**MT DPHHS State-Run Health Care Facilities**

**April 2023**

**Monthly Status Update**

**Facility Scorecard | Overview – April 30, 2023**

Below is the overview of the April 2023 performance scorecard for Montana’s state-run health care facilities. To reflect the variance of performance across individual metrics by facilities, the scorecard now shows an overall status as well as targeted performance within key areas (i.e., census and staffing, budget, quality and training, and operations).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility** | **Overall Status** | *Census and Staffing* | *Budget* | *Quality and Training Metrics* | *Operations* |
| **Montana State Hospital** | *Red* | Red | Red | Red | Red |
| **Montana Mental Health Nursing Care Center** | Red | Red | red | Green | Yellow |
| **Intensive Behavior Center** | Red | Red | Red | Yellow | Red |
| **Montana Chemical Dependency Center** | Yellow | Yellow | Yellow | Yellow | Green |
| **Columbia Falls Montana Veterans’ Home** | Yellow | Yellow | Yellow | Green | Green |
| **Southwestern Montana Veterans’ Home**1 | Yellow | Yellow | Red | N/A | Green |
| **Eastern Montana Veterans’ Home**1 | Yellow | Red | Red | N/A | Green |

**MSH | Scorecard – April 30, 2023**

MSH had 0 net hires in April. MSH continues to experience staffing challenges and level of training compliance remains low.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census  (% of 270 beds)** | **81.1%** | **82.2%** | **n/a** |
| **Admissions** | 81 | 59 | n/a |
| **Discharges** | 74 | 55 | n/a |
| **Waitlist** | 67 | 67 | **< 12** |
| **Employee Vacancy Rate** | 38% | 37% | **< 15%** |
| **Employee Turnover Rate** | 1.5% | 1.5% | **< 5.0%3** |
| **Net Employee Hires** | +11 | +0 | **+6** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $48,873,226 | $48,873,226 | **n/a** |
| **Actuals to Date** | $57,354,572 | $58,461,674 | n/a |
| **Projected Expenses** | $94,886,143 | $92,681,218 | n/a |
| **Variance – Budget to Projected Expenses** | - $46,012,917 | - $43,807,992 | **> $0** |
| **Cost per Bed Day** | $1,187 | $1,144 | **n/a** |
| **Revenue to Date** | $1,948,193 | $2,078,207 | **n/a** |
| **Monthly Traveler Spend**2 | $4,126,745 | $4,124,718 | **n/a** |
| **Percent change in Traveler Spend** | 24% | 0% | **< -5%** |

Quality & Training Metrics - Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **% of patients evaluated for Medicaid eligibility upon admission** | 100% | 100% | **95%** |
| **Patient attendance for group therapy sessions offered** | 72% | 71% | **75%** |
| **% of completed community re-entry form within 10 days of admission** | 60% | 49% | **90%** |
| **Chemical restraint occurrence per 1000 patient days [NEW]** | 7.25 | 9.61 | **0** |
| **Training Compliance**3 | 50% | 49% | **100%** |

**MMHNCC | Scorecard – April 30, 2023**

Percentage of residents with a UTI increased from 1.5% to 3.0%. Monthly gradual dose reduction attempts in antipsychotic medications remained consistent at 12%. The facility’s projected budget deficit increased to $2.1M for the fiscal year.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | **56%** | **56%** | **> 90%** |
| **Admissions** | 1 | 2 | n/a |
| **Discharges** | 0 | 0 | n/a |
| **Waitlist** | 3 | 2 | **< 1** |
| **Employee Vacancy Rate**1 | 33% | 36% | **< 15%** |
| **Employee Turnover Rate**2 | 0% | 3.5% | **< 5.0%** |
| **Net Employee Hires** | +1 | -2 | **+4** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $12,411,241 | $12,411,241 | n/a |
| **Actuals to Date** | $8,794,087 | $9,304,130 | n/a |
| **Projected Expenses** | $14,245,384 | $14,529,132 | n/a |
| **Variance – Budget to Projected Expenses** | - $1,834,143 | - $2,117,891 | **> $0** |
| **Cost per Bed Day** | $600 | $603 | **n/a** |
| **Revenue to Date** | $3,380,432 | $3,719,074 | **n/a** |
| **Monthly Traveler Spend** | $172,226 | $258,319 | **n/a** |
| **Percent change in Traveler Spend**1 | 5% | 50% | **< -10%** |

Quality & Training Metrics – Green

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Falls with major injuries (as % of residents)** | 0% | 0% | **0%** |
| **% of patients being weighed monthly per CMS guidelines** | 98% | 98% | **100%** |
| **% of residents with a UTI against the Montana state average** | 1.5% | 3.0% | **< 2.9%** |
| **Monthly gradual dose reduction (GDR) attempts in residents who are using antipsychotic medications** | 12.0% | 12.0% | **> 10%** |
| **Training Compliance** | 85% | 91% | **100%** |

**IBC | Scorecard – April 30, 2023**

IBC continues to struggle with high employee vacancy rates, with nearly two-thirds of their positions vacant. This month, IBC introduced a new quality metric tracking total formal learning objectives.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 12 beds)** | **75%** | **67%** | n/a |
| **Admissions** | 0 | 0 | n/a |
| **Discharges** | 0 | 1 | n/a |
| **Waitlist** | 11 | 8 | **< 1** |
| **Employee Vacancy Rate** | 64.0% | 65.0% | **< 15%** |
| **Employee Turnover Rate**2 | 0.0% | 3.0% | **< 5.0%** |
| **Net Employee Hires** | +1 | -1 | **+4** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $2,775,188 | $2,775,188 | n/a |
| **Actuals to Date** | $5,744,647 | $6,006,785 | n/a |
| **Projected Expenses** | $8,930,445 | $8,351,097 | n/a |
| **Variance – Budget to Projected Expenses** | - $6,155,257 | - $5,575,909 | **> $0** |
| **Cost per Bed Day** | $2,719 | $2,860 | n/a |
| **Revenue to Date** | $66,674 | $73,330 | n/a |
| **Monthly Traveler Spend1** | $327,048 | $329,059 | n/a |
| **Percent change in Traveler Spend**1 | 0% | 1% | **< -10%** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Comprehensive behavior support plans are updated at least quarterly or based on the individual’s changing needs and expected outcomes** | 100% | 100% | **100%** |
| **Total attendance at community outings** | 57 | 48 | **12** |
| **Percent of clients meeting individual Enrichment Center attendance goals** | 48% | 32% | **50%** |
| **Total formal learning objectives for each client based on hierarchy of needs [NEW]** | 0 | 8 | **45** |
| **Training Compliance** | 67% | 98% | **100%** |

**MCDC | Scorecard – April 30, 2023**

MCDC remained fully staffed across direct patient care positions in April, and as a result had no traveler spend for the month. MCDC continues to struggle with high AMAs and low census. The facility is currently in the process of rightsizing the facility to lower capacity.

Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 48 beds)** | 35% | 44% | **> 90%** |
| **Admissions** | 30 | 26 | n/a |
| **Discharges** | 30 | 30 | n/a |
| **Waitlist** | 0 | 0 | **< 1** |
| **Employee Vacancy Rate** | 5.3% | 9.0% | **< 15%** |
| **Employee Turnover Rate**2 | 3.5% | 3.5% | **< 5.0%** |
| **Net Employee Hires** | -1 | -2 | **> 0** |

Budget SFY23 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $6,000,763 | $6,000,763 | n/a |
| **Actuals to Date** | $4,187,392 | $4,303,501 | n/a |
| **Projected Expenses** | $6,694,357 | $6,668,857 | n/a |
| **Variance – Budget to Projected Expenses** | - $330,434 | - $668,094 | **> $0** |
| **Cost per Bed Day** | $1,079 | $870 | n/a |
| **Revenue to Date** | $373,681 | $881,782 | n/a |
| **Monthly Traveler Spend** | $0 | $0 |  |
| **Percent change in Traveler Spend** | n/a | n/a | ***n/a*** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **% of discharge follow-ups, or attempts, across all discharges** | 100% | 100% | **100%** |
| **Number of discharges against medical advice (AMA)** | 8 | 10 | **< 4** |
| **Number of complete referrals to number of actual patient admissions**1 | 77% | 83% | **85%** |
| **Average number of days from initial outreach to admission** | 7.45 | 7.8 | **< 5** |
| **Training Compliance** | 99% | 80% | **100%** |

**CFMVH | Scorecard – April 30, 2023**

CFMVH significantly reduced waitlist by filtering out ineligible clients. Increasing average daily census remains a goal of the facility. Traveler spend increased by 39% from March.

Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | 53.0% | 54.7% | **> 90%** |
| **Admissions** | 6 | 4 | n/a |
| **Discharges** | 5 | 2 | n/a |
| **Waitlist** | 30 | 35 | **< 15** |
| **Employee Vacancy Rate** | 27% | 28% | **< 15%** |
| **Employee Turnover Rate**2 | 2% | 1.3% | **< 5.0%** |
| **Net Employee Hires** | 0 | -1 | **> +4** |

Budget SFY23 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $14,997,323 | $14,997,323 | n/a |
| **Actuals to Date** | $9,123,951 | $9,668,710 | n/a |
| **Projected Expenses** | $14,555,842 | $14,502,743 | n/a |
| **Variance – Budget to Projected Expenses** | $441,481 | $494,580 | **> $0** |
| **Cost per Bed Day** | $643 | $621 | n/a |
| **Revenue to Date** | $2,260,067 | $2,531,091 | n/a |
| **Monthly Traveler Spend1** | $214,042 | $297,054 | n/a |
| **Percent change in Traveler Spend**1 | -55% | 39% | **< -10%** |

Quality & Training Metrics - Green

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **All patients that have a risk of falls are identified and risk interventions are put in place** | 100% | 100% | **100%** |
| **Number of UTIs per month** | 14% | 0% | **0** |
| **Use of antianxiety medications** | 25% | 21% | **25%** |
| **Medication Errors** | 4% | 4% | **< 5%** |
| **Training Compliance** | 89% | 93% | **100%** |

**SWMVH & EMVH | Scorecard – April 30, 2023**

This month waitlists across both SWMVH and EMVH decreased to 12 and 2, respectively. Census remains low at both facilities.

Because SWMVH and EMVH are run by state contractors, we do not track data on staffing, quality measures, or training compliance. We also do not track certain budget components including traveler spend, cost per bed day, and revenue to date.

SWMVH Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 60 beds)** | 76.7% | 75.0% | **> 90%** |
| **Admissions** | 0 | 3 | n/a |
| **Discharges** | 1 | 2 | n/a |
| **Waitlist** | 15 | 12 | **< 15** |

SWMVH Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $2,995,743 | $2,995,743 | n/a |
| **Actuals to Date** | $2,292,534 | $2,766,958 | n/a |
| **Projected Expenses** | $4,823,363 | $4,810,640 | n/a |
| **Variance – Budget to Projected Expenses** | - $1,828,620 | - $1,814,897 | **> $0** |

EMVH Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Average Daily Census (% of 80 beds)** | **71.3%** | **68.8%** | **> 90%** |
| **Admissions** | 5 | 4 | n/a |
| **Discharges** | 3 | 6 | n/a |
| **Waitlist** | 5 | 2 | **< 15** |

EMVH Budget SFY23 - Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **March 2023** | **April 2023** | **Goal** |
| **Starting Budget** | $4,511,074 | $4,511,074 | n/a |
| **Actuals to Date** | $3,779,423 | $4,145,403 | n/a |
| **Projected Expenses** | $5,976,274 | $5,142,927 | n/a |
| **Variance – Budget to Projected Expenses** | - $1,465,200 | - $631,853 | **> $0** |

**Facilities Workforce Development & Hiring Updates | April 2023**

This month, facilities launched a workforce development taskforce which is focused on expanding outreach to target colleges & universities, increasing digital footprint to market open job positions to online job boards, exploring options for nursing teaching site partnerships, improving the efficiency of the interview process, and improving employee retention through coordinated efforts.

|  |  |
| --- | --- |
| **Workstream** | **Progress so far** |
| **Increasing Candidate Pool** | * Had calls with MSU-Missoula, Montana Tech, Salish Kootenai College, and Carroll College, and reached out to several additional colleges, including MSU-Bozeman, Missoula College, and Helena College, to explore potential nursing rotation partnerships with colleges and the various state facilities. * Registered MVH to attend a career fair at Salish Kootenai College. * Continued CNA trainee classes at MMHNCC and MVH. * Reclassified MMHNCC Social Worker positions as case workers to reduce educational barriers to job acceptance. * Reached out to Montana Department of Labor to begin assessing the feasibility of CNA registered apprenticeships at the facilities. |
| **Advertising & Outreach Opportunities** | * Attended in-person career fairs at Montana Tech, Missoula College, Carroll College, and Butte High School, as well as a virtual fair with MSU-Billings, to advertise positions at the facilities. * Reached out to colleges and high schools to share job postings. * Posted flyers at local businesses and schools near facilities. * Shared open direct care position job postings with 80+ colleges and universities via Handshake. |
| **Candidate Experience Improvement** | * Held focus groups at MSH and MMHNCC with RNs, CNAs, and Psychiatric Technicians to get insights into current recruitment processes and opportunities for improvement from a staff perspective. * Solicited feedback from staff hired in the last six months through a new hire survey to assess areas of opportunity in the recruitment process. * Circulated guides to better assist candidates through the state website application process, based on feedback from staff and the survey. |
| **Employee Retention** | * DPHHS is conducting a feasibility assessment for retention incentives to go alongside hiring and referral incentives, to improve state employee retention. * Developing and implementing performance recognition programs such employee of the month across facilities. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility** | **Priority positions** | **# of Applicants** | **# of Interviews** | **# of Offers extended** | **# of Offers Accepted** | **# of New Hires** | **# of Separations** |
| **MSH** | Psych Tech | **11** | **12** | **8** | **8** | **5** | **3** |
| RN | 0 | 0 | 0 | 0 | 0 | 0 |
| **NCC** | CNA | 4 | 2 | 1 | 1 | 3 | 4 |
| CNA Trainees1 | 6 | 5 | 5 | 3 | n/a | n/a |
| **IBC** | DSP | 1 | 1 | 1 | 1 | 1 | 1 |
| RN | 1 | 0 | 0 | 0 | 0 | 0 |
| **MVH** | CNA | 1 | 0 | 0 | 0 | 0 | 2 |
| CNA Trainees | 0 | 0 | 0 | 0 | n/a | n/a |

|  |  |  |
| --- | --- | --- |
| **Facility** | **Position** | **Vacancy Rate** |
| **MSH** | Psych Tech | 49% |
| RN | 76% |
| **MMHNCC** | CNA | 48% |
| Social Worker / Case Manager | 0% |
| **IBC** | DSP | 77% |
| RN | 75% |
| **MVH** | CNA | 29% |

**Wins & Challenges (1 of 3) | April 30, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins this Month** |
| **MSH** | **Red** | * More work needed to analyze data and identify patterns and trends to drive quality initiatives. * High vacancy rates continue, particularly for direct care staff. Contractors/travelers are being used to cover vacancies. * Contract staff spend has continued to increase, and projected expenses for FY23 exceed the budget significantly. * There are opportunities to improve discharge planning and active treatment. | * Finalized the 2023 infection prevention plan. * Began revisions to Med Staff bylaws and included a Medical Executive Committee. * Established a quarterly cadence for the hospital governing body which met for the second time this month. * Began extensive review and revision process for hospital policies and procedures. |
| **MMHNCC** | **Yellow** | * Limited active behavioral health treatment. * There appears to be over-reliance on particular treatment modalities. Lack of practice guidelines for psychotropic medication use. * The employee vacancy rate remains high at the facility, and direct patient care staffing remains an issue for the facility. * MMHNCC continues to experience excessive sick leave and staff call offs. | * The facility began CNA trainee courses. * Attended a job fair at a local high school to help identify and recruit new young talent. * Hired three new CNAs. * Interviewed candidates for the open ADON position. |

**Wins & Challenges (2 of 3) | April 30, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins this Month** |
| **IBC** | **Red** | * Continued high staff vacancy rates, slow hiring, and travel staff to cover. * Continuing to struggle with hiring a Behavior Services Manager and Behavior Specialist positions. * Onboarding of new state employees continues to be a slow, resource-intensive process.. * Physical plant needs upgrades. * Continued challenges with delivery of active treatment. * Facility director identified issues with current staff training and orientation. A new process is being developed. * Environment continues to have an institutional feel. * Enrichment center attendance declined in the month of April due to coordinator taking leave. | * Facility was able to implement a new contract with MCE food factory. First meals were delivered this month. * Successfully found placement for and discharged one client. There is another client in the process of discharge over the next couple of months. * The facility implemented a system for client data tracking which includes annual assessments, clinical review forms, and nursing documentation. * IBC is currently in the process of realigning staffing schedules for CNAs in order to assist in continuity of client care and prioritize a reduction in overtime. * Scheduled two hiring events for the month of May. |
| **MCDC** | **Green** | * High staffing levels compared to benchmarks. * Overall census and occupancy remains low. Barriers affecting census include patients leaving treatment prior to completion and scheduled admissions not arriving. Continuing to work on ways to improve census. * Discharges against medical advice (AMAs) remain high. * Facility continuing to experience a COVID outbreak. | * 100% staffed across the facility with direct care staff – as a result, there was no traveler spend between November and April. * Continued collaboration with Office of American Indian Health to increase supports with native population. * Did not backfill 3 positions to be added to vacancy savings. * Facility held a site visit to All Nations Health Center & Hope Center to have conversations on improving MCDC to be more culturally appropriate for American-Indian populations. |
| **CFMVH** | **Green** | * High staffing levels compared to benchmarks. * Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Currently have 38 open positions, 27 of which are CNA positions. * Lack of affordable housing. * Low census and high waitlist numbers. | * Recorded 4 new admissions to the facility and decreased waitlist by removing unqualified candidates. * Vietnam veteran resident was approved for “Wish of a Lifetime” to travel to Washington, D.C. to see the Vietnam War Memorial. |

**Wins & Challenges (3 of 3) | April 30, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins this Month** |
| **SWMVH** | **Green** | * FY23 projected expenses currently exceed the budget for the year. * Census numbers remain low at 75% of capacity, falling short of the 90% goal, due to construction delays resulting in inability to VA certify one of the cottages. * Denied 4 referrals in April due to clinical reason and 1 offender registry. * Facility has not received VA record for Veterans on waiting list due to staffing shortages at VA. | * New Radio Ads were recorded and are playing on local radio stations * Cottage 5 adjustments are nearing completion, when the cottage is opened it will include 10 additional beds. * Facebook ads for recruitment of RN/LPN/CNA positions are doing well and receiving traction online. |
| **EMVH** | **Green** | * The facility remains without a permanent full-time Administrator. The position is being advertised by the new operator. * The Exterior Fascia and Roof project public bid process received 3 bids from contractors but has not yet been awarded.  The roof continues to leak. * The Interior Remodel project public bid process only received 1 bid from a contractor and was $200,000 over budget for the project. Options being considered are to rebid which will cause further delay in spending the awarded ARPA funds, or to reduce the project cost by removing planned elements from the project. * The facility remains out of compliance following the February CMS recertification, and the new contractor is working through the Plan of Correction process will likely end in a revisit survey in early April. * The facility continues to use a hybrid health record system which is mostly paper and an antiquated electronic record.  This negatively impacts efficiency and may be contributing to error potential. | * The facility was able to hire 6 new CNAs, an Assistant Director of nursing, Director of Social Services, Director of Activities, Director of Support Services, and a Business Office Manager * EMVH foundation agreed to purchase new furniture for the Special Care Unit day room, Direct TV service for all residents, and barber services for all residents. |
| **Overall, all DPHHS facilities** | **Yellow** | * Lack of electronic health records system makes it difficult to track patient quality and safety measures. * Immature HR, Finance, and IT services across all facilities. * Lack of quality improvement programs. * Lack of ability to recruit experienced full-time employees. * Lack of clinical leadership, and other human resources at the Division level. | * Alvarez & Marsal’s report was published in December and was shared with stakeholder groups, including non-profit partners, unions, and facilities staff. * The recommendations of the A&M report was presented Montana State Legislature at the beginning of January. * Major investments were made by the Governor and the 68th Legislative Session to address facilities deficiencies. |

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