

Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Monday, April 15, 2019 6:15 PM
To: sen.michelle.benson@senate.mn; sen.jim.abeler@senate.mn;
sen.jeff.hayden@senate.mn; sen.john.marty@senate.mn; Chris Steller; James Nobles;
Frans, Myron (MMB)
Cc: LaRissa Fisher; Andrea Todd-Harlin; Bailey Strand; Tom Brennan; Inderia Falana; Elspeth Cavert
Subject: 4/15 Submission of DHS Legislative Reports
Attachments: MSOP Legislative Report_Quarterly 2018_final.pdf; FY19 2nd Quarter Report on AMRTC MSH CBHHS.pdf; ICHRP Leg. Report.pdf

Dear Legislators,

Please find the following legislatively mandated reports attached:

1. Minnesota Sex Offender Program: Annual Performance Report (2018)
2. Quarterly Report on Anoka Metro Regional Treatment Center (AMRTC), Minnesota Security Hospital (MSH) & Community Behavioral Health Hospitals (CBHH)- Second Quarter FY2019
3. Integrated Care for High Risk Pregnancies

Please let me know if you have any questions or how I can be of further assistance.

Thank you.

Alexis Russell Kochanski, MPH
Director of State Legislative Relations | External Relations

Minnesota Department of Human Services

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Chris Steller

From: Kochanski, Alexis R (DHS) <Alexis.Kochanski@state.mn.us>
Sent: Monday, April 15, 2019 6:18 PM
To: Rep.Tina Liebling; Rep.Rena Moran; Rep.Joe Schomacker; Rep.Debra Kiel; James Nobles; Frans, Myron (MMB); Chris Steller
Cc: Krysta Niedernhofer; Alyssa Fritz; Pat McQuillan; Chris McCall; Danyell Punelli; Doug Berg; Elisabeth Klarqvist; Joe Durheim; Randall Chun; Sarah Sunderman
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Quarterly Report on Anoka Metro Regional Treatment Center (AMRTC), Minnesota Security Hospital (MSH) & Community Behavioral Health Hospitals (CBHH)

Second Quarter FY2019

October 1, 2018 through December 31, 2018

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 Laura Lane, Direct Care and Treatment Legislative Director (Laura.E.Lane@state.mn.us or 651-431-3783) 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	424	96
Budgeted Bed Capacity	110	395	96
Actual Bed Capacity	90	395	84
Average Daily Census	83	372	80
Occupancy Rate of Budget/Actual Bed Capacity	75.5% / 92.2%	94.2% / 94.2%	83.3% / 95.2%

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	9	20	1
Total OSHA Recordable Aggressive Behavior	6	11	0

Clinical Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs may be 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	83.70	182.18	74.00
Filled FTEs	61.20	177.88	66.85
Percent Budgeted/Funded FTEs Filled	73.1%	97.6%	90.3%
Number of FTEs Actively Recruiting	10.0	11.0	16.0

Direct Care Positions

The table below provides a snap shot as of the last day of the quarter. NOTE: New FTEs may be 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	340.00	602.45	319.50
Filled FTEs	234.15	579.35	297.50
Percent Budgeted/Funded FTEs Filled	68.9%	96.2%	93.1%
Number of FTEs Actively Recruiting	70.4	36.3	19.65

Notes

Census Information:

- Actual bed capacity and census at Anoka continues to be impacted overall by general acuity, patients requiring ICA's and the anti-ligature project required by CMS.
- The occupancy rate for Forensic Services has not changed from last quarter.
 - The wait list for MSH was 14 as of December 31, 2018.
- Actual bed capacity within the CBHHs continues to be limited due to vacant medical practitioner positions and the length of time to it takes to recruit and hire qualified candidates.

OSHA Recordable Injuries:

- OSHA recordable injuries at AMRTC are down from last quarter. Recordable injuries at MSH and the CBHHs are at about the same level as last quarter.

Budgeted/Filled Positions:

- The percent of clinical positions filled is up slightly from last quarter for all three programs.
- The percent of direct care positions filled across all three programs is about the same as last quarter.
- Recruitment continues to occur for hard to fill position (high demand and low supply) in all Direct Care and Treatment Programs.
- Job markets in greater Minnesota continue to be tight and the pool of qualified candidates is smaller and competition for those candidates is strong based on complete benefits and wages in the private sector.

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

Actual Bed Capacity – the number of beds able to operate within available staffing and physical plant limitations

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

Occupancy Rate – the average daily census divided by budgeted/actual 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