



Legislative Report

Quarterly Clinical Report

Third Quarter Fiscal Year 2022

Direct Care and Treatment

April 2022

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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 Information..... 4
- II. Occupational Safety and Health Administration (OSHA) Recordable Injuries 4
- III. Clinical Positions 5
- IV. Direct Care Positions 5
- VI. Notes..... 6
- VII. Definitions 6

I. Census Information

The table below provides the census information for the quarter.

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	448	96
Budgeted Bed Capacity	110	395	96
Actual Bed Capacity	88	395	90
Average Daily Census	73	355	82
Occupancy Rate of Budget/Actual Bed Capacity	66.4% / 83.0%	89.9% / 89.9%	85.4% / 91.1%

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*	72	93	50
Total OSHA Recordable Aggressive Behavior	24	10	3

*Numbers include COVID-19 illnesses (42 AMRTC, 80 MSH, 45 CBHHs)

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	86.90	202.40	78.50
Filled FTEs	70.00	187.03	64.95
Percent Budgeted/Funded FTEs Filled	80.6%	92.4%	82.7%
Number of FTEs Actively Recruiting	7.00	7.00	4.00

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	298.70	613.00	278.70
Filled FTEs	268.70	545.50	262.20
Percent Budgeted/Funded FTEs Filled	90.0%	89.0%	94.1%
Number of FTEs Actively Recruiting	13.00	52.80	11.25

VI. Notes

Census Information:

The average daily census for both Anoka and Forensics Services has decreased from last quarter. Anoka closed one unit due to staffing shortages and COVID illnesses among clients and employees. The census at Forensics Services has been impacted due to continued shifts of clients between units during construction/remodeling. The movements are necessary to ensure clients are receiving the appropriate level of care.

OSHA Recordable Injuries:

The number of OSHA recordable cases is up significantly from last quarter across all programs. The increase is due to COVID illnesses among clients. The number of injuries due to aggressive behavior dropped from last quarter.

Budgeted/Filled Positions:

Direct Care and Treatment (DCT) continues to experience significant turnover and the need to hire new positions. DCT has implemented recruitment and retention strategies across all DCT programs including sign-on and referral bonuses for difficult to hire direct care positions and retention incentives for most staff. These initiatives have been negotiated with the labor unions and approved by the Subcommittee on Employee Relations.

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.

CBHs

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

Quarterly Clinical Report

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