

COMMITTEE	HOUSE HEALTH CARE
TOPIC	Governor's Proposed FY2023 Budget Adjustment
DATE	01/18/2023
ATTENDEES	Emily Hawes, Commissioner, Department of Mental Health Alison Krompf, Deputy Commissioner, Department of Mental Health Shannon Thompson, Financial Director, Department of Mental Health

Travel nurses/Recruitment Requested Information:

What did the Department initially budget last year for UVM contracted facility staff? What was the percentage increase to this year?

The previous budget for UVMCMC was \$2,981,623. The increase is about \$16.6% annualized.

What were the sign-on incentive bonuses for mental health specialists at VPCH?

Current staff employed as of the first full payroll period following January 4, 2022, who had successfully completed original probation, were paid Retention payments. Employees received a lump sum payment of \$500 on the pay date for the first full payroll period. Employees who were not in nursing classifications, such as Mental Health Specialists, received an additional lump sum payment of \$500 six months after their first retention payment; employees working in nursing classifications, received an additional lump sum payment of \$2000 six months after their first retention payment.

Provide the percentage of travel nurses from 1 year ago (percentage increase also requested)

As of today, VPCH utilizes travel staff to cover approximately 32% of the direct care positions. This percentage has not shifted greatly in the last year – VPCH does not track this percentage as a year-over-year trend, but leadership estimate it at an increase of approximately 3-5% over last year.

How many more travel nurses did we utilize that were above what we had budgeted for?

Between 15-20 and sometimes higher than that.

Gather estimated percentage of permanent staff that are becoming travel nurses in state

The Department does not have this information. However, over the last year, VPCH has had a handful of RNs resign, 2 retire and several entered the travel market. VPCH has also had a handful of Mental Health Specialist staff graduate with nursing degrees and leave to also pursue travel nursing. This is of course a rough estimate and based on what individuals have been willing to share in their exit interviews.

Youth/Inpatient Requested Information:

Provide the percentage of youth in EDs/Brattleboro that are under the care of DCF

The Department does not have this information.

Provide the number/percentage of youth that are involuntary at Brattleboro

[Analysis of Involuntary Youth Admitted to and in Residence at Brattleboro Retreat](#)

Number of Youth EE Admits to BR in CY22

	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Number Admitted by Month of CY22	1	1	5	2	5	6	1	3	3	5	2	5

In residence as of 01/20/2023: 3

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on CDE data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. The AIT dataset maintained by DMH Care Managers - the Minor Data tab in this spreadsheet - is maintained by DMH CAFU staff was used to confirm admission and discharge dates. Data reported are for involuntary youth only - those on order for emergency examination or forensic court order.

Provide a written narrative describing the relationship between staffing and beds in writing

Hospitals and inpatient facilities review a variety of complex and changing circumstances to evaluate the total number of beds they can occupy at any time. Unfortunately, there is not a simple formula, although there are averages. For example, an average caseload for an inpatient psychiatrist is 8 patients. To be able to provide safe and appropriate care to all patients on a unit, and to respond quickly and safely to a behavioral emergency if it arises, inpatient psychiatric units must have sufficient staffing for the unit capacity. Each unit is staffed round-the-clock with nurses and floor staff. In order to determine the number of beds the hospital or inpatient facility can maintain open, they will consider such things as the behavioral acuity of the current patients, including the need for 1:1 or even 2:1 staffing for individual patients due to behavioral aggression, medical care, or patient interpersonal dynamics, staffing capacity that can be impacted by personal illness or injury experienced on the unit, the needs of the unit within the context of the larger hospital, and much, much more. If hospitals do not have sufficient staffing, it places the hospital's accreditation in jeopardy. Insufficient staffing also creates risk for unsafe situations to occur in the event of a behavioral emergency if a patient requires an Emergency Involuntary Procedure (EIP) such as seclusion, restraint, or emergency medication. Hospital units will therefore temporarily close beds on a unit if they can't maintain a full staff census to ensure that they can provide safe and appropriate patient care at the necessary staff- and nurse-to-patient ratio.

Provide the Medicaid reimbursement rate for 1 day at Brattleboro (and compare across other insurers)

The Department of Vermont Health Access maintains the current contract for the Brattleboro Retreat. The rate for 2023 is \$3,100.00 per day. The Department recommends that the Committee reach out to commercial insurers and other payers for additional information.

COST COVERAGE BY INPATIENT SERVICE CATEGORY VARIES BY PAYER

Although the variation in percent of costs covered does usually tighten when applying a case mix adjustment, there is still considerable variation in cost coverage at the major inpatient service category level. Results below are from HFY 2019.



Long-term questions:

What do we do for involuntary youth with complex medical needs in the long run? How to best incentivize existing programs to serve youth where it is needed across the state?

The Department continues to examine the best options to respond to the needs of Vermonters, especially youth. The problem is complex, and no single intervention will solve the issue. The Department welcomes ongoing conversations to review the long-term solutions to create new options and to incentivize existing providers.