

**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 1st 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.