

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

First Quarter FY2019

July 1, 2018 through September 30, 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 Wendy Underwood, Assistant Commissioner External Relations (651-431-6989 or Wendy.Underwood@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 | 424 | 96 |
| Budgeted Bed Capacity | 110 | 395 | 96 |
| Actual Bed Capacity | 90 | 395 | 88 |
| Average Daily Census | 89 | 372 | 84 |
| Occupancy Rate of Budget/Actual Bed Capacity | 80.9%/98.9% | 94.2%/94.2% | 87.5%/95.5% |

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 | 13 | 20 | 0 |
| Total OSHA Recordable Aggressive Behavior | 12 | 13 | 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 | 59.20 | 176.68 | 65.95 |
| Percent Budgeted/Funded FTEs Filled | 70.7% | 97.0% | 89.1% |
| Number of FTEs Actively Recruiting | 13.00 | 12.00 | 13.00 |

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 | 233.80 | 579.65 | 293.85 |
| Percent Budgeted/Funded FTEs Filled | 68.8% | 96.2% | 92.0% |
| Number of FTEs Actively Recruiting | 51.50 | 42.60 | 28.05 |

Notes

Census Information:

- The budgeted occupancy rate at AMRTC is down slightly from last quarter. Actual bed capacity and census continues to be impacted by ICA's and the anti-ligature project.
- The occupancy rate for Forensic Services continues to increase slightly.
 - The wait list for MSH was 10 and 5 for CRP as of September 30, 2018.
 - NOTE individuals on the CRP wait list could be appropriately served at CRP or Anoka; therefore, they be would be admitted to the program with the first available bed.
- Actual bed capacity within the CBHHs is 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 MSH and the CBHHs are down from last quarter. AMRTCs are at about the same level as last quarter.

Budgeted/Filled Positions:

- AMRTC Budgeted/Funded FTEs increased from FY2018 to increase observation and provide enhanced active treatment on nights and weekends.
 - The hiring process has not caught up with the new budgeted position; therefore, the percent filled is lower than previous quarter in both Clinical and Direct Care positions.
- The Budgeted/Funded FTEs for Forensics has changed significantly from FY18. FY18 FTEs were based on need and the program maintained a vacancy factor throughout the year to balance expenditures within available funding. In FY19, the Budgeted/Funded FTEs is based on available funding with no vacancy factor; therefore, the percent filled is higher than previous quarter in for both Clinical and Direct Care positions.
- Recruitment continues to occur for hard to fill position (high demand and low supply) in all Direct Care and Treatment Programs.
 - NOTE Forensics has been successful in recruiting and hiring 10 Registered Nurses over the past 6 months.
- 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