

Vermont Department of Mental Health: Mental Health Workforce

*Workforce Funded by DMH:*

- Vermont Psychiatric Care Hospital
  - Middlesex Therapeutic Community Residence
  - Designated Agencies
  - Designated Hospital Psychiatric Units
  - Peer and Family Service Providers
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*Vermont Psychiatric Care Hospital (VPCH) Nursing:*

- VPCH closed beds due to nursing shortages in 2015
  - State has implemented improvements to address shortages:
    - Psychiatric Nursing named as priority for Vermont Loan Repayment; multiple VPCH nurses have used the program
    - Nurse salary reclassification was completed in May 2016, resulting in more competitive salaries
    - Student nurses from UVMMC, Norwich University continue to be placed on units
    - Recently hired Education Director working to improve training for both permanent and traveling nurses
    - Other organizational changes being explored/developed.
  - Since January 2016, use of traveling nurses has decreased by more than 25%.
  - Of the 33 Direct Care Nurse positions, 21 are filled with permanent nurses and 12 are filled with traveling nurses.
  - Since nurse salary reclassification was announced in May 2016, there has been an increase applications and nurses hired.
  - VPCH has been full census for almost all of calendar year 2016. Occupancy rate has been 98.2% with an average census of 24.5.
  - VPCH continues to have Emergency Involuntary Procedures at less than half the rate of the national average.
  - More data needed on state-wide psychiatric nursing workforce; interest among stakeholders in developing better methods for assessing current and projected need.
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## *Designated Agency Workforce*

### Reporting from Designated Agencies<sup>1</sup>:

- Long-standing problems with recruitment and retention of staff are getting worse.
- DA Direct Service turnover averaging 27% over past three years.
- Approximately 400 DA Vacancies; some agencies have 10% of positions unfilled.
- Compensation biggest issue affecting recruitment and retention:
  - In 2015, 23% of DA workforce earned an hourly wage less than 2014 Livable Wage amount of \$13/hour
  - Compensation not on par with equivalent state, school, private, and health care facilities<sup>2</sup>
  - Increase in number of entry-level and masters-level positions leaving to work in other settings (schools, health care) with better wages
  - Masters level positions hardest to recruit and retain
  - Increase in number of mental health positions at health care organizations (FQHC's, Blueprint sites, hospitals) may be exacerbating the problem
  - Costs related to turnover, such as recruiting, on-boarding, lost productivity, and training average at least \$4,160 per position.
- Vacancies and turnover affecting access to services, quality of care, and transition of care:
  - Discharges from hospital for complex placements being delayed due to inability to fill DA positions
  - Decreased ability to perform outreach and respond to crisis
  - Longer waitlists to access care
  - Interruption of therapeutic relationship with clients.
- Examples cited by the DA's:
  - "Four out of six crisis positions are currently unfilled"
  - "Staff turnover in [our] DA meant that in one two-year period, a parent received case management from seven different case managers for her two children."
  - "Due to vacancies, this Tuesday in one small county nine kids who are in need of one-on-one behavior supports were not served with these

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<sup>1</sup>[https://vermontcarepartners.org/pdf/files/139\\_VCP%20workforce%20white%20paper020516s%20\(2\).pdf](https://vermontcarepartners.org/pdf/files/139_VCP%20workforce%20white%20paper020516s%20(2).pdf)

<sup>2</sup> BA staff earn salaries \$18,000 below state employees doing equivalent work and licensed clinicians earn salaries more than \$16,000 below state employees doing equivalent work.

- supports, leaving school districts to supply back-up or the kids missed school.”
- “Due to lack of outpatient therapists, there have been some kids on the [outpatient therapy] waitlist since July.”
  - “Due to staff turnover our Rapid Response program.... has been operating without a second direct service provider for most of the past year.”
  - “Currently it can take several months to get a non-critical psychiatric [evaluation].”
  - “I just received 3 more resignations for clinicians....that brings the vacancies at that office alone to 5 clinicians and one clinical supervisor opening. We are less than half staffing, and the remaining clinicians have caseloads of 100 clients each.”
  - “We are at a higher level of challenge/crisis with hiring than we have ever been before.”
  - “We are not receiving qualified candidates and for those who do not meet qualifications, we are unable to provide a salary they are willing to accept.”
  - “It is not hard to recruit case managers or entry level clinicians but it is hard to retain them as once they get experience with us...they move into private pay, Blueprint or care coordination positions at a higher rate of pay and good experience.”
  - “The flow of staff leaving the system is greater then the flow coming into the system, and it has been growing worse for the past several years.”
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*National Mental Health Workforce Projections:*

“By 2025, shortages are projected for: psychiatrists; clinical, counseling, and school psychologists; mental health and substance abuse social workers; school counselors; and marriage and family therapists. Mental health and substance abuse social workers and school counselors will have shortages of more than 10,000 FTEs.”<sup>3</sup>

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<sup>3</sup> <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/behavioral-health2013-2025.pdf>