

Data Provided by DHHS:

**DDPC and RPC Staff Injuries, Staffing Ratios,
Staffing Vacancies, and Contract Staff.**

Table of Contents

Introduction	1
Data Request	1
Context	1
Staff Injuries Related to Patient Care	1
Contextual Information	1
Staff Injuries by Month	3
Days Lost Due to Injury	5
Breakdown of Injury Impacts on Workers	6
Staffing Ratios	7
DDPC Staffing Ratios	7
RPC Staffing Ratios	8
Staff Vacancies and Use of Contract Staff	9
Long-term Staffing Trends 2022 to October 2024	9
Staff Vacancies and Use of Contract Staff Breakdown	11
Data Provided by DHHS	12

Introduction

Data Request

OPEGA requested that Dorothea Dix (DDPC) and Riverview Psychiatric (RPC) Centers provide data in the following areas based on areas of interest expressed by the Government Oversight Committee at the October 2024 Committee meeting:

- Staff injuries related to patient interactions, including metrics related to injury severity;
- Staffing ratios at the facilities;
- Staffing vacancies; and
- Data on per diem and contract staff.

OPEGA worked with the Department of Health and Human Services and DDPC and RPC management to develop a data request that was responsive to Committee interests and achievable in the time available.

OPEGA did not independently verify the data. OPEGA is presenting the information with some additional summarization charts that OPEGA developed. Committee members will find the Department's raw data, as received, appended to the end of this document.

Context

All data that follows are for direct care workers¹ that the Department defined as follows:

Direct care workers were defined as:

DDPC – MHW I, MHW II, Acuity Specialists, Nurses (further defined at Nurse I, HN II, HN III, HN IV - DDPC does not have PSM I Nurse Managers or LPN's).

RPC – MHW I, MHW II, MHW III, MHW IV, MHW V, Acuity Specialists, Nurses (further defined as LPN, Nurse I, HN II, HN III, HN IV, PSM I Nurse Managers).

Staff Injuries Related to Patient Care

Contextual Information

The Department provided information on staff injuries related to patient care by month, including information on injuries directly related to patient interventions. OPEGA asked the Department to provide information on the severity of injuries in a manner that the Department felt could be provided while protecting private medical information. The Department chose to provide both whether medical treatment was provided and whether the injury resulted in lost workdays (quantified as total lost days).

Along with the data, the Department provided the following description of the data:

¹ OPEGA understands that staff outside of these roles interact with patients at DDPC and RPC and may also have safety and other concerns. For this special exploratory project, in the interest of providing consistent data in an expedient manner, OPEGA had the Department define the roles it considered to be direct care workers. If future work is assigned to OPEGA, the focus on staff could be expanded.

In the file, you will see a tab for each hospital. The information is broken down monthly by calendar year, and is categorized by:

- staff injury due to patient behavior or staff injury due to patient intervention
- no medical treatment/no lost time (i.e. “incident only”)
- medical treatment only (i.e. medical treatment sought but had no lost time)
- number of employees who lost time (which means medical treatment was sought)
- and total full days of lost, scheduled staff time (note: this is for full, scheduled days lost. We did not count partial lost days. We only counted full lost days and those were days the employees were scheduled to work and did not do so). We also stopped counting lost days when an employee began working in the WC return to work program.

The Department provided additional context on Riverview Psychiatric Center as follows:

The Workers Compensation/Work incident report data separates reported work incidents into two categories. Patient Behavior incidents are direct incidents that a patient physically assaulted a staff member. These incidents could include a slap, punch, bite, kick, or being struck with bodily fluid (spitting). Patient Intervention incidents are those incidents that occur during contact with a patient most commonly during a Behavioral Response Option intervention such as a hands-on hold conducted with a patient during which a patient struggles. These types of injuries that have occurred are sprains, muscle strains, soft tissue issues and falls.

The following three columns break down the combined two incident type columns into the level of medical intervention necessary (No Medical Treatment or Lost Time, Medical Treatment Only, and Lost Time).

The final column indicates the total number of lost time days for those individuals who lost time at work due to an incident. This column includes total full days lost of scheduled work time.

Of note the total number of Patient Intervention occurrences remained consistent from 2022 to 2023 and then were reduced by 37% in 2024. We attribute this reduction to the environmental modifications initiated in patient care areas and the increased on-going focused education provided to staff on Behavioral Response Options and Safety.

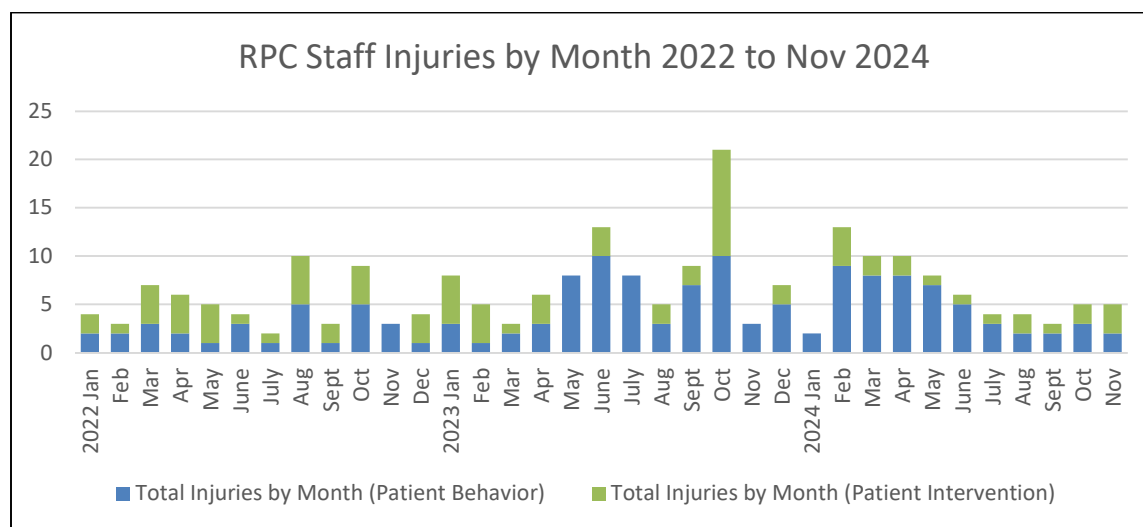
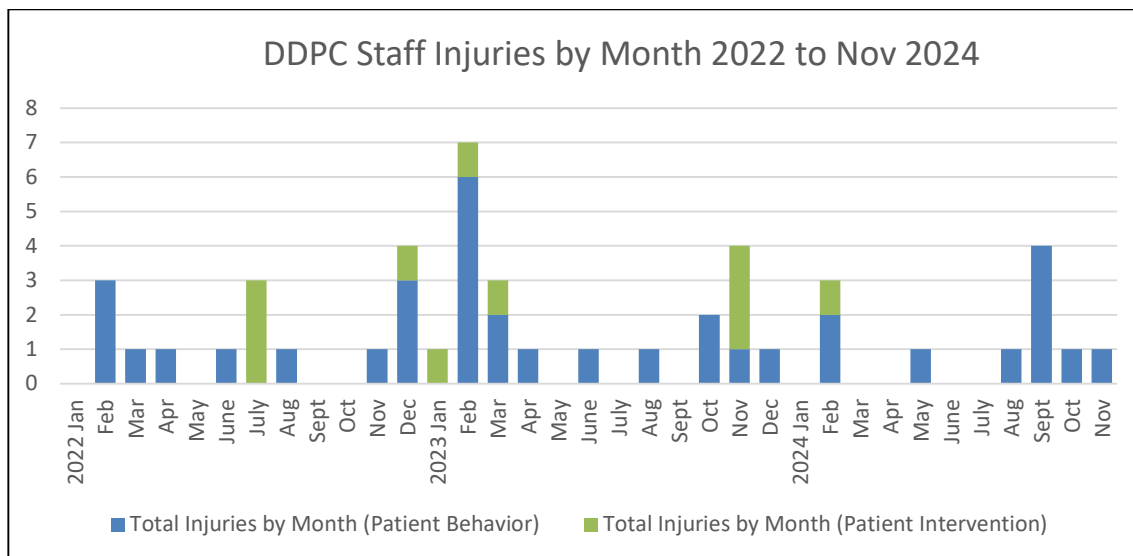
While there was a spike in the total number of Patient Behavior occurrences from 2022 to 2023, the total number of events in 2024 is reduced. The number of these occurrences are directly attributable to the types of patient Riverview is charged with providing care to.

Also notable is that 48% of the total lost time days in calendar years 2023 and 2024 at RPC were attributed to two individual staff injuries in each of the calendar years.

OPEGA has summarized the data in the following charts but has appended the raw data provided by the Department in its entirety in the Appendix to this document.

Staff Injuries by Month

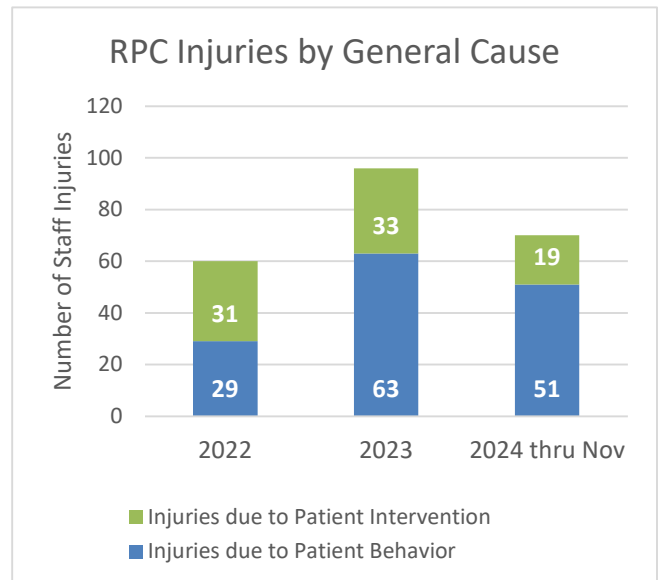
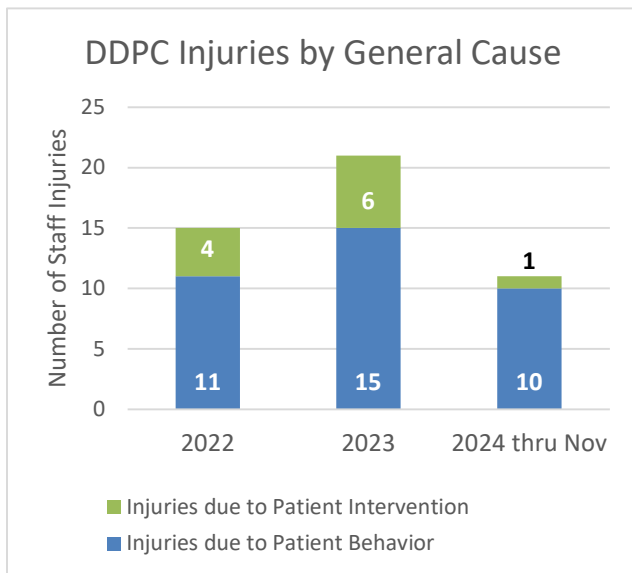
The charts below show staff injuries, broken down into two categories, at the two centers from 2022 to November 2024. An important note is that the two charts use different scales. While this makes them harder to compare visually, OPEGA made this choice to allow readers to better discern the number of injuries represented in each chart. The charts show that the total number of injuries and average number of injuries is much higher at RPC than DDPC over time. The data also show that injuries due to patient behavior have typically been more prevalent than injuries due to patient interventions at both centers.



The charts below show the breakdown of injuries related to patient interactions at both facilities broken down into those due to patient interventions and those related to patient behavior. Page 2 of this document provides more information on the distinction between the two categories. As with previous charts, the scale used differs between the two facilities due to the higher occurrence of injuries at RPC.

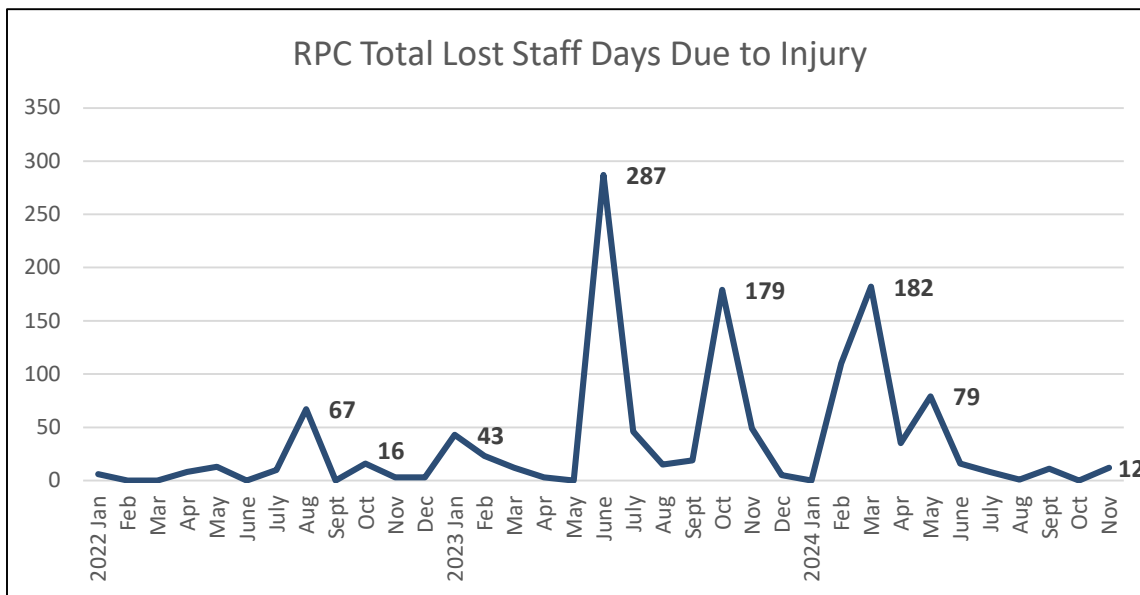
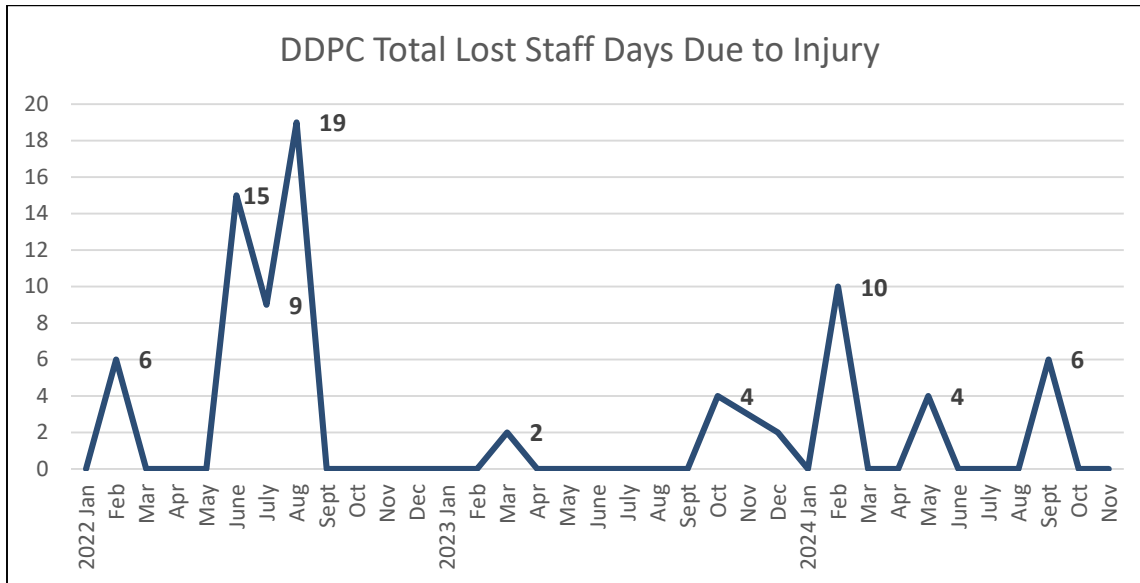
Between Jan 2022 and Nov 2024, 77% of staff injuries at DDPC involving patients were the direct result of patient behavior and 23% due to the intervention. In 2022, 73% of staff injuries due to patient interactions at DDPC were due to patient behavior, 71% in 2023, and 91% in 2024 through November.

Between Jan 2022 and Nov 2024, 63% of staff injuries at RPC involving patients were the direct result of patient behavior and 37% due to the intervention. In 2022, 48% of staff injuries due to patient interactions were due to patient behavior at RPC, 66% in 2023, and 73% in 2024 through November.



Days Lost Due to Injury

DDPC and RPC provided data on staff days lost due to injury in order to provide information on injury severity. OPEGA charted the lost staff days due to injuries over time at both facilities. A very important note is that the scales used for these graphs are very different. If we graphed the DDPC data on the same scale as the RPC data, it would be difficult to see the number of staff days lost over time. But it is important to note the difference in scale.

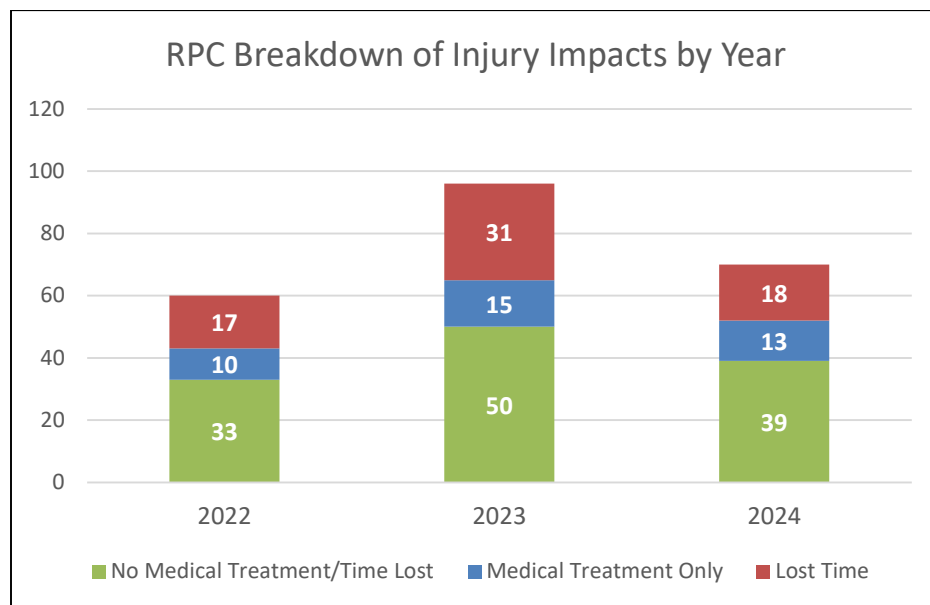
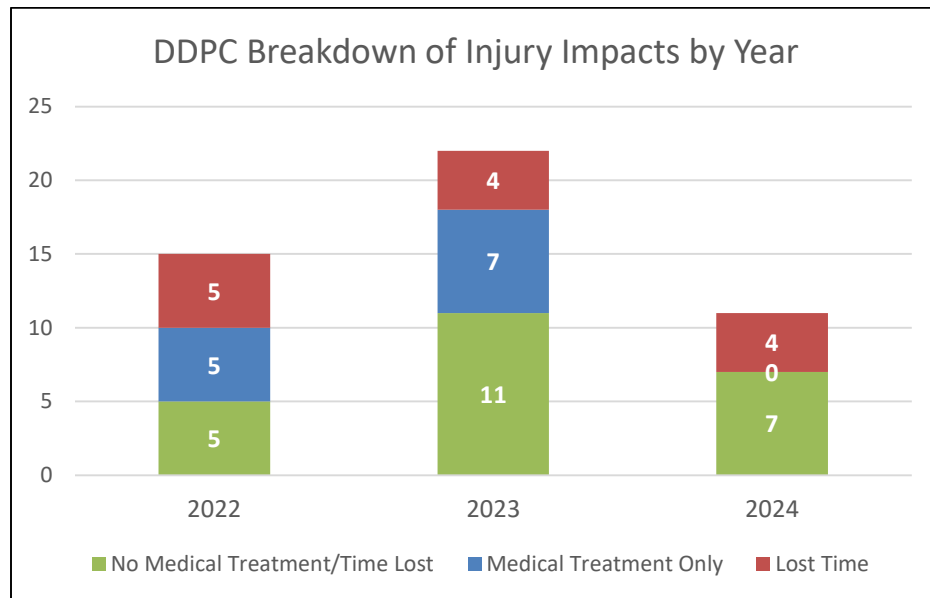


The largest number of days lost by staff at DDPC was in August 2022 and was 19 days. At RPC, the largest number of days lost was in June 2023 and was 287 days. The data from the previous page shows that there were 13 staff injuries at RPC in June 2023, however this does not mean that these 13 injuries were solely responsible for staff lost days that month as injuries from previous months could have continued to impact staff and lost days.

It is difficult to discern a trend from the data, but they do show that injuries at RPC have historically included more severe impacts than those at DDPC, as measured by lost staff days.

Breakdown of Injury Impacts on Workers

As a proxy for demonstrating injury severity, DDPC and RPC also provided the impacts of staff injuries broken down into three categories: (1) injuries that did not result in any medical treatment or lost time; (2) injuries that required medical treatment but did not result in any lost time; and (3) injuries that resulted in lost time (and would have also necessitated medical treatment). Lost time injuries represent the most serious impacts to workers in this breakdown. Of note in the table below, data run through November 2024 as December data were not complete at the time of OPEGA’s data request. For these charts also, the scale differs between the two facilities.

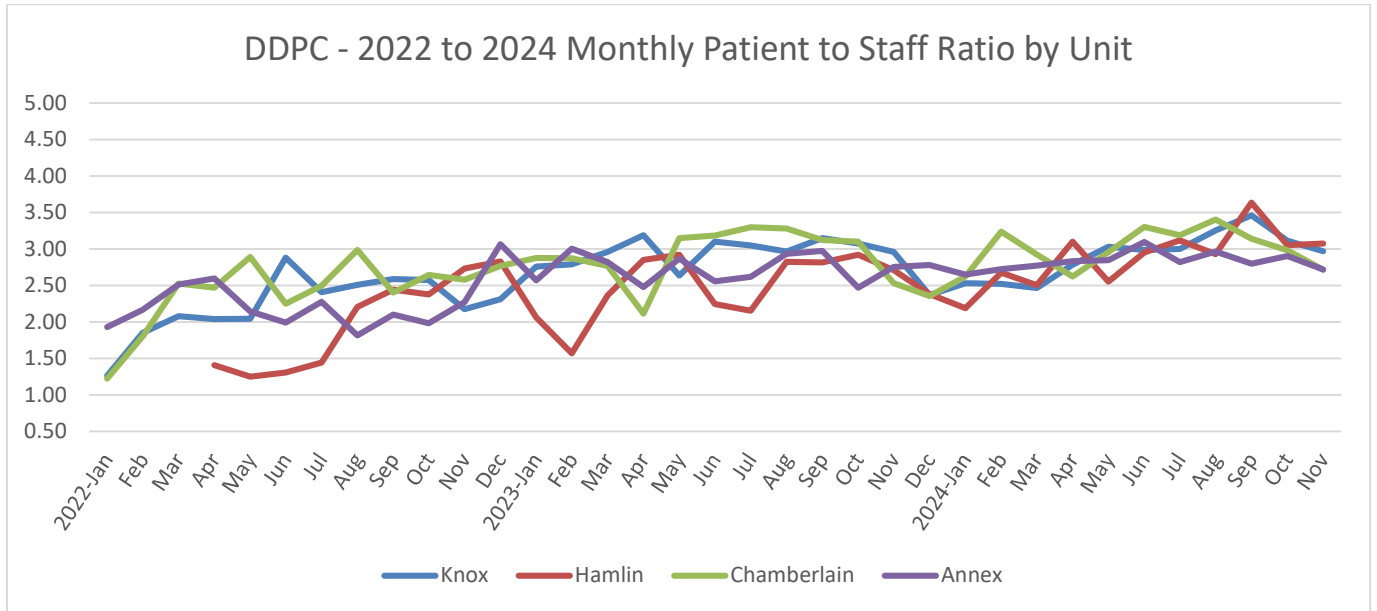


The total number of injuries of all types is greater at RPC. In 2023 at RPC the total number of injuries were 96 and the proportion resulting in lost time was 32%. At DDPC, the total 2023 number was 22, with 18% resulting in lost time. For the incomplete year 2024, the total injuries at RPC were 70, with 26% resulting in lost time. While at DDPC for 2024, the number so far was 11 injuries, with 36% resulting in lost time.

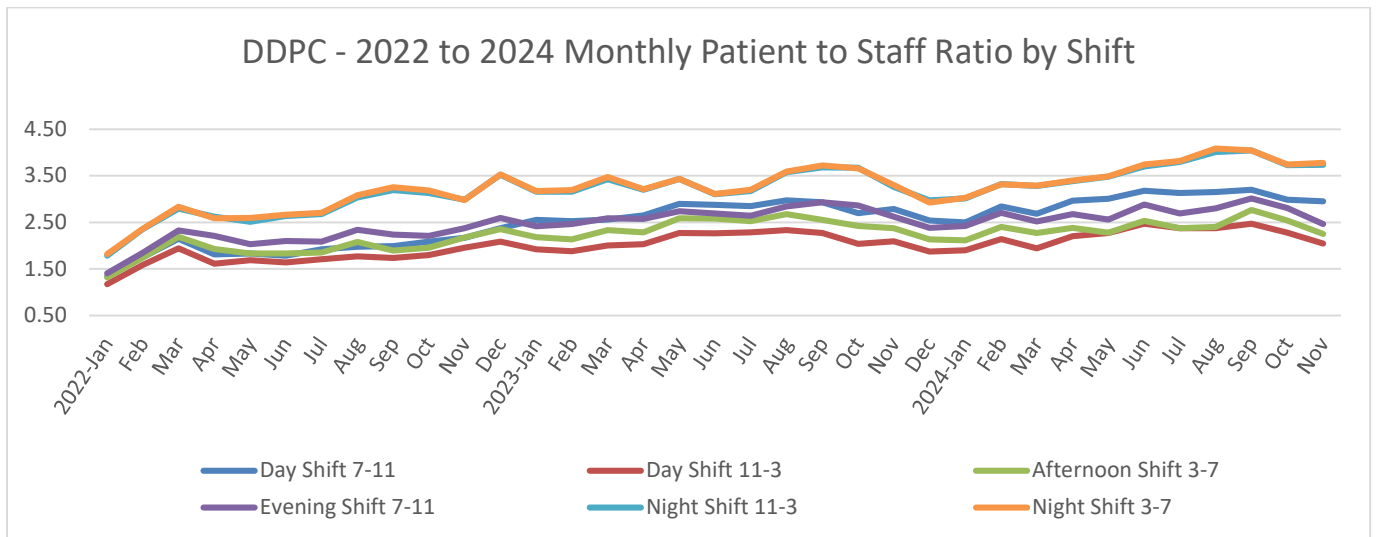
Staffing Ratios

DDPC Staffing Ratios

For Dorothea Dix Psychiatric Center, OPEGA calculated the average patient to staff ratios based upon direct care staff and patient census reported for each shift by DDPC management from January 2022 until November 2024. DDPC exhibits a slight upward trend in the number of patients cared for by direct care staff over the time period with a reduction in variance between the units. The DDPC data occasionally included small groups of patients assigned to the Baxter unit that were cared for by staff of other units. OPEGA included these additional patients in with staff unit that was caring for them.²



The patient to staff ratio by shift appears as expected with lower ratios during the days and early evenings and greater ratios overnight.



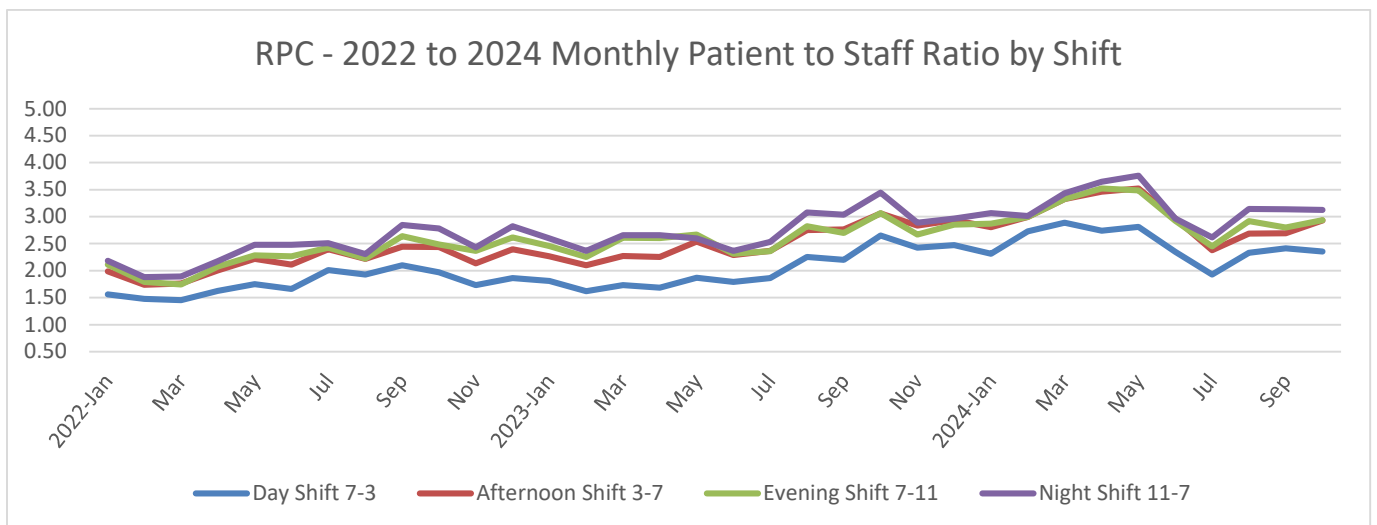
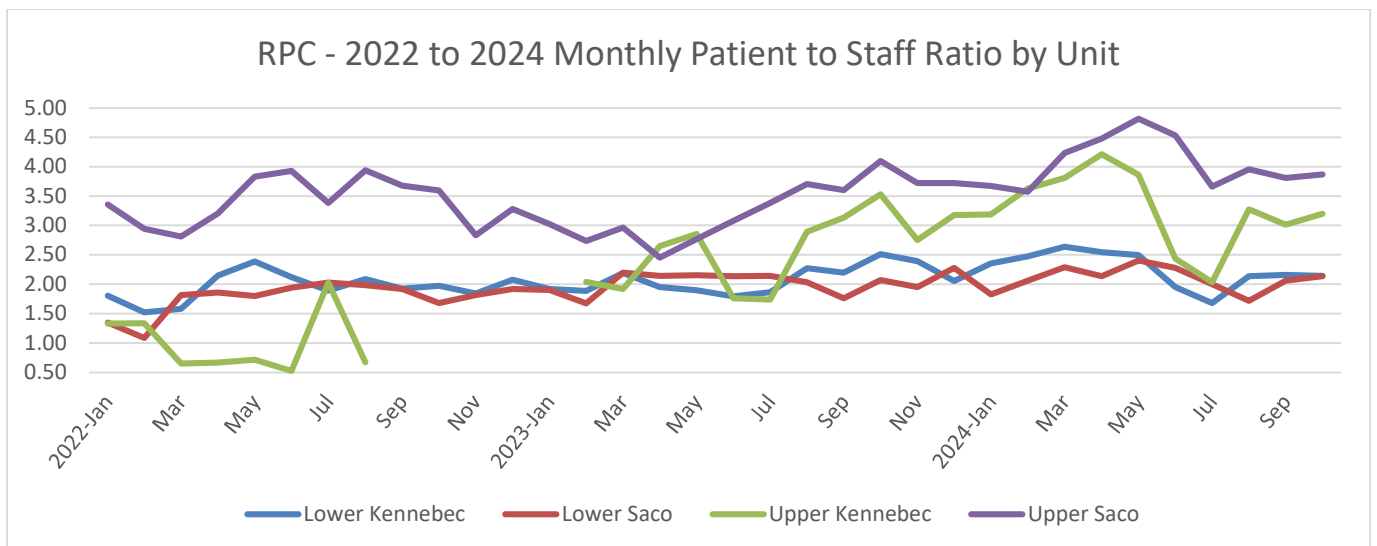
² The D1 unit was used at DDPC for a short time in December of 2022. The patient-staff ratio is not included on the chart as it is characterized by a single point. Its ratio ranged between 2.24 and 3.07 depending upon shift.

RPC Staffing Ratios

The Riverview Psychiatric Center calculated the patient to staff ratios and provided them to OPEGA in a completed form. OPEGA graphed the provided data below. RPC management also provided context for the data provided to OPEGA. The additional information is in the blue below.

In response to the request for direct care staff to patient staffing ratios, we are providing data separated by unit, month, and shift for CY 22- CY 24 thru October 31. These individual numbers identify the number of patients per one individual direct care staff member (Mental Health Worker, Nurse and Accuity Specialists) for the shift times identified (7-3, 3-7, 7-11, and 11-7). These shifts are the established hospital staffing patterns. Of note in the data for Upper Kennebec CY22 Sept-CY23 January indicates “closed” the unit was utilized as our required isolation unit in response to the COVID19 Pandemic. At all times during these three years the average monthly staffing ratios at RPC exceeded the requirements outlined in the AMHI Consent Decree, CMS Requirements of Participation, State of Maine Licensing and the Joint Commission.

The chart below shows a consistent trend in patient to staff ratio over time with the lower Kennebec and Lower Saco units with fewer patients per staff, likely due to greater acuity needs of patients on those units.

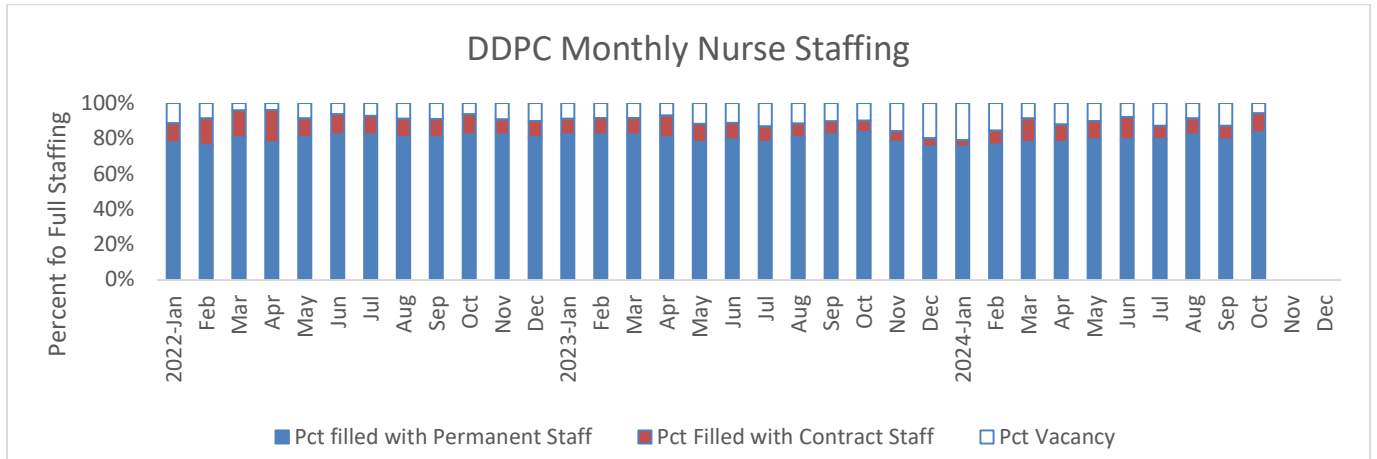


Staff Vacancies and Use of Contract Staff

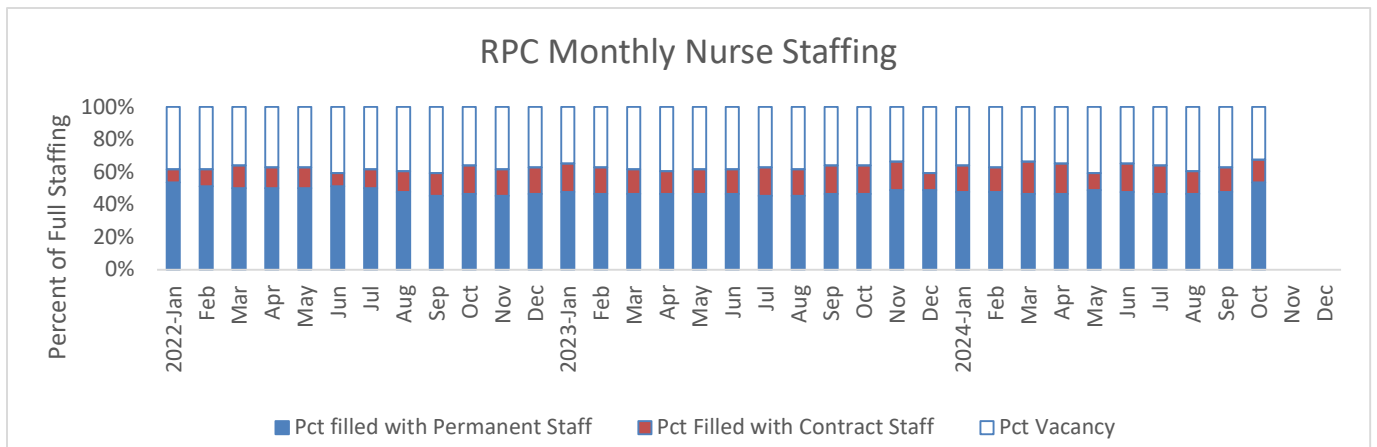
Long-term Staffing Trends 2022 to October 2024

OPEGA used raw data provided by management at DDPC and RPC to create visual representations of staffing trends over time. The charts below show the breakdown of permanent staff, contract staff, and vacancies based on full staffing for a role. They are provided by facility by direct care role.

The first set of charts are for nursing positions. For DDPC, full staffing for nurses is 72 positions until April of 2022, after that time it is 73 positions.

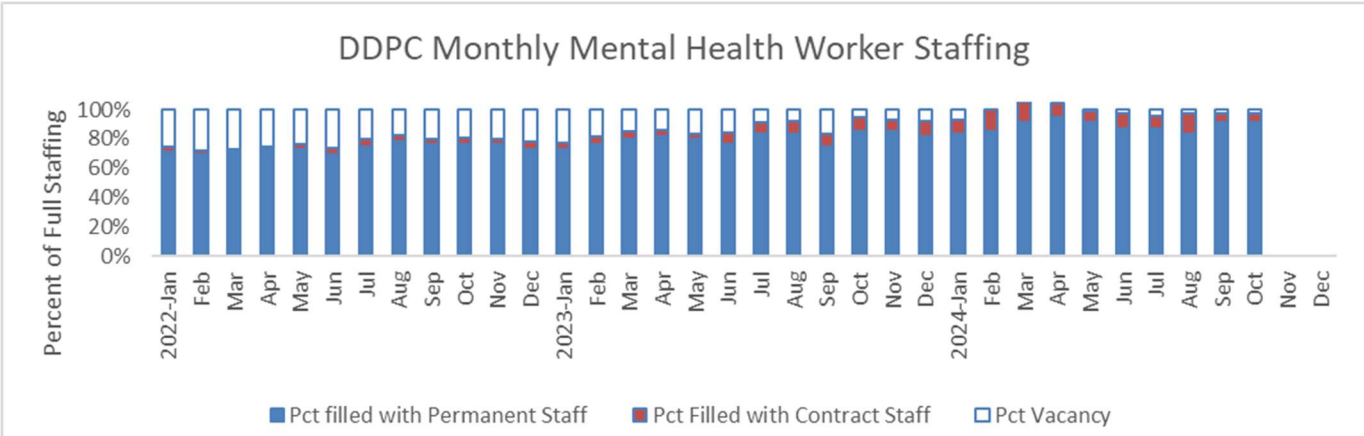


At RPC, full staffing for nurses is 86 positions. Vacancy rates for nurses at RPC have averaged about 37% over the time the data covers. This represents about 45 vacant nurse positions even after contracted staff are included.

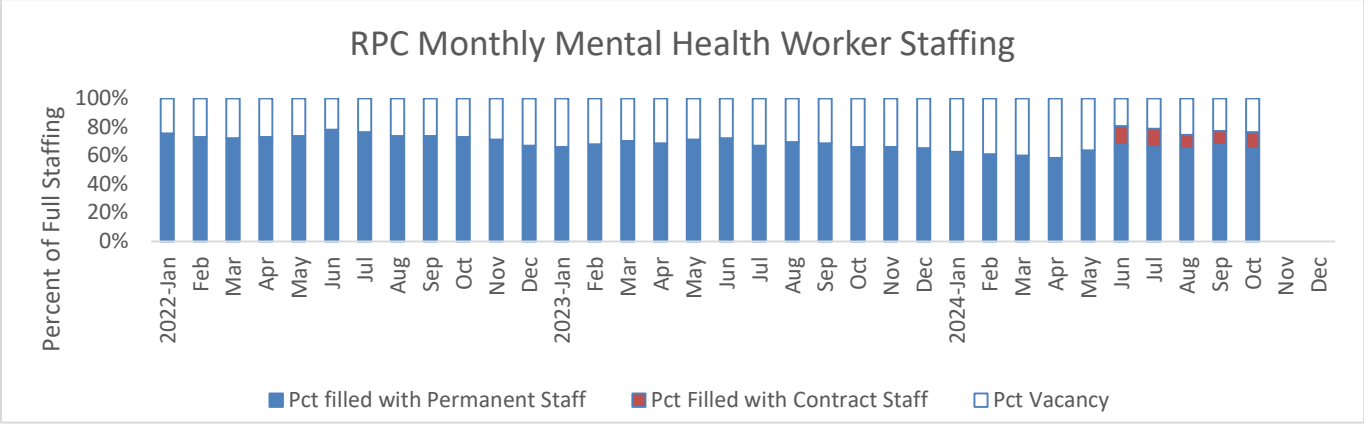


At DDPC, full staffing for mental health workers is 55 positions. Data shows that DDPC had vacancies historically; but that recently, these vacancies have been mostly filled using contract staff.³

³ In March and April of 2024, staffing was slightly above 100%, meaning it exceeded the authorized positions, when accounting for permanent staff and temporary contract staff.

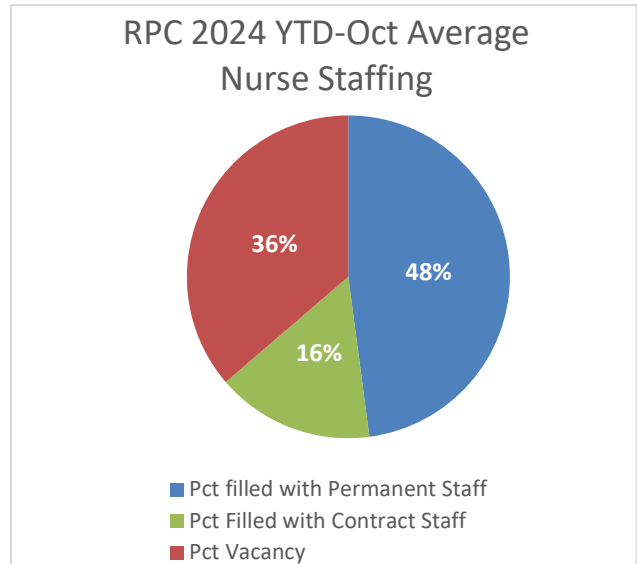
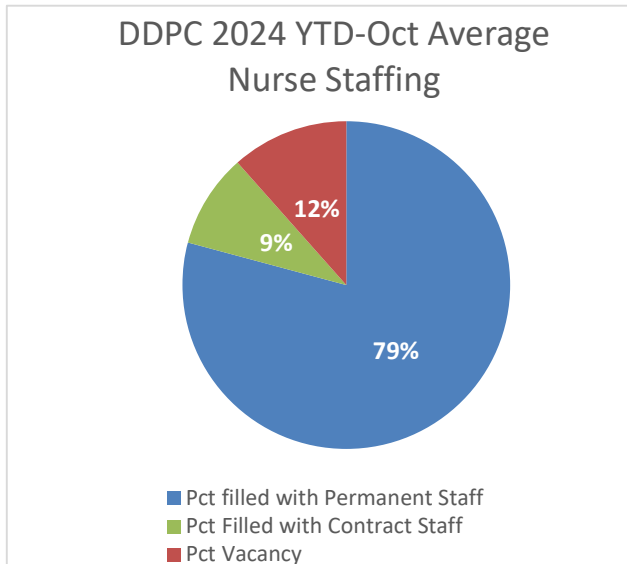


At RPC, full staffing for mental health workers is 117 positions. Data shows that RPC had vacancies historically and continues to have shortages, even after the use of contract staff has reduced these vacancies. The 30% vacancy rate at RPC represents 37 vacant mental health worker positions after contracted workers are included.

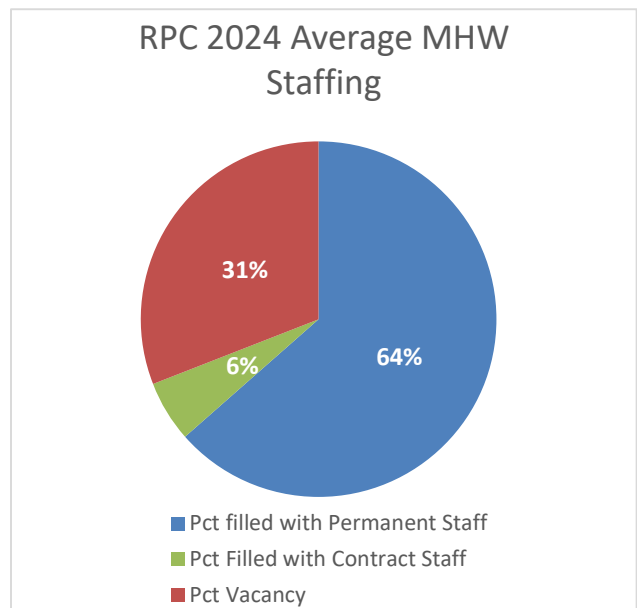
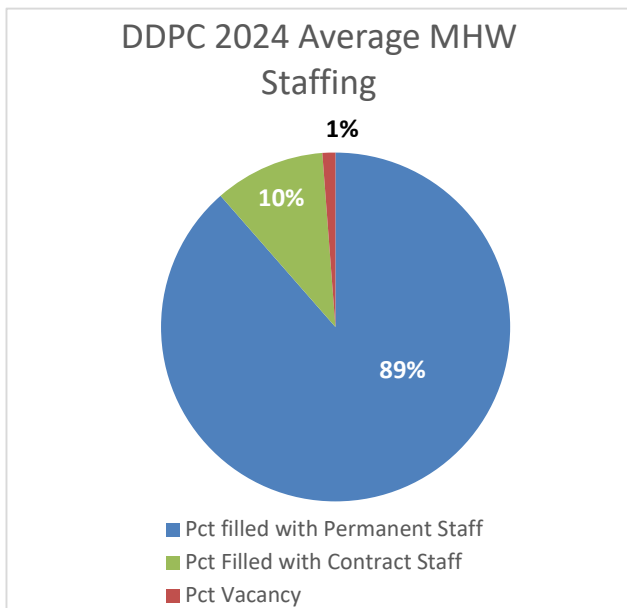


Staff Vacancies and Use of Contract Staff Breakdown

OPEGA is providing the same data shown the charts in the previous section broken down into components just for 2024. As a reminder, full nursing staffing for DDPC is 73 and for RPC is 86.



The breakdown for mental health workers is below. Full staffing for DDPC is 55 and for RPC is 117.



The four (4) available acuity specialists positions at DDPC were fully staffed with permanent staff in 2024. At RPC in 2024 (through October), 30% of the 19 available acuity specialists positions were vacant (about 6 positions on average).

Data Provided by DHHS

OPEGA has provided summarized DHHS data throughout the forgoing document. OPEGA is attaching PDFs of the raw data provided by DHHS whenever possible in this Appendix. OPEGA is doing this to provide Committee members with direct information on the response provided by the Department.

There is one exception in that OPEGA is not attaching the data the Department provided on staffing ratios. The reason for this is that the data is extensive, providing staff numbers and patient numbers per unit per shift for the time period 2022 to October 2024. If the Committee would like to see this information, OPEGA can provide it upon request.

The following documents were provided by DHHS on 12.13.2024 and are appended to the report:

- *DDPC Staff Injuries*
- *RPC Staff Injuries*
- *DDPC & RPC Direct Care Vacancies*
- *DDPC Staff Make Up*
- *RPC Contract Nurses*
- *RPC Contract MHW*

DDPC Staff Injury Information Provided by DHHS 12.3.2024

Month and Year	Total Injuries by Month (Patient Behavior)	Total Injuries by Month (Patient Intervention)	No Medical Treatment/No Lost Time	Medical Treatment Only	Lost Time	Total Lost Days
January of 2022	0	0	0	0	0	0
February of 2022	3	0	0	1	2	6
March of 2022	1	0	0	1	0	0
April of 2022	1	0	1	0	0	0
May of 2022	0	0	0	0	0	0
June of 2022	1	0	0	0	1	15
July of 2022	0	3	0	2	1	9
August of 2022	1	0	0	0	1	19
September of 2022	0	0	0	0	0	0
October of 2022	0	0	0	0	0	0
November of 2022	1	0	1	0	0	0
December of 2022	3	1	3	1	0	0
Totals 2022	11	4	4	5	5	49
January of 2023	0	1	0	1	0	0
February of 2023	6	1	6	1	0	0
March of 2023	2	1	2	0	1	2
April of 2023	1	0	0	1	0	0
May of 2023	0	0	0	0	0	0
June of 2023	1	0	0	1	0	0
July of 2023	0	0	0	0	0	0
August of 2023	1	0	1	0	0	0
September of 2023	0	0	0	1	0	0
October of 2023	2	0	1	0	1	4
November of 2023	1	3	1	2	1	3
December of 2023	1	0	0	0	1	2
Totals 2023	15	6	11	7	4	11
January of 2024	0	0	0	0	0	0

DDPC Staff Injury Information Provided by DHHS 12.3.2024

February of 2024	2	1	1	0	2	10
March of 2024	0	0	0	0	0	0
April of 2024	0	0	0	0	0	0
May of 2024	1	0	0	0	1	4
June of 2024	0	0	0	0	0	0
July of 2024	0	0	0	0	0	0
August of 2024	1	0	1	0	0	0
September of 2024	4	0	3	0	1	6
October of 2024	1	0	1	0	0	0
November of 2024	1	0	1	0	0	0
Totals to Date for 2024	10	1	7	0	4	20

RPC Staff Injury Information Provided by DHHS 12.3.2024

Month and Year	Total Injuries by Month (Patient Behavior)	Total Injuries by Month (Patient Intervention)	No Medical Treatment/No Lost Time	Medical Treatment Only	Lost Time	Total Lost Days
January of 2022	2	2	0	1	3	6
February of 2022	2	1	1	2	0	0
March of 2022	3	4	5	2	0	0
April of 2022	2	4	4	1	1	8
May of 2022	1	4	4	0	1	13
June of 2022	3	1	4	0	0	0
July of 2022	1	1	0	1	1	10
August of 2022	5	5	4	0	6	67
September of 2022	1	2	3	0	0	0
October of 2022	5	4	6	1	2	16
November of 2022	3	0	1	0	2	3
December of 2022	1	3	1	2	1	3
Totals 2022	29	31	33	10	17	126
January of 2023	3	5	4	1	3	43
February of 2023	1	4	2	0	3	23
March of 2023	2	1	2	0	1	12
April of 2023	3	3	4	0	2	3
May of 2023	8	0	6	2	0	0
June of 2023	10	3	3	5	5	287
July of 2023	8	0	3	2	3	46
August of 2023	3	2	0	2	3	15
September of 2023	7	2	8	0	1	19
October of 2023	10	11	11	3	7	179
November of 2023	3	0	2	0	1	49
December of 2023	5	2	5	0	2	5
Totals 2023	63	33	50	15	31	681
January of 2024	2	0	2	0	0	0
February of 2024	9	4	8	2	3	110

RPC Staff Injury Information Provided by DHHS 12.3.2024

March of 2024	8	2	4	3	3	182
April of 2024	8	2	7	1	2	35
May of 2024	7	1	4	1	3	79
June of 2024	5	1	4	0	2	16
July of 2024	3	1	1	2	1	8
August of 2024	2	2	3	0	1	1
September of 2024	2	1	0	2	1	11
October of 2024	3	2	4	1	0	0
November of 2024	2	3	2	1	2	12
Totals to Date for 2024	51	19	39	13	18	454

Dorothea Dix Psychiatric Center & Riverview Psychiatric Center

Direct Care* Vacancies by Month

CY 2022 - October 2024

**Direct care positions include mental health workers (DDPC = MHW I & II only), acuity specialists, and nurses (including LPN, Nurse I, HN II, HN III, HN IV, PSM I Nurse Managers, & HN III-Medical Clinical Nurse).*

Source: DHHS Monthly Vacancy Report from OACS Human Resources - Employee & Position and Headcount Dashboard

Calendar Year 2022													
Office	Job Class Or Working Title	January	February	March	April	May	June	July	August	September	October	November	December
DDPC	ACUITY SPECIALIST									1	1	1	1
	HOSPITAL NURSE II	8	10	8	7	4	5	5	5	4	4	4	4
	HOSPITAL NURSE III	7	6	6	8	9	7	6	8	9	8	8	9
	HOSPITAL NURSE IV	1	1					1					
	MEDICAL CLINICAL NURSE	1	1	1	1								
	MENTAL HEALTH WORKER I	16	17	16	11	11	13	11	9	11	11	11	13
	MENTAL HEALTH WORKER II				4	4	4	3	3	2	2	2	2
	NURSE I				1	1	1	1	1	1	1	1	1
DDPC Total		33	35	31	32	29	30	27	26	28	27	27	30
RPC	ACUITY SPECIALIST	6	6	6	6	5	6	5	5	5	4	5	3
	HOSPITAL NURSE II	13	15	16	18	18	18	17	18	19	18	18	19
	HOSPITAL NURSE III	12	13	13	13	13	13	13	13	13	13	13	11
	HOSPITAL NURSE IV	3	2	2	1							1	1
	LICENSED PRACTICAL NURSE	5	5	5	5	5	5	5	5	5	5	5	5
	MENTAL HEALTH WORKER I	16	19	20	16	14	11	15	19	18	18	20	23
	MENTAL HEALTH WORKER II	11	11	11	14	16	14	12	11	11	12	12	14
	MENTAL HEALTH WORKER III	1								1	1	1	1
	MENTAL HEALTH WORKER IV	1	2	2	2	1	1	1	1	1	1	1	1
	NURSE I	7	7	7	6	6	5	7	8	9	9	9	9
	NURSE MANAGER					1	1	1	1	1	1	1	1
RPC Total		75	80	82	81	79	74	76	81	83	82	86	88
Grand Total		108	115	113	113	108	104	103	107	111	109	113	118

Calendar Year 2023

Office	Job Class Or Working Title	January	February	March	April	May	June	July	August	September	October	November	December
DDPC	ACUITY SPECIALIST					1	1	1	1	2	2	2	1
	HOSPITAL NURSE II	4	4	4	4	8	6	8	7	7	6	7	9
	HOSPITAL NURSE III	8	7	7	8	6	6	5	4	4	4	6	6
	MENTAL HEALTH WORKER I	13	11	9	10	11	13	9	8	13	7	7	10
	MENTAL HEALTH WORKER II	2	2	2					1	1	1	1	
	NURSE I	1	2	2	2	2	3	3	3	2	2	3	3
DDPC Total		28	26	24	24	28	29	26	24	29	22	26	29
RPC	ACUITY SPECIALIST	3	4	4	5	6	5	6	6	6	8	9	9
	HOSPITAL NURSE II	19	19	20	20	20	20	21	23	23	23	24	24
	HOSPITAL NURSE III	11	12	11	12	12	13	12	10	12	12	11	11
	HOSPITAL NURSE IV	1	1	1	1	1	1	1	1	1			
	LICENSED PRACTICAL NURSE	5	5	5	5	5	5	5	5	3	3	3	3
	MENTAL HEALTH WORKER I	25	23	20	22	19	20	23	22	21	21	21	22
	MENTAL HEALTH WORKER II	13	13	12	12	12	12	14	12	14	17	17	17
	MENTAL HEALTH WORKER III	1	1	1	1	2	1	2	2	2	2	2	2
	MENTAL HEALTH WORKER IV	1	1	2	2	1							
	NURSE I	8	8	8	8	8	7	7	7	7	7	6	6
	NURSE MANAGER	1	1	1				1	1		1		
RPC Total		88	88	85	88	86	84	92	89	89	94	93	94
Grand Total		116	114	109	112	114	113	118	113	118	116	119	123

Calendar Year 2024 (January - October)

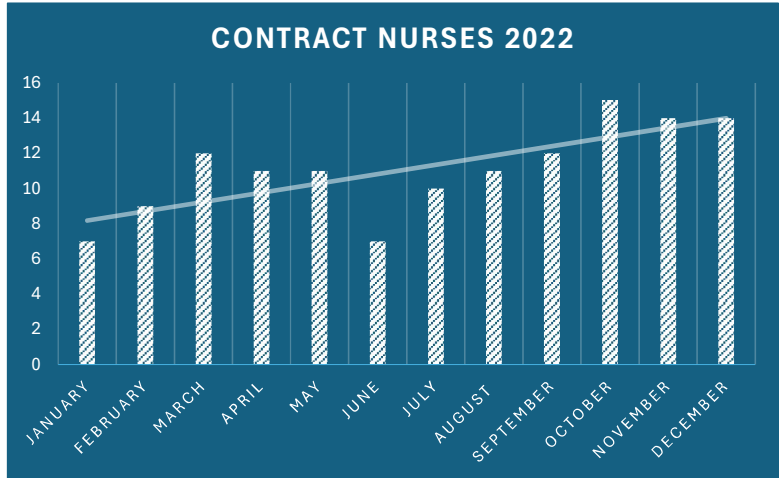
Office	Job Class Or Working Title	January	February	March	April	May	June	July	August	September	October
DDPC	HOSPITAL NURSE II	9	10	11	12	10	11	11	9	9	7
	HOSPITAL NURSE III	6	4	3	2	3	2	2	1	3	2
	MENTAL HEALTH WORKER I	9	8	5	3	5	7	7	9	5	4
	MENTAL HEALTH WORKER II										1
	NURSE I	3	3	2	2	2	2	2	3	3	3
DDPC Total		27	25	21	19	20	22	22	22	20	17
RPC	ACUITY SPECIALIST	7	6	6	6	6	7	7	6	6	4
	HOSPITAL NURSE II	25	25	25	25	25	25	25	25	26	26
	HOSPITAL NURSE III	10	9	9	9	7	9	10	10	9	6
	LICENSED PRACTICAL NURSE	3	3	3	3	3	3	3	3	3	3
	MENTAL HEALTH WORKER I	23	23	23	26	20	15	17	20	18	18
	MENTAL HEALTH WORKER II	19	21	23	22	22	22	22	20	19	21
	MENTAL HEALTH WORKER III	2	2	1	1	1	1	1	1	1	2
	NURSE I	7	8	9	9	9	8	8	8	7	5
	NURSE MANAGER					1	1				
RPC Total		96	97	99	101	94	91	93	93	89	85
Grand Total		123	122	120	120	114	113	115	115	109	102

	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22	9/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24	7/24	8/24	9/24	10/24	
Nursing State Positions (I, II, III, IV)	72	72	72	72	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73
Nursing State Vacancies	16	17	14	16	14	13	13	14	14	13	13	14	13	13	13	14	16	15	16	14	13	12	16	18	18	17	16	16	15	15	15	13	15	12	
Contracted Nursing Staff	8	11	11	13	8	8	8	8	7	8	6	7	7	7	7	9	7	7	6	6	5	5	4	3	3	6	10	7	8	9	6	7	6	8	
% filled with permanent staff	78%	76%	81%	78%	81%	82%	82%	81%	81%	82%	82%	81%	82%	82%	82%	81%	78%	79%	78%	81%	82%	84%	78%	75%	75%	77%	78%	78%	79%	79%	79%	82%	79%	84%	
% filled with contract staff	11%	15%	15%	18%	10%	12%	11%	10%	10%	11%	8%	9%	9%	9%	9%	12%	10%	9%	9%	8%	7%	7%	6%	5%	4%	8%	13%	10%	10%	13%	8%	9%	8%	11%	
Total % of nursing positions filled	89%	91%	96%	96%	91%	94%	93%	91%	91%	94%	91%	90%	91%	91%	91%	93%	88%	89%	87%	88%	90%	90%	84%	80%	79%	85%	91%	88%	90%	92%	87%	91%	87%	94%	
Mental Health Worker State Positions (I, II)	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	55	
Mental Health Worker State Vacancies	16	17	16	15	15	17	14	12	13	13	13	15	15	13	11	10	11	13	9	9	14	8	8	10	9	8	5	3	5	7	7	9	5	5	
Contracted Mental Health Worker Staff	2	1	1	1	2	3	3	3	2	2	2	3	3	3	3	2	2	4	4	5	5	5	4	6	5	8	8	6	5	5	4	8	4	3	
% filled with permanent staff	71%	69%	71%	73%	73%	69%	75%	78%	76%	76%	76%	73%	73%	76%	80%	82%	80%	76%	84%	84%	75%	85%	85%	82%	84%	85%	91%	95%	91%	87%	87%	84%	91%	91%	
% filled with contract staff	3%	2%	2%	2%	3%	5%	5%	5%	3%	4%	3%	5%	5%	5%	5%	3%	7%	8%	9%	9%	9%	9%	8%	11%	10%	15%	14%	10%	9%	10%	8%	14%	6%	6%	
Total % of mental health positions filled	74%	72%	72%	75%	76%	74%	80%	83%	80%	81%	79%	78%	77%	81%	85%	86%	83%	84%	92%	92%	84%	95%	93%	92%	93%	100%	105%	105%	100%	97%	95%	98%	97%	97%	
Acuity Specialist State Positions	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
Acuity Specialist State Vacancies	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	1	1	1	2	2	2	1	0	0	0	0	0	0	0	0	0	0	0
Contracted Acuity Specialist Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
% filled with permanent staff	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	75%	75%	100%	100%	100%	100%	75%	75%	75%	75%	50%	50%	50%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% filled with contract staff	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total % of acuity specialist positions filled	100%	100%	100%	100%	100%	100%	100%	100%	75%	75%	75%	75%	100%	100%	100%	100%	75%	75%	75%	75%	50%	50%	50%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Combined:																																			
% filled with permanent staff	76%	74%	77%	76%	78%	77%	80%	80%	79%	80%	80%	77%	79%	80%	82%	82%	79%	78%	80%	82%	78%	83%	80%	78%	80%	81%	84%	86%	85%	83%	83%	83%	85%	87%	
% filled with contract staff	7%	9%	9%	11%	7%	8%	8%	8%	7%	8%	6%	7%	7%	7%	9%	7%	8%	8%	8%	8%	8%	8%	6%	7%	6%	10%	13%	10%	9%	11%	8%	11%	7%	9%	
Total % of acuity specialist positions filled	83%	83%	86%	87%	85%	86%	87%	88%	86%	88%	86%	84%	86%	87%	89%	90%	86%	86%	88%	90%	86%	91%	87%	85%	86%	92%	97%	95%	94%	94%	91%	94%	92%	96%	

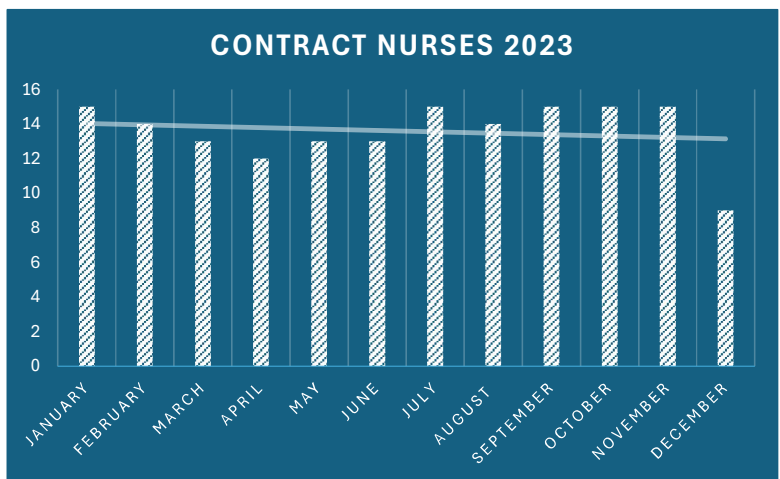
Total Stateline Nurses: 86

Total Contract Nurses:

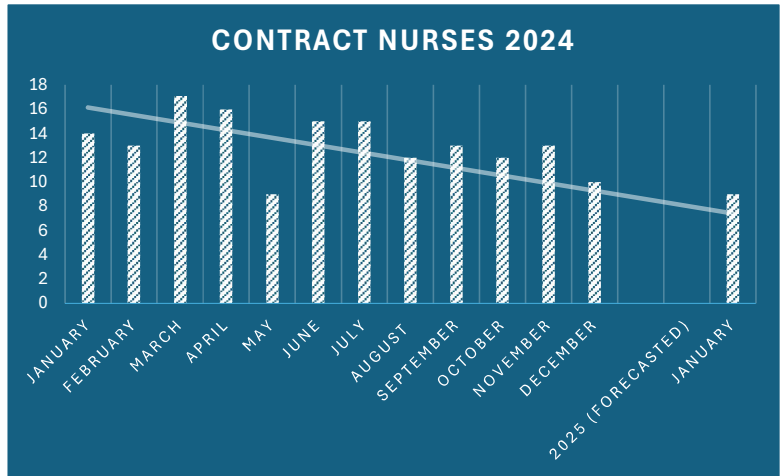
2022	Contract (Avg.)	Percentage
January	7	8%
February	9	10%
March	12	14%
April	11	13%
May	11	13%
June	7	8%
July	10	12%
August	11	13%
September	12	14%
October	15	17%
November	14	16%
December	14	16%



2023	Contract (Avg.)	Percentage
January	15	17%
February	14	16%
March	13	15%
April	12	14%
May	13	15%
June	13	15%
July	15	17%
August	14	16%
September	15	17%
October	15	17%
November	15	17%
December	9	10%



2024	Contract (Avg)	Percentage
January	14	16%
February	13	15%
March	17	20%
April	16	19%
May	9	10%
June	15	17%
July	15	17%
August	12	14%
September	13	15%
October	12	14%
November	13	15%
December	10	12%



2025	Forecasted	Percentage
January	9	10%

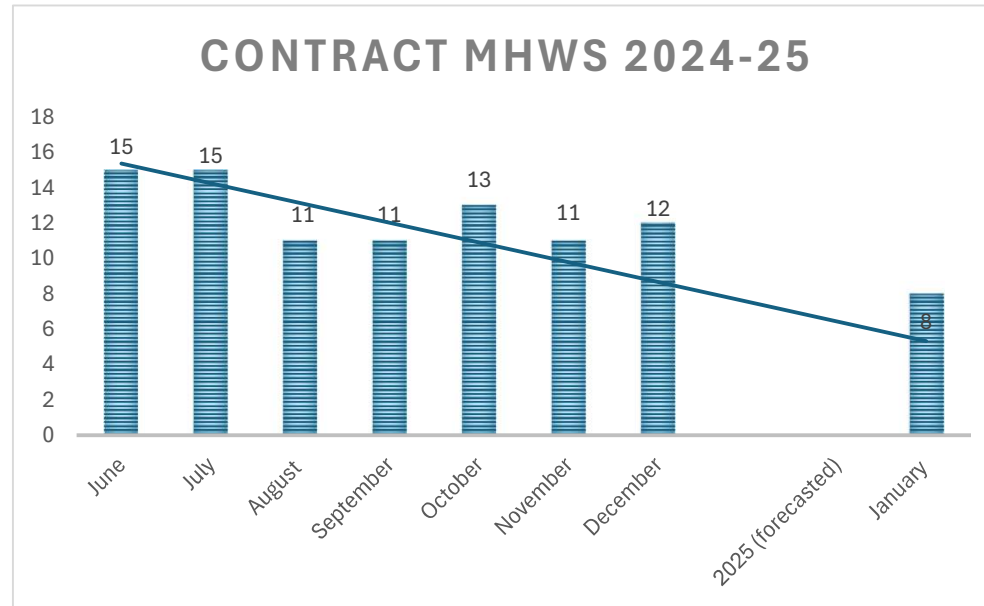
Total Stateline MHW: 117

Total Contract MHW:

2022	Contract (Avg.)	Percentage
	0	0%

2024	Contract (Avg.)	Percentage
	0	0%

2024	Contract (Avg.)	Percentage
January	0	0%
February	0	0%
March	0	0%
April	0	0%
May	0	0%
June	15	13%
July	15	13%
August	11	9%
September	11	9%
October	13	11%
November	11	9%
December	12	10%



Contract

2025	(Forecasted)	Percentage
January	8	7%