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Sent: Wednesday, October 30, 2019 8:52 AM
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Subject: DHS Legislative Report: DCT Quarterly Clinical Report (1st Quarter FY2020)
Attachments: DCT Quarterly Clinical Report - 1st Qtr FY2020.pdf

Dear Legislators:

Attached, please find the DCT Quarterly Clinical Report for the 1st Quarter of FY2020.

Please don't hesitate to reach out with any questions or concerns.

Thank you.
Laura

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Legislative Report

Quarterly Clinical Report

First Quarter Fiscal Year 2020

Direct Care and Treatment

October 2019

For more information contact:

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

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I. Census Information

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

	AMRTC	MSH	CBHHs
Licensed Bed Capacity	175	474	96
Budgeted Bed Capacity	110	391	96
Actual Bed Capacity	106	391	93
Average Daily Census	83	369	87
Occupancy Rate of Budget/Actual Bed Capacity	75.5% / 78.3%	94.4% / 94.4%	90.6% / 93.5%

II. Occupational Safety and Health Administration (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	8	24	3
Total OSHA Recordable Aggressive Behavior	4	16	3

III. 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	81.20	204.73	78.00
Filled FTEs	64.20	189.39	70.15
Percent Budgeted/Funded FTEs Filled	79.1%	92.5%	89.9%
Number of FTEs Actively Recruiting	13.00	12.00	9.00

IV. 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	333.00	635.55	319.50
Filled FTEs	266.90	579.25	288.65
Percent Budgeted/Funded FTEs Filled	80.2%	91.1%	90.3%
Number of FTEs Actively Recruiting	39.80	51.90	10.25

VI. Notes

Census Information:

- Actual bed capacity and census at Anoka continues to be impacted overall by general acuity, patients requiring Intensive Care Areas (ICAs) and the availability of medical practitioners.
- Licensed bed capacity increased at MSH from 424 to 474. This is due to the new construction and retaining licensed beds in non-occupied buildings on the lower campus.
- Budgeted bed capacity decreased slightly at MSH from 395 to 391. This is due to a drop in licensed beds for the Forensic Transition Services program located in the new building on upper campus.
- The Average Daily Census for MSH has not changed from last quarter; however, the Occupancy Rate increased due to the change in budgeted beds.
 - The wait list for MSH was 13 as of September 30, 2019. Up from 12 as of June 30, 2019.

OSHA Recordable Injuries:

- OSHA recordable injuries at AMRTC & the CBHs are down from last quarter.
- Recordable injuries at MSH are up from last quarter. This increase is mainly attributable to two individuals. Both individuals are very clinically complicated and have seen an increase in their symptoms this past quarter. Multiple efforts are being initiated by staff to mitigate their behavioral dysregulation.

Budgeted/Filled Positions:

- Staffing plans for AMRTC were updated during the FY20 Budget setting process to more accurately reflect staffing coverage needs to operate 110 beds. This resulted in a slight reduction in budgeted Clinical and Direct Care FTEs from FY19 (2.5 and 7.0 respectively).
 - Actual Filled and the percent filled are both up from last quarter for both clinical and direct care positions.
- Staffing plans for MSH were also updated during the FY20 Budget setting process to more accurately reflect staffing coverage needs as well as incorporating the increased staffing from and the new staffing for FY20.
 - Actual Filled FTEs are up from last quarter; however, due to the increase in budgeted FTEs the percent filled is down from last quarter.
- Staffing plans for the CBH did not change; however, 4.0 Medical Practitioner positions are now included in the budgeted Clinical FTEs whereas they were budgeted under contracts in FY19.
 - Actual Filled Clinical positions are down from last quarter resulting in a drop in the percent filled.
 - Actual Filled and the percent filled for Direct Care remain 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 across Minnesota continue to be tight and the pool of qualified candidates is smaller and competition for those candidates is strong based on competitive benefits and wages in the private sector.

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

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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