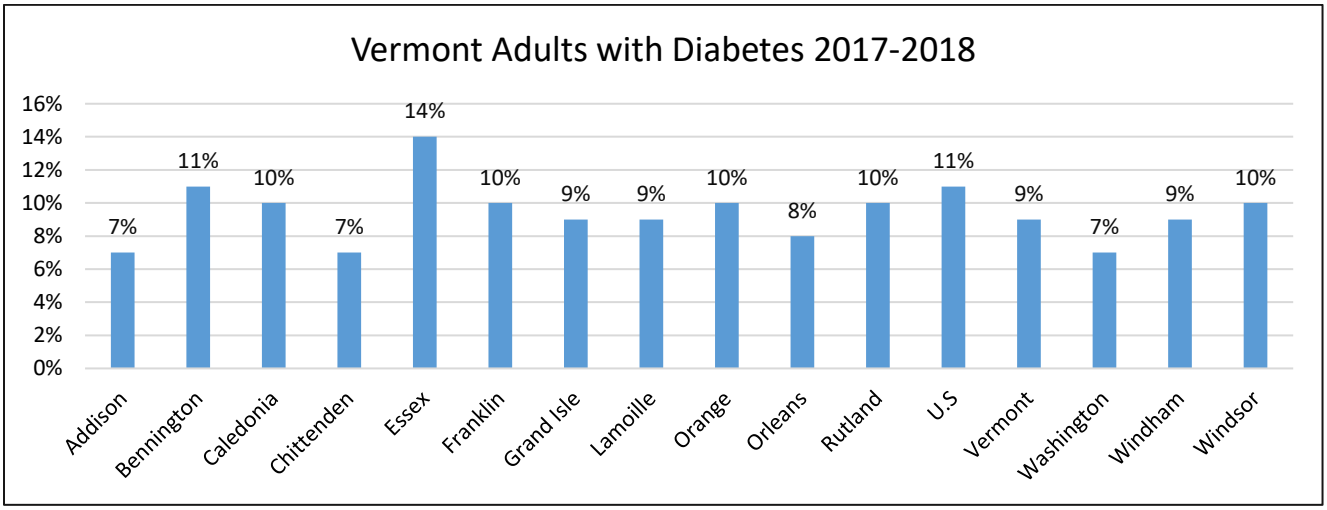
Diabetes

Diabetes is a chronic disease that disrupts blood sugar levels. There are two main types of diabetes. For Type 1 diabetics, the body is incapable of producing insulin. For Type 2 diabetics, the most common type, the body makes insulin but does not use it properly.[70]

Approximately 9% of Vermonters have diabetes, more than 55,000 people.[71] Diabetes prevalence among Vermonters has crept up slightly over the past decade.[72] It is a leading cause of death among Vermonters.[73]



Windham County's rate of diabetes among its population matches the statewide rate, both are at 9%. These rates are slightly better than the U.S. rate (11%) and better than several other Vermont counties, as shown below[74]



Even though Windham County's rate is better than the nation's, diabetes is still a major cause for concern. The population of Windham County is just over 42,000, so a rate of 9% means that 3,800 county residents have diabetes.

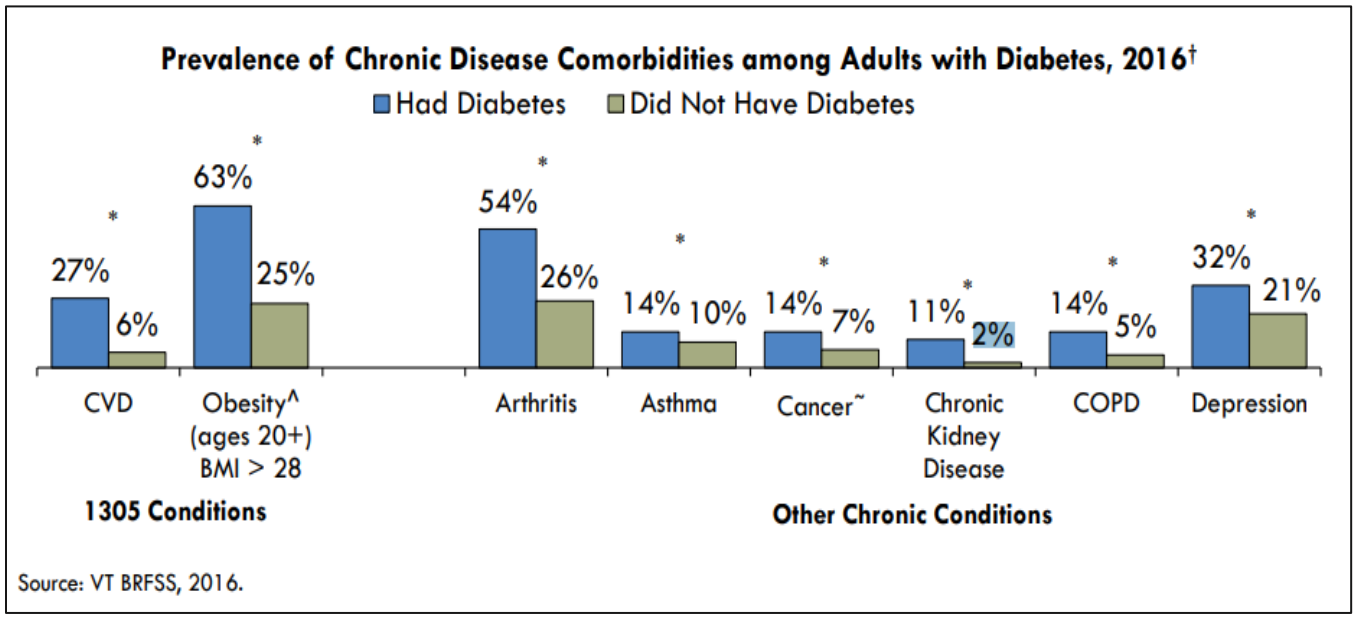
Uncontrolled blood sugar can lead to diseases in other parts of the body. Over time, build-up of glucose in the blood can damage eyes, kidneys, nerves, or the heart, leading to serious health complications. [75] Uncontrolled diabetes causes 2-3% of deaths in Vermont (12,000-18,000 deaths).[76]

[70] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[71] https://www.healthvermont.gov/wellness/diabetes/diabetes-vermont-data-and-facts
[72] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[73] https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm
[74] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[75] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[76] https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_3-4-50_County%20Data%20Brief%20Windham_070519.pdf

Type 2 diabetes can usually be prevented with awareness, education, and lifestyle changes.

Prediabetes, a condition that often leads to diabetes, is too often undiagnosed. It has been estimated that one in three adults over the age of 18, and half of adults over the age of 65, have prediabetes. As many as 90% of these are undiagnosed.[77] Prediabetes can cause health problems even before diabetes develops, including early kinds of kidney disease, nerve damage and small blood vessel damage in organs such as the eyes. Without lifestyle changes, as many as 30 percent of those with prediabetes will develop Type 2 diabetes within five years.[78]

For those who already have Type 2 diabetes, lifestyle changes can have a big impact on how well the disease is managed.[79] Approximately two-thirds of Vermont adults who have diabetes are also obese (63%) and over a quarter (27%) also have cardiovascular disease (CVD). Vermont adults with diabetes were significantly more likely to have all of the comorbidities below when compared to adults who did not have diabetes.[80]



The VDH predicts that rates of diabetes will continue to increase -- if lifestyle changes do not occur.[81]

Education is an important key to improving diabetes statistics and health outcomes for diabetics.

Vermont offers free diabetes prevention and diabetes management workshops called My Healthy Vermont.[82] Despite this free offer, only 19% of Windham County residents have had diabetes education. Among Vermonters as a whole, the rate is much higher--46%; 55% of all Americans have had diabetes education.

Blood testing is also important. Approximately 69% of adult diabetics check their blood sugar at least 3 times/week.[83] When used, monitoring devises worn on the body can provide the most current readings.

[77] https://www.healthvermont.gov/sites/default/files/documents/2016/12/data_brief_20165_diabprev.pdf
[78] https://www.healthvermont.gov/sites/default/files/documents/pdf/3-4-50_Diabetes_%20Data%20Brief_FINALapproved_forWEB.pdf
[79] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[80] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[81] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[82] https://myhealthyvt.org/
[83] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf

Cardiovascular Disease (Heart Disease)

Heart disease is the second leading cause of death among Vermonters, after cancer. Also, two diseases associated with heart disease -- stroke and hypertension – rank sixth and ninth respectively as leading causes of death.[84]

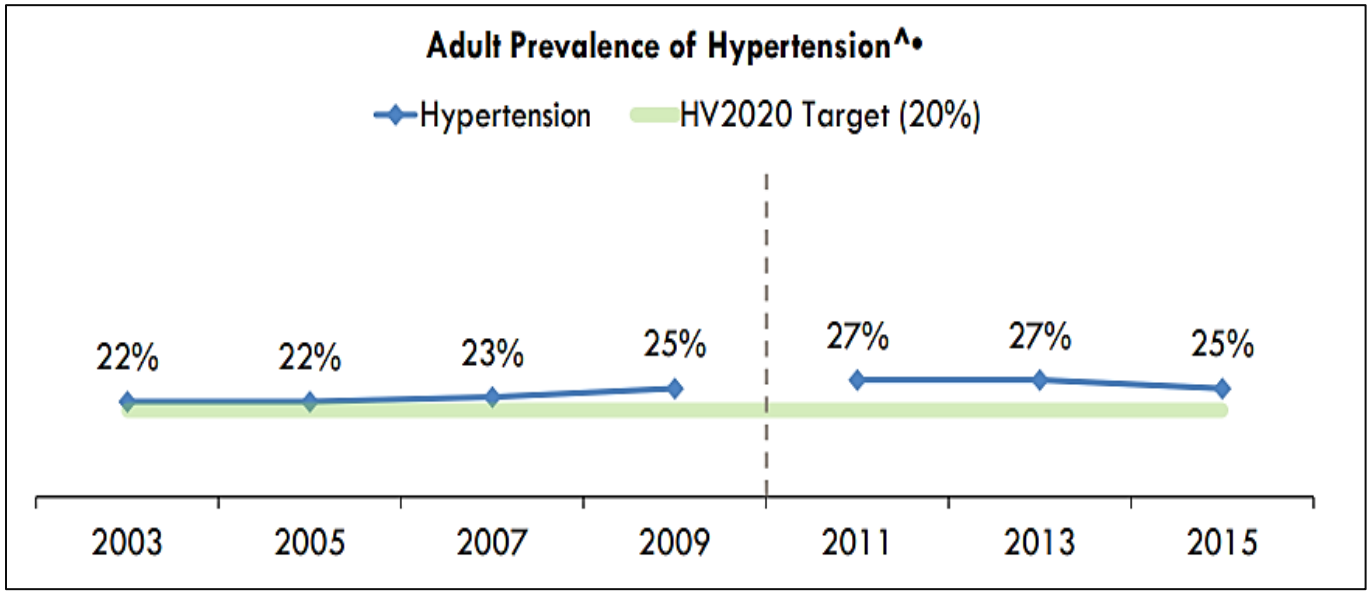
In 2018, 1,335 Vermonters died of heart disease.[85]

Windham County's rate of deaths due to coronary heart disease (98.8 per 100,000 people) was slightly better than Vermont's rate (105.4 deaths per 100,000).[86]

Cardiovascular Disease (CVD) is a broad category that includes several types of heart conditions, notably coronary heart disease, heart attack and strokes. Eight percent of Vermonters have been diagnosed with CVD, approximately 39,5000 adults. Males are more likely to have CVD than females, and the incidence increases with age.[87]

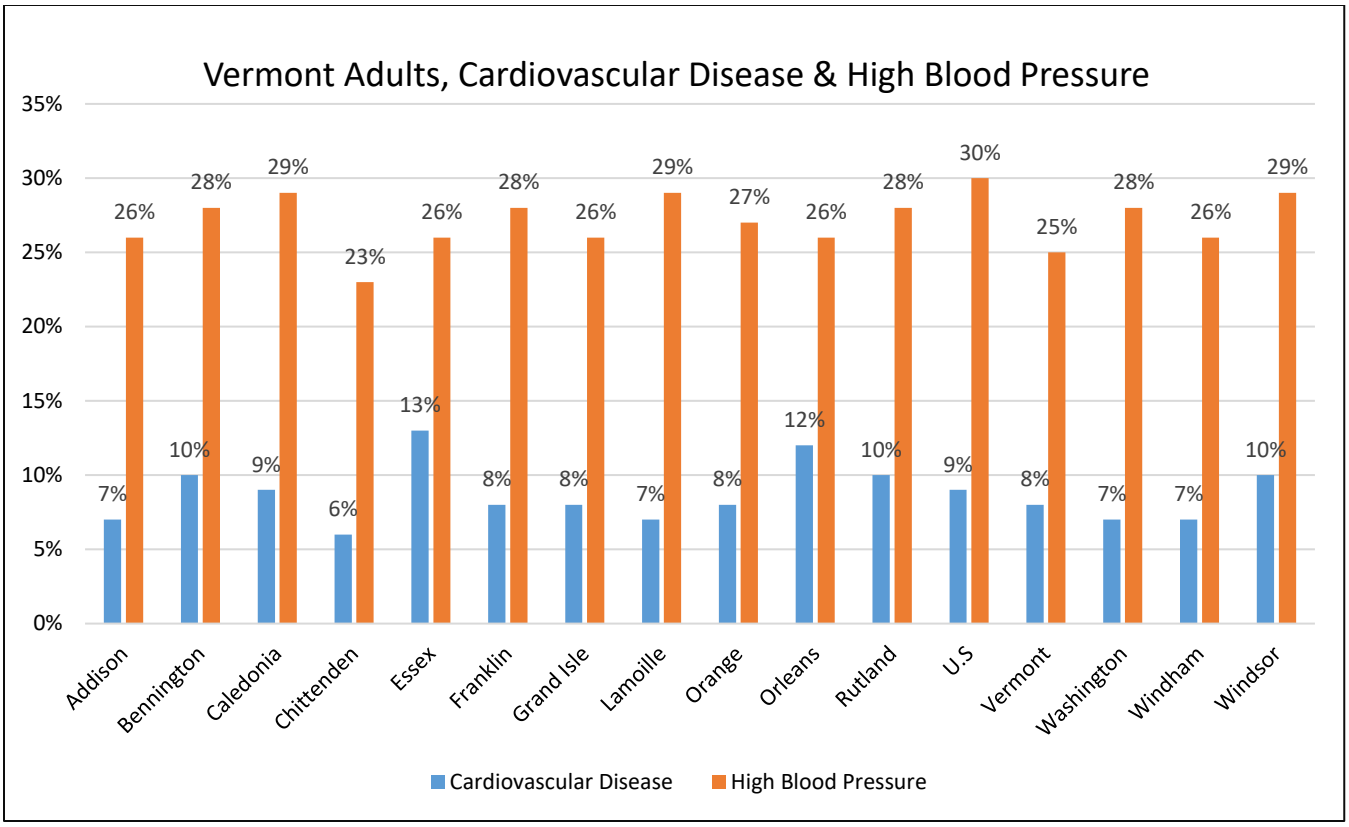
Almost half of Americans and over half of Vermonters have at least one key risk factors for CVD: high blood pressure (hypertension), high cholesterol, or a habit of smoking. Other health conditions and behaviors that can lead to CVD are diabetes, overweight and obesity, poor diet, physical inactivity, and excessive alcohol use. CVD is one of the leading causes of death in the U.S. and in Vermont.[88]

Rates of hypertension among Vermonters have consistently remained above Vermont's 20% target, as this timeline from VT's most recent *Chronic Disease Surveillance* report shows.[89]

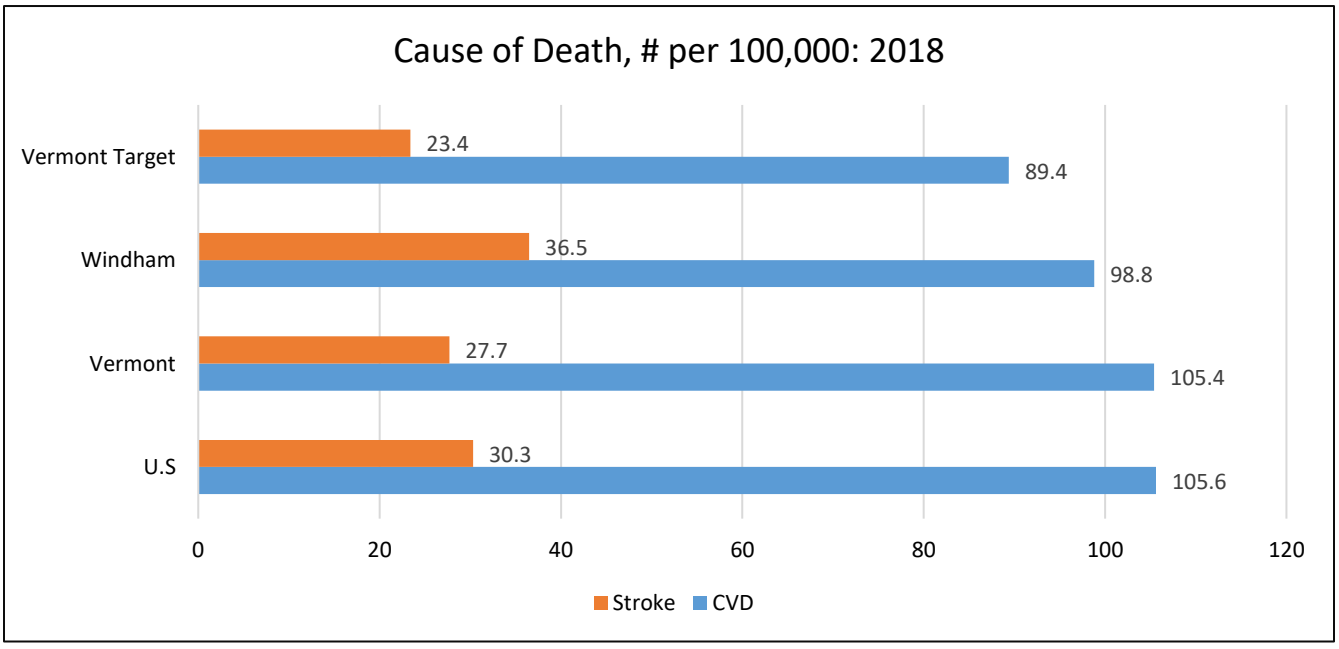


Vermont county rates for heart disease and high blood pressure are shown on the next page.[90]

[84] https://www.cdc.gov/nchs/pressroom/states/vermont/vt.htm
[85] https://www.healthvermont.gov/sites/default/files/documents/pdf/Vital%20Statistics%20Bulletin%202018.pdf
[86] https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf
[87] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[88] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[89] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[90] https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf



It is cause for concern that hypertension and CVD disease rates remain consistent, despite efforts by medical providers to encourage patients to improve lifestyle habits. The county's healthcare organizations are continually asking what more can be done, and what new approach could be more successful. Every county in the state has work to do in order to meet the state's goal of 20%. Improvement will save lives.



Lung Health & Respiratory Diseases

The three most common lung diseases that afflict Windham County residents are asthma, chronic obstructive pulmonary disease (COPD), and lung cancer. The latter two are directly related to smoking, and the first one, while not directly caused by it, is certainly aggravated by smoking.

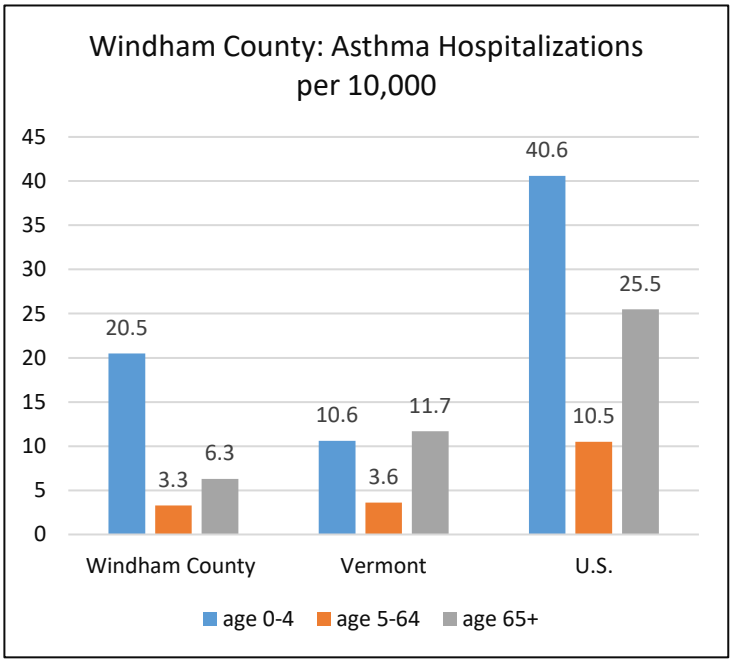
Asthma

Asthma is a serious chronic disease that inflames and narrows the airways in the lungs, and can cause recurring attacks of wheezing, chest tightness, shortness of breath and coughing.[91] A cause for asthma has not been specifically identified. Generally, asthma is caused by a complex mix of genetic and environmental factors.[92]

Asthma affects people of all ages, but it most often starts during childhood. Approximately 67,000 Vermonters have been diagnosed with asthma; nearly 9,600 of them are children."[93] Asthma prevalence in the U.S. increased by 75% between 1980 and 1994, and it has continued to rise in recent years.[94] Windham County's 11% incidence of asthma among adults is close to the state rate of 12%.[95]

Because asthma is partly influenced by genetics, it may not be possible to prevent or cure it. However, but it can be managed. The focus on the state's asthma management plan is to provide education about how to reduce or eliminate environmental factors and to work to reduce hospitalizations due to asthma attacks.

Only 17% of Windham County adults with asthma have a management plan developed with a medical provider, compared to 33% of Vermonters and 31% of Americans. For children 17 and younger, a county rate is not available, but for the state and nation, the rates are 48% and 49&, respectively.[96]



Asthma hospitalizations is another important marker for how well asthma is being managed. The state tracks data for three age groups: children age 4 and younger, people age 5 to 64, and seniors age 65+. Windham County's hospitalization rates for the older two groups are better than the state and the national rates, as shown in the chart at right. But for younger children, the situation is more dire. Windham County's asthma hospitalization rate for children age 4 or younger is double the state and national rate.[97]

[91] https://www.healthveont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[92] https://apps.health.vermont.gov/ias/querytool?topic=HealthyVermonters2020&theme1=RespiratoryDiseases
[93] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[94] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[95] https://www.healthvermont.gov/sites/default/files/documents/2016/12/HS_asthma_burden_report_2012.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[96] http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf
[97] http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf

People with active asthma were estimated to be 10 times more likely to develop chronic bronchitis, and 17 times more likely to develop emphysema compared to those without asthma.[98]

Chronic Obstructive Pulmonary Disease (COPD)

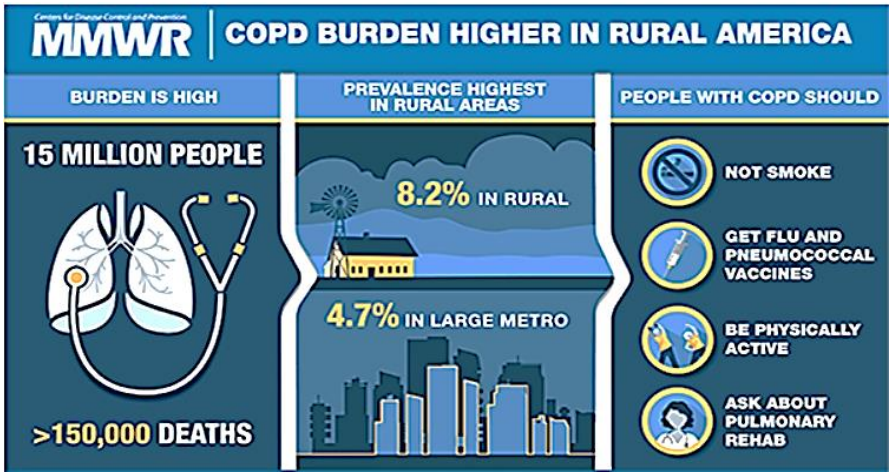
This term refers to a group of diseases, including emphysema and chronic bronchitis, that cause airflow blockage and breathing-related problems. Tobacco smoke is a key factor in the development and progression of COPD. Between 80% and 90% of COPD is due to tobacco use.[99] Therefore, the prevalence of this disease, unlike asthma, is related to lifestyle.[100]

Almost 15.7 million Americans report a diagnosis of COPD, but the actual number may be higher, as COPD is known to be underdiagnosed.[101] Both Windham County and the U.S. report a rate of 7%; Vermont's is 6%.[102]

Men and women report having COPD at the same rate. There are no statistical differences in the prevalence of COPD by race and ethnicity, or sexual orientation and gender identity.[103] The prevalence of COPD generally increases with age. An estimated 24% of all Americans 65 years and older have COPD.[104] Statistics show that COPD is more common in rural America than in urban areas.[105]

Chronic lower respiratory diseases, primarily COPD, are the third leading cause of death in the U.S.,[106] and there has been no change over time. Nearly all of these deaths occur among adults age 45+. The death rate increases with age, and is higher among white Vermonters.[107]

Although the primary cause of COPD is smoking, studies have also shown strong links between exposure to indoor and outdoor air pollution and COPD. The most common indoor exposures are smoke from tobacco, fireplaces and wood stoves, while outdoor exposures include ozone and particle pollution, and emissions from vehicles and industrial sources. Job-related exposures include fumes, gases, and dusts.[108]



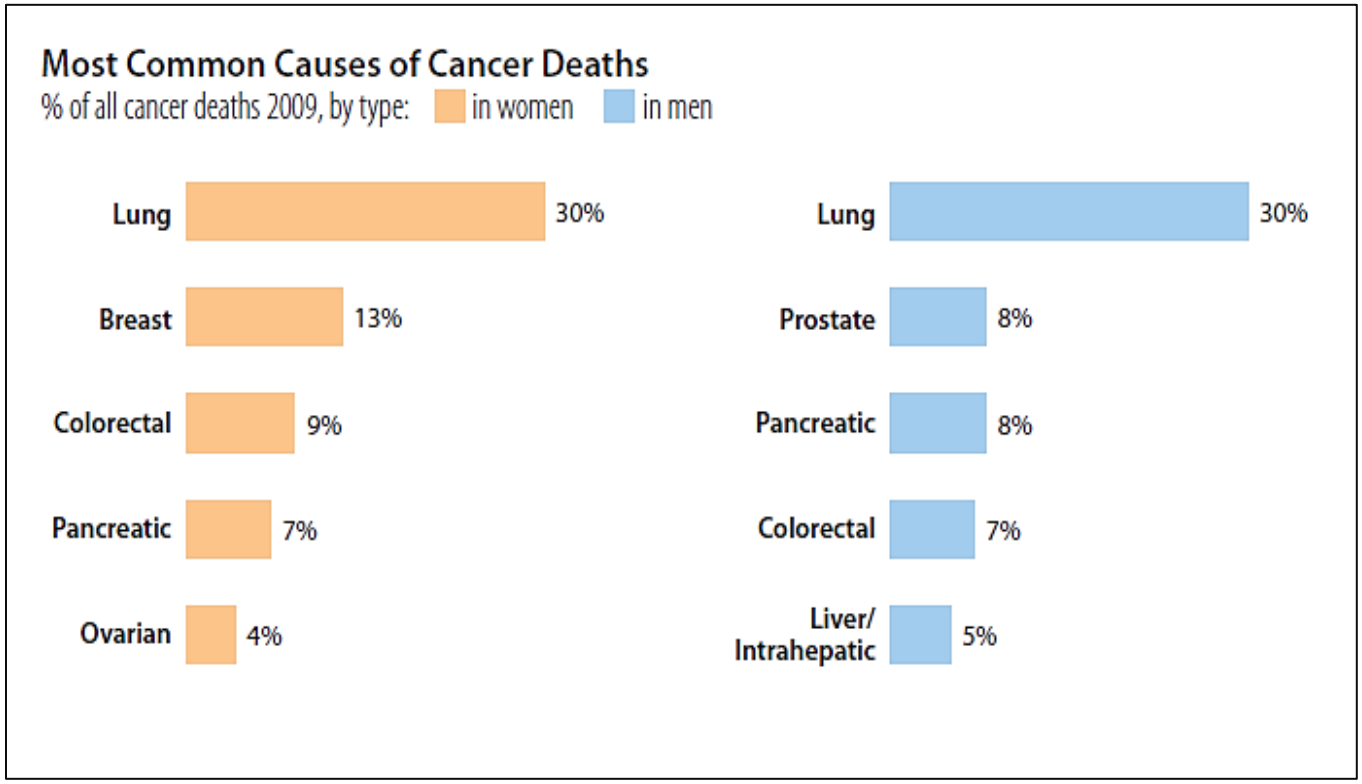
[98] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[99] https://www.healthvermont.gov/wellness/asthma/copd-chronic-obstructive-pulmonary-disease
[100] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[101] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[102] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[103] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[104] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[105] https://www.cdc.gov/mmwr/volumes/67/wr/mm6707a1.htm
[106] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[107] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease
[108] https://www.healthvermont.gov/tracking/chronic-obstructive-pulmonary-disease

Medications, managing stress, reducing exposure to pollutants and other substances that irritate the lungs, avoiding foods that cause flare ups, and engaging in the right level of healthy physical activity can all help with managing COPD. Developing a disease management plan with a medical provider is very important.[109]

Lung Cancer

One-third of cancers diagnosed in the U.S. are associated with tobacco.[110] Smoking can cause cancer almost anywhere in the body, but particularly in the lungs. Nine out of 10 cases of lung cancer are caused by smoking, and lung cancer is the number one cause of cancer death in Vermont and the U.S.[111]

The majority of lung cancers are diagnosed in late stages of the disease when treatment is mostly ineffective.[112]



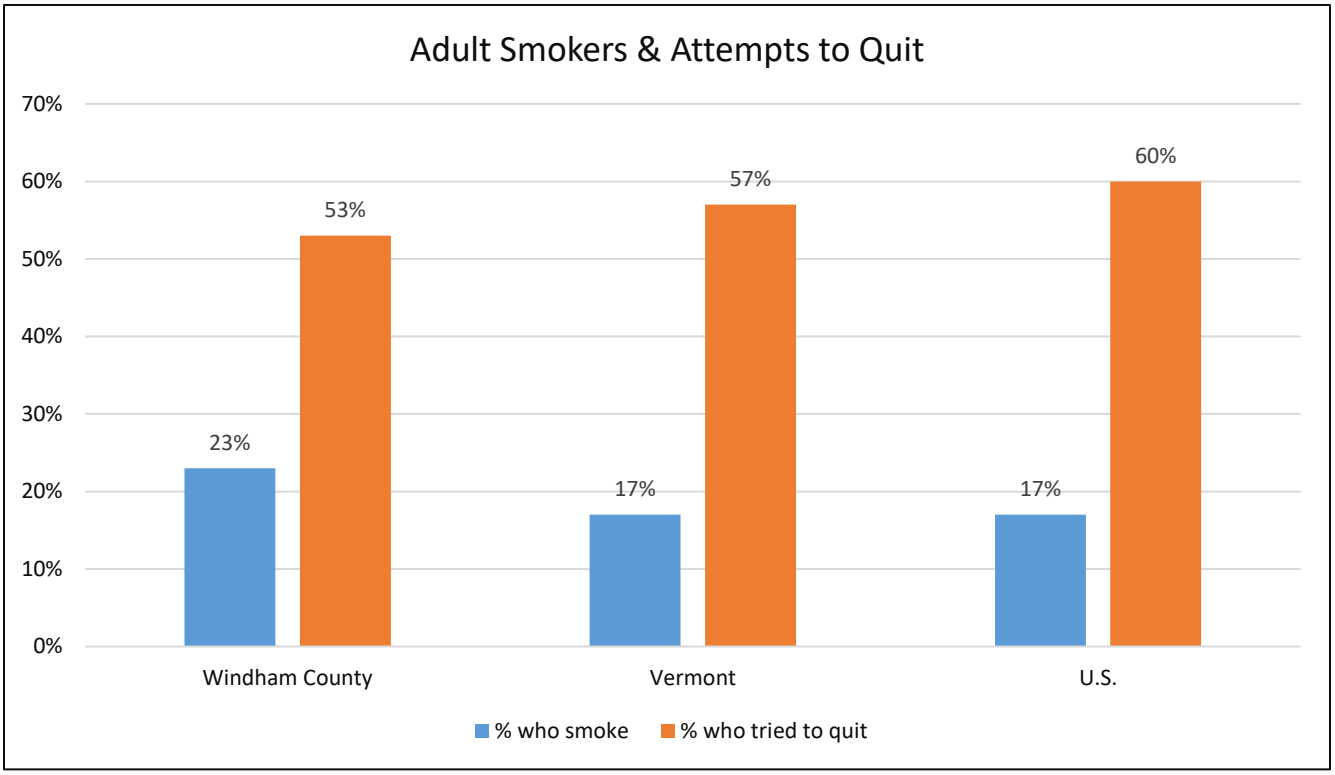
Until recently, there were no screening tests for detecting lung cancers at an early stage. In 2013, screening guidelines were developed for high-risk individuals, based on their smoking history and age (especially current and former heavy smokers, age 55-80). This screening method uses low-dose computed tomography to detect abnormalities in the lungs.[113]

[109] https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools
[110] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[111] https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening
[112] https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening
[113] https://www.healthvermont.gov/wellness/cancer/early-detection-and-screening

While lung cancer screening is important, it should not be considered a substitute for quitting smoking.

Windham County's rate of tobacco-related cancer diagnoses is 18 points higher than Vermont's (195.8 cases per 100,000 residents, vs. 177.8 for Vermont). A higher percentage of Windham County adults smoke (23% vs. 17% for Vermont and 17% for the U.S.), and a smaller percentage report trying to quit in the past year, 53% vs. 57% in Vermont and 60% in the U.S.[114]

Rates for teens who smoke are comparable for Windham County, Vermont, and the U.S., all at 11%.[115]



[114] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf
[115] https://www.healthvermont.gov/sites/default/files/documents/2016/11/Healthy%20Vermonters%202020%20Report.pdf

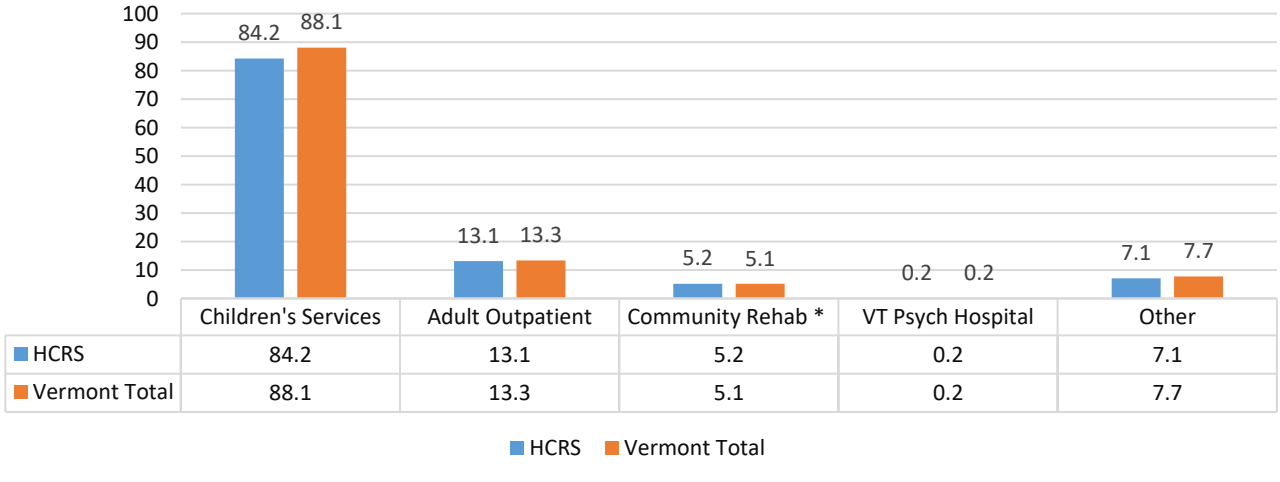
Windham County: Mental Health

Mental and emotional health are critical to general health. While some people with mental health problems are publicized in high-profile cases, mental health issues more often remain hidden. One main reason for this is the stigma attached to mental illness. People can understand diabetes or a broken leg, but depression, anxiety, and other challenges are harder to see and understand. Individuals may have symptoms, but the reasons behind those symptoms are not always clear.

Jilisa Snyder, Ph.D., is Clinical Director at the Brattleboro Retreat's Anna Marsh Clinic. She has written about the hidden aspects of mental health, including the following: "Telling someone experiencing a major depression to 'pick yourself up by your bootstraps' or, for a person struggling PTSD to 'get over it,' is like telling a runner with a broken leg to 'just rise up and finish that marathon.' We can see and appreciate the casted leg. But we often do not see or understand the signs and symptoms of a mental illness—sometimes because people feel … profuse shame, and cannot show outward signs of their suffering. Yet mental health is as real and authentic as any other aspect of one's health. ... Mental illness arises from vulnerabilities due to the interplay of genetic, biochemical, relational, and environmental factors, not personal weakness. ..."[116]

The National Institute of Mental Health states that nearly one in five US adults lives with a mental illness (51.5 million in 2019) and estimates that as many as half of these remains untreated.[117]

The VT Department of Mental Health does not collect county-specific data for mental health patient. Instead, it reports data about clients served by Health Care & Rehabilitation Services, which serves Windham and Windsor Counties. This data shows that children receive mental health services much more often than adults.[118] If the statistics are correct, this chart represent only half of those local Vermonters suffering from mental illness.



*Community Rehab refers to outpatient services for those with severe mental illness, i.e., schizophrenia, bipolar disorder, & major depression.

[116] https://www.brattlebororetreat.org/articles/stepping-forward-courage-thoughts-ending-stigma-during-mental-illness-awareness-week

[117] https://www.nimh.nih.gov/health/statistics/mental-illness

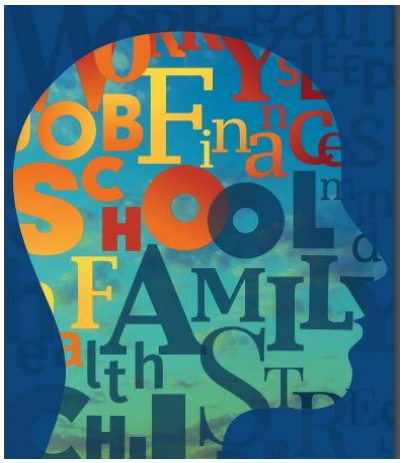
[118] https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Reports/Stats/DMH-2019_Statistical_Report.pdf; https://mentalhealth.vermont.gov/services/adult-mental-health-services/services-and-supports-adults/community-rehabilitation-and

Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two of the most prevalent mental illnesses are anxiety and depression.

Anxiety Disorders

Anxiety is a natural reaction to stress. At normal levels, it may help to motivate and improve performance. But when anxiety interferes with the ability to meet personal, professional and community responsibilities, it may be at the level of a serious but treatable mental illness. Anxiety may be caused by something specific, it may occur suddenly, or it may be a generalized long-term tendency to worry.

When the length of time or intensity of anxious feelings gets out of proportion to the original stressor, it can cause physical symptoms including fatigue, insomnia, muscle aches, sweating, and nausea or diarrhea. These responses move beyond anxiety into an anxiety disorder.



There are six main types of anxiety disorders that include: generalized anxiety disorder, panic disorder, phobia, social anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and separation anxiety disorder.[119]

People with PTSD suffer from anxiety as a response to experiencing or witnessing a traumatic event, such as war, natural disasters, assault, serious accident, or an unexpected death. It can affect children as well as adults, causing sleep problems, a tendency toward angry outbursts, and other issues.[120]

According to Medical News Today, anxiety disorders affect 40 million people (18% of the population) in the U.S. It is the most common group of mental illnesses in the country. However, only 36.9% of people with the condition receive treatment. Anxiety disorders typically develop in childhood and persist into adulthood.[121]

Anxiety disorders can affect one's physical health, job performance, relationships, and overall enjoyment of life. It can also increase the risk for other mental health problems, such as depression, substance abuse, eating disorders, and thoughts about or actual attempts of suicide.

Depression

Stress is a risk to health that is difficult to quantify, but anyone who lives with great stress from day to day knows the toll it can take on one's energy, mental outlook and quality of life. Often, the result is depression.

According to the National Institute of Mental Health, depression is a common but serious mood disorder, causing severe symptoms that affect how you feel, think and handle daily life: socializing, sleeping, eating, or working. A depressive disorder is not a passing blue mood but rather persistent feelings of sadness and worthlessness. To be diagnosed with depression, a person's symptoms must be present for at least two weeks.[122]

[119] https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml?rf=32471;
[120] https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml
[121] https://www.medicalnewstoday.com/info/anxiety
[122] https://www.nimh.nih.gov/health/topics/depression/

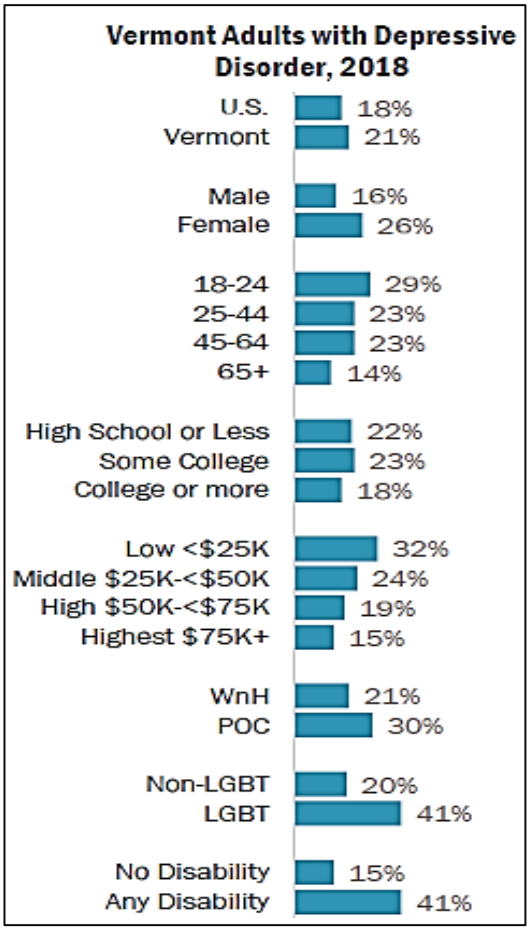
The VT Department of Health assesses the prevalence of mental health diagnoses in adult Vermonters by conducting the "Behavioral Risk Factor Surveillance System" survey and in youth by conducting the "Youth Risk Behavior Survey"; both surveys are conducted every two years. The county data below comes from those surveys.[123]

One in five Vermont adults report ever being told they have a depressive disorder, higher than the 18% among U.S. adults. Depression among Vermont adults significantly decreased from 2017 but is similar to 2011.

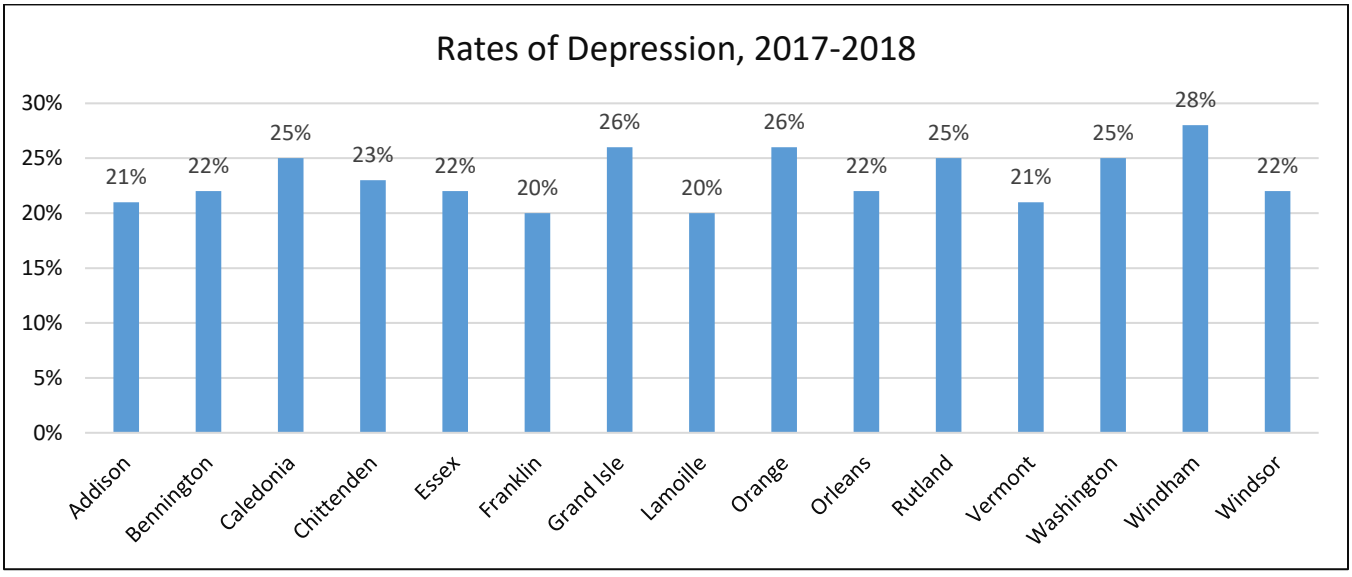
Women are statistically more likely than men to report having a depressive disorder. Adults under age 65 are statistically more likely to have been diagnosed with depression than older adults. People of color, LGBTQ+ adults and adults with a disability are significantly more likely to have depression than white, non-Hispanic adults, non-LGBTQ+ adults and adults with no disability.

Depression is reported similarly across all education levels.

Income makes a difference. Adults in homes with less than $25,000 in annual income are statistically more likely to have a depressive disorder than homes with more income. Adults in homes earning $75,000 or more are statistically less likely to have depression than homes with a middle income.



Windham County has the highest rate of depression of all counties in Vermont.[124]



[123]https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

[124] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

Depression is also common among Windham County youth. As many as 27% of the county's youth have been affected in recent years.[125]

Females are twice as likely to experience depression than males: 36% vs. 17%.

LGBTQ+ youth are three times as likely to experience depression than heterosexual and cisgender youth.

Statistically, Windham County youth experience depression at rates equal to their peers throughout Vermont.

FELT SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS OR MORE IN A ROW THAT THEY STOPPED DOING SOME USUAL ACTIVITIES, PAST YEAR

		Windham	VT
Overall		27%	25%
Sex	Male	17%	16%
	Female	36%	35%
Grade	Grade 9	21%	23%
	Grade 10	32%	26%
	Grade 11	30%	26%
	Grade 12	24%	26%
Race	WnH	26%	25%
	REM	30%	28%
Sexual Orientation	Het/Cis	21%	21%
	LGBT	63%	58%

Overall Differences: State vs County
VT and County are Similar
Within County Differences
Females > Males
10 > 9
LGBT > Het/CIS

Suicide

Suicide is a leading cause of death for all ages, both nationally and in Vermont. When someone takes his/her/their own life, it also has a devastating effect on families and communities.

Risk factors for suicide include relationship problems, self-identity doubts, exposure to traumatic events, anniversaries of traumatic events, neglect and/or loss of vital resources, mental illness and a lack of mental health care, chronic health issues, social isolation, and access to lethal means (firearms and medications).[126]

According to Vermont's Department of Mental Health, suicide triggers vary based on one's personal identity:

- Stress resulting from prejudice and discrimination (family rejections, bullying, violence) is a known risk factor for suicide attempts among lesbian, gay, bisexual and transgender youth.
- For middle-aged men, unemployment, divorce and other changes that challenge traditional male roles (breadwinner, head of the household) can increase risk.
- People living in poverty, especially in rural areas, are at risk due to increased stress and lack of access to effective and affordable behavioral and mental health care.
- Older adults and youth who are alone too much or who feel isolated and lonely, are at risk.
- First responders (including EMS, fire, law enforcement, emergency dispatchers) and military veterans are exposed to death by suicide, which puts them at risk as well. People in these professions also tend to have higher rates of post-traumatic stress, which is associated with depression and anxiety. In addition,

[125] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf
[126] https://mentalhealth.vermont.gov/suicide-prevention/what-puts-us-risk-suicide-and-what-helps-protect-us

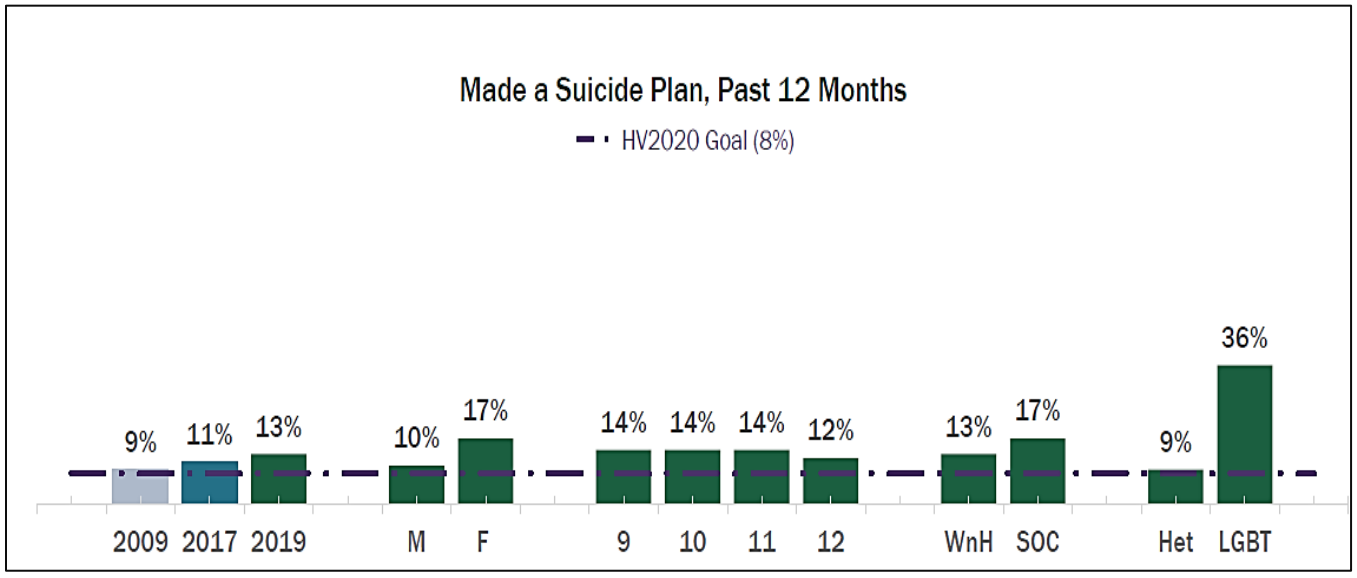
they may be exposed to beliefs that seeking help is not acceptable. Finally, these groups tend to have increased access to lethal means, such as guns and powerful medications.

Access to physical and mental health, social connections, meaningful work, support for substance abuse disorders, and coping skills can all help reduce the risk of suicide.[127]

Among Vermonters, men and women report having seriously considered suicide at similar rates. Young adults are most likely to report considering suicide in the past year. Adults 18-24 are statistically more likely to report seriously considering suicide compared to adults 45 and older. Adults 25-44 are statistically more likely to report seriously considering suicide than adults 65 and older. There are no statistical differences in suicidal thoughts by education level. Adults living in homes with lower incomes are more likely to report considering suicide.[128]

Windham County's rate of suicide has been higher than the state's rate for several years. The most recent statistic shows Windham County's rate per 100,000 individuals was 20.5, vs. 17.2 for Vermont and 13 for the U.S.[129]

The number of Vermont teens in Windham County who reported having made a suicide plan during 2017-2018 was 12-14%, and the number who actually made an attempt was 7%.[130]



WnH = White, non-Hispanic SOC = student of color Het = heterosexual LGBT = lesbian, gay, bisexual, transgender

Teen suicide is a major concern in Vermont, and many organizations, schools and mental health agencies have worked to raise awareness about this issue and to support families and friends after an event of suicide.

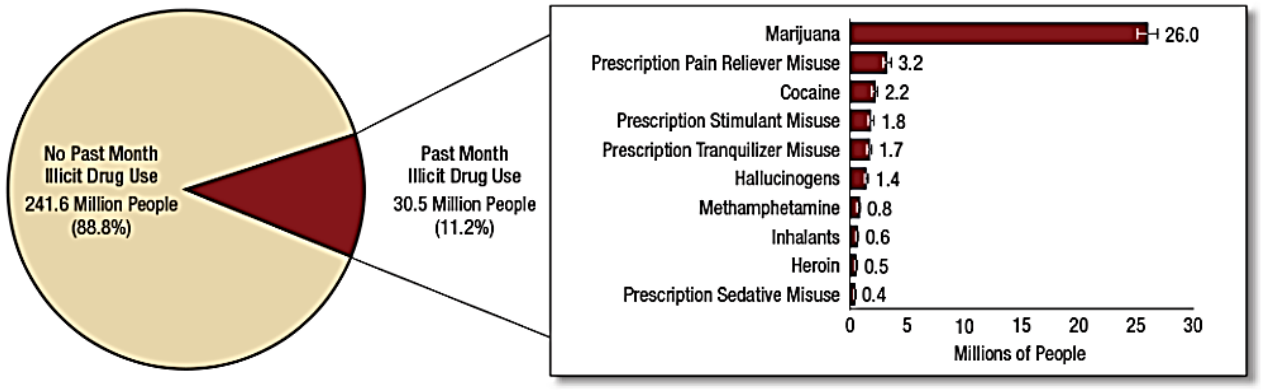
Suicide may not be predictable, but people who are considering suicide may display signs such as alcohol or drug abuse; mental health issues such as depression; physical illness such as a chronic disease; financial troubles; or problems at home, school or in the workplace. To prevent suicide, Vermonters must work together to support youth and adults who are in crisis, offering both hope and help.

[127] support for substance abuse disorders, and
[128] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[129] https://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf
[130] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf

Windham County: Substance Use Disorders

There are many reasons why people use alcohol, tobacco and other drugs: to relieve physical or psychological pain, to counter stress, to alter traumatic experiences or feelings of hopelessness. Prioritizing future health over immediate needs is especially difficult in the face of multiple daily stressors and pervasive marketing that can make it seem as if alcohol or drugs will make life easier.

Figure 11. Numbers of Past Month Illicit Drug Users among People Aged 12 or Older: 2017



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Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.
Note: The estimated numbers of current users of different illicit drugs are not mutually exclusive because people could have used or misused more than one type of illicit drug in the past month.

[131]

Substance Use Disorder is not a choice or a moral failing. Some people are genetically prone to substance use disorder, and this in itself is a risk factor in developing a substance use disorder. As a chronic illness, substance use disorder becomes a physiological and psychological need. Quitting or seeking treatment is never easy, and relapse is common, but many people do find a path to recovery. Adding to the stress of behavior change is the feeling of isolation that may come from avoiding friends or situations that may trigger smoking, drinking or drug use.

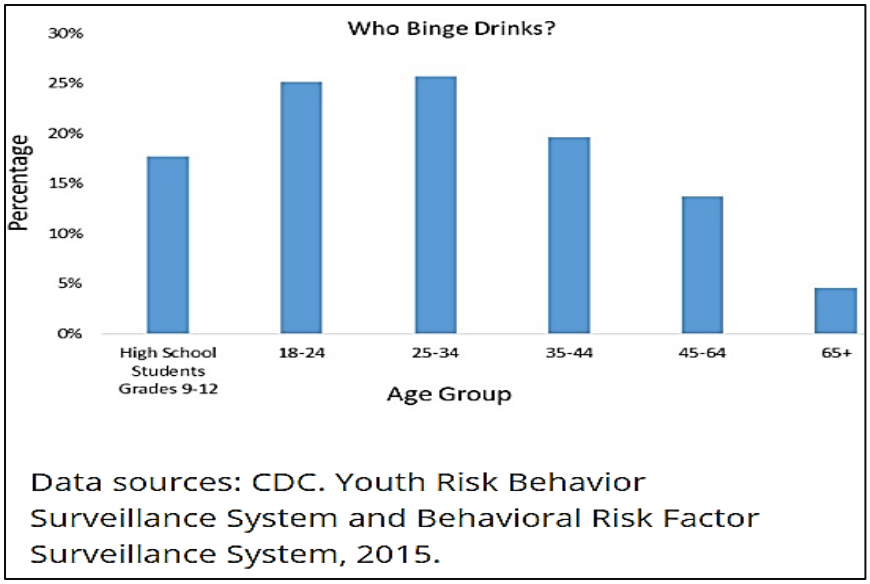
The VDH includes questions about substance use in its two biennial surveys, the Behavioral Risk Factor Surveillance System (BRFSS) for adults and the Youth Risk Behavior Survey (YRBS) for teens, in order to see trends over time. Data from these reports is used in the following sections of this report.

Alcohol Use

National data shows that Vermonters in all age categories drinking more often and more in one sitting than compared to the country overall. An estimated 7% Vermonters are in need of, but have not sought treatment for, alcohol use disorder.[132] The medical diagnosis for alcohol dependence is “alcohol use disorder,” a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control regarding intake, and a negative emotional state when not using.[133] According to the 2018 BRFSS, alcohol use among all Vermonters has decreased since 2011

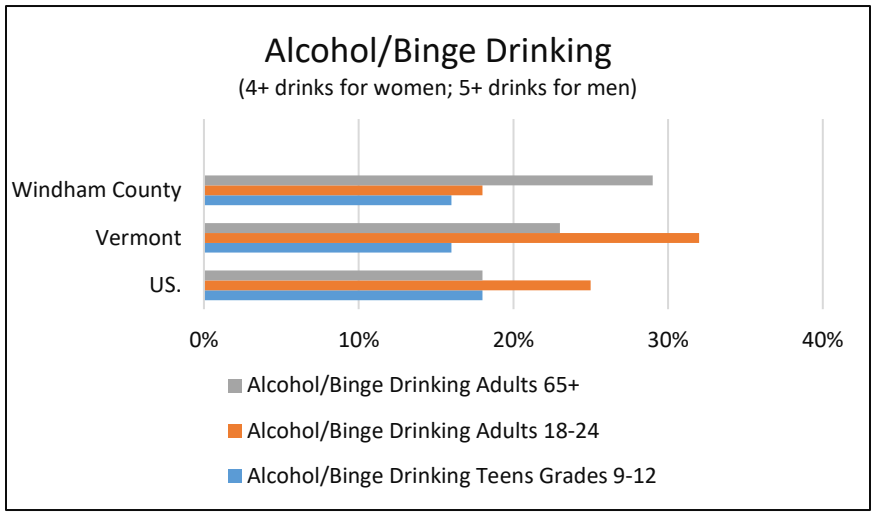
[131] https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm
[132] http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf
[133] https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

(65% to 61%) but remains higher than among U.S. adults (53%). Twenty-seven percent of adults 18-24 binge drink, better than the Healthy Vermonters 2020 goal of 31%, and down from 34% in 2011.



According to the 2019 YRBS, the percentage of high school students who currently drink (one or more drinks in the past month) has decreased significantly since 2005 (when the rate was 42%), but is up slightly since 2005 (when the rate was 30%); the 2018 rate for Vermont was 31% and for the county was 32%. For middle school students, the 2018 rates were 7% for Vermont and 8% for Windham County.[134]

The CDC defines binge drinking as drinking that brings a person's blood alcohol concentration to 0.08 g/dl or above, which typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. One in six US adults binge drinks about four times a month, consuming about seven drinks per binge. Binge drinkers are most often age 18-34, but teens and those mid-30 to mid-40 are also susceptible.[135]



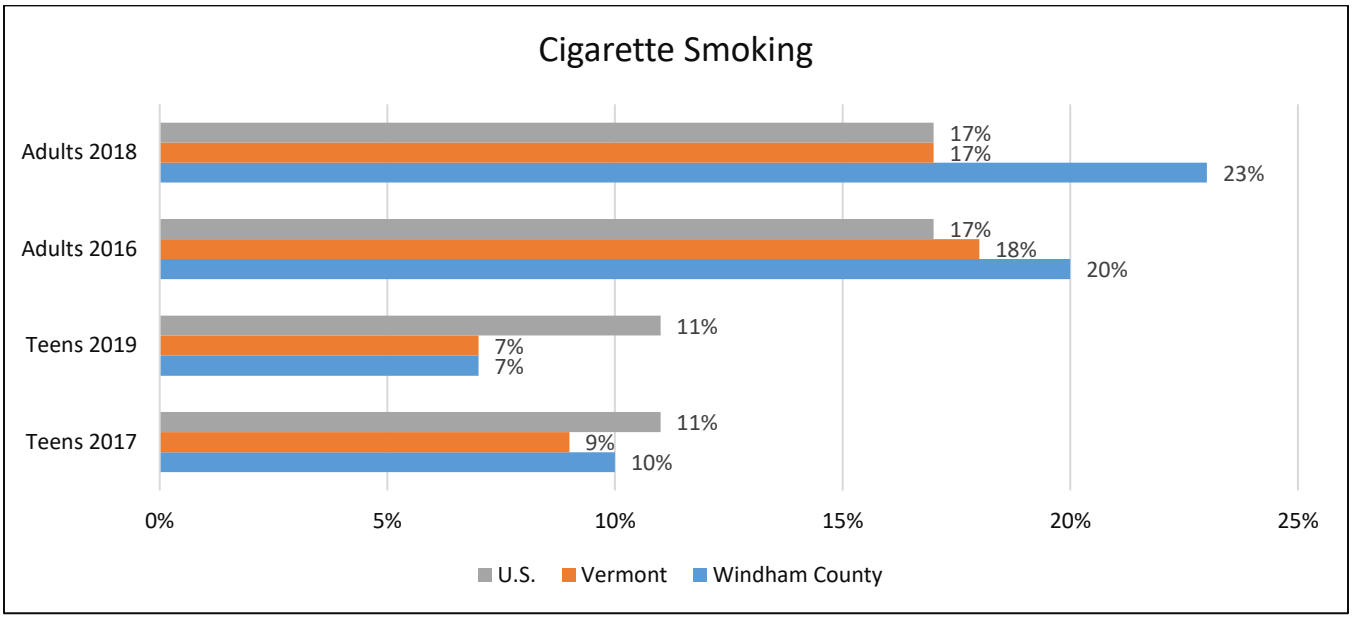
By middle school, 2% of Vermont students binge drink. By high school, 16% of them binge drink. One in three adults age 18 to 24 binge drinks, and 5% of older adults age 65+ binge drinks. According to the 2019 YBRS, females are twice as likely to binge drink as boys, and those in the LBGTQ+ community are also more likely to binge drink,[136] but the 2017 YBRS did not find these differences in rates between gender and sexual orientation.[137]

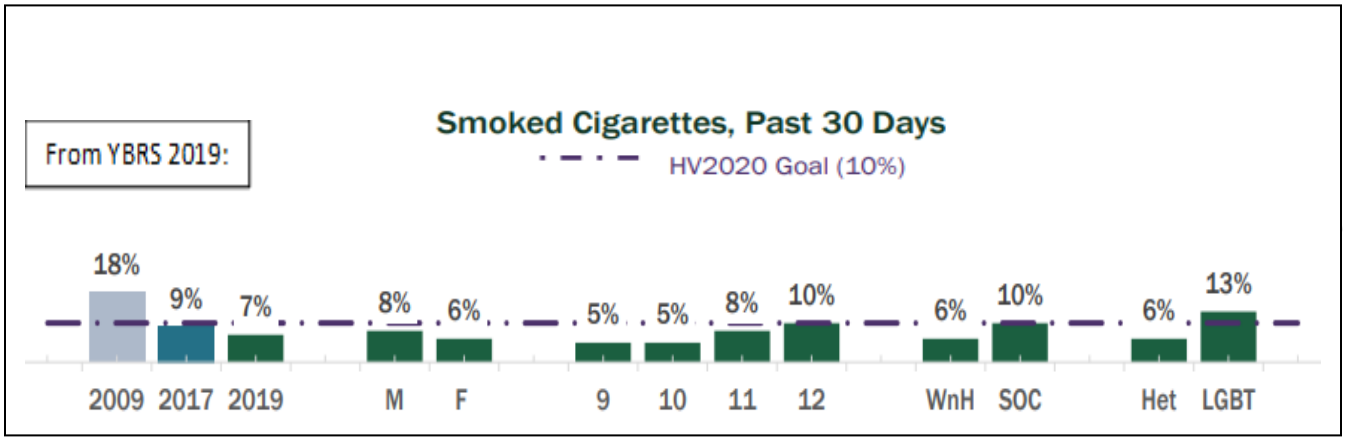
Older adults are more susceptible to the health risks of alcohol use due to physiological changes, any chronic disease they may have, or some medications they take. Excessive alcohol use can increase the risk for dementia. The rates of risky alcohol use for Vermonters and Windham County residents age 65+ are noticeably higher than the U.S. average of 18%.

[134] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf
[135] https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[136] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf
[137] https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)

Cigarettes & Tobacco

Teenage cigarette smoking among Vermonters and Windham County residents has declined over the past several years as shown in the figures above and below. This is good news. But smoking among adults has increased. Perhaps that indicates in part that smoking behavior has persisted as some teens surveyed in 2017 have aged into adulthood. The percentage of adults in Vermont and Windham County has increased by several percentage points.[138]





E-Cigarettes & Vaping

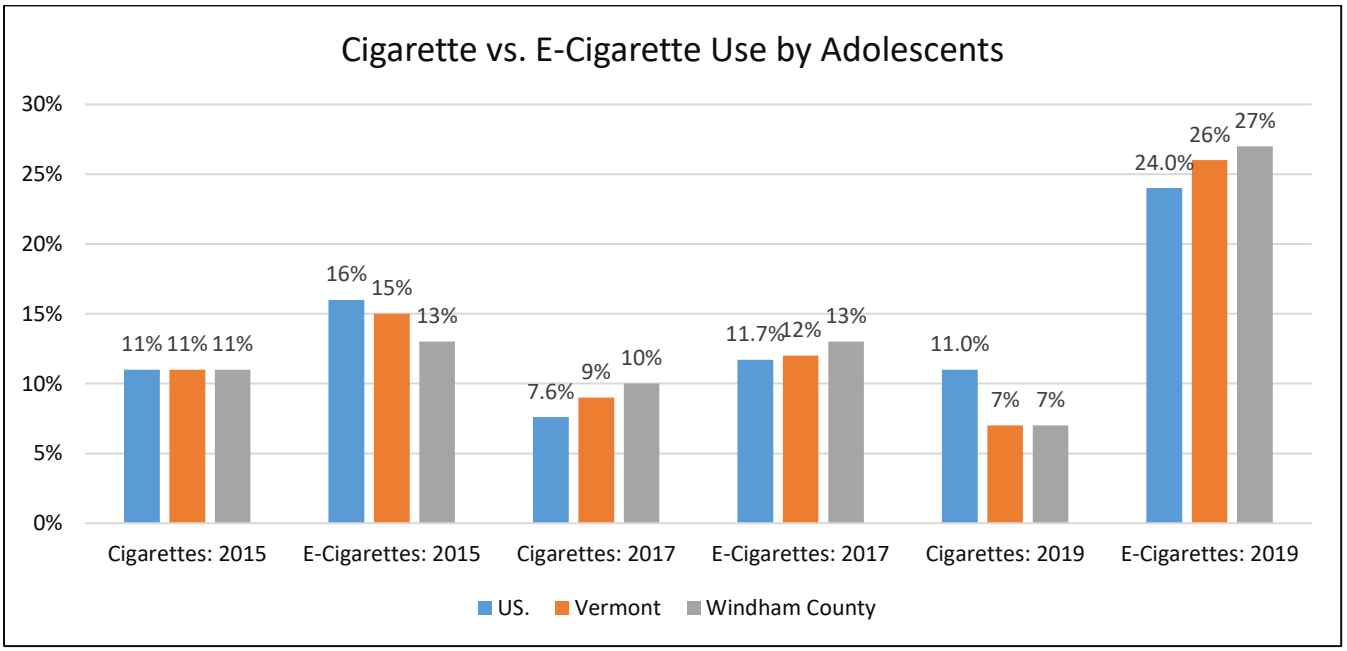
While the statistics for cigarette smoking among teens has improved, that rate of teens who vape is still high. The 2019 YBRS found that 26% of Vermont high school students vape, and 27% of Windham County high schoolers do.[139]

[138] http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;
https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)
[139] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf;

Electronic cigarettes, sometimes called "e-cigarettes," are devices with a battery inside that heats liquid into an aerosol (vapor). The user inhales the vapor in an activity that simulates smoking. Vaping is the term used for use of this device, because of the vapor that is inhaled. Vaping can be used to inhale tobacco, cannabis, and other drugs. E-cigarettes can also be used to inhale cannabis and other drugs. They are a convenient way to do this discreetly because many of them are created to look like ordinary objects like pens, computer thumb drives, and pencil sharpeners. The exhaled vapor can easily be hidden, so students are beginning to use them secretly during class.

Research shows that teens who try vaping, thinking it is harmless, are more likely to use other addictive substances, including regular cigarettes, cannabis, alcohol and drugs. Dual use (use of e-cigarettes and conventional cigarettes) by the same person is also common among youth and young adults (ages 18-25).

The use of e-cigarettes is also on the rise, particularly among teens. Data shows a dramatic increase among teens.[140]



The risks associated with the nicotine used in e-cigarettes may be less than with conventional cigarettes, but the long-term effects of vaping are as yet unknown. E-cigarettes are a new invention, on the market for only about 11 years. Nearly 20% of young adults believe e-cigarettes cause no harm, and more than half believe they are only moderately harmful, according to the U.S. Surgeon General.

Marijuana (Cannabis)

Using cannabis can negatively affect brain development and impair judgement and coordination. Different forms of cannabis can have very different levels of THC and can cause severe reactions.[141]

National data shows more Vermonters (ages 12 and up) are using cannabis compared to the country overall.[142] Complicating the situation in Vermont is the fact that the Vermont Legislature has recently legalized the use of

[140] http://www.healthvermont.gov/sites/default/files/documents/pdf/HV2020_WindhamCounty.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)
[141] https://www.healthvermont.gov/alcohol-drugs/lets-talk-cannabis/cannabis-and-youth
[142]

cannabis, making it even easier to obtain and use without need for secrecy. Perceptions of risk and community acceptance strongly influence behavior. The number of Vermonters who try cannabis for the first time between the ages of 12 and 17 is also higher in our state than in the country overall.[143] This despite the fact that it is still illegal to obtain and use cannabis for Vermonters younger than age 21.

The YBRS includes questions about the use of cannabis. In 2017, the percentage of Windham County high school students who admitted to having tried cannabis was 44%, compared to 37% for all of Vermont. Windham County also had a higher statistic in 2019, when the rates were 45% for the county, vs 40% for VT.

Asked about the frequency of cannabis use, high school respondents provided the following data (blue chart shows 2017 responses; green chart is from 2019; questions asked were not identical):[144]

AMONG CURRENT USERS: FREQUENCY OF MARIJUANA USE

	Windham	VT
1 or 2 times	37%	34%
3 to 9 times	22%	25%
10 to 19 times	11%	12%
20 to 39 times	14%	10%
40 or more times	17%	20%

Frequency of Marijuana Use, Among Current Users	Windham
1 or 2 times	34
3 to 9 times	25
10 to 19 times	12
20 to 39 times	11
40 or more times	19

AMONG CURRENT USERS: USED MARIJUANA 10+ TIMES

		Windham	VT	
Overall		41%	41%	Overall Differences: State vs County
Sex	Male	47%	47%	VT and County are Similar
	Female	33%	35%	Within County Differences
Grade	Grade 9	27%	37%	Too few students by race
	Grade 10	40%	40%	
	Grade 11	49%	41%	
	Grade 12	44%	43%	
Race	WnH	40%	53%	
	REM	-	39%	
Sexual Orientation	Het/Cis	42%	40%	
	LGBT	41%	49%	

[143] https://www.healthvermont.gov/alcohol-drug-abuse/alcohol-drugs/marijuana
[144] https://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_WindhamCounty.pdf (2017)

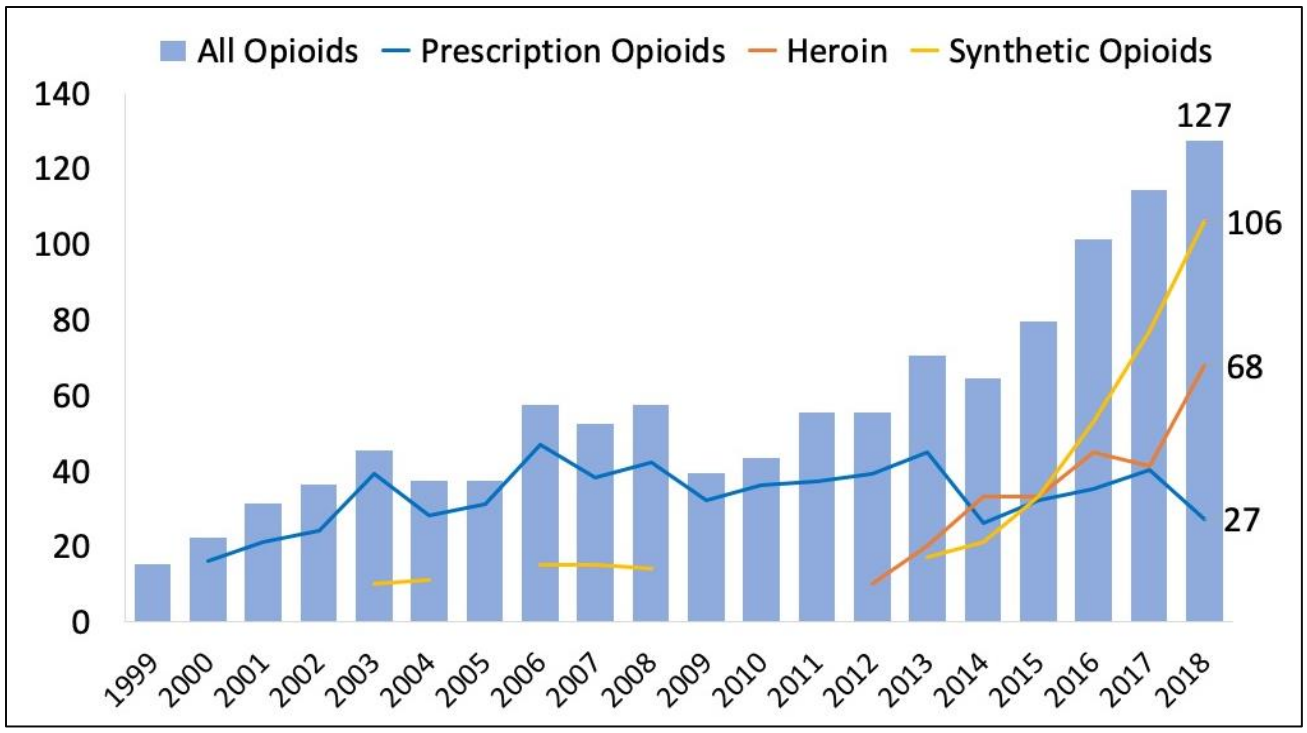
Opioids

Communities all across the state of Vermont, and across the nation, have been facing the challenge of opioid use disorder. Opioid use disorder is a lifelong chronic illness. Just like diabetes or heart disease, managing a person's substance use disorder has a multifaceted treatment approach including harm-reduction practices, recovery coaching, medication-assisted treatment, and therapy.

Vermont currently offers treatment and management for opioid use disorder through its Hub & Spoke system, a statewide partnership of clinicians and treatment centers that provide medication-assisted therapy to Vermonters addicted to opioids. The terms Hub and Spoke refer to a system of Hubs (treatment facilities) & Spokes (physician-led teams) that coordinate each patient's care. There are currently nine Hub treatment facilities – in Burlington, South Burlington, Newport, St. Johnsbury, Berlin, West Lebanon, NH, Brattleboro, Rutland and St. Albans. Windham County's Hub program is operated by Habit Opco.

Opioid use disorder can wreak havoc on one's life. Sadly, too often, it also proves fatal.

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017. In Vermont, drug overdose deaths involving opioids totaled 127 in 2018 (a rate of 22.8) and have remained steady since 2016. Deaths involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) have trended up from 33 (a rate of 5.6) in 2015 to 106 (a rate of 19.3) in 2018, as shown in the chart below. Heroin-involved deaths are also rising with 68 deaths (a rate of 12.5) in 2018. Prescription opioids have remained steady with 27 deaths (a rate of 4.4) in 2018.[145]remained steady with 27 deaths (a rate of 4.4) in 2018.[146]



[145] https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20(Figure%201).
[146] https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/vermont-opioid-involved-deaths-related-harms#:~:text=In%20Vermont%2C%20drug%20overdose%20deaths,in%202018%20(Figure%201).

Windham County: Lifestyle Choices & Health

The Vermont Department of Health and the community's health organizations sets goals for public health after gathering information about chronic health conditions that affect the community. But statistics and goals mean nothing if they do not motivate individuals to choose healthy behaviors. Each individual Vermonter's lifestyle and personal health behaviors have a major impact on the health of the population of Vermont as a whole.

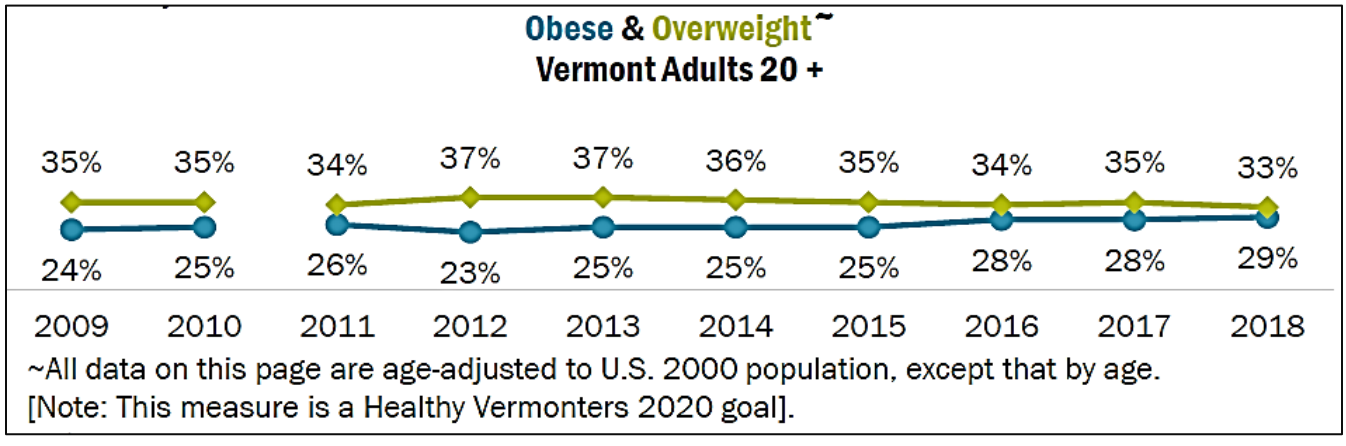
The VDH conducts its two biennial surveys, the Behavioral Risk Factor Surveillance System (BRFSS) for adults and the Youth Risk Behavior Survey (YRBS) for teens, in order to see trends over time, to see if health behaviors are improving, and if not, to consider how best to encourage and support change.

The 3-4-50 model emphasizes the importance of choice to living a healthy life. In this section of the Windham County Community Health Needs Assessment, we focus on the three behaviors that can have the biggest impact on reducing chronic disease and thus improving the lives of individuals and the health of the population.

Obesity & Overweight

Vermonters, like other Americans, are becoming more overweight or obese. In fact, more than six in ten Vermont adults 20 and older are either overweight (33%) or obese (29%). Compared to the U.S. overall, Vermont adults have a slightly lower rate of obesity (29% compared to 32%).[147]

The terms "overweight" and "obese" describe weight ranges above what is medically considered to be healthy for a given height. Being overweight or obese can predispose a person to a variety of chronic diseases. According to the U.S. Centers for Disease Control (CDC), "A high amount of body fat can lead to weight-related diseases and other health issues."[148]



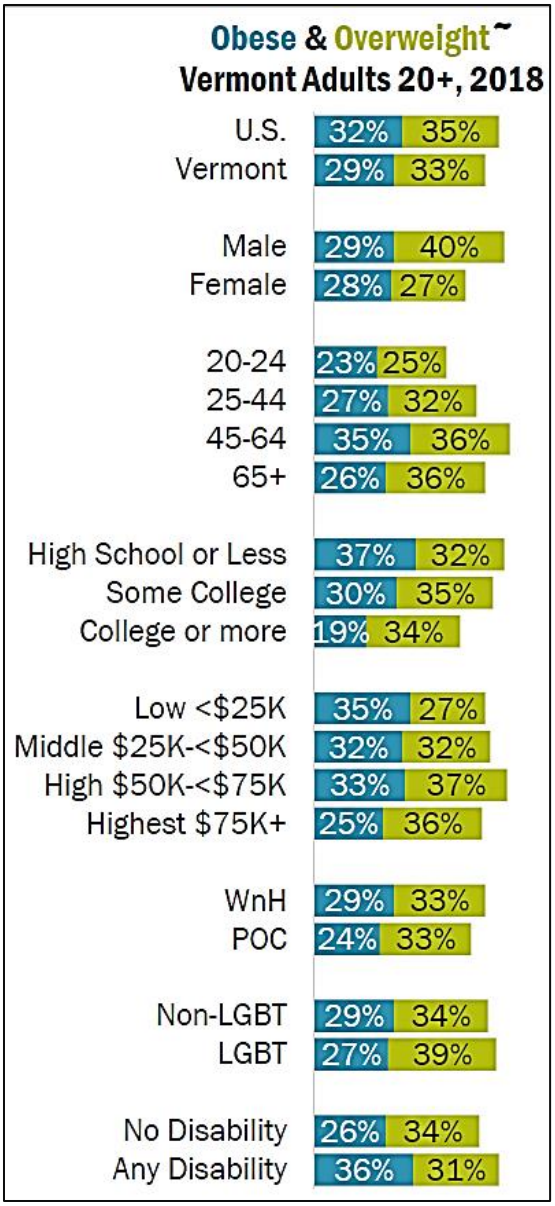
[147] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[148] https://www.cdc.gov/healthyweight/assessing/index.html

The trend toward being overweight or obese affects males and females, and people of all races, incomes and education levels– but especially Vermonters at the lower end of the socioeconomic ladder and Vermonters aged 45-64.[149]

Windham County's obesity rate for adults is 31%, midway between the highest county rate (Grand Isle, 49%) and the lowest county rates (Addison and Washington, both at 22%). The Windham County rate for those overweight is 32%[150]

For teens in grades 9-12, there is a greater perception of being overweight than reality bears out. While 13% of Windham County teens are actually classified as obese, and 14% as overweight, 31% of Windham County's teens describe themselves as "slightly or very overweight," and 43% of these teens said they were trying to lose weight.[151]

Obesity is serious because it is associated with poorer mental health outcomes and reduced quality of life. Obesity is also associated with the leading causes of death in the United States and worldwide, including diabetes, heart disease, stroke, and some types of cancer.[152]



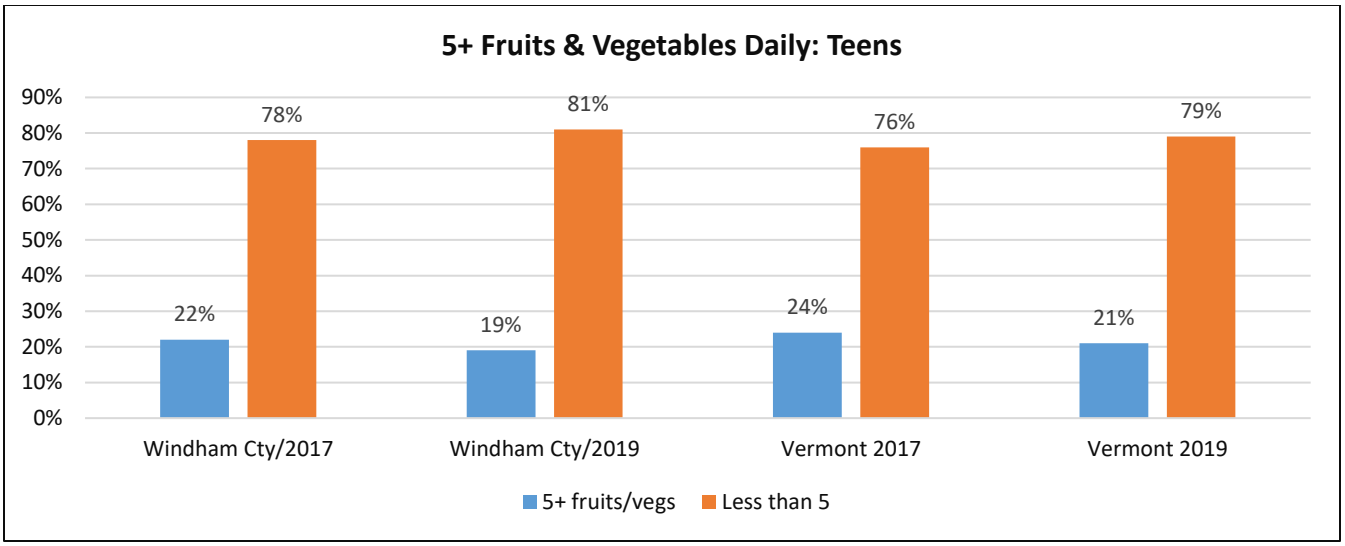
Nutrition & Exercise

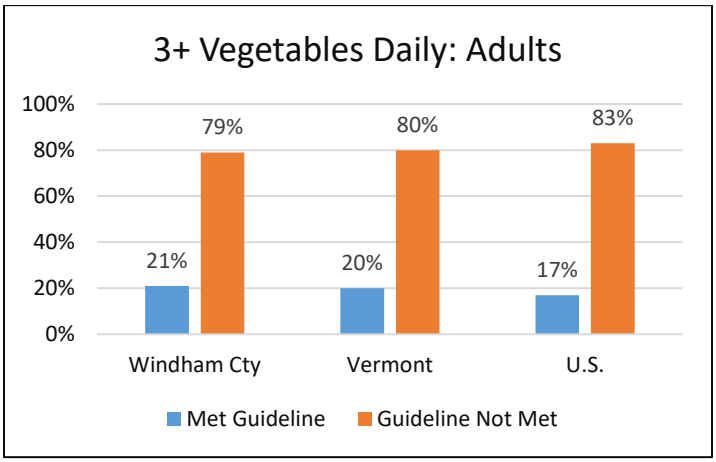
VDH also tracks nutrition and levels of exercise as measures that are important for preventing or improving weight.

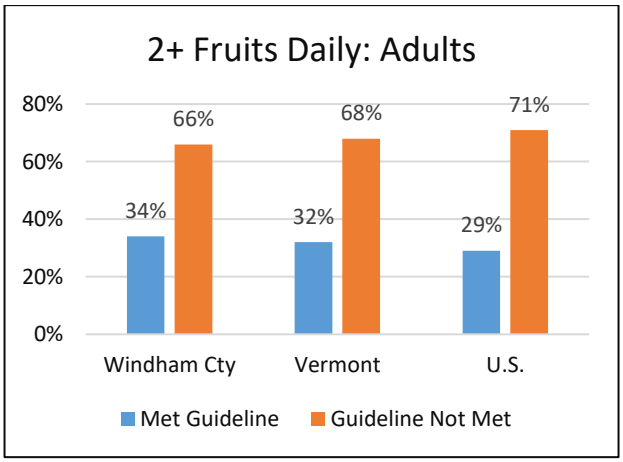
Questions about the inclusion of fruits and vegetables in the diet and regular physical activity are asked in both the adult Behavioral Risk Factor Surveillance Survey[153] and the Youth Behavior Risk Survey.[154] These populations are asked if they meet the recommendation of consuming 5+ fruits and vegetables each day, and results are reported below. Also included is information from the state's Chronic Disease Surveillance Data Report.

Clearly, most Vermonters, teens and adults alike, do NOT eat enough fruits and vegetables for optimal health. Adults are doing slightly better than their Vermont and U.S. counterparts, but teens are not (comparable U.S. data for teens is not available.) Five percent of Vermont and Windham County teens surveyed said they did not eat any vegetables in the previous week. Two percent said they often or always went hungry because of lack of food at home.

[149] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[150] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[151] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf
[152] https://www.cdc.gov/obesity/adult/causes.html
[153] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf; https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_1305_Data_Pages_081816.pdf
[154] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_YRBS_WINDHAM_2019.pdf







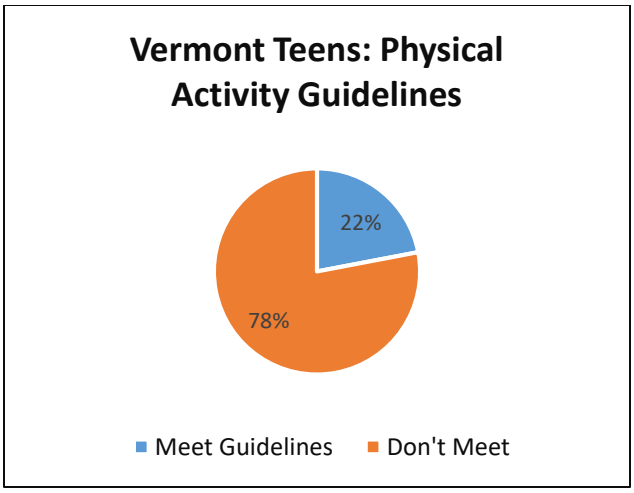
Windham County's adolescents are comparable to the state average in terms of meeting physical activity guidelines, but this is not good news. Only 20% of Windham County teens meet the recommended guideline of getting 60 minutes of physical activity per day, compared to 22% for all Vermont teens.[155] This means that 80% of Windham County teens and 78% Vermont teens are not active enough for optimal health.

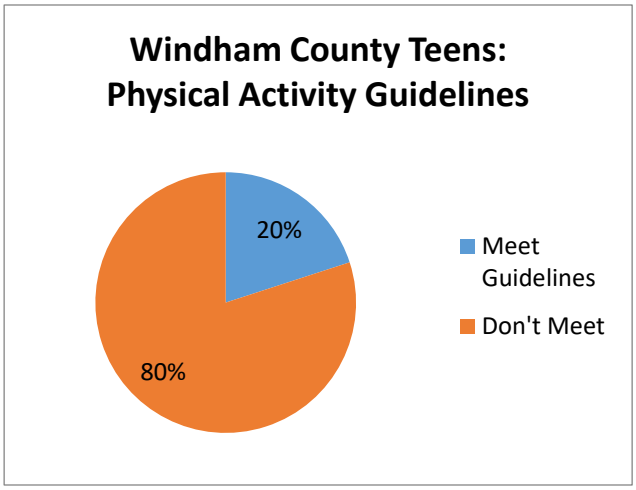
Fortunately, 46% of Vermont youth and 44% of Windham County youth did engage in 60 minutes of activity daily on 5-6 days of the week prior to the survey.

Rates for physical activity among Windham County adults are equally dismal. The recommendation for adults is to get 30-60 minutes of physical activity at least five times a week (versus 60 minutes each day for youth).

Still, despite being encouraged to have only half the activity level of youth, 18% of Vermont adults said they did not participate in any leisure time physical activity during the month before the survey, significantly lower than the 24% rate among U.S. adults. The rate for Windham County adults was identical, 18%.

[155]https://www.cdc.gov/physicalactivity/basics/children/index.htm#:~:text=Children%20and%20adolescents%20ages%206,doing%20push%2Dups)%20%E2%80%93%203

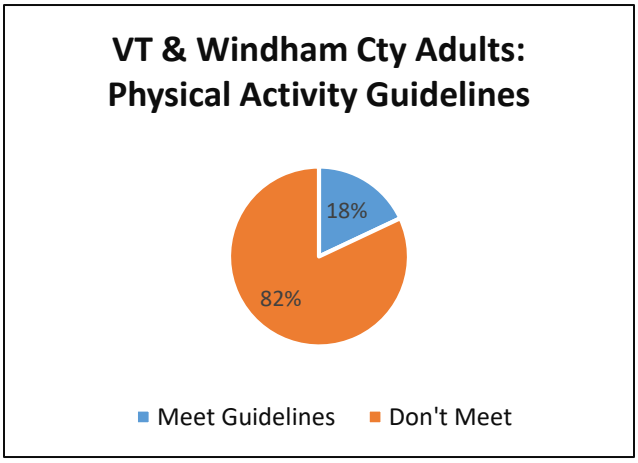


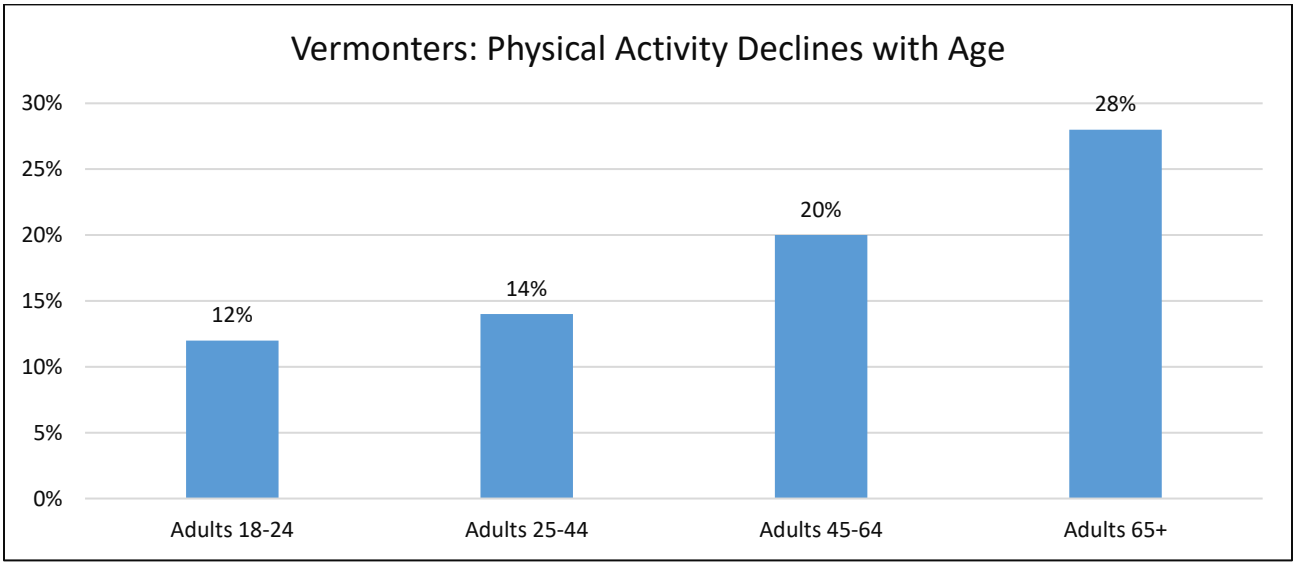


For Vermont as a whole, gender does not seem to influence the tendency to exercise. Men and women report participating in leisure time physical activity at the same rates.

Adults of color and adults with a disability are significantly more likely to report no leisure-time physical activity than white, non-Hispanic adults and those with no disability.

As Vermonters age, the proportion who report having no leisure time physical activity increases.





Disease Prevention: Vaccines

Vaccinations help protect people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults with weakened immune systems. Vaccinations can protect those being vaccinated, as well as prevent those in contact with vulnerable populations from transmitting a dangerous disease.

The U.S. Department of Health & Human Services and the U.S. Centers for Disease Control develop lists of recommended vaccines for infants, children, teens, and adults, and these lists are available, along with vaccine explanations, at the website www.cdc.gov/vaccines, or by calling 1-800-CDC-INFO (800-232-4636).

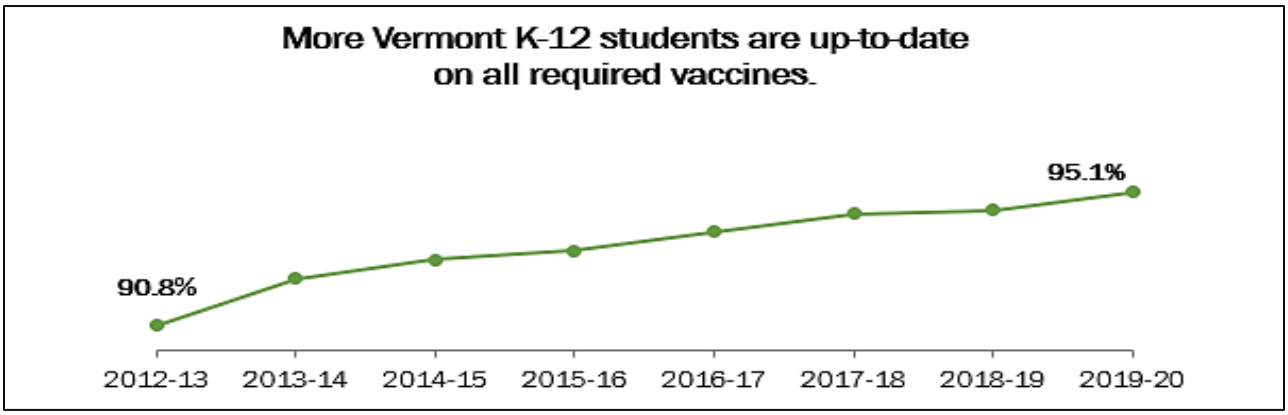
The Vermont Immunization Program provides health care providers with all pediatric and most adult vaccines at no cost through the federal Vaccines for Children and Vaccines for Adults programs.

Individuals with questions about what is best for their family should speak to their health care provider. Those without a healthcare provider can contact a nurse at the VDH local health office in Brattleboro by calling (892)257-2880 or visiting www.healthvermont.gov/disease-control/immunization.

Note: COVID-19 vaccine information appears at the end of this section of this CHNA report.

Vermont's Children: School-Age Vaccinations Rates

Congress created the federal Vaccines for Children (VFC) Program in 1993. The goal of VFC is to prevent vaccine-preventable diseases by removing or reducing cost barriers. The VFC program is funded by federal dollars guaranteed to each state for the purchase of vaccines for children who are Medicaid eligible, uninsured, underinsured, or an Alaskan native or native American. The percentage of Vermont K-12 students receiving all required vaccines remains high, increasing from 94.5% last year to 95.1%. These are the highest coverage levels reported since K-12 data collection began in 2012. Coverage at individual schools varies widely.[156]



Windham County Children: School-Age Vaccination Rates

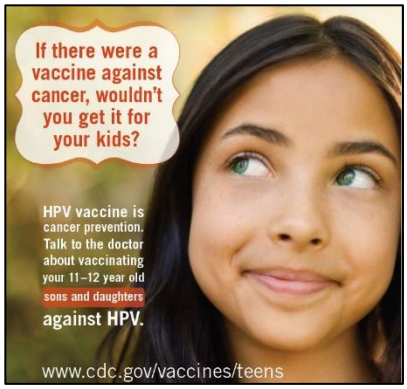
Data about vaccine coverage among Windham County students is tracked by the Vermont Department of Health. Reports showing the percentage of students who are fully vaccinated at each school were not available

[156] https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage#:~:text=The%20percentage%20of%20Vermont%20public,year%2C%20when%20coverage%20dropped%20slightly

at press time. For the most current information, visit this website: at https://www.healthvermont.gov/disease-control/immunization/vaccination-coverage. (Note: these tables pre-date COVID-19 vaccination.)

Adolescents & Young Adults: HPV Vaccine

Human Papilloma Virus (HPV) is a virus that can cause six different types of cancer. It is so common that nearly all sexually active men and women get it at some point in their lives. The virus is easily spread by intimate skin-to-skin contact. There are many different types of HPV. Most HPV infections (9 out of 10) go away by themselves within two years, and most people with HPV never develop symptoms or health problems. But, sometimes, HPV infections last longer, and they can cause certain cancers and other diseases. Every year in the United States, HPV causes 32,500 cancers in men and women.



The HPV vaccine is a safe and effective vaccine that prevents most common health problems associated with the virus, including cancer. Vaccination with the HPV vaccine prior to exposure to the virus can decrease the risk of certain cancers. The vaccine is fairly new. In 2006, the first HPV vaccine was licensed for girls, and five years later it was recommended for use in boys. The HPV vaccine should be given to all adolescents at 11-12 years, when it is most effective. The HPV vaccine may be given anytime from age 9-26.

According to the Vermont Immunization Program's 2017 annual report, 44 percent of Windham County teens age 13–15 had completed the HPV vaccine series, compared to the statewide average of 46.8 percent. Windham County ranked ninth out of Vermont's 14 counties in terms of its percentage of teens immunized.

Flu Vaccines

Influenza, commonly called "the flu," is a contagious respiratory illness caused by a virus that affects the nose, throat and lungs. Influenza spreads from person to person when an infected person coughs or sneezes.

Unlike the common cold, the flu can cause serious illness and can be life-threatening. Each year in the U.S., influenza is estimated to be responsible for at least 9 million cases of disease, 140,000 hospitalizations, and 12,000 deaths.

Approximately 71-85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and 54-70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.[157] The CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. It is especially important for those with weakened immune systems.

Those at highest risk of contracting a serious or deadly case of the flu include:

- Pregnant women and breastfeeding mothers
- Adults age 50+
- Residents of nursing homes and other long-term care facilities
- Healthcare workers
- Travelers
- People with chronic medical conditions. compromised immune system, & impaired respiratory function

[157] https://www.cdc.gov/flu/about/burden/index.html

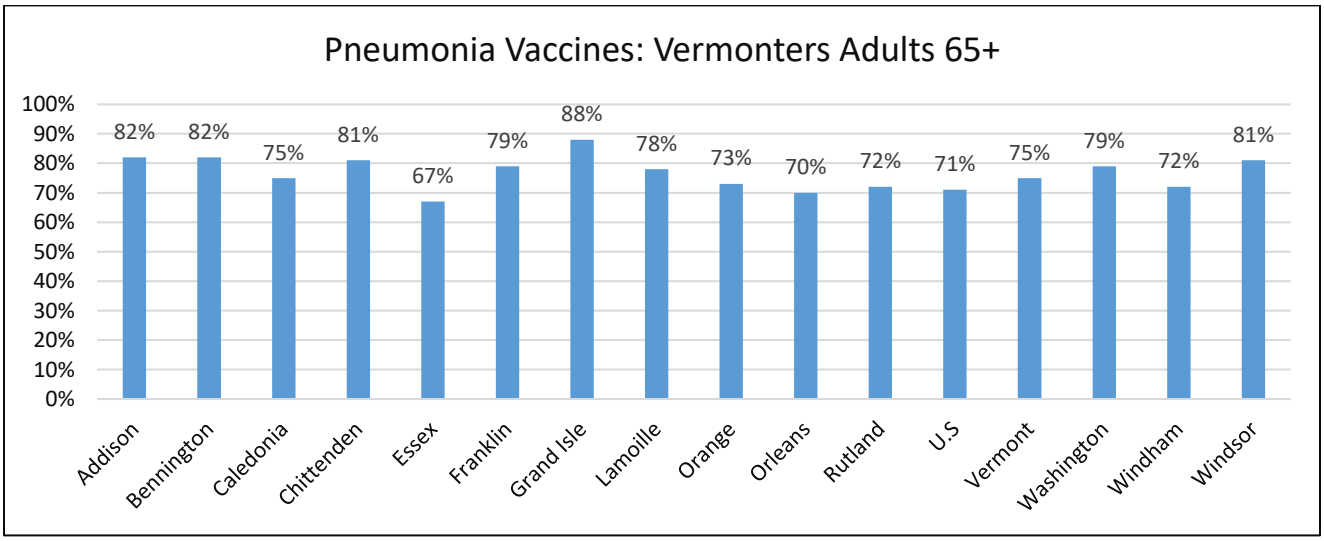
In Windham County, 51% of residents age 65+ received an annual flu vaccine, slightly lower than the state rate of 54%. The U.S. rate is also 54%. Vermont's rate for all adults was 37%, down from 42% in 2017.[158]

Pneumonia Vaccines

Pneumonia is another disease that can be deadly, especially for older Americans and those with compromised immune systems. Pneumococcal pneumonia is the most common type of pneumococcal disease in adults. It occurs in about 175,000 Americans each year. An estimate from 2011 states that pneumococcal disease was responsible for 4 million illnesses, 445,000 hospitalizations, and 22,000 deaths each year.[159]

Pneumococcal disease is caused by a bacterium known as *Streptococcus pneumoniae*, also called pneumococcus. Pneumococcus can cause a variety of infections, ranging from ear and sinus infections to bloodstream infections and pneumonia. Pneumonia is an infection of the lungs. The pneumococcus is one of the most common causes of severe pneumonia. When the bacteria invade parts of the body that are normally free from germs, the illness is usually very severe, requiring hospitalization.[160]

The best way to prevent pneumococcal disease is by getting vaccinated. Pneumococcal vaccines help protect against some of the 92 types of pneumococcal bacteria. There are two types of pneumococcal vaccines, each protecting the most common of these bacteria. A medical provider can determine which vaccine is best for which patient. In some cases, both vaccines are given to the same patient. Generally, the shots are administered every five years.[161] The VDH reports that 75% of Vermonters age 65+ have received a pneumonia vaccine (the U.S. rate is 71%). Windham County's rate is among the lowest in the state.



Men are much less likely to be vaccinated for pneumonia. For Vermont, the rate for males is 69% compared to 79% for females. There is also a big difference in pneumonia vaccination rates between white non-Hispanic people (rate = 75%) versus people of color (rate = 64%). There are no other statistical differences in pneumococcal vaccine rates by education, annual household income, sexual orientation or gender identity.[162]

[158] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf
[159] https://www.cdc.gov/flu/about/burden/index.html
[160] https://www.healthvermont.gov/immunizations-infectious-disease/other-reportable-diseases/pneumococcal-disease
[161] https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf
[162] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

COVID-19 Response 2020-2021

Testing, Vaccination, and Other Efforts

The most pressing health concern during the year and a half preceding publication of this report has been the coronavirus (COVID-19) pandemic. While details of this event are top-of-mind right now, it is important to record some details of the roles that Windham County healthcare organizations have played.

In response to this highly-contagious and deadly disease, healthcare providers and policy makers had to set aside all but the most essential healthcare programs and projects. The provision of healthcare was altered in ways that were previously unimaginable. In-person visits to providers were limited at the beginning of the outbreak. Surgeries were postponed. Healthcare facilities ramped up infection control protocols. Buildings were renovated to provide separate areas to diagnose and treat actual and suspected COVID-19 cases. Supplies were stockpiled in order prepare for potential surges. Wellness centers suspended classes. Telemedicine increased, with both telephone and computer patient visits becoming the norm for several months.

Over time, two important new services were developed and provided by Windham County healthcare medical personnel: COVID-19 testing for diagnosis of the disease and, when vaccinations finally became available, administration of the vaccine. In addition, the Vermont Department of Health worked to set new policies, to conduct contact tracing in order to curb the spread of the disease, to connect medical providers to resources, and to connect the general public to the latest information.

Over the upcoming three years, until it is time to prepare the 2024 Community Health Needs Assessment report, there will be continued data analysis about the disease itself and its long-term effects on physical and mental health, as well as research into the financial impact on individuals, families, and communities. By 2024, we hope that COVID-19 will be a footnote, with other health issues identified in this report receiving their due attention.

What follows is a brief summary of how each healthcare partner represented in this reported has worked to diagnose, treat, and mitigate the effects of COVID-19.

For more information, visit healthvermont.gov/covid-19 and cdc.gov/coronavirus/

Vermont Department of Health – Brattleboro District

In March of 2020, staff from the Brattleboro Office of Local Health began deployment to the Vermont Department of Health's Health Operations Center, as VDH moved to strictly minimum-essential functions in their Continuity of Operations Plan. Out of eleven local health staff, seven were pulled from their original positions and assigned roles on various teams including: Contact Tracing, Travel Monitoring, Outbreak Prevention and Response, Facility Wide Testing, and the local Vaccination Branch, with the District Director serving as the HOC Brattleboro Division Director. Four WIC nutrition staff continued to provide teleWIC services throughout the last fifteen months.

The Brattleboro Office of Local Health has led multiple rounds of Facility Wide Testing at long-term care facilities, in-patient medical care facilities, emergency housing locations, and residential schools throughout Windham County, and have hosted pop-up testing sites at least weekly, sometimes more often.

Staff who are on the Outbreak Prevention and Response Team have worked around-the-clock to provide guidance and technical assistance to schools, childcare centers, healthcare facilities, workplaces and businesses, and community sites as positive cases and outbreaks have occurred.

As of June 2021, in coordination with the Medical Reserve Corps, the Brattleboro Office of Local Health has led 22 vaccination clinics and provided 3,042 vaccinations.

Brattleboro Memorial Hospital

With the nation and state focused on the threat of COVID-19, Brattleboro Memorial Hospital took many measures to address the health and safety of our community and staff over the past 15 months:

In early March 2020, we adopted the most up-to-date recommendations of the Center for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the most relevant local recommendations from the Vermont Department of Health (VDH). We immediately educated staff members about screening for, testing, and treating COVID-19, and provided regular updates as information became available from the CDC, WHO, and VDH. We increased our cleaning and disinfection protocols in all public and clinical spaces, and posted signage for patients and visitors to alert them to the warning signs of COVID-19. Hand hygiene stations were deployed throughout the hospital, and masks were available.

Additionally, we updated our visitor policy on a regular basis to follow guidance from the Governor, including limiting visitors. We also limited access points into the Hospital. Screeners were added to each entrance and all individuals that entered BMH were screened for COVID-19 symptoms. We insured that we had adequate supplies such as Personal Protective Equipment (face masks, gowns, gloves, etc.) and a 11-bed unit was established in the event of a surge of COVID-19 positive patients. Due to only a few entrances being available to patients we had to relocate services to be more easily accessible.

By the end of March 2020, BMH had setup an outpatient testing site for individuals that were experiencing COVID-19 symptoms and postponed all elective surgeries and suspended services such as volunteers, cardia rehab, and student rotations. Telehealth became an important way to deliver care to patients who did not need to physically come to the hospital to be seen for their appointment. We also consolidated the Medical Group Practices so that Medical Group staff were available to provide additional support for hospitalized patients. In order to be transparent and keep the community informed, BMH created a real-time dashboard to monitor key indicators related to the virus.

In the fall 2020, Vermont witnessed a rise in COVID-19 infections. To increase access to COVID-19 testing for the community, BMH partnered with VDH and the Cambridge Innovation Center (CIC) to provide evening and weekend COVID-19 testing. In accordance with the Governor's Executive Order, the hospital tightened visitor restrictions to essential support persons only.

BMH received our first shipment of the COVID-19 vaccine in mid-December 2020. Following state guidelines, the hospital vaccinated those eligible via phases. The hospital established a vaccine clinic in the Brew Barry Conference Center.

Throughout May 2021, BMH established walk-in pop-up vaccine clinics to increase vaccine access for community members at various local sites, including the Brattleboro Fire Stations, Brattleboro Union High School, Brattleboro Subaru, Green Street Elementary School, and the empty Rent-A-Center storefront in the Price Chopper Plaza. As of June 2021, the hospital administered a total of 20,394 doses, averaging 800 patients per week, and vaccinated 87% of its workforce.

Brattleboro Retreat

The onset of the COVID-19 pandemic in March, 2020, presented difficult, and unprecedented challenges for the Retreat's clinical and administrative staff. Yet employees stepped up in every way possible to ensure the safety of patients, and each other, while continuing to meet the ongoing psychiatric and addiction treatment needs of Vermonters.

Early actions at the Retreat included suspending patient visitation and instituting a series of measures designed to prevent transmission of the virus on hospital grounds. These included requiring all employees to wear PPE (face masks, face shields, etc.), suspension of public food service in the cafeteria, restrictions on foot traffic

between and among departments and units, and the requirement that any employee who exhibited flu-like symptoms and/or tested positive for the coronavirus self-quarantine at home per CDC guidelines.

In the small number of instances when an employee tested positive for the coronavirus, the Retreat's Infection Prevention department conducted thorough contact tracing to ensure the health and safety of patients and staff who may have interacted with that individual.

At the same time, Retreat officials suspended admissions of out-of-state patients in order to prioritize the needs of Vermonters. In partnership with the State and infection prevention specialists at Brattleboro Memorial Hospital, the Retreat's converted its Tyler 1 unit into a space suitable for the care of patients who might contract COVID-19.

All outpatient services, including the Retreat's partial hospital and intensive outpatient programs, were converted to telehealth platforms using secure, internet-based conferencing software. Patient family visits were set up along the same lines.

Upon approval of the Pfizer and Moderna vaccines in early January 2021, the Retreat established a robust vaccination program that resulted in the full vaccination of approximately 80 percent of the Retreat's entire workforce. During the first half of 2021, the Retreat remained vigilant by continuing to require the use of face masks and requiring any employee testing positive for COVID-19 to self-quarantine.

We are proud of the many adjustments and sacrifices made by staff during ongoing months of stress and uncertainty. Together with our State and community partners, we kept transmission of the coronavirus on our campus at an impressively low level, and came through this public health crisis as a stronger and wiser organization.

Grace Cottage Family Health & Hospital

As soon as it became evident that the COVID-19 virus would reach Vermont, Grace Cottage's medical and leadership teams took immediate action to keep our patients, community, and employees safe. A COVID-19 Task Force of key employees was assembled in March, 2020, meeting weekly to be sure that all communications within and outside of the organization were clear, concise, correct, and thorough. We began assembling PPE (personal protective equipment), and many members of the community pitched in to make homemade masks and gowns to keep Grace Cottage employees as safe as possible. Temperature screening of all patients and employees as they entered any building on our campus was implemented, and questions about symptoms and possible exposure to the virus were asked. Surfaces were thoroughly sanitized after each patient encounter, and numerous other safety precautions were taken throughout the facility.

In late March, 2020, Grace Cottage's leadership initiated a Message to the Community from our CEO, Doug DiVello, which was e-mailed weekly to over 2,000 recipients (employees, patients, and community members) who had an affiliation with Grace Cottage. Starting in November, 2020, the Message to the Community was e-mailed monthly rather than weekly; response to this communication was overwhelmingly positive. Our goal was to provide up-to-date, accurate information, and we relied heavily on the State of Vermont Department of Health's various forms of communication to the public and to hospitals in the state.

When Pfizer and Moderna vaccines were given Emergency Use Authorization by the Federal Drug Administration in December, 2020, we began administering them in the order outlined by the state of Vermont, and did the same when the Johnson & Johnson vaccine was approved. We worked closely with the Vermont Department of Health throughout the vaccination process, setting up clinics, converting our Community Wellness Center to a vaccination site. Between December 2020 and July 2021, we administered 6,500 vaccinations in the vaccination clinic, in our rural health clinic, and in our Emergency Department.

Rescue, Inc.

In February of 2020, we began to realize that COVID-19 could become a true threat to our community and therefore to our organization. In early March 2020, a few short weeks after this initial discussion, COVID-19 was here and the pandemic was declared. We swiftly researched and adopted all the recommendations from the Centers for Disease Control (CDC) and the Vermont Department of Health (VDH), which drastically changed our emergency response model.

Being on the frontlines, with so many unknowns, made us nervous for the well-being of our staff and our patients. We came up with strict guidelines and continually updated them based on the recommendations put out by the CDC and VDH. We closed our buildings to the public, which meant no more blood pressure checks, CPR or First Aid classes, or other EMS training for our staff. We no longer had any "off-duty" personnel in the buildings, which included all our administrative staff. Our building was sectioned off into "clean" and "dirty" zones. Sleeping areas were expanded, air purifiers were placed in every room, handwashing stations and boot cleaning stations at every entrance, and health and temperature screenings were the everyday norms.

We stocked up on all the personal protective equipment (PPE) we could get our hands-on, which luckily enough, we found to be successful. We had staff wearing gowns, N95s, and eye protection on every call. We were prepared for a significant influx of calls in relation to the virus; however, the opposite came. People were not calling 911; instead, they were staying home. However, when we did get a true COVID-19 patient they required us to be on our A-game with critical care level interfacility transfers, most times to the University of Vermont (UVM) Medical Center. These were very sick and very challenging patients.

In May 2020 we began helping with COVID-19 testing at pop-up sites not only in Brattleboro but all of southern Vermont. Approximately 25% of our staff were trained to do these tests. Not only did we work pop-up sites but also did at-home testing for those who could not leave to get to a testing site. Again, these occurred all over southern Vermont.

In December 2020 our staff began to get their COVID-19 vaccines. However, we still remained stringent on PPE usage and following the guidance of the CDC and VDH.

In January 2021 we were asked by the Vermont Department of Health to help administer vaccines, specifically to Vermont's home-bound population. We took this mission to heart and created a robust vaccination program. The program was made up of 40 team members, some of whom were from our active staff, who continued to work their full-time jobs on the road. However, the majority of them were made up of our Technical Rescue team, Londonderry Valley Ambulance personnel, and Putney Fire Department. We also teamed with home health agencies including Bayada and Visiting Nurse & Hospice for VT/NH in order to identify the homebound population in need of the vaccine. We then expanded to hosting our own Point of Distribution (POD) Sites, per VDH request. These PODs were all over the state of Vermont, from Burlington to Brattleboro and everywhere in between. The sites were chosen based on where the availability of the vaccine was limited. We've administered both Pfizer and Johnson & Johnson vaccines and are proud to say we've vaccinated approximately 6,800+ Vermonters. The program is still running today and intends to as long as needed.

Today, things are starting to go back to normal with regular operations, though we still wear masks on every call to protect ourselves and our patients. We feel lucky to have made it through the pandemic with only a single case amongst our staff and to have played a positive role in the outcome of the vaccination initiative in Vermont.

NAACP Health Justice Committee

Working as a BIPOC-focused Health Justice Committee during the 2020-21 COVID pandemic, appointed by the Windham County NAACP and the Community Equity Collaborative of the Brattleboro Area (CEC).

About Us: This committee was founded as the Accurate Race/Ethnicity COVID-19 Data Tracking Committee in June 2020. During the time of the work outlined below, the committee's membership has included Brattleboro Memorial Hospital (BMH) administrators and practitioners, United Way of Windham County leadership, Vermont Department of Health (VDH) staff (Regional Director, Health Equity & Community Engagement, Data Analysis Team), and NAACP and CEC representatives.

In May 2021, the NAACP of Windham County invited the committee to expand its membership and transition to become the NAACP Health Justice Committee. The committee originally met twice a month, but has since cut down to once a month. Under the NAACP umbrella, the committee uses the Public Health Framework for Reducing Health Disparities experienced by our BIPOC community as a guide throughout to break down barriers to accessing health services. We aim to simplify the process and make it personal. We focus on the following:

At a County level...
We empower local community-based organizations to assess and address BIPOC health disparities. For example:

- Working closely with United Way and VDH to establish a Windham County Community Profile to monitor health outcomes utilizing Results Based Accountability and funding from the Centers for Disease Control.
- Working with Building a Positive Community and VDH to develop a tobacco cessation strategy.
- Provide community representation in the BMH Council on Racial Equity - including support for diverse workforce development.
- We aim to promote anti-racism health care education for all employees in local hospitals.
- We are ensuring that the Community Health Needs Assessment has impactful BIPOC input.

At a State level, we have pushed for...

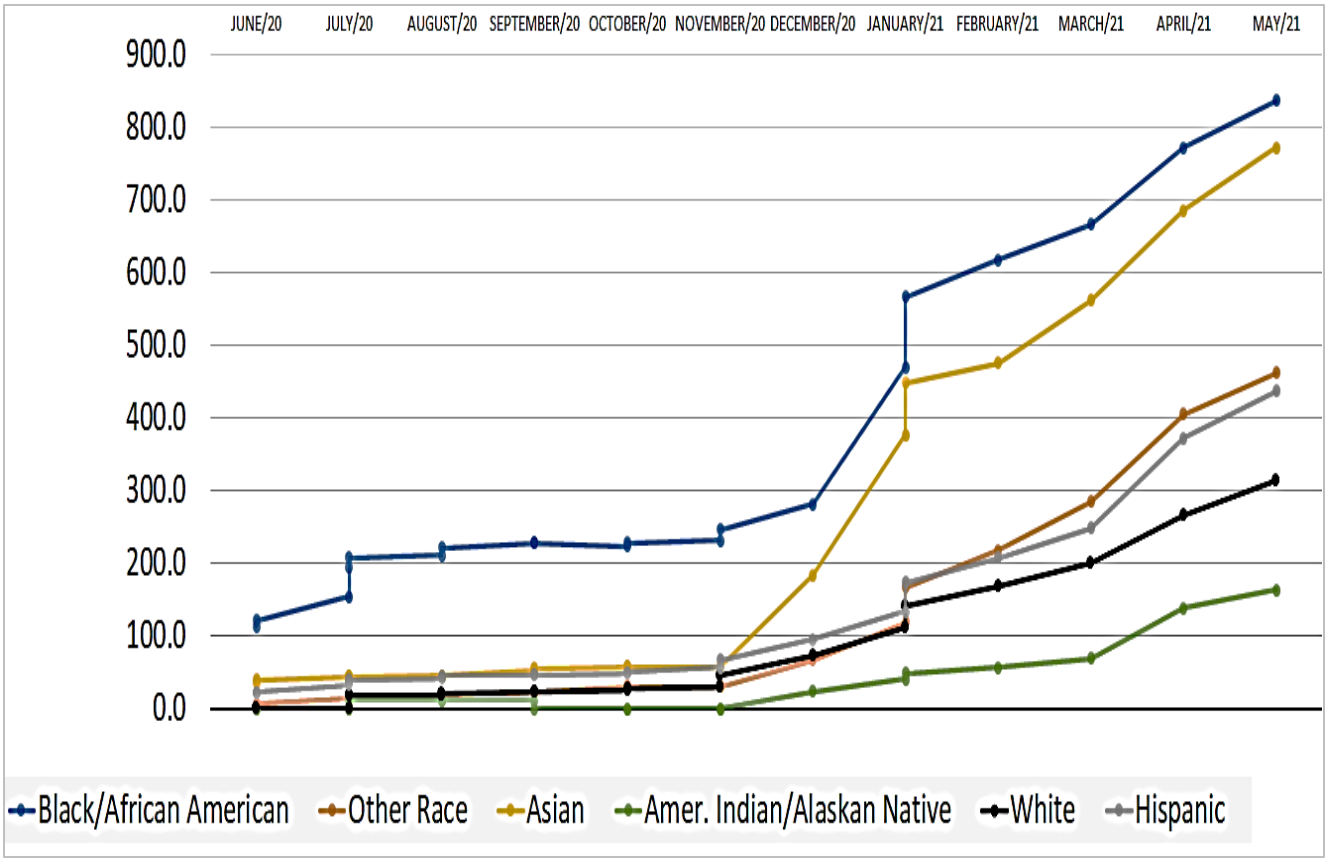
- Establishing an Office of Health Equity in the Department of Health
- Appointing Windham County representation on the Health Equity Advisory Commission
- Creating a centralized platform for race-based data collection on the State and County level
- Integrating anti-racism and cultural humility education into certification requirements through the Vermont Board of Medical Examiners

Collecting COVID BIPOC Data

In June 2020, the Accurate Race/Ethnicity COVID-19 Data Tracking Committee began working towards a more accurate and comprehensive picture of how COVID-19 has impacted our community members of color in Windham County and statewide. Our goal was to collect, analyze, and report COVID-19 data over time, disaggregated by race and ethnicity.

This data included COVID tests, cases for all ages, hospitalizations, deaths, and vaccinations using VDH Weekly Updates and BMH data analysis - tracked from June 2020 to May 2021.

Below is a graph of COVID-19 infection rates in Vermont for BIPOC and White (including White Hispanic) Vermonters. These rates are per 10,000.



Data tells us what, but we need to also know why; we promote storytelling narratives. Most notably...

- At one point, Black community members were 10x more likely to be infected. Both VDH and this committee's qualitative research has revealed the reasons for large disparities in the social determinants of health. Here are some examples:
    - A large outbreak in Addison County was due to 20+ migrant farm workers being housed in one small location
    - Lack of language access to COVID information was correlated to more outbreaks in Winooski
- BMH submits race/ethnicity information on all lab tests sent to the UVM Medical Center (UVMMC). Due to significant challenges with UVMMC receiving BMH tests via the Mayo access system (and other similar data integration issues), up to 80% of race/ethnicity was missing for our county in 2020. Our committee worked with BMH and VDH to mitigate this issue. We also brought this concern to the attention of the Vermont Racial Equity Task Force.

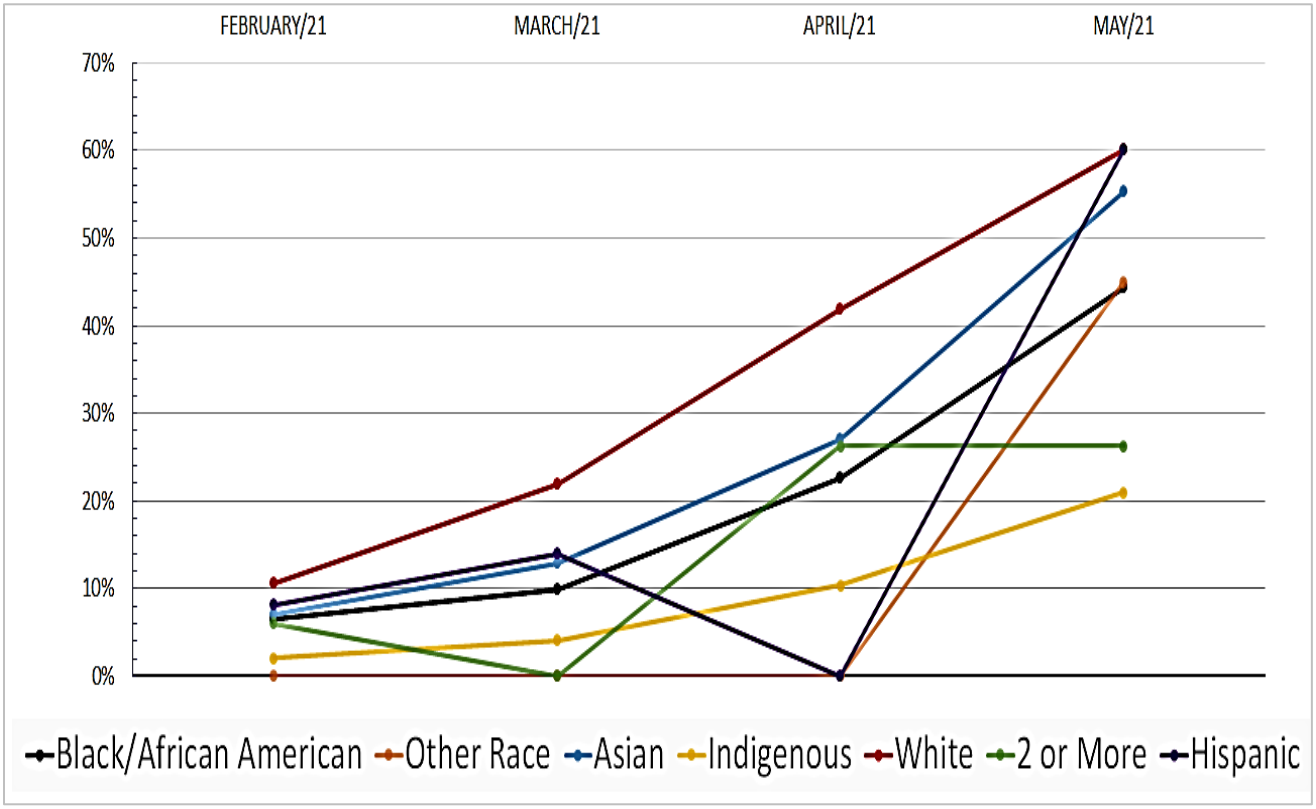
  In 2021, Windham County COVID-19 tests show 24% missing race and 46% missing ethnicity data - with many missing race data being marked as "Other" or "Unknown", which skews the data. While this is a significant improvement, the incompleteness and inaccuracy of data is still a concern. BMH improved the reporting process by beginning to report lab results electronically (in place of faxing) to VDH. There is still race/ethnicity data missing because Mayo does not presently provide race/ethnicity data in their HL7 messaging, and has no plans to do so in the future. BMH is considering switching to Dartmouth as their main reference laboratory in the future. After this transition is completed, we will be able to track race and ethnicity for laboratory results more consistently.

Addressing Health Disparities

Vaccinations

Starting in March, VDH and NAACP established five Windham County BIPOC Vaccine Clinics leading to additional clinics in Rutland and Bennington Counties. Approximately 1,200 vaccines were administered; around 85% were to BIPOC individuals and families. There were similar efforts in Burlington.

The following graph shows the decrease in vaccine access disparities after BIPOC Vaccine Clinic rollouts in March. These rollouts most notably include efforts by the NAACP of Windham and Rutland counties, the City of Burlington and the Racial Justice Alliance, and Bridges to Health.



Note: Other Race data was not available until May, and Hispanic data was not available in April.

Migrant Farm Workers

The Committee established an ongoing partnership with Bridges to Health (a Vermont health consortium serving immigrant farmworkers, 95% of whom are uninsured) to expand their services in Windham County and in the State of Vermont. We helped advocate for ongoing CARES and Rescue funding, securing $10,000 from Vermont Community Foundation for on-farm wellness checks, testing, vaccinations and urgent care referrals. Windham County migrant farm workers did not previously have access to these kinds of service.

CHNA Survey Results

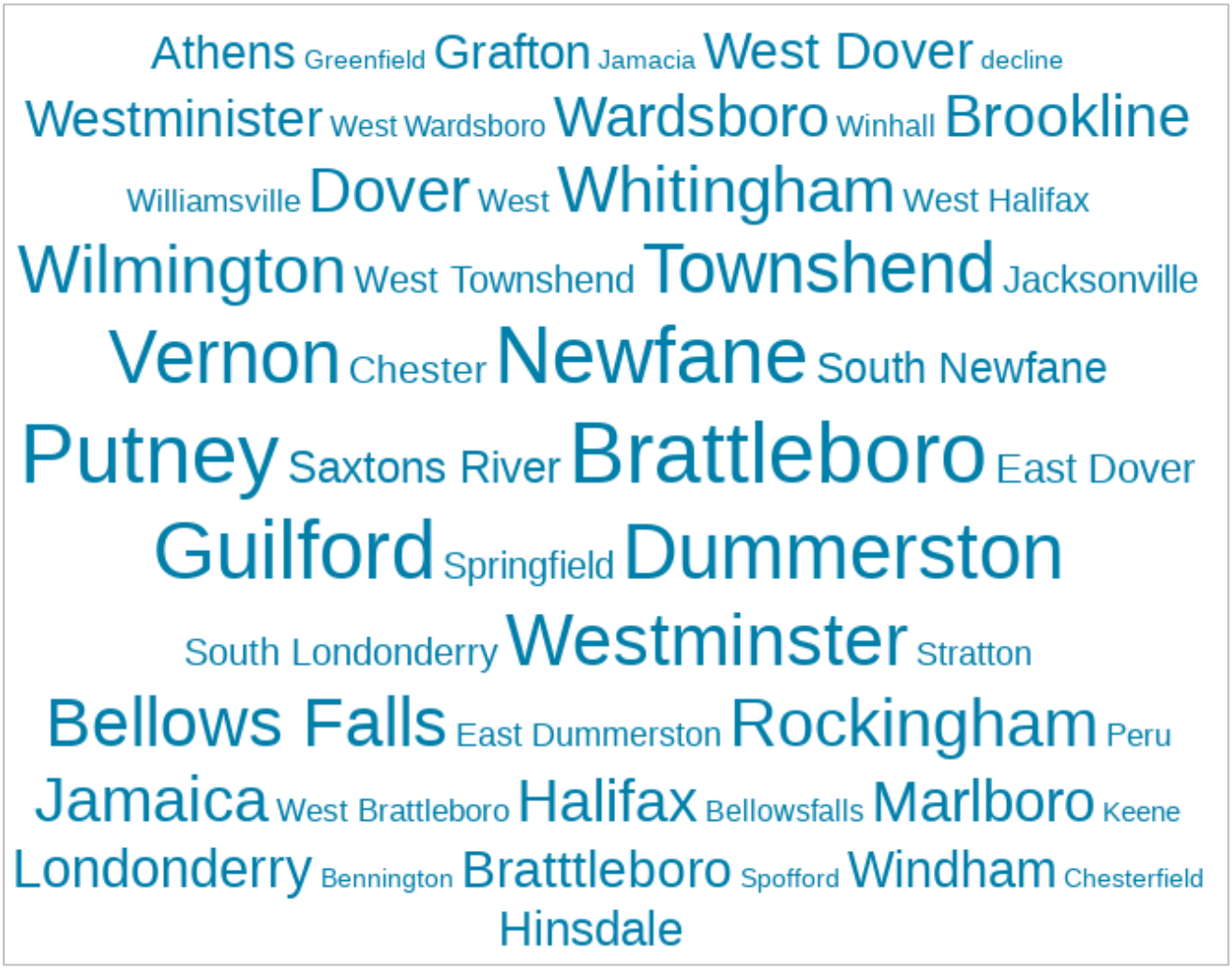
A total of 2,194 people completed the 2021 Community Health Needs Assessment (CHNA) survey. The vast majority of these are Windham County residents.

Surveys were available online via partner websites and Facebook. In addition, the surveys were made available at vaccination clinics at Brattleboro Memorial Hospital and Grace Cottage Family Health & Hospital. Also, community service organizations who submitted information for this report (see Appendix) distributed surveys to their clients.

In 2018, a total of 1,257 surveys were completed. The 2021 results represent a 74.5% increase in responses.

Survey Respondent Town of Residence

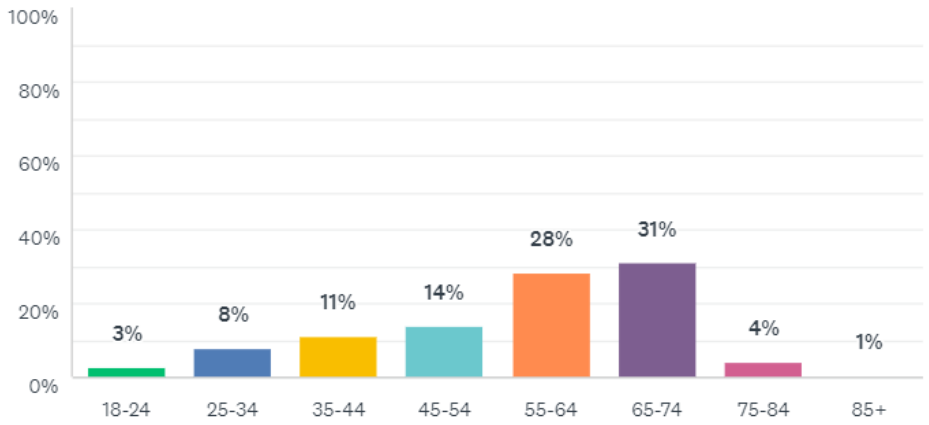
(size of typeface corresponds to number of survey respondents; largest typeface indicates largest number of respondents)



Survey Respondent Demographics

Age:

Answered: 2,048 Skipped: 146



Gender Identity: (please indicate in other if more than one or different identity)

Answered: 2,097 Skipped: 97

ANSWER CHOICES		RESPONSES	
Male		37%	780
Female		61%	1,274
Trans male/trans man		0%	5
Trans female/trans woman		0%	3
Genderqueer/gender non-conforming		1%	23
Different identity or more than one identity(please state):	Responses	1%	12
TOTAL			2,097

How would you best describe your race?

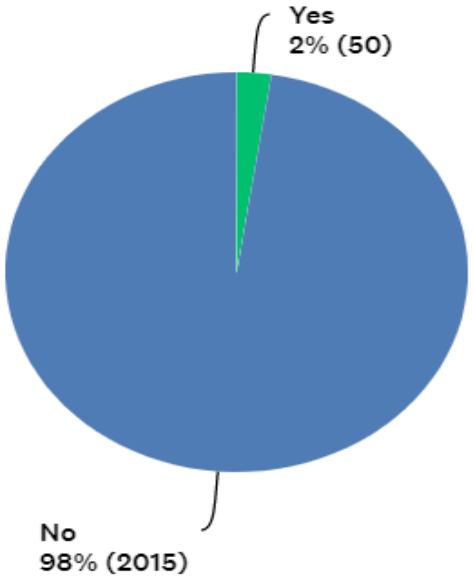
Answered: 2,070 Skipped: 124

ANSWER CHOICES		RESPONSES	
African American or Black		1.45%	30
Asian or Pacific Islander		1.21%	25
American Indian or Alaskan Native		0.68%	14
White		93.53%	1,936
Multiple races, please specify:	Responses	3.14%	65
TOTAL			2,070

Survey Respondent Demographics, Continued

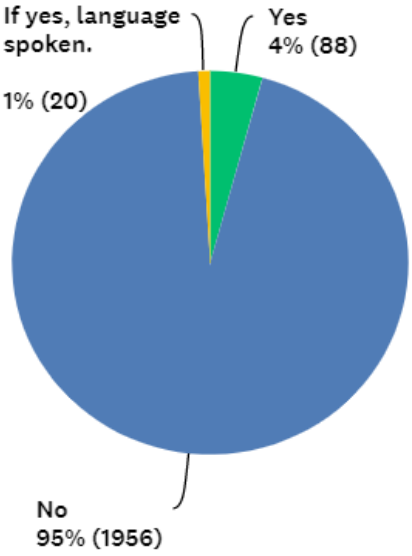
Are you Hispanic, Latino, or of Spanish origin?

Answered: 2,065 Skipped: 129



Does someone in your household speak limited English?

Answered: 2,064 Skipped: 130

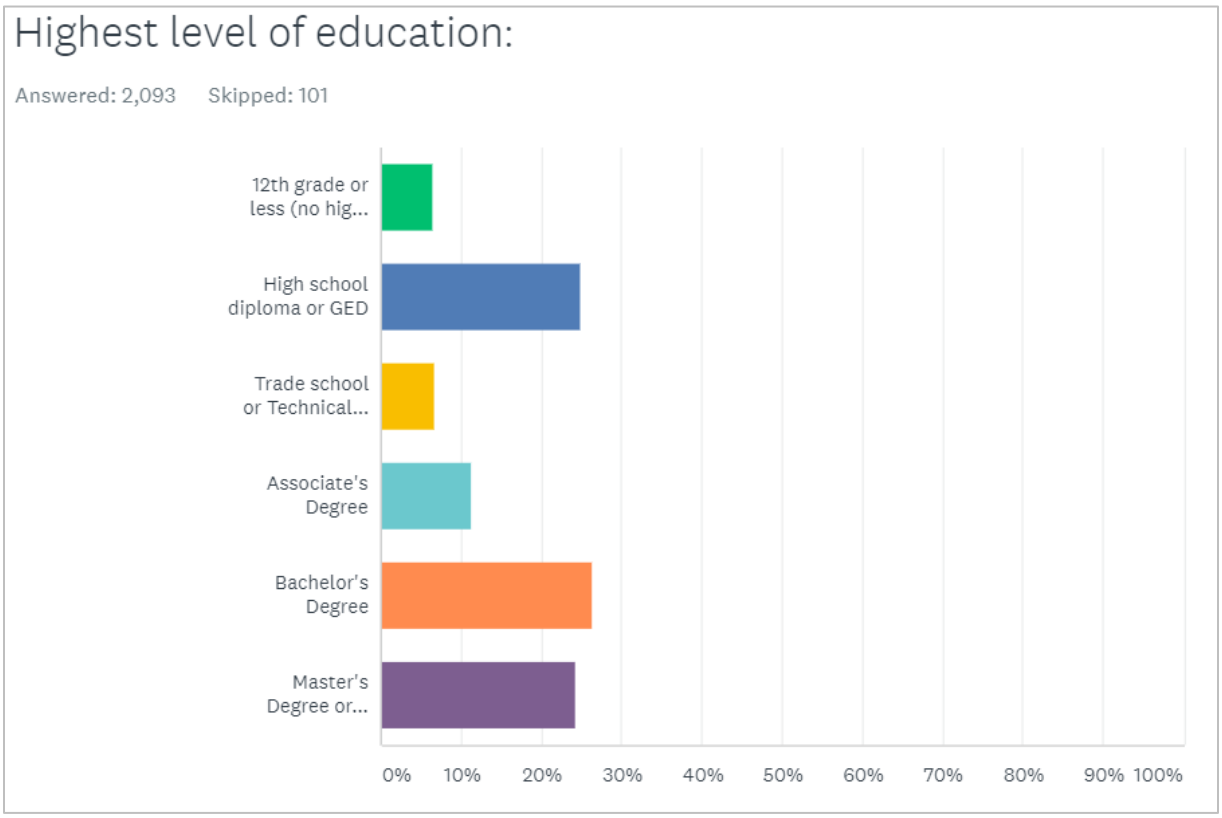


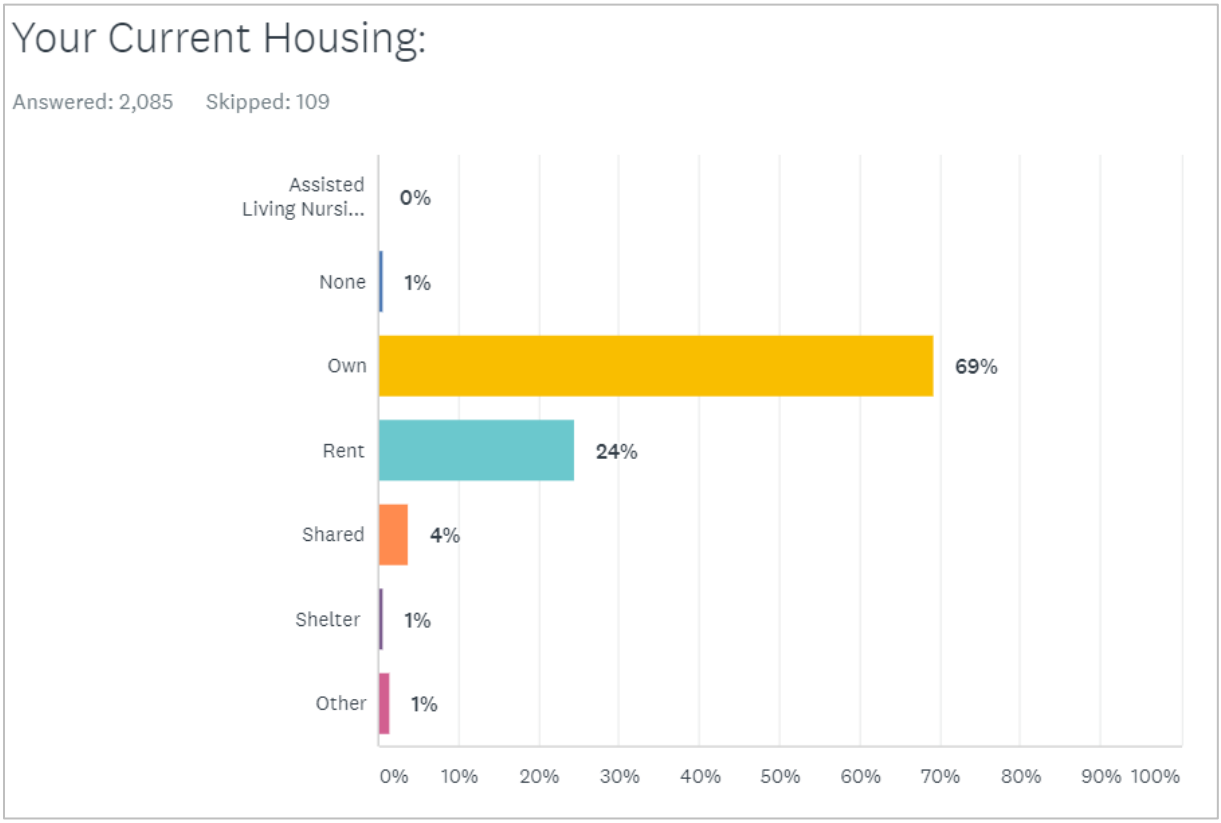
ASL = 5

French = 4

Spanish = 3

Survey Respondent Demographics, Continued

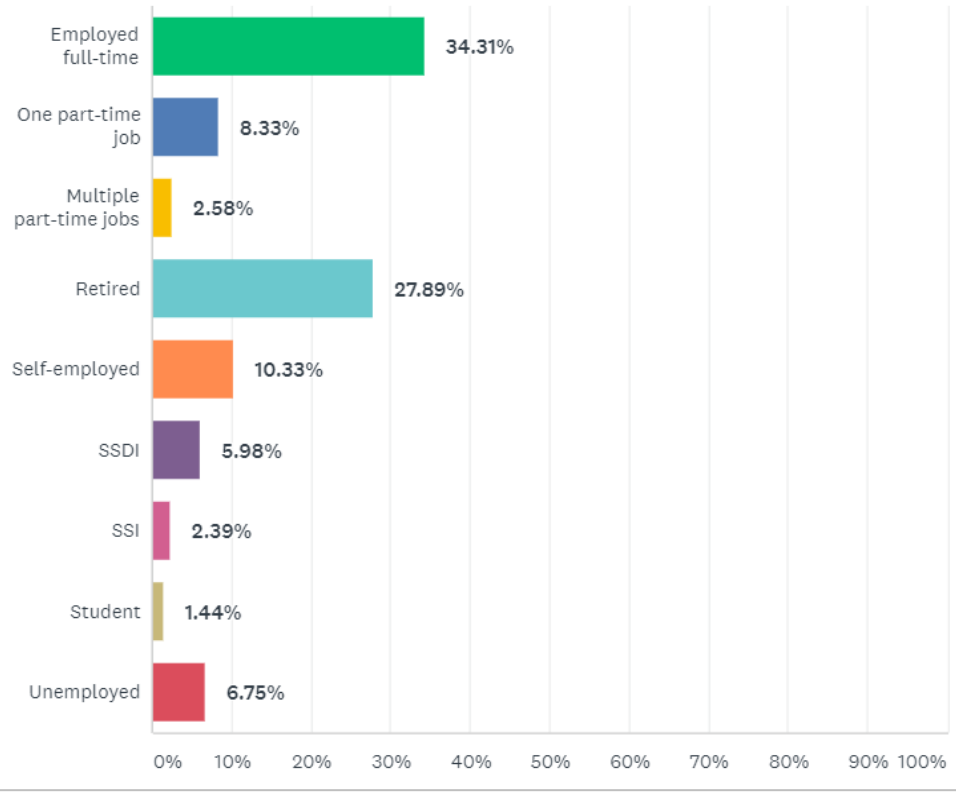




Survey Respondent Demographics, Continued

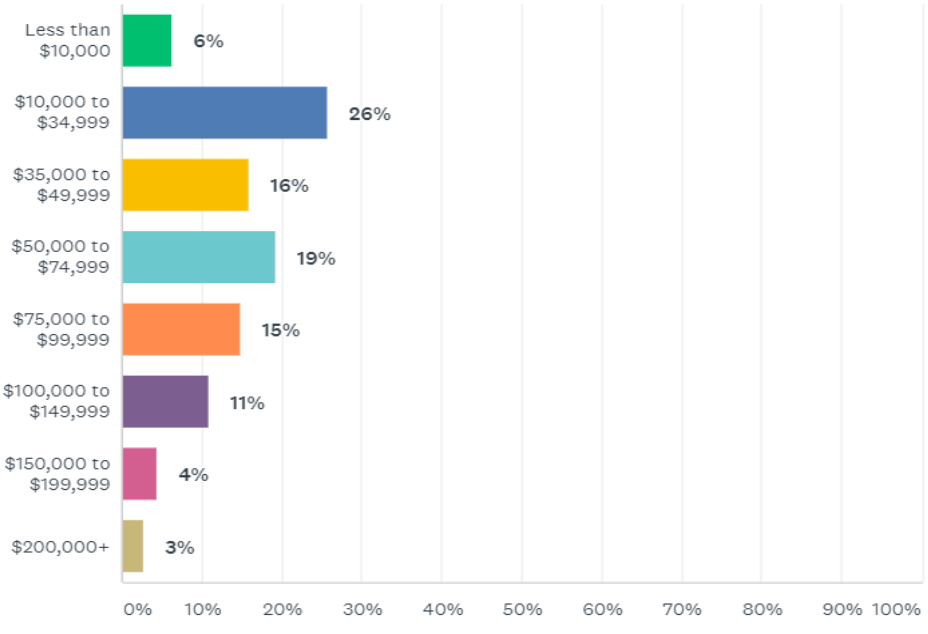
Employment Status:

Answered: 2,090 Skipped: 104



Annual household income:

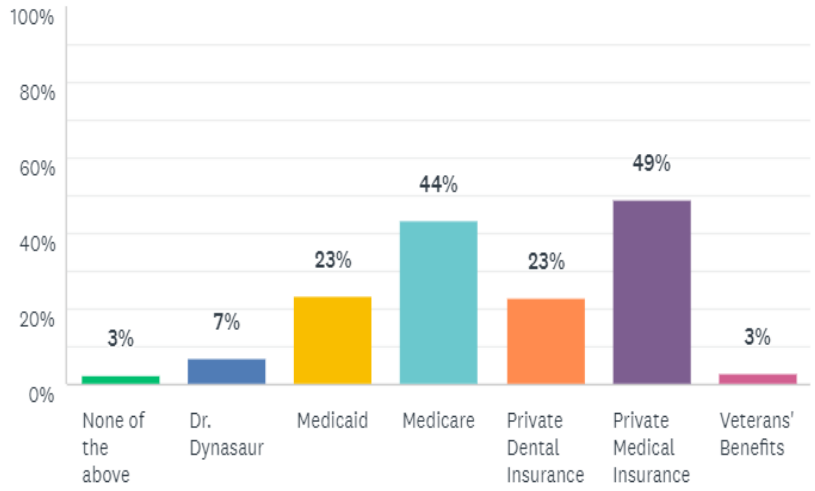
Answered: 1,966 Skipped: 228



Survey Respondent Demographics, Continued

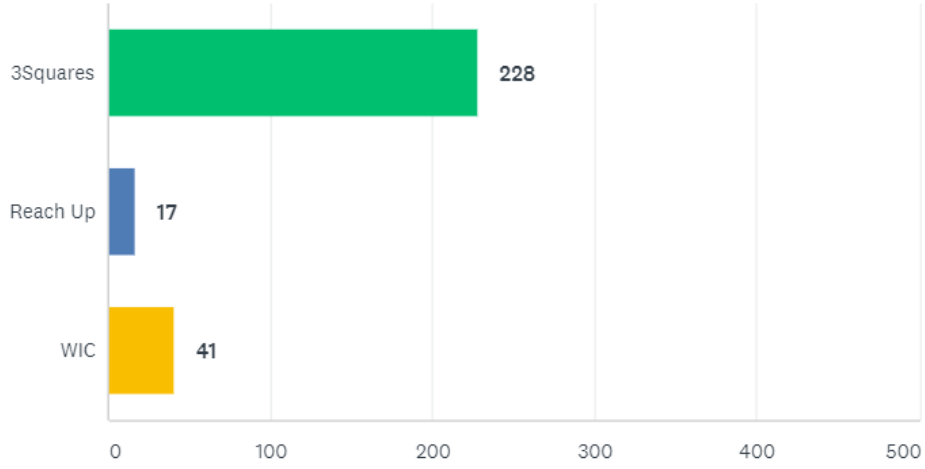
What kind of health insurance do you (your family) have? (Check all that apply)

Answered: 1,997 Skipped: 197

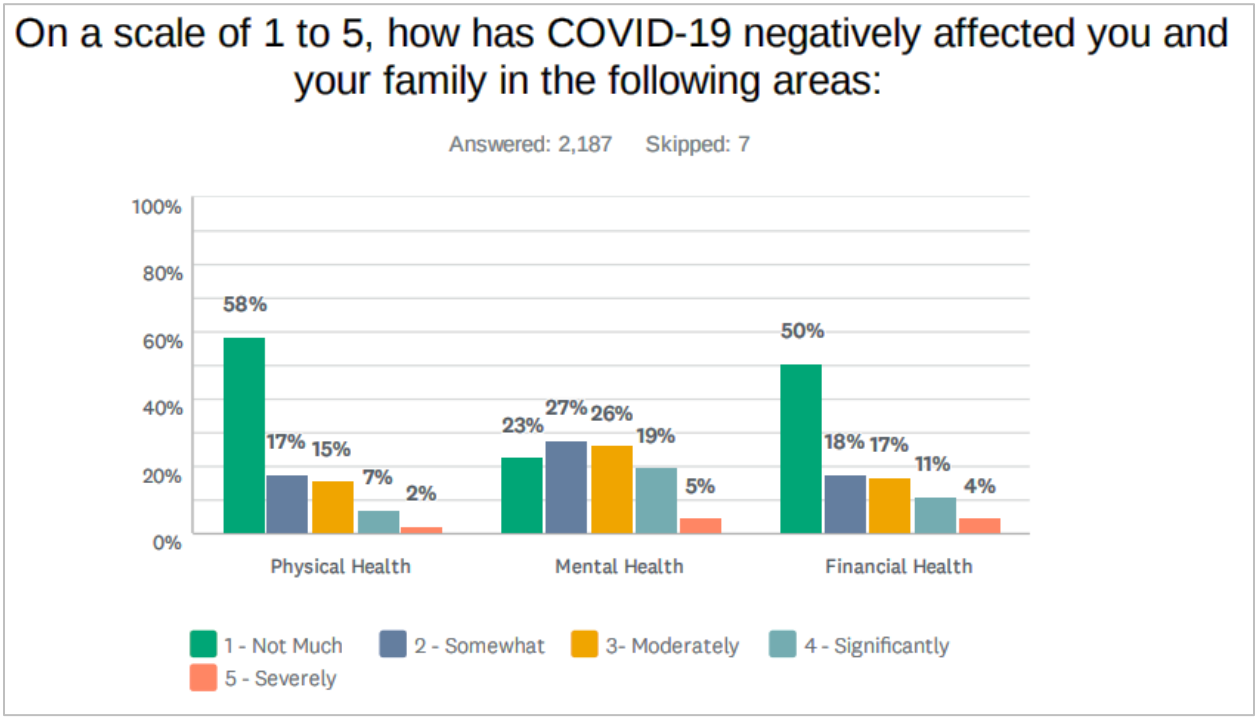


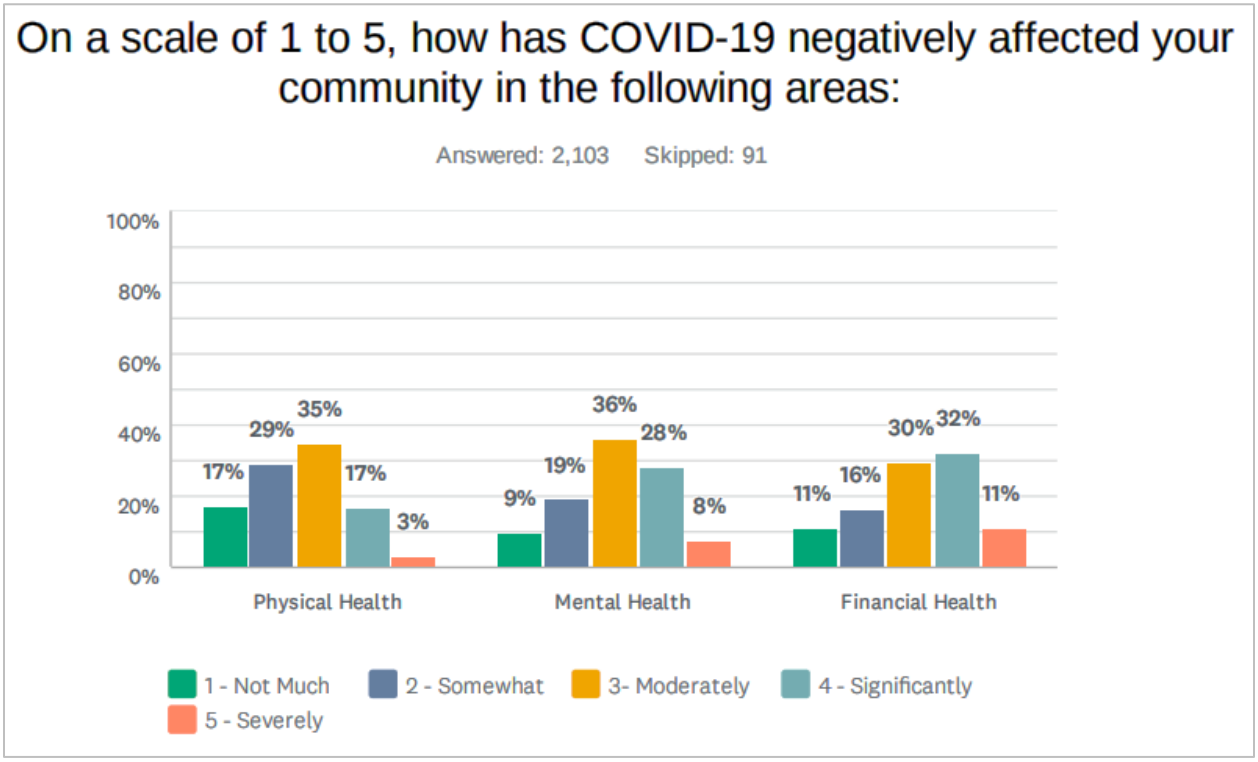
Are you currently receiving:

Answered: 266 Skipped: 1,928

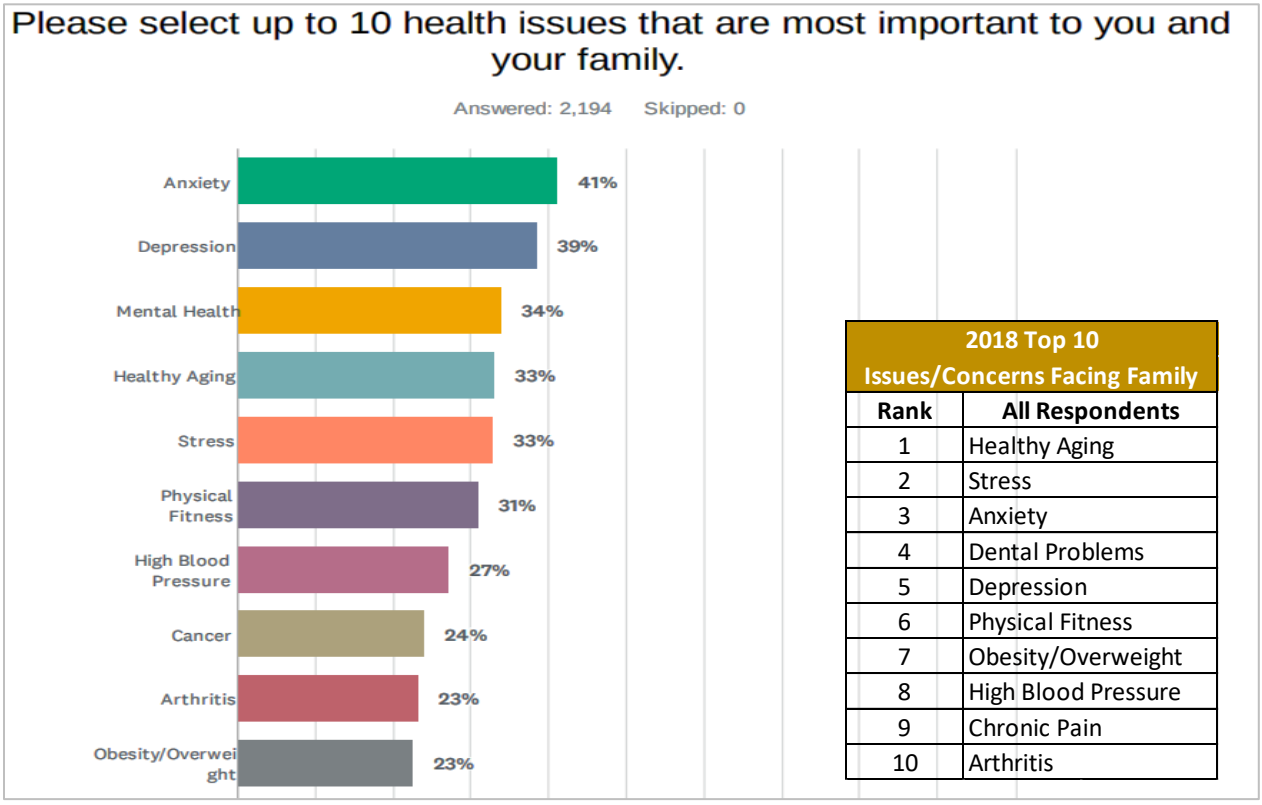


Survey Respondent Health Concerns

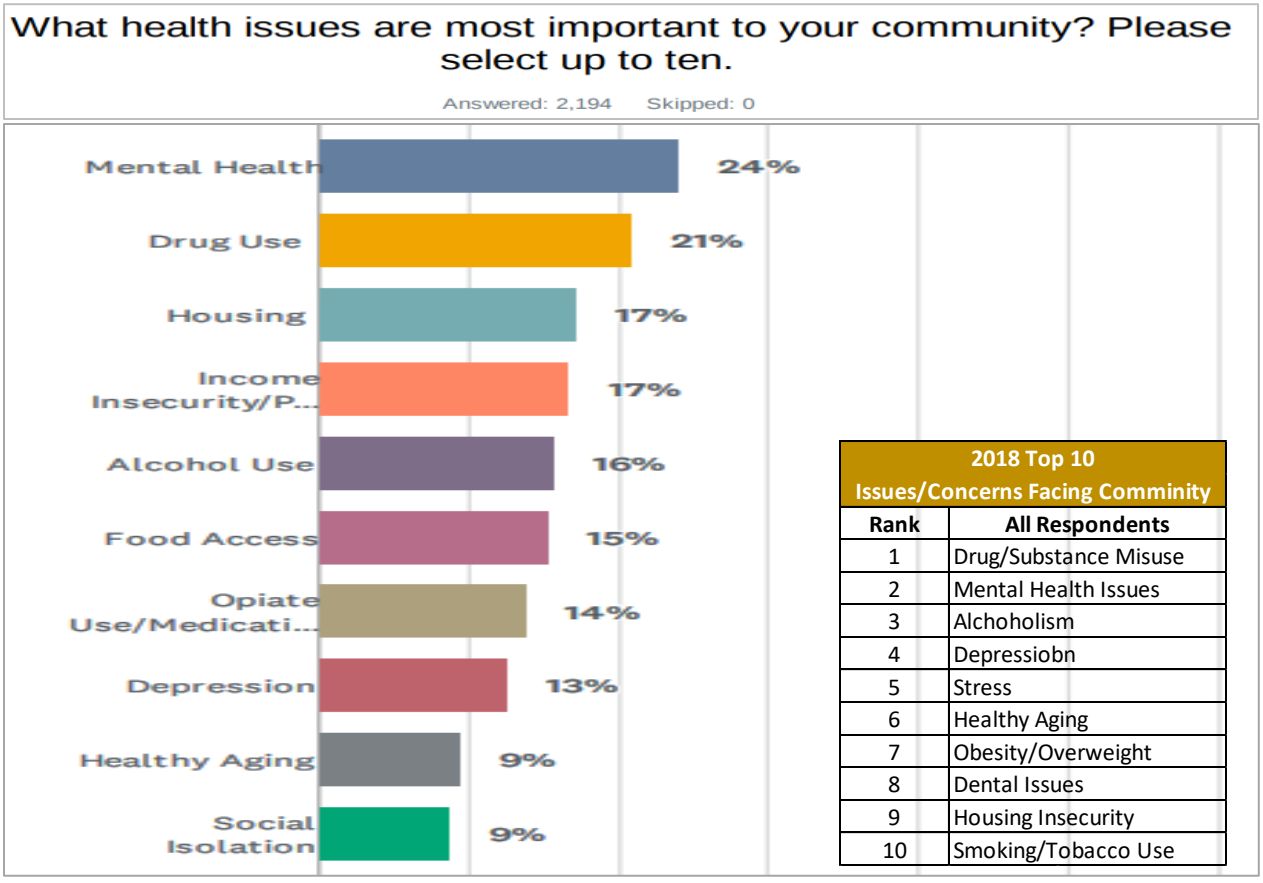




Survey Respondent Health Concerns, Continued

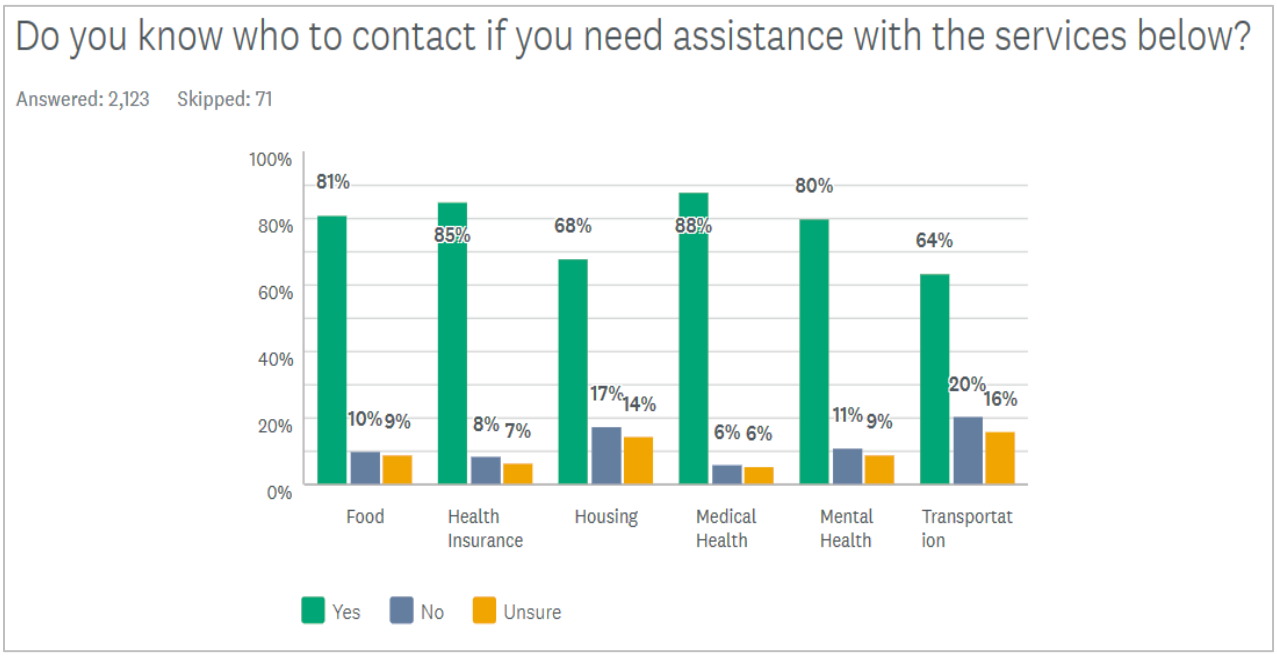


2018 Top 10 Issues/Concerns Facing Family	
Rank	**All Respondents**
1	Healthy Aging
2	Stress
3	Anxiety
4	Dental Problems
5	Depression
6	Physical Fitness
7	Obesity/Overweight
8	High Blood Pressure
9	Chronic Pain
10	Arthritis

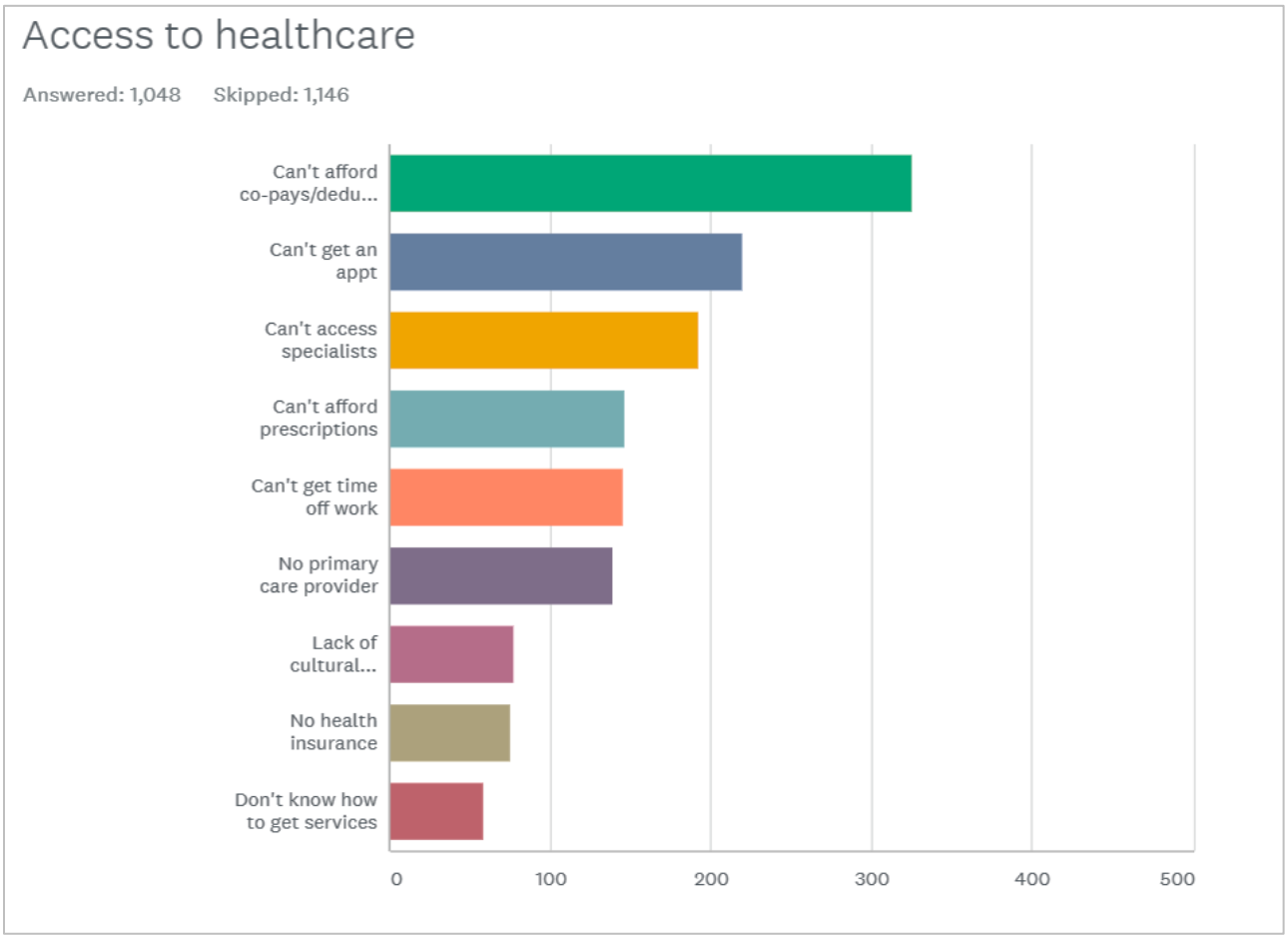


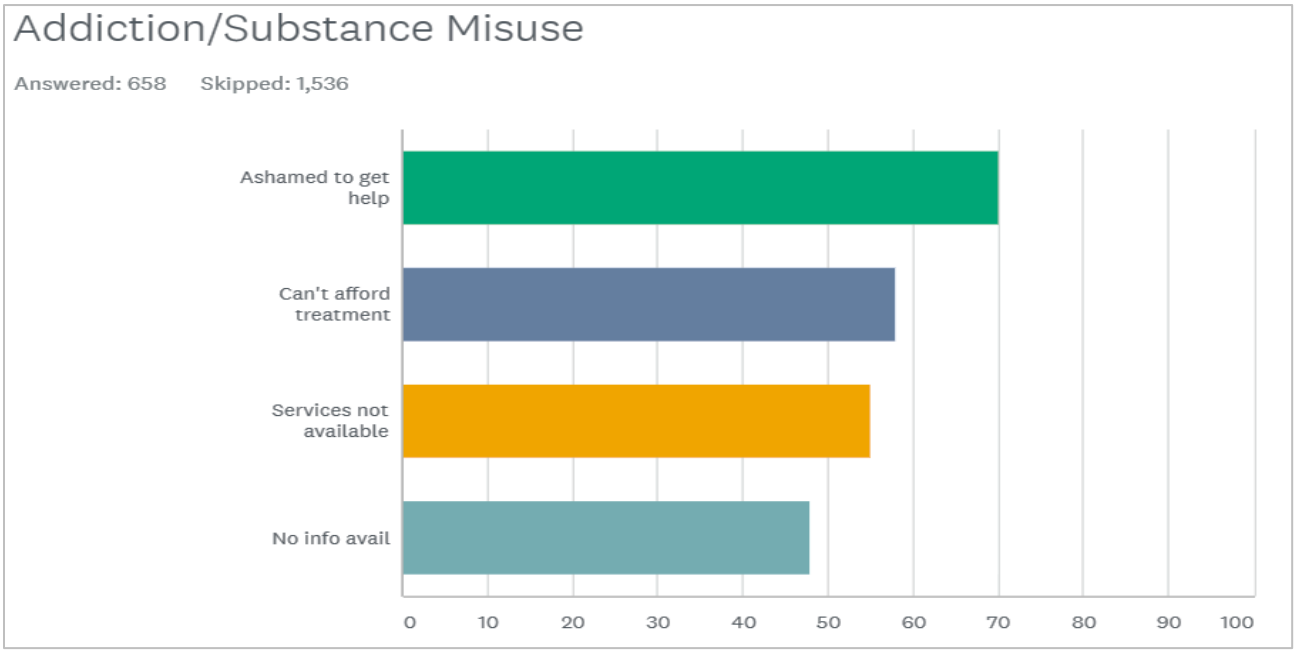
2018 Top 10 Issues/Concerns Facing Comminity	
Rank	**All Respondents**
1	Drug/Substance Misuse
2	Mental Health Issues
3	Alchoholism
4	Depressiobn
5	Stress
6	Healthy Aging
7	Obesity/Overweight
8	Dental Issues
9	Housing Insecurity
10	Smoking/Tobacco Use

Survey Respondents Awareness of Resources

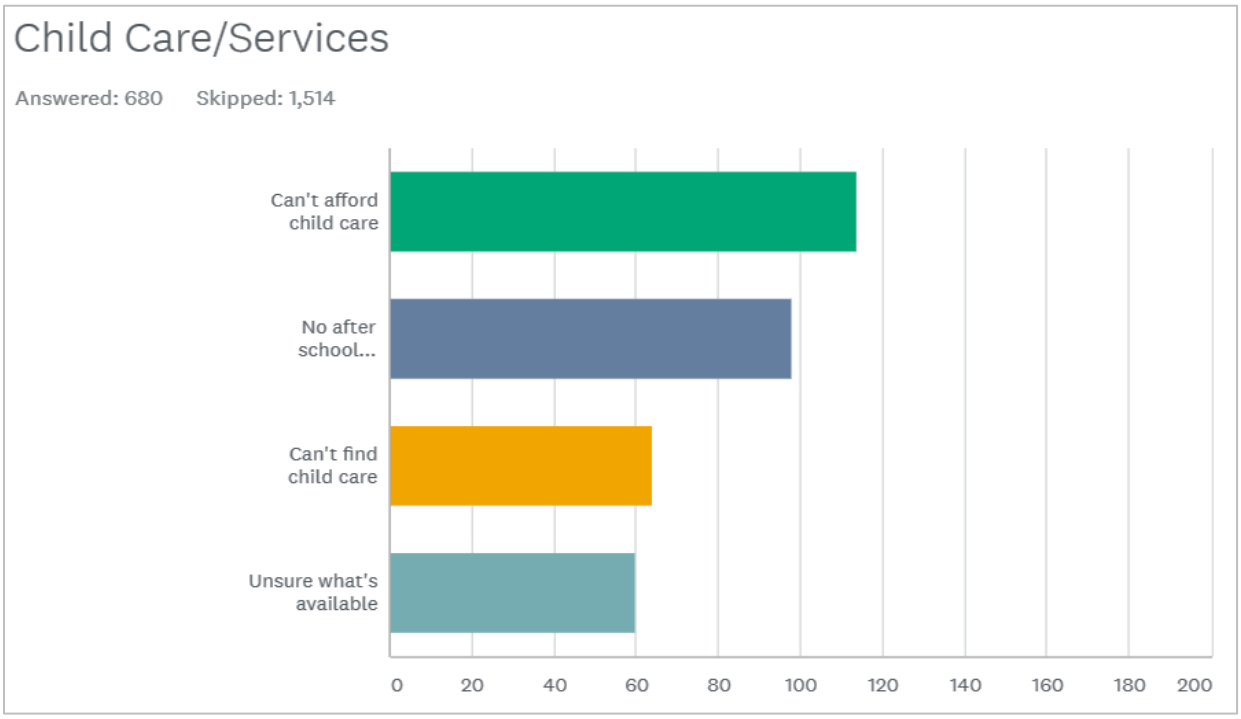


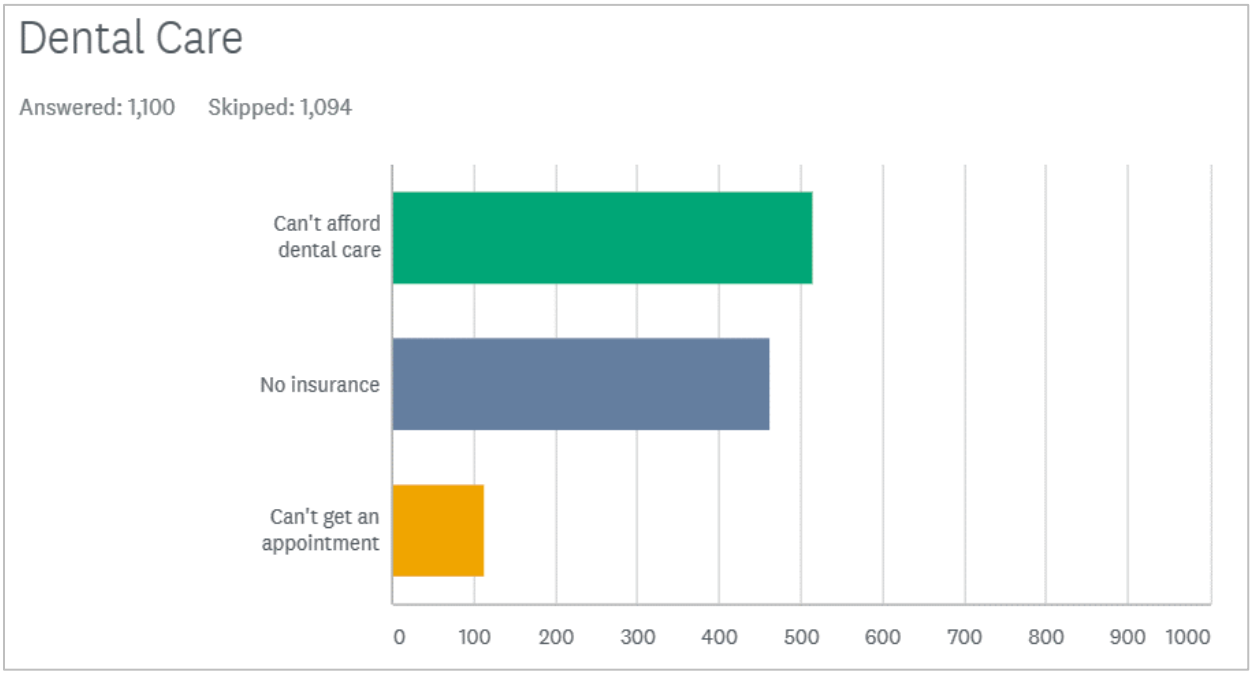
Survey Respondents Barriers to Health



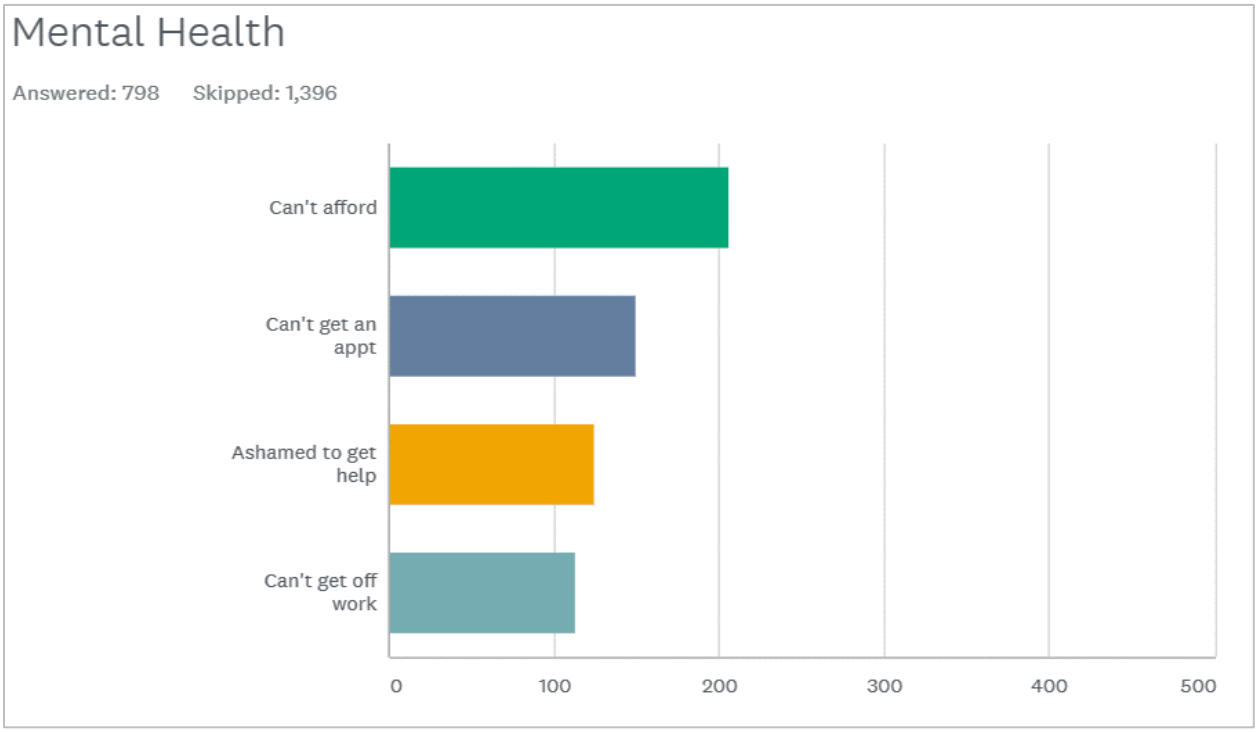


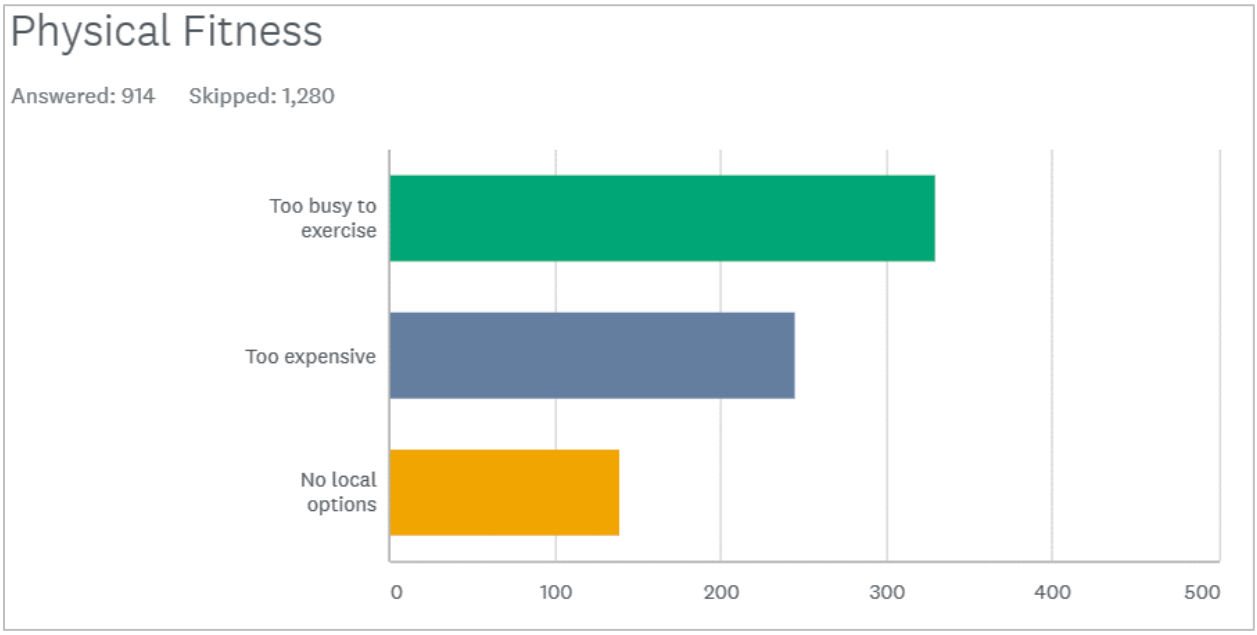
Survey Respondents Barriers to Health, Continued





Survey Respondents Barriers to Health, Continued

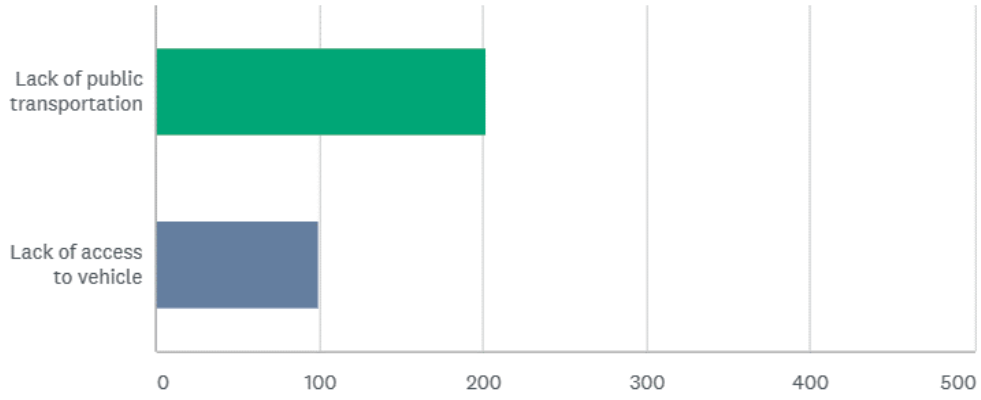




Survey Respondents Barriers to Health, Continued

Transportation

Answered: 693 Skipped: 1,501

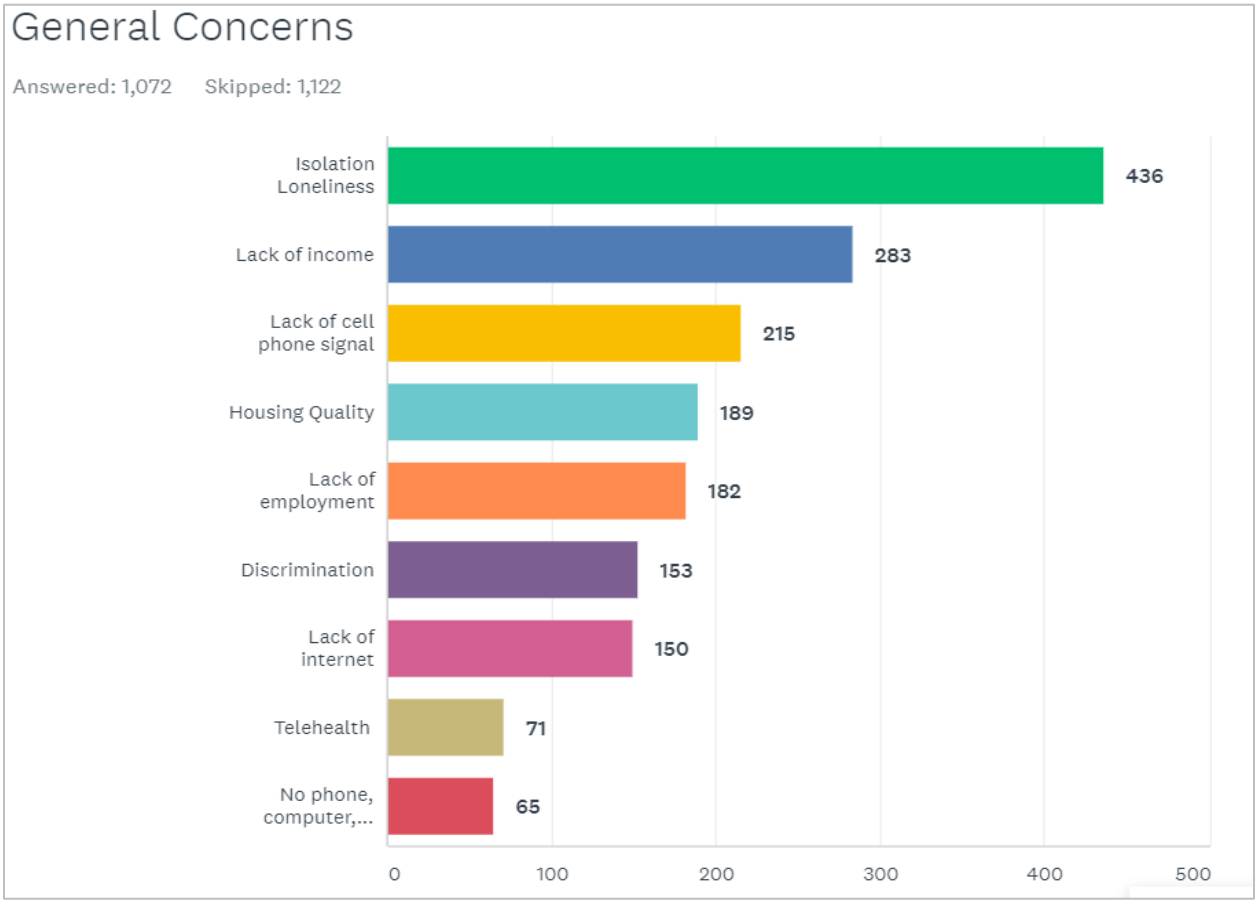


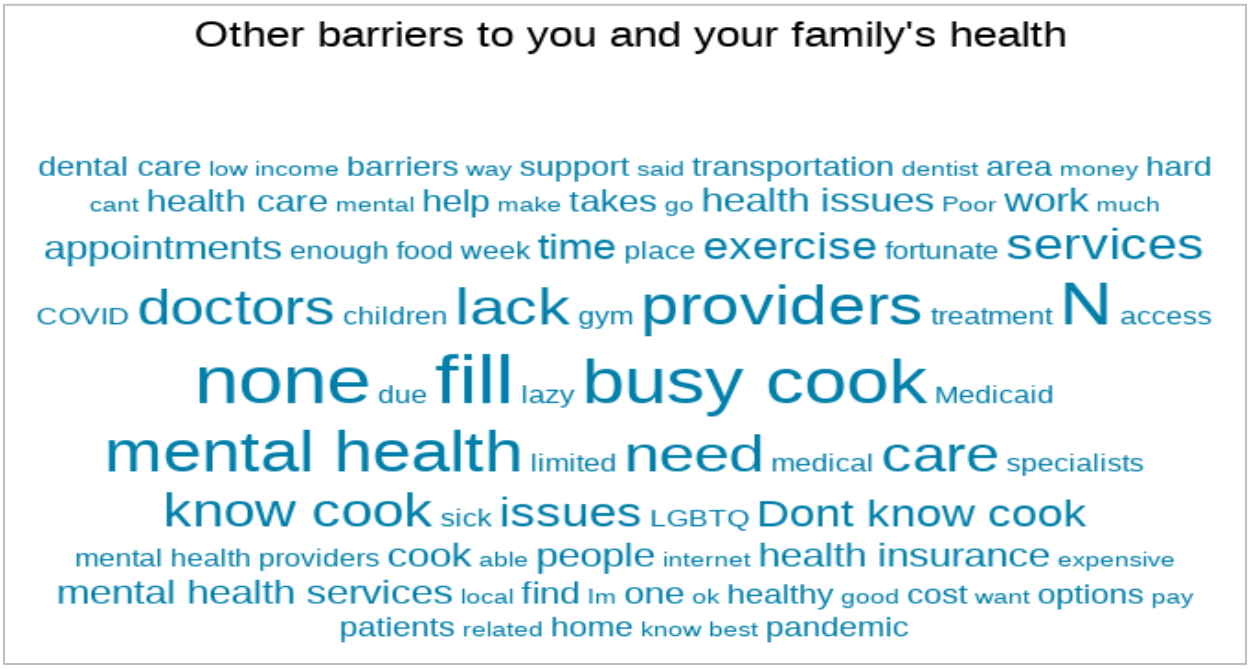
Food Access/Choices

Answered: 662 Skipped: 1,532

ANSWER CHOICES	RESPONSES
Can't afford fresh fruits and vegetables	145
Within the past 12 months we worried whether our food would run out before we got money to buy more.	74
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	45
Can't find fresh fruits and vegetables locally	36
Total Respondents: 662	

Survey Respondents Barriers to Health, Continued





APPENDIX

CHNA Survey Example

Brattleboro Retreat

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

If you are at least **18** years of age, please take a minute to complete the survey below.
The purpose of this survey is to get your opinions about community health issues.
All responses will remain anonymous.

On a scale of **1** to 5, how has COVID negatively affected **you and your family** in the following areas:

Physical Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Mental Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Financial Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely

Comments: _____

_____

On a scale of **1** to 5, how has COVID-**19** negatively affected **your community** in the following areas:

Physical Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Mental Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely
Financial Health:	1 Not Much	2 Somewhat	3 Moderately	4 Significantly	5 Severely

Comments: _____

_____

Please select **up to 10** health issues that are most important for **you and your family**.

- ☐ Alcohol Use
- ☐ Allergies
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune Conditions
- ☐ Cancer
- ☐ Chronic Pain
- ☐ Contagious Diseases *(e.g., COVID, measles, TB)*
- ☐ Culturally Sensitive Care
- ☐ Dental/Oral Health Problems
- ☐ Depression
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Drug Use
- ☐ Eating Disorders
- ☐ Education Access
- ☐ Flu/Pneumonia
- ☐ Food Insecurity
- ☐ Gender Affirming Surgery
- ☐ Gun Safety
- ☐ Healthy Aging
- ☐ Hearing Problems
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Home Health Services
- ☐ Hormone Therapy
- ☐ Housing
- ☐ Income Insecurity/Poverty
- ☐ Kidney Disease
- ☐ LGBTQ+ Affirming Care
- ☐ Lung Disease
- ☐ Mental Health
- ☐ Nutrition
- ☐ Obesity/Overweight
- ☐ Opiate Use/Medication Assisted Treatment
- ☐ Osteoporosis
- ☐ Pediatric Care
- ☐ Physical Fitness
- ☐ Pre-natal Care
- ☐ Post-natal Care
- ☐ Rehabilitation/Physical Therapy
- ☐ Reproductive Health Care
- ☐ Sexual Assault/Abuse
- ☐ Sexual Health Education
- ☐ Smoking/Tobacco Use
- ☐ Social Isolation
- ☐ Stress
- ☐ Suicide
- ☐ Tick-Borne Illness
- ☐ Vaccines
- ☐ Vision
- ☐ Others:

_____

_____

_____

_____

What health issues (see above or add your own) are most important to **your community**?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Do you know who to contact if you need assistance with the services below?

Food	□Yes	□No	□Unsure
Health Insurance	□Yes	□No	□Unsure
Housing	□Yes	□No	□Unsure
Medical Health	□Yes	□No	□Unsure
Mental Health	□Yes	□No	□Unsure
Transportation	□Yes	□No	□Unsure

During this ongoing pandemic, what organizations have been most helpful to you?

What prevents **you and your family** from being healthy? *(Check all that apply)*

Access To Healthcare
- ☐ Can't access specialists
- ☐ Can't afford co-pays/deductible
- ☐ Can't afford to fill prescriptions
- ☐ Can't get appointment with provider
- ☐ Don't know how to get services
- ☐ Don't have health insurance
- ☐ Don't have primary care provider
- ☐ Don't have time off work for appointments
- ☐ Providers lack cultural sensitivity

Addiction/Substance Misuse
- ☐ Addiction treatment services not available
- ☐ Ashamed to get help for addiction
- ☐ Can't afford treatment
- ☐ No education about addiction/substance misuse

Child Care/Services
- ☐ Can't afford child care
- ☐ Can't find child care
- ☐ No after-school activities for kids
- ☐ Unsure what services are available to children in my area

Dental Care
- ☐ Can't afford dental care
- ☐ Can't get an appointment
- ☐ Don't have dental insurance

Food Choices
- ☐ Can't afford fresh fruits and vegetables
- ☐ Can't find fresh fruits and vegetables locally
- ☐ Don't have enough food each week
- ☐ Don't know how to cook
- ☐ Too busy to cook

Mental Health
- ☐ Ashamed to get help for mental health
- ☐ Can't afford mental health care
- ☐ Can't get an appointment
- ☐ Can't get time off work for mental health concerns/appointments

Physical Fitness
- ☐ No local options for physical activity
- ☐ Options for exercise too expensive
- ☐ Too busy to exercise

Transportation
- ☐ Lack of access to vehicle/transportation
- ☐ Lack of public transportation options

General Concerns
- ☐ Discrimination
- ☐ Housing Quality
- ☐ Isolation/Loneliness
- ☐ Lack of employment
- ☐ Lack of income
- ☐ Telehealth
  - ☐ Lack of internet
  - ☐ Lack of cell phone signal
  - ☐ Lack of cell phone/computer/tablet

Other (Please describe):

_____

_____

_____

Town of residence: _____

Zip code where you live: _____

Age:
- ☐ 18 – 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85+

Gender Identity: *(check all that apply)*
- ☐ Male
- ☐ Female
- ☐ Trans male/trans man
- ☐ Trans female/trans woman
- ☐ Genderqueer/gender non-conforming
- ☐ Different identity (please state): _____

# of people in your household: _____

# of people under 18 in your household? _____

Does someone in your household speak limited English?
- ☐ Yes
- ☐ No
- ☐ If yes, language spoken_____

Are you Hispanic, Latino, or of Spanish origin?
- ☐ Yes
- ☐ No

How would you best describe your race?
- ☐ African American or Black
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ White
- ☐ Other:_____

Highest level of education:
- ☐ 12th grade or less (no HS Diploma)
- ☐ High school diploma or GED
- ☐ Trade school or Technical degree/certificate
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or higher

Housing:
- ☐ Assisted Living/Nursing Home
- ☐ None
- ☐ Own
- ☐ Rent
- ☐ Shared
- ☐ Shelter
- ☐ Other: _____

Employment Status:
- ☐ Employed full-time
- ☐ Employed part-time
  - ☐ Multiple part time jobs
  - ☐ One part time job
- ☐ Retired
- ☐ Self-employed
- ☐ SSDI
- ☐ SSI
- ☐ Student
- ☐ Unemployed

Annual household income:
- ☐ Less than $10,000
- ☐ $10,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 +

What kind of health insurance do you (your family) use? (Check all that apply)
- ☐ Dr. Dynasaur
- ☐ Medicaid
- ☐ Medicare
- ☐ Private Dental Insurance
- ☐ Private Medical Insurance/VT Health Exchange
- ☐ Veterans' Benefits

Are you currently receiving:
- ☐ 3Squares
- ☐ Reach Up
- ☐ WIC

Please return this survey to:

Brattleboro Memorial Hospital
Community Health Team
17 Belmont Ave
Brattleboro, VT 05301

Qualitative Input: Health Needs of Potentially Medically Under-Served

The information on the following pages was submitted to the Windham County CHNA Committee by Windham County social service organizations that serve the county's potentially medically under-served people.

The IRS regulations concerning CHNA requirements define this as: "Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers."[163]

Organization Name	**AIDS Project of Southern Vermont**
Contact Name	Karen Peterson and/or Samantha Arrowsmith
Description of population served	People living with HIV in Windham County
Description of health needs of population served	Scheduling and assisting with transport to appointments and lab work Adhering to medications
Description of barriers to achieving and/or maintaining good health	Affordable housing Lack of financial support
Description of what is working well for the population you serve in terms of health	Delivery of medications (by pharmacy) Case management services specifically for HIV+ individuals
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Telehealth appointments State/Government COVID-specific assistance programs both financial and in terms of food (everybody eats, farmers to families, etc.)

[163] https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Organization Name	**Brattleboro Area Hospice**
Contact Name	Patty Dunn
Description of population served	• Terminally ill people w/ a prognosis of 2 yrs or less • People grieving the loss of a loved one • Anyone 18 years old or older who would like free assistance with advance care planning and completing and registering their Advance Directives
Description of health needs of population served	• Medical hospice services for pain and symptom management • Assistance w/ ADL's due to diminished ability and mobility • Emotional, practical and spiritual support for patients & their caregivers; companionship for elders & those who are socially isolated • Social Work support w/ psychosocial issues, including addressing unfinished business; insurance/healthcare navigation & advocacy; funeral planning; financial navigation & advocacy; assistance w/ housing
Description of barriers to achieving and/or maintaining good health	• Medicare Hospice regulation limiting services to people in their last 6 mos of life (too limiting) • The Medicare hospices and our non-medical hospice don't collaborate/communicate as effectively as they could to provide optimal hospice care • Insufficient caregiver resources for respite care, homemaker services, assistance w/ ADL's; case management for Palliative Care patients to navigate community resources • Poor care coordination—feels like the specialists and primary care providers aren't always communicating optimally • Lack of understanding of the impact of psychosocial and financial stress on patients (and their caregivers) physical, emotional, spiritual wellbeing • Aging/sick people under 65 years old who don't have access to elderly services and Medicare • Poor collaboration w/ local skilled nursing facilities—they are insular & resistant to community-based support services; their physical environments are notoriously cold, unfriendly, and lacking aesthetic appeal. They house some of the most marginalized, isolated, and lonely people in our communities, therefore, greater emotional/social support is needed, which can be in short supply when they are often short staffed. They resemble warehouses for elders. These grim circumstances impact overall health and wellbeing.
	Brattleboro Area Hospice, continued next page

	Brattleboro Area Hospice, continued from previous page
Description of what is working well for the population you serve in terms of health	• Our hospice volunteer services, though non-medical, enable people to carry some of the caregiving burdens/stressors which impacts their overall health and wellbeing • Attending regular VNH hospice meetings to address the plan of care for our shared patients • Ongoing community-based bereavement support for grieving individuals/families enables them to process their losses & integrate them in a healthy way into their lives going forward • Interdisciplinary team approach to care for Hospice patients addresses the whole person and their family: people's physical, emotional/psychosocial, spiritual, and practical needs. It's how healthcare should be delivered. • Our free-of-charge Advance Care Planning volunteer services help people understand/undertake the important task of planning their future care in the event they could not communicate their healthcare wishes. This leads to better outcomes at the end of life and easier bereavement for family members after their loved ones die.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	• Individuals and their family caregivers receiving hospice services (medical and non-medical) experienced a continuity of care—their medical hospice teams continued to provide homebased care; their non-medical hospice volunteers continued to provide emotional and practical support. This proved especially important to those who live alone or whose family members could not visit during the pandemic. Home-based hospice care fulfilled an important social connection for these folks. This will continue.

Community Asylum Seekers Project

Organization Name	Community Asylum Seekers Project
Contact Name	Kate Paarlberg-Kvam, Executive Director
Description of population served	We serve immigrants in Windham County who have in-process asylum claims. Most of the people we serve are from Latin America, with some also from Central and West Africa.
Description of health needs of population served	Many of the people we serve arrive to this country with untreated medical conditions after having traveled to this country over a lengthy journey and/or being detained in inhumane conditions for months at a time. High blood pressure is common, especially for women, and most folks also face some symptoms associated with PTSD.
Description of barriers to achieving and/or maintaining good health	The chief obstacle is that asylum seekers are not eligible for Medicaid. Some states allow asylum seekers to have access to Medicaid through a mechanism known as PRUCOL (New York is one), but Vermont does not. This means people are often uninsured, especially while they await a work permit, which can take a full year or more. Sometimes we can get people covered through VT Health Connect for a cost.
Description of what is working well for the population you serve in terms of health	We have developed a good relationship with the local hospital system, which works with us to reduce fees for asylum seekers, but that's only worked because we haven't yet had to find money for a surgery or other major cost. What does work well is that each asylum seeker is connected to a network of people who can refer them for care, but this doesn't do much to break down the obstacles presented to them by our privatized healthcare system.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Thanks to the advocacy of farmworkers, asylum seekers (most of the folks we serve, though not all) received a stimulus check. Just one, for $1200. They do not have access to the continuing stimulus payments now being rolled out.

Organization Name	**Groundworks Collaborative**
Contact Name	Laura Chapman
Description of population served	Vulnerable population living in extreme poverty and homelessness, many with chronic side effects of addiction
Description of health needs of population served	Medically underserved folks with co-occurring conditions that often untreated or undertreated for years on end. Some conditions are from the effects of living in unstable environments including outdoors, from ongoing addiction issues, and from sex work.
Description of barriers to achieving and/or maintaining good health	Transportation - though available through Medicaid/Medicare accessibility continues to be an issue for a variety of reasons ER/hospital services are often reported as stigmatizing and traumatic. Discharge planning is sometimes inadequate and often leads to readmission that might not occur otherwise. Long wait times for Primary Care Providers. Long wait times sometimes 6 months and unaffordable eye doctors and dental including denture service. Habit Opco being the predominant Medication Assisted Treatment clinic in the community is problematic for many that struggle with their system and staff.
Description of what is working well for the population you serve in terms of health	Becky Burns and our BMH/Retreat embedded providers have made significant improvements regarding access. It seems that the medical community/area agencies mainly BMH in Brattleboro work really hard to listen to our needs and meet those needs within a system that is not always ready or willing to support.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	The motel voucher program has been an incredible asset, reducing winter illness, stresses of living outdoors seasonally, emotional trauma and creating accessibility for care. The discontinuation of this program will be a huge setback.

Organization Name	**Migrant Justice**
Contact Name	Will Lambek
Description of population served	Spanish-speaking immigrant farmworkers and their families. Primarily Mexican immigrants on dairy farms
Description of health needs of population served	Full range of needs. Lots of occupational hazards. Fractures and sprains from working with animals; burns and lung issues from exposure to chemical and biological hazards. A higher likelihood of acute health issues because of lack of access to general practitioners
Description of barriers to achieving and/or maintaining good health	No health insurance Language and cultural barriers to health providers Lack of time and transportation Retaliation from employers for reporting work-related injuries and illnesses
Description of what is working well for the population you serve in terms of health	Unaware of positive indicators in Windham. Open Door Clinic in Addison is a good model for elsewhere in the state
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Financial resources and state recognition from Vermont's Economic Stimulus Equity program

Out in the Open

Organization Name	Out in the Open
Contact Name	Eva Westheimer, Programs and Volunteer Coordinator, eva@weareoutintheopen.org.
Description of population served	Rural LGBTQ+ Community
Description of health needs of population served	Everything (since our LGBTQ+ are part of all communities) Of note- LGBTQ+ affirming care, gender affirming care such as HRT and surgeries, affordable healthcare/insurance, insurance that covers actual health needs, racial justice, access to affordable and healthy food, mental health care supports, aging supports, ability to determine own health needs within the community.
Description of barriers to achieving and/or maintaining good health	- Cost - Healthcare system unsupportive to community members (deadnaming and misgendering people, assuming heteronormativity, etc) - Not the right practitioners for some LGBTQ+ needs (gender affirming surgeries, etc). -
Description of what is working well for the population you serve in terms of health	- Community supports - The work of the LGBTQ Council and the work towards opening the LGBTQ+ Health Clinic. - Healthcare workers who take the time to hold our LGBTQ+ community-using people's correct names and pronouns, working with people around health needs, etc
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	- Virtual connection to those who are unable to travel to events, etc - Creating communities of care.

Organization Name	**Brattleboro Housing Partnerships** Support and Services at Home (SASH)
Contact Name	Shawna Jones, SASH Implementation Manager
Description of population served	SASH serves older adults and those with special needs who are 18+ living in Brattleboro Housing Partnerships housing and those 18+ with who are living in the communities of Brattleboro, Vernon, and Guilford who have Medicare.
Description of health needs of population served	The health needs for this population include meeting food insecurities, financial housing supports, transportation to medical appointments, transitions of care, mental health, care coordination, and additional referrals.
Description of barriers to achieving and/or maintaining good health	Barriers to achieve or maintain good health include mental health, transportation, education, activity and exercise, smoking/tobacco use, and low-income levels.
Description of what is working well for the population you serve in terms of health	It is working well for our participants to have the continued food supports, including the Vermont Foodbank and the additional increase in assistance through 3Squares. The renter's assistance program has been helpful in keeping many of our folks housed.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Throughout the pandemic, SASH has made stronger community connections with partner agencies, allowing us to better serve our folks with the referral process and getting them the assistance that they need. Tele-health and loanable iPads through a SASH grant have been very beneficial to the population we serve.

Organization Name	**University of Vermont Extension – Farmworker Health**
Contact Name	Naomi Wolcott-MacCausland
Description of population served	Immigrant agricultural workers and their family members. Mix of H2A (season and migrant workers in US on agricultural visa program primarily from Jamaica) and Latino dairy workers who are often undocumented
Description of health needs of population served	Agricultural workers work within an industry known for negative health impacts from farm safety to the physical toll years of manual labor has on a body. For immigrant workers, there is an added emotional toll of spending months, sometimes years far from family and friends to make a living. Working as many hours as possible to cover daily living expenses of family members back home often means this community is reluctant to utilize health care services unless they are facing a health issue that is impacting their ability to work. Delayed care can lead to more health needs in the long run. Most do not have a primary care provider for many of the reasons listed below.
Description of barriers to achieving and/or maintaining good health	Immigrant workers face myriad barriers to maintaining good health - Lack of personal transportation - Long and varied work days with limited time off - Access to care often cost-prohibitive and financial assistance programs are inconsistent in how they address immigration status and residency - Undocumented workers are ineligible for health insurance or whereas for most H2A workers comprehensive health insurance is cost prohibitive due to ineligibility for Medicaid. - Language barrier (more so for Latino dairy workers but there are also Spanish speaking H2A workers) - Lack of familiarity or trust with local health entities - Limited or no paid sick time - Congregate housing - Discrimination
Description of what is working well for the population you serve in terms of health	Most dairy workers and many H2A workers are young and do not have chronic health conditions.
	UVM Extension Farmworker Health, continued next page

	UVM Extension Farmworker Health, continued from previous page
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	The pandemic highlighted the significant disparities in access to health and social services for the BIPOC community. Immigrant farmworkers face some of the most significant health access barriers yet their livelihood as essential workers often living in congregate housing placed them at high risk for COVID. Our program received funding to help address disparities, which allowed us to expand capacity. We are completely grant funded so the expanded capacity meant ability to engage in deeper educational outreach about the public health threats and vaccination, offer on-farm testing as well as triage and health supports for COVID positive patients. This funding also supported the coordination of on-farm COVID vaccination. The increased engagement through the various contact points helped us build more trust and social capital with farmworkers and farm owners. This in turn has led to more workers reaching out for support around health care issues. At this time, we are unsure if funding will continue and if there is not continued funding our presence on farms will revert to the limited scope of work that we have attached to other grant dollars. We do have funding to continue immunization education and access to immunizations. We are hopeful we can continue building on the relationships we have to ensure all workers regardless of immigrant status are able to access local and affordable care.

Windham County Dental Center

Organization Name	Windham County Dental Center
Contact Name	Carmen Derby
Description of population served	Windham County resident needing dental care. 85% of our patient base is on Medicaid.
Description of health needs of population served	Most of the patients that we are seeing have not had oral care for a long period of time. The patients also present themselves with major health concerns such as diabetes, high blood pressure and many are smoker.
Description of barriers to achieving and/or maintaining good health	There is a distrust with the medical community, we feel that some of this is due to the major medical issues that the patients have faced. Most patient find it very complicated to carry out their treatment plans due to other life issues facing them.
Description of what is working well for the population you serve in terms of health	What we have found is that we need to identify what works for each patient. We have not been able to make blanket assessment of what works for the population that we are serving. We need to listen at all times, in order to see the issues through the patients belief window. Once we find that out, it makes moving forward with care a bit easier.
Description of some positive things that came out of the pandemic for the population you serve that will continue or will possibly be ending	Oral care during covid has been extremely challenging. A positive thing is that due to being closed for two months, many of the patients were eager to come back and continue their care.

Brattleboro Retreat CHNA Implementation Update

(For CHNA Related Activities from January 1, 2020 to December 31, 2020)

Based on the data collected in the 2018 CHNA, the Brattleboro Retreat identified three (3) priority areas in which to focus its efforts for the upcoming 2019-2021 reporting period:

1. Cooperate with regional providers as part of the Accountable Communities for Health by helping individuals and families receive more timely and effective mental health/addiction treatment and aftercare support through enhanced inter-agency collaboration.

2. Increase accessibility to the Retreat's programs and services by improving the cultural competencies of providers and removing barriers that challenge vulnerable populations and people who have been historically underserved by the mental health and addiction treatment system.

3. Reduce barriers to treatment and promote fact-based knowledge about mental illness and addiction among healthcare providers and the general public by increasing educational initiatives and supporting campaigns to decrease stigma.

In 2020, planners at the Brattleboro Retreat, in consultation with various staff members from across the hospital and the Brattleboro Retreat's Consumer Advisory Committee, delivered on the below items, that are part of the three-year action plan to address these priority areas.

CHNA Implementation Plan 2019-2021 (2020 Activities)

#1. Cooperate with regional providers as part of the Accountable Communities for Health by helping individuals and families receive more timely and effective mental health/addiction treatment and aftercare support through enhanced inter-agency collaboration.

- Continued to staff an office of mental health professionals within the main facility of Blue Cross Blue Shield Vermont (BCBSVT) in Barre, VT. The individuals who staff this office (called Vermont Collaborative Care or VCC) help BCBSVT subscribers integrate mental health care and medical health care.

- Continued to provide collaborative office rounds with area pediatric and family practices to facilitate problem solving on psychiatric and addiction cases.

- Continued to participate in the Windham County Consortium on Substance Use (COSU)- a group of regional agencies tasked with studying and intervening in the opioid epidemic.

#2. Increase accessibility to the Retreat's programs and services by improving the cultural competencies of providers and removing barriers that challenge vulnerable populations and people who have been historically underserved by the mental health and addiction treatment system.

- Continued to provide on-site clinical services at Groundworks Collaborative, Brattleboro's temporary shelters for homeless men, women, and children. This is a service that began in 2015. During the 2020 pandemic, the Retreat continued to provide on-site face-to-face services with some of the community's most vulnerable populations.

- Kurt White, LICSW, LADC presented at the Brattleboro Museum and Art Center. "In Sight: What the Unseen are Holding for Society," to help inform and educate local community members about the specific needs of homeless populations, specifically in the Windham County community. (Sept. 10, 2020). Presentation for https://youtu.be/gqd6ofnNUOM

- Renewed work with consultant Dr. Nnamdi Pole, professor at Smith College, toward establishing a Diversity, Equity and Inclusion Committee (work began in 2020, committee established in 2021).

- In 2020, due to the COV-19 pandemic, the Retreat's outpatient programs began using telehealth services for clients in a significantly robust way. These interventions and services, which previously required face to face contact, increased access to services for those with disabilities or other barriers to treatment such as transportation.

#3: Reduce barriers to treatment and promote fact-based knowledge about mental illness and addiction among healthcare providers and the general public by increasing educational initiatives and supporting campaigns to decrease stigma.

- Continued to support our Stand Up to Stigma community awareness campaign through community events, advertising, website, promotional items, etc.

- Continued hosting and participating in a Consumer Advocacy Group that meets on a monthly basis with Retreat clinicians and administrators. Goal is to ensure that Retreat programs and services are meeting the needs of consumers and are being delivered in ways that accommodate the perspectives and experiences of patients.

- Kurt White, LICSW, LADC and Zachary Wigham, MSW, presented "Homelessness: Innovative Community Interventions, with partners from local medical and homeless shelter services, for the Brattleboro Retreat Mid-winter Luncheon Series (Feb. 25, 2020).

- Kurt White, LICSW, LADC and Zachary Wigham, MSW, presented at the American Group Psychotherapy Association about community collaboration to provide therapeutic supports in a local jobs program for vulnerable adults "Putting Groups to Work: Group Psychotherapy in a Community Vocational Setting. (Feb. 29, 2020).

- Continued to provide Rapid Access to MAT (medication assisted treatment) with Brattleboro Memorial Hospital (BMH), and Turning Point of Windham County to help people in active withdrawal from opioids receive MAT quickly while at the BMH emergency department.

- Kurt White, LICSW, LADC spoke at Brattleboro Museum and Arts Center (BMAC)

- Brattleboro Retreat continued its partnership with the Ticket to Work program (America Works) in 2020 with the ongoing goal of helping clients who are recovering from opioid addiction to search for and secure employment.

- Continued participation with Project CARE, a community coalition led by the Brattleboro Police Department that includes Habit Opco, Brattleboro Memorial Hospital, Turning Point, HCRS, and Groundworks. The goal of this coalition is to improve community relations with local law enforcement and to explore ways to better integrate the police in efforts to get help for people psychiatric and addiction issues.

Contact Information

Brattleboro Retreat: Anna Marsh Lane, P.O. Box 803, Brattleboro, VT 05302. 802-258-3785.

Grace Cottage Family Health & Hospital: 185 Grafton Road, PO Box 216, Townshend, VT 05353. 802-365-9109.

Brattleboro Memorial Hospital: 17 Belmont Avenue, Brattleboro, VT 05301. 802-251-8604.

Vermont Department of Health-Brattleboro District: 232 Main St., Suite 3, Brattleboro, VT 05301. 802-257-2880.

2021 CHNA Steering Committee

Charma Bonanno, Associate Director of Development, Marketing, and Community Relations, Grace Cottage Family Health & Hospital

Rebecca J. Burns, RN, Dir of Community Initiatives & Blueprint Project Manager, Brattleboro Memorial Hospital

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