

Quarterly Report on Anoka Metro Regional Treatment Center (AMRTC), Minnesota Security Hospital (MSH) & Community Behavioral Health Hospitals (CBHH)

Second Quarter FY2018

October 1, 2017 through December 31, 2017

This report is being provided as required under Minnesota Statutes Section 246.131. Please refer to the attached notes and definitions for additional information. Contact Dan Kitzberger, Direct Care and Treatment Legislative Director (651-431-3783 or Daniel.Kitzberger@state.mn.us) with questions.

Census Information

The table below provides a snap shot as of the last day of the quarter.

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	494	96
Budgeted Bed Capacity	110	395	96
Average Daily Census	88	364	82
Occupancy Rate	80.0%	92.2%	85.4%

OSHA Recordable Injuries

The table below provides the number of OSHA recordable injuries during the quarter. Note, the numbers may change from quarter to quarter depending on when the injury was actually recorded.

	AMRTC	MSH	CBHHs
Total OSHA Recordable Cases	15	23	3
Total OSHA Recordable Aggressive Behavior	11	17	0

Clinical Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs are partially funded for the first year due to timing of hiring (e.g. 1.0 FTE may be only funded at 0.75); therefore, the sum of the filled and activity recruiting FTEs may be greater than budget.

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	71.80	197.08	71.30
Filled FTEs	53.05	159.63	50.70
Percent Budgeted/Funded FTEs Filled	73.9%	81.0%	71.1%
Number of FTEs Actively Recruiting	26.00	24.00	24.30

Direct Care Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs are partially funded for the first year due to timing of hiring (e.g. 1.0 FTE may be only funded at 0.75); therefore, the sum of the filled and activity recruiting FTEs may be greater than budget. As of fall 2017, the number of positions being actively recruited increased at AMRTC and the CBHHs.

	AMRTC	MSH	CBHHs
Budgeted/Funded FTEs	293.85	648.95	314.50
Filled FTEs	232.20	559.55	272.05
Percent Budgeted/Funded FTEs Filled	79.0%	86.2%	86.5%
Number of FTEs Actively Recruiting	30.30	78.80	25.70

Notes

Census Information:

- The Occupancy rate at AMRTC is down from last quarter due to the anti-ligature project currently under way
- The anti-ligature project at AMRTC is required by the Centers for Medicare and Medicaid Services (CMS) to reduce physical plant risks associated with possible strangulation
- The project requires vacating a full unit at a time to complete construction and replacement of all doors, light fixtures, toilets and sinks
- The estimated completion date of phase I is February 2018
- Phase II of the anti-ligature project is currently under review and it is unknown at this time whether or not census will be impacted

OSHA Recordable Injuries:

- OSHA recordable injuries doubled at AMRTC from last quarter. One incident involving one client resulted in 5 staff injuries. Additional staff training is occurring to help prevent a similar incident from happening in the future

Budgeted/Filled Positions:

- The number of positions actively being recruited at AMRTC and the CBHHs has increased significantly from last quarter
 - Positions at AMRTC are related to extending active treatment into the evenings hours and on weekends
 - Positions at CBHHs are related to expanding treatment to include co-occurring substance abuse services
- Recruitment continues to occur for hard to fill position in all Direct Care and Treatment Programs

Definitions

AMRTC

Anoka Metro Regional Treatment Center

MSH

Minnesota Security Hospital – includes all Forensic Services: MSH, Competency Restoration Program (on-campus and community), Forensic Nursing Home, and Transition services.

CBHHs

Community Behavioral Health Hospitals – located at Alexandria, Annandale, Baxter, Bemidji, Fergus Falls, and Rochester. The St. Peter CBHH closed Nov. 7, 2016.

Census Information

Licensed Bed Capacity – the number of beds licensed by the Department of Health

Budgeted Bed Capacity – the number of beds able to operate within available funding

Average Daily Census – the average census for each day during the quarter

Occupancy Rate – the average daily census divided by budgeted bed capacity

OSHA Recordable Injuries

OSHA Recordable Cases – an injury or illness is considered OSHA Recordable if it results in any of the following:

- Death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid (see below for first aid definition), or loss of consciousness.
- A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.
- Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation.
- Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease (i.e. contact dermatitis), respiratory disorder (i.e. occupational asthma, pneumoconiosis), or poisoning (i.e. lead poisoning, solvent intoxication).
- OSHA's definition of work-related injuries, illnesses and fatalities are those in which an event or exposure in the work environment either caused or contributed to the condition. In addition, if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness, this is also considered work-related.

Aggressive Behavior - a disabling injury stemming from the aggressive and/or intentional and overt act of a person, or which is incurred while attempting to apprehend or take into custody such person.

OSHA Recordable Aggressive Behavior - meets both criteria for an OSHA Recordable case and Aggressive Behavior.

First Aid – for determination of OSHA Recordable cases includes:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes)

- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment)
- Cleaning, flushing or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment)
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes)
- Drinking fluids for relief of heat stress

Clinical and Direct Care Positions

Clinical Positions – includes 1) Mental Health Professionals – licensed clinicians such as psychologists, psychiatrists, and social workers who provide clinical direction to the treatment team; 2) Professional Staff who provide clinical assessments, direction to staff, and who also provide direct professional services that do not require oversight

Direct Care Positions – includes 1) staff providing the day to day provision of care to clients on a 24/7 basis (e.g., nurses and Human Services Technician); 2) staff providing direct services under the direction of a Mental Health Professional (e.g., Occupational and Recreational Therapist)

FTE – Full Time Equivalent

Budgeted/Funded FTEs – the number of FTEs needed to maintain the budgeted bed capacity

Filled FTEs – the total number of actual filled positions within Sema4 as of the last day of the quarter

Percent Budgeted/Funded FTEs Filled – total number of filled FTEs divided by the Budgeted/Funded FTEs

Number of FTEs Actively Recruiting – the number of FTE positions the Human Resources department is working to fill