

**Department of Mental Health  
FY 21 Budget Adjustment Submission  
Narrative Talking Points**

**VPCH 12-Hour Shifts Beginning January 1, 2021**

Gross: \$81,767

GF Equivalent: \$34,759

VPCH is proposing to continue the 12-hour shift model that has been implemented during the COVID-19 pandemic for direct care staff to stabilize staffing. The current 12-hour shift model as implemented utilizes CRF funding. This funding is to allow VPCH to implement a permanent 12-hour shift model based on a January 1<sup>st</sup> start date.

VPCH Leadership has conducted extension strategic planning over the last three years and has completed a thorough functional review that assessed the clinical, operational, and financial impact of the previous 8-hour staffing model. Based on this assessment it was concluded that the current VPCH Staffing model contributed significantly to:

- **Employee Dissatisfaction** –low morale, poor work-life balance
- **Clinical and Operational Shortcomings** –recruitment challenges, high rates of absenteeism and turnover
- **Significant and Unnecessary Financial Burdens** –high rates of overtime, temporary employment, and travel nurse contracts totaling a **projected \$3,534,870 for FY 2020 alone**
- **VPCH’s Mental Health Specialist (35.2%) and Registered Nurse II (50%) positions are among the highest turnover job titles in the state.** With a turnover rate of 16.8%, VPCH is exceeded by only 6 other state departments. VPCH also experiences an even higher total outflow rate of 20%.
- **Additionally, VPCH’s vacancy rate is exceeded by only 4 other departments.** VPCH continues to face numerous recruitment challenges and experiences an 11% vacancy rate compared to the 7% average vacancy rate experienced statewide.

VPCH also experiences an above-average length of time (62.9 days) between a position becoming vacant and filling it. These challenges are exacerbated at VPCH by high rates of absenteeism including callouts, workers compensations, and Family Medical Leave absences.

The 12-Hour Shift model has already resulted in significant improvements and will allow VPCH to continue to advance these significant gains and improvement noted below:

- Improve retention and recruitment of MH Specialists and Nursing Staff
- Increase employee satisfaction and productivity
- Reduce absenteeism
- Reduce error rates
- Reduce Emergency Involuntary Procedures
- Decrease in HR/Personnel type concerns
- More effectively meet VPCH operational and financial needs
- Propel the State toward their important goal of achieving a sustainable and healthy workforce statewide

**Backfill of Unallowable CRF Indirect (transfer from DOC; AHS net-neutral)**

Gross: \$205,718

GF Equivalent: \$205,718

This funding is to backfill for indirect costs allocated through the cost allocation process that are currently deemed unallowable for CRF.

**Windham Center Extended Funding Through March 31, 2021 (25% GF match to FEMA Funds)**

Gross: \$814,636

GF Equivalent:

DMH currently has a contract with Windham Center for capacity funding for a 10- bed COVID positive facility through December 30, 2020. We are requesting to extend that contract through March 31, 2021. AHS has submitted a FEMA application for this expenditure, and is expected to pay for 75% of the cost using FEMA funds. The remaining 25% will be paid with CRF funding.

**FY 20 Carry Forward Funds from AHS For RRMC Cost Settlement**

Gross: \$435,897

GF Equivalent: \$185,300

AHS carried forward General Fund from FY 20 to support a RRMC FY 20 interim cost settlement for their Level 1 Beds. This is to transfer the Global Commitment allocation for that expenditure that was invoiced and paid in FY 21.