COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

Date: March 30, 2011

To: Supervisor Peggy West, Chairperson - Health & Human Needs Committee
Supervisor Patricia Jursik, Chairperson - Personnel Committee

From: Geri Lyday, Interim Director - Department of Health and Human Services
Paula Lucey, Administrator - Behavioral Health Division

Subject: **An Informational Report from the Interim Director of Health and Human Services and the Administrator of the Behavioral Health Division Regarding Overtime and Use of Advance Steps at the Behavioral Health Division**

Issue

This report follows up on an October 2010 report to the Personnel Committee on the use of overtime at the Behavioral Health Division (BHD), and also provides information on BHD's use of advance steps within the pay range.

Background

Historically, BHD has used overtime as a way to provide coverage for off time of staff and create some flexibility to address acuity and other staffing needs within the Division. Additionally, BHD has primarily used advance steps to align salaries with staff experience and to remain competitive with other public and private institutions in the hiring of medical staff.

Discussion

Overtime

The Behavioral Health Division has 838.4 FTEs in the 2011 Budget, which are filled by nearly 1,000 employees. BHD plans for and budgets overtime every year to help address unforeseen changes such as patient acuity, staff vacancies and other facility needs. In addition to budgeting overtime, BHD administration typically views overtime and salary together in projecting the annual salary costs.

For 2011, BHD has budgeted $40,197,840 for salary and $3,073,299 for overtime (not including Org. 1972 adjustments), for a total of $43,271,139. The overtime figure represents an increase of more than $675,000 over the 2010 budgeted amount based on actual overtime expenditures from previous years. The chart below shows a ten-year history of overtime and salary for BHD.

BHD Overtime and Salary Summary

Year	Overtime	Salary	Total
2001	$2,807,026	$38,134,468	$40,941,494
2002	$3,113,623	$38,528,339	$41,641,962
2003	$3,290,276	$39,869,437	$43,159,713
2004	$3,704,459	$36,653,746	$40,358,205
2005	$3,346,905	$36,830,989	$40,177,894
2006	$3,186,983	$38,100,820	$41,287,803
2007	$4,194,603	$39,432,841	$43,627,444
2008	$4,637,717	$40,706,900	$45,344,617
2009	$4,270,756*	$40,698,000	$44,968,756
2010	$4,254,411	$37,456,537	$41,710,948
2011 Budget	$3,073,299	$40,197,840	$43,271,139

All actual data is taken from the Milwaukee County DAS Financial Data Site. 2011 Budget figures are taken from BRASS. Overtime figures include accrued overtime that is paid out as time off and expiring overtime hours that are paid out.

*Amount includes $7,850 in overtime attributed to BHD for orgs outside of BHD. The total overtime for BHD-only was $4,262,906.

As is shown in the table, overtime has decreased in each of the past two years. Total spending for overtime and salary for BHD has increased about 5% from 2001 to 2010, and the actual overtime and salary total for 2010 was the lowest it has been since 2006. Overtime has ranged from $2.8 million to $4.6 million, with the largest increase between 2006 to 2007 due to an additional fourth nurse being added using overtime to the Acute Adult units as part of a corrective action instituted in 2007. That initiative has since been discontinued since the hospital census was lowered to licensed capacity.

Overall BHD uses overtime primarily for the following reasons: to “fill” vacant positions in key clinical roles such as psychiatrists, registered nurses and certified nursing assistants while recruitment and HR efforts are completed; to cover for paid time off in 24/7 operations; and finally, to address the needs of patients admitted and their particular level of care at a particular time. BHD may have several patients receiving one-on-one care due to the intensity and acuity of supportive measures, which increase overtime costs significantly. Beginning in 2010, BHD also experienced an increase in its base staffing needs associated with the implementation of a new zone staffing model on the inpatient units and in crisis services and observation. This move was meant to improve patient and staff safety, and while it has lead to additional overtime needs, it has been very effective at reducing the number of incidents on the units.

When covering unfilled, non-medical staff shifts on the patient care units, BHD first utilizes its pool of CNAs, RNs, and LPNs, depending on the classification of the work needed. For shifts that cannot be filled by pool staff, BHD solicits volunteers from its regular staff on a rotating seniority basis from within the classification of the shift needed. Since the shifts are voluntary, this can result in the same individuals working the majority of the overtime and earning a significant amount of overtime pay, both in absolute terms and as a percentage of their base salary. If the shifts cannot be filled on a voluntary basis within the classification, BHD can utilize volunteers from other classifications that are qualified to perform the work. As a last resort, BHD can assign mandatory overtime on an inverse seniority basis to fill any remaining shifts. As an example, BHD relies on staff from across departments to provide one-on-one care, including CNAs, RNs, LPNs, and occupational and music therapists.

The Division has implemented several approaches to reduce overtime over the past several years. BHD has maintained the hospital census to the licensed bed capacity since May 2009; increased monitoring of the electronic timecard system and employee schedules; hired a registered nurse recruiter to decrease the vacancy rate; and outsourced housekeeping and dietary, which has reduced overall costs and overtime. BHD has also recently instituted additional layers of review for patients requiring one-on-one care, to ensure that such staffing is reduced as soon as deemed medically appropriate for each patient. Also, overtime is reviewed by service area in monthly manager meetings as a way to, not only, monitor overtime use but also to brainstorm new ideas for reducing overtime.

Moreover, BHD is in the process of implementing a 2011 Budget initiative to hire staff for 47 new clinical positions, including CNAs, RNs, a staff psychiatrist, and a clinical psychologist. The first cohort of new CNAs will start in early April. It is BHD's expectation that as additional staff comes on board, there will be a reduced need to use overtime to cover shifts due to vacancies and paid time off. These savings will be used to pay for some of the new positions.

Advance Steps

County departments have the authority, with DAS and County Board approval, to hire new staff at a step other than the first step or provide existing staff an advance step within their designated pay range. Generally, BHD uses advance steps in a couple of different ways. For all FHNP positions, the collective bargaining agreement sets forth the steps within the pay range that new staff must be brought in at and the steps that current staff must be advanced to based on their experience.

BHD also uses advance steps as a recruitment and retention tool to offer salaries that are competitive with other institutions. This is particularly the case for psychiatrists and psychologists, where pay in the private sector can be considerably higher than what BHD would be able to offer if constrained to the first steps in a pay range. The ability to offer advance steps to medical staff has been instrumental in recruiting to fill some of the vacancies at BHD, though significant discrepancies still remain between salaries at BHD and other institutions.

The chart below shows BHD's appointments at an advanced step of the pay range or advancement within the pay range for the period October 2010 through March 2011 (as of March 28, 2011).

Appointments at Advanced Step of the Pay Range (PR) - October 2010 - March 2011

Position	Steps in PR	Appt Step	Justification	Date
October - December 2010				
RN 1	10	10	Previous hire	October
RN 1	10	10	Previous hire	October
Medical Program Director - CATC	7	6	Same dept promotion	October
Staff Psychiatrist HR	7	3	Previous hire	October
Staff Psychiatrist HR	7	3	Previous hire	October
Staff Psychiatrist HR	7	3	Previous hire	October
Asst Medical Admtr- BHD NR	5	3	Same dept promotion	October
Medical Director Adult	7	7	Same dept promotion	October
RN 2 - MDS	9	9	Training/experience	October
Staff Psychiatrist	7	5	Training/experience	October
Administrative Coord BH	5	4	Same dept promotion	December
Administrative Coord BH	5	2	Transfer promotion	December
EMS Infomatics	5	3	Training/experience	December
January - March 2011				
Dietitian Supervisor	5	3	Training/experience	January
Psych Soc Worker (CSP)	5	3	Training/experience	January
Psych Soc Worker	5	2	Training/experience	January
Staff Psychiatrist HR	7	7	Rehire	March
Nursing Assistant 1 MH	10	5	Rehire	March
House Physician 3 HR	7	3	Training/experience	March
Staff Psychiatrist	7	5	Training/experience	March

Advancement within the Pay Range (PR) - October 2010 - March 2011

Position	Steps in PR	Adv Step	Justification	Date
October – December 2010				
none				
January - March 2011				
Clinical Program Director Psych	5	5	Retention	March

Recommendation

This is an informational report. No action is necessary.

Geri L. Lyday

Geri Lyday, Interim Director
Department of Health and Human Services

cc: Interim County Executive Marvin Pratt
Supervisor Lee Holloway, County Board Chairman
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