



Legislative Report

Quarterly Clinical Report

Fourth Quarter Fiscal Year 2021

Direct Care and Treatment

July 2021

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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 Carrie Briones, Direct Care and Treatment Legislative Director (Carrie.Briones@state.mn.us or 651-431-3783) with questions.

Contents

I. Census Information4

II. Occupational Safety and Health Administration (OSHA) Recordable Injuries4

III. Clinical Positions5

IV. Direct Care Positions5

VI. Notes6

VII. Definitions6

I. Census Information

The table below provides the census information for the quarter.

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	447	96
Budgeted Bed Capacity	110	407	96
Actual Bed Capacity	106	407	89
Average Daily Census	94	373	83
Occupancy Rate of Budget/Actual Bed Capacity	85.5% / 88.7%	91.6% / 91.6%	86.5% / 93.3%

II. Occupational Safety and Health Administration (OSHA) Recordable Injuries

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

	AMRTC	MSH	CBHHs
Total OSHA Recordable Cases*	19	35	6
Total OSHA Recordable Aggressive Behavior	18	29	4

III. Clinical Positions

The table below provides data from the last day of the quarter. 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 actively recruiting FTEs may be greater than budget.

	AMRTC	MSH	CBHHS
Budgeted/Funded FTEs	68.90	193.98	77.00
Filled FTEs	60.90	188.90	69.95
Percent Budgeted/Funded FTEs Filled	88.4%	97.4%	90.8%
Number of FTEs Actively Recruiting	15.0	8.1	8.75

IV. Direct Care Positions

The table below provides data from the last day of the quarter. 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 actively recruiting FTEs may be greater than budget.

	AMRTC	MSH	CBHHS
Budgeted/Funded FTEs	277.55	571.40	277.00
Filled FTEs	269.28	556.95	266.75
Percent Budgeted/Funded FTEs Filled	97.0%	97.5%	96.3%
Number of FTEs Actively Recruiting	10.1	50.5	10.3

VI. Notes

Direct Care and Treatment continues to manage staffing levels within available funding to limit the impact on bed capacity and our ability to admit patients. However, DCT is experiencing hiring difficulties due to workforce shortages.

Census Information:

- The Average Daily Census (ADC) for AMRTC is up from last quarter due to a slight increase in actual bed capacity as the number of 1:1 and 2:1 (staff to client ratios) continues to decrease.
- The ADC for MSH is down from last quarter. This is the result of Forensic Services shifting non-secure treatment units around in the community to increase available secure treatment beds on campus without increasing the need for staff.
- The ADC for the CBHs is up slightly from last quarter.

OSHA Recordable Injuries:

- The number of OSHA recordable injuries at Forensic Services is up again this quarter. Continued patient movement from unit to unit is leading to anxiety, a common factor in aggressive behavior. In addition, to minimize the risk of COVID infections, Forensic Services has limited patient socializing between units and virtually stopped off-campus visits. Many patients are experiencing pandemic fatigue and acting out resulting in an increase in incidents. Psychiatric providers along with the treatment teams are reviewing all incidents looking for opportunities to minimize aggressive behaviors.

Budgeted/Filled Positions:

- Filled FTEs are down slightly from last quarter across all three programs. Workforce shortages are causing difficulties in hiring and retaining staff.

VII. Definitions

AMRTC

Anoka Metro Regional Treatment Center

MSH

Minnesota Security Hospital – includes all Forensic Services: Forensic Mental Health, Forensic Nursing Home, and Forensic 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