

Department for Children and Families
Commissioner's Office
103 South Main Street - 5 North
Waterbury, VT 05671-2980
www.dcf.vt.gov

[phone] 802-871-3385
[fax] 802-769-2064

Agency of Human Services

11/23/2015

MEMORANDUM

TO: Justin Johnson, Secretary of Administration
Maribeth Spellman, Commissioner, Department of Human Resources

FROM: Ken Schatz, Commissioner *KAS*

CC: Hal Cohen, Secretary, Agency of Human Services

DATE: September 24, 2015

RE: Position Pilot Request for Woodside Juvenile Rehabilitation Center

Introduction

The Department for Children and Families (DCF) is requesting approval for three new positions at Woodside Juvenile Rehabilitation Center (Woodside) pursuant to the Position Pilot Program (pilot) created in Section E.100(d) of Act 179 (2014). The pilot was created to help participating departments more effectively manage costs of overtime, compensatory time, temporary employees and contractual work by removing the position cap with the goal of maximizing resources to the greatest benefit of Vermont taxpayers. In implementing the pilot, DCF is authorized to create new positions as long as they are funded within existing appropriations and approved by the Secretary of Administration. This is DCF's fifth pilot request.

Pilot Purpose & Description of Requested New Positions

Woodside is a secure residential treatment program for youth between the ages of 10 and 18 that provides comprehensive educational, rehabilitative, family support, vocational and specialized treatment services. In 2011, Woodside re-purposed and expanded its services, combining its former male-only treatment program with its treatment program and offering every resident, regardless of gender, length of stay, and/or disposition status, the same evidence-based treatment opportunities. As a result, the number of youth receiving treatment services increased and Woodside became recognized as a cost-effective alternative to hospitalization. In July 2015, Woodside received its second three year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Since repurposing in 2011 Woodside has operated as a cost effective alternative to hospitalization. In January 2015 Woodside became aware that the cost effective alternative to hospitalization status does not exempt Woodside from meeting the Code of Federal Regulations (CFRs) for Psychiatric Residential Treatment Facilities (PRTF). Woodside meets many of the CFRs; however, the current clinical staffing resources do not allow full compliance. Failure to meet the CFRs will result in the loss of the Center for Medicaid/Medicare (CMS) funding for the Woodside facility through the Global Commitment Fund (GCF). The total Woodside operating budget is nearly 4.9 million dollars, of which CMS funds approximately 56%.

Title 42, Chapter IV, Subchapter G, Part 483.358 (a) of the CFRs states, "Orders for restraint or seclusion must be by a physician, or other licensed practitioner permitted by the State and the facility to order restraint or seclusion and trained in the use of emergency safety interventions." Currently Woodside employs 1 licensed psychologist as the Assistant Director - Clinical Services. The Vermont





Licensing Regulations for Vermont Residential Treatment Programs are being amended to allow Licensed Psychologists to make orders for restraint and isolation. Even with the amended regulations having 1 professional on call 24/7 is not sustainable.

In addition Title 42, Chapter IV, Subchapter G Part 483.358 (b) states, "If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is being initiated by staff or immediately after the emergency situation ends." The Vermont practice boards require the staff person receiving the call to be a Registered Nurse.

Title 42, Chapter IV, Subchapter G Part 483.362 (a) states, "Clinical staff trained in the use of safety interventions must be physically present, continually assessing and monitoring the physical and psychological well-being of the resident and the safe use of restraint throughout the duration of the emergency safety intervention." Woodside does not have the staff resources to provide this coverage during the evenings and nights.

Currently Woodside has two Psychiatric Nurses who are registered nurses (RN). Per the CFR these nurses can receive telephone calls from the licensed professional who is ordering the restraint and observe the restraint; however, Woodside does not have enough RNs to cover all shifts. When restraint or seclusion occurs after hours there is no RN on site to receive the call in accordance with the CFRs.

As a solution to the shortage of clinical staff and to allow for a clinical staffing pattern that can meet the increased clinical staff utilization required for continued GCF funding of the program, Woodside proposes to create one new Psychiatric Nurse position, one new Psychiatric Nurse Supervisor position and one Clinical Care Coordinator Position. These new positions will provide clinical coverage from 7:00 am to 3:00 am (20 hours per day) 7 days per week so that restraint and seclusion are facilitated and documented in accordance with the CFRs.

Method and Source of Funding

This pilot request for three new positions is cost neutral with the savings anticipated from the reduction in the cost of contract staff and overtime. The source of the funds for this pilot request is a combination of general fund (GF) and GCF.

	GF	FF	Gross
Upgrade Nurse to Supv.	\$4,371	\$5,789	\$10,520
2 Psychiatric Nurses	\$97,846	\$119,735	\$217,581
Clinical Coordinator	\$32,217	\$39,424	\$71,642
Sub-total Pos. Cost	\$134,794	\$164,948	\$299,742
Offset			
On Call Pay	\$14,353	\$17,564	\$31,918
Call In Pay	\$1,465	\$1,793	\$3,258
HCMH	\$41,948	\$51,331	\$93,279
UVMHC	\$25,618	\$31,349	\$56,967
Donnelly	\$16,864	\$20,636	\$37,500
Group Delivery Cont.	\$33,728	\$41,273	\$75,000
Total Savings	\$133,967	\$163,947	\$297,922
Over/(Under)/Even	(\$818)	(\$1,001)	(\$1,820)



Woodside currently uses a staffing pattern for the psychiatric nurses that cover the hours of 7:45 am to 5:45 pm seven days a week leaving evenings and weekends without coverage. As a result nurses are paid standby pay for 16 hours per day, 7 days per week to ensure Woodside has a nurse to respond. Standby pay is paid out at 1/5 the nurses hourly rate for every hour that they are on standby. In addition, when a nurse is called to respond to evaluate a resident post restraint that nurse is paid four hours of overtime in accordance with the Collective Bargaining Unit Contract between the State and the VSEA. That often results in a nurse being called to Woodside after hours, working 30 minutes and drawing 4 hours of pay. The current practice is expensive and it does not meet the requirements under the CRFs. The creation of these two new nursing positions will eliminate all standby and call in pay while providing coverage from 7:00 am to 3:00 am 7 days per week.

The creation of the Clinical Coordinator position will allow Woodside to reduce the Clinical Coordinator and Transition Coordinator contracts with Howard Center. This position will document Woodside's compliance with the CFRs, Residential Licensing Regulations and CARF standards.

Evaluation of Cost Effectiveness of Pilot

The language in the Big Bill authorizing the pilot program also directs each participating department to evaluate the cost-effectiveness of the pilot in addition to describing the source of funds and ensuring that the pilot will be funded within existing appropriations. The cost-effectiveness of this pilot request is evaluated through the reduced spending in both overtime and contracted services as described above. The cost-effectiveness is also evaluated through improved services through compliance with the CFRs.

In FY15 Woodside was allocated \$4,874,114. As a treatment facility Woodside is funded through a combination of GF and GCF dollars. The GCF funds Woodside at approximately 56% for a total GCF contribution of \$2,144,610 of the FY15 allocation. In order to maintain the GCF funding stream Woodside is required to meet the CRFs. In order to meet the CFRs Woodside must staff the program as outlined above. Failure to meet the CFRs will result in an increase in cost to the GF from 2.7 million to 4.9 million.

Conclusion

The addition of these three new positions at Woodside enables the program to continue drawing funds through the GCF offsetting more than 2.1 million dollars from the GF. The addition of these permanent staff will increase quality of care and allow Woodside to meet the requirements under Title 42, Chapter IV, Subchapter G Part 483 or the Code of Federal Regulations for Psychiatric residential Treatment Facilities. Woodside will continue to monitor these important outcomes.

The Big Bill language that created this pilot states in Section E.100(d)(4): "At least 15 days prior to the establishment of Pilot positions, the Joint Fiscal Committee, the Government Accountability Committee, and the House and Senate Committees on Government Operations shall be provided a written description from the Pilot entity and the Commissioner of Human Resources of the method for evaluating the cost-effectiveness of the positions." DCF requests that the Commissioner of the Department of Human Resources forwards this position pilot request to these legislative committees. Please feel free to contact me with any questions you may have or information you may need. Thank you.