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

**March 2023**

**Monthly Status Update**

**Facility Scorecard | Overview – March 31, 2023**

Below is the overview of the March 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 | Yellow | Red |
| **Montana Mental Health Nursing Care Center** | Red | Red | Red | Yellow | Red |
| **Intensive Behavior Center** | Red | Red | Red | Yellow | Red |
| **Montana Chemical Dependency Center** | Yellow | Yellow | Yellow | Yellow | Yellow |
| **Columbia Falls Montana Veterans’ Home** | Yellow | Yellow | Green | Yellow | Yellow |
| **Southwestern Montana Veterans’ Home**1 | Yellow | Yellow | Red | N/A | Yellow |
| **Eastern Montana Veterans’ Home**1 | Red | Red | Red | N/A | Yellow |

**MSH | Scorecard – March 31, 2023**

MSH had 11 net hires in March – the fourth consecutive month of positive net hires. MSH level of training compliance has significantly dropped as MSH has redefined the training compliance metric to include all required annual training courses for employees.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 270 beds)** | 82.6% | 81.1% | n/a |
| **Admissions** | 57 | 81 | n/a |
| **Discharges** | 59 | 74 | n/a |
| **Waitlist** | 67 | 67 | **< 12** |
| **Employee Vacancy Rate** | 40.2% | 38% | **< 15%** |
| **Employee Turnover Rate** | 1.6% | 1.5% | **< 5.0%3** |
| **Net Employee Hires** | +7 | +11 | **+6** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $48,873,226 | $48,873,226 | n/a |
| **Actuals to Date** | $49,320,306 | $57,354,572 | n/a |
| **Projected Expenses** | $94,284,997 | $94,886,143 | n/a |
| **Variance – Budget to Projected Expenses** | - $45,411,771 | - $46,012,917 | **> $0** |
| **Cost per Bed Day** | $1,158 | $1,187 | **n/a** |
| **Revenue to Date** | $1,886,317 | $1,948,193 | **n/a** |
| **Monthly Traveler Spend**2 | $3,321,226 | $4,126,745 | **n/a** |
| **Percent change in Traveler Spend** | -16% | 24% | **< -5%** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **% of patients evaluated for Medicaid eligibility upon admission** | 100% | 100% | **95%** |
| **Patient attendance for group therapy sessions offered** | 72% | 72% | **75%** |
| **% of completed community re-entry form within 10 days of admission** | 61% | 60% | **90%** |
| **Chemical restraint occurrence per 1000 patient days [NEW]** | N/A | 7.25 | **0** |
| **Training Compliance**3 | 99% | 50% | **100%** |

**MMHNCC | Scorecard – March 31, 2023**

Monthly gradual dose reduction attempts in antipsychotic medications increased from 7.7% to 12.0% in March. The facility’s projected budget deficit significantly increased to $1.8M for the fiscal year.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | 56% | 56% | **> 90%** |
| **Admissions** | 1 | 1 | n/a |
| **Discharges** | 1 | 0 | n/a |
| **Waitlist** | 3 | 3 | **< 1** |
| **Employee Vacancy Rate**1 | 34% | 33% | **< 15%** |
| **Employee Turnover Rate**2 | 4.2% | 0% | **< 5.0%** |
| **Net Employee Hires** | +0 | +1 | **+4** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $12,411,241 | $12,411,241 | n/a |
| **Actuals to Date** | $7,857,259 | $8,794,087 | n/a |
| **Projected Expenses** | $13,007,644 | $14,245,384 | n/a |
| **Variance – Budget to Projected Expenses** | - $596,403 | - $1,834,143 | **> $0** |
| **Cost per Bed Day** | $548 | $5600 | **n/a** |
| **Revenue to Date** | $3,081,961 | $3,380,432 | **n/a** |
| **Monthly Traveler Spend** | $134,648 | $172,226 | **n/a** |
| **Percent change in Traveler Spend**1 | -9% | 5% | **< -10%** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 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** | 3% | 1.5% | **< 2.9%** |
| **Monthly gradual dose reduction (GDR) attempts in residents who are using antipsychotic medications** | 7.7% | 12.0% | **> 10%** |
| **Training Compliance** | 85% | 85% | **100%** |

**IBC | Scorecard – March 31, 2023**

IBC continues to struggle with high employee vacancy rates, with nearly two-thirds of their positions vacant. IBC reported that 100% of behavior support plans are now being updated on a quarterly basis. IBC will introduce a new quality metric tracking total formal learning objectives for clients next month.

Census & Staffing: Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 12 beds)** | 75% | 75% | n/a |
| **Admissions** | 0 | 0 | n/a |
| **Discharges** | 0 | 0 | n/a |
| **Waitlist** | 13 | 11 | **< 1** |
| **Employee Vacancy Rate** | 63.6% | 64.0% | **< 15%** |
| **Employee Turnover Rate**2 | 4.2% | 0.0% | **< 5.0%** |
| **Net Employee Hires** | +1 | +1 | **+4** |

Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $2,775,188 | $2,775,188 | n/a |
| **Actuals to Date** | $5,113,182 | $5,744,647 | n/a |
| **Projected Expenses** | $8,698,655 | $8,930,445 | n/a |
| **Variance – Budget to Projected Expenses** | - $5,923,467 | - $6,155,257 | **> $0** |
| **Cost per Bed Day** | $2,648 | $2,719 | n/a |
| **Revenue to Date** | $59,143 | $66,674 | n/a |
| **Monthly Traveler Spend1** | $327,266 | $327,048 | n/a |
| **Percent change in Traveler Spend**1 | -2% | 0% | **< -10%** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Comprehensive behavior support plans are updated at least quarterly or based on the individual’s changing needs and expected outcomes** | 88% | 100% | **100%** |
| **Total attendance at community outings** | 13 | 57 | **12** |
| **Percent of clients meeting individual Enrichment Center attendance goals** | 31% | 48% | **50%** |
| **Total formal learning objectives for each client based on hierarchy of needs [NEW]** | N/A | 0 | **45** |
| **Training Compliance** | 96% | 67% | **100%** |

**MCDC | Scorecard – March 31, 2023**

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

Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 48 beds)** | 48% | 35% | **> 90%** |
| **Admissions** | 26 | 30 | n/a |
| **Discharges** | 33 | 30 | n/a |
| **Waitlist** | 0 | 0 | **< 1** |
| **Employee Vacancy Rate** | 7.0% | 5.3% | **< 15%** |
| **Employee Turnover Rate**2 | 3.8% | 3.5% | **< 5.0%** |
| **Net Employee Hires** | -2 | -1 | **> 0** |

Budget SFY23 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $6,000,763 | $6,000,763 | n/a |
| **Actuals to Date** | $3,764,764 | $4,187,392 | n/a |
| **Projected Expenses** | $6,331,197 | $6,694,357 | n/a |
| **Variance – Budget to Projected Expenses** | - $330,434 | - $330,434 | **> $0** |
| **Cost per Bed Day** | $754 | $1,079 | n/a |
| **Revenue to Date** | $161,828 | $373,681 | n/a |
| **Monthly Traveler Spend** | $0 | $0 |  |
| **Percent change in Traveler Spend** | n/a | n/a | ***n/a*** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **% of discharge follow-ups, or attempts, across all discharges** | 100% | 100% | **100%** |
| **Number of discharges against medical advice (AMA)** | 9 | 8 | **< 4** |
| **Number of complete referrals to number of actual patient admissions**1 | 69% | 77% | **85%** |
| **Average number of days from initial outreach to admission** | 5.41 | 7.45 | **< 5** |
| **Training Compliance** | 98% | 99% | **100%** |

**CFMVH | Scorecard – March 31, 2023**

CFMVH significantly reduced waitlist by filtering our ineligible clients. Increasing average daily census remains a goal of the facility. Traveler spend decreased by 55% from February.

Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | 53.0% | 53.0% | **> 90%** |
| **Admissions** | 2 | 6 | n/a |
| **Discharges** | 4 | 5 | n/a |
| **Waitlist** | 136 | 30 | **< 15** |
| **Employee Vacancy Rate** | 25.5% | 27% | **< 15%** |
| **Employee Turnover Rate**2 | 4.5% | 2% | **< 5.0%** |
| **Net Employee Hires** | -1 | 0 | **> +4** |

Budget SFY23 – Green

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $14,997,323 | $14,997,323 | n/a |
| **Actuals to Date** | $7,802,995 | $9,123,951 | n/a |
| **Projected Expenses** | $14,735,475 | $14,555,842 | n/a |
| **Variance – Budget to Projected Expenses** | $261,848 | $441,481 | **> $0** |
| **Cost per Bed Day** | $651 | $643 | n/a |
| **Revenue to Date** | $2,065,434 | $2,260,067 | n/a |
| **Monthly Traveler Spend1** | $472,311 | $214,042 | n/a |
| **Percent change in Traveler Spend**1 | +14% | -55% | **< -10%** |

Quality & Training Metrics - Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 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** | 12% | 14% | **0** |
| **Use of antianxiety medications** | 34% | 25% | **25%** |
| **Medication Errors** | 4% | 4% | **< 5%** |
| **Training Compliance** | 89% | 89% | **100%** |

**SWMVH & EMVH | Scorecard – March 31, 2023**

SWMVH waitlist increased to 15 in March. 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.h

SWMVH Census & Staffing: Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Average Daily Census (% of 60 beds)** | 76.7% | 76.7% | **> 90%** |
| **Admissions** | 4 | 0 | n/a |
| **Discharges** | 4 | 1 | n/a |
| **Waitlist** | 10 | 15 | **< 15** |

SWMVH Budget SFY23 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $2,995,743 | $2,995,743 | n/a |
| **Actuals to Date** | $1,797,086 | $2,292,534 | n/a |
| **Projected Expenses** | $4,398,729 | $4,823,363 | n/a |
| **Variance – Budget to Projected Expenses** | - $1,402,986 | - $1,828,620 | **> $0** |

EMVH Census & Staffing: Red

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

EMVH Budget SFY23 - Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **February 2023** | **March 2023** | **Goal** |
| **Starting Budget** | $4,511,074 | $4,511,074 | n/a |
| **Actuals to Date** | $2,405,326 | $3,779,423 | n/a |
| **Projected Expenses** | $5,958,658 | $5,976,274 | n/a |
| **Variance – Budget to Projected Expenses** | - $1,447,584 | - $1,465,200 | **> $0** |

**Facilities Workforce Development & Hiring Updates | March 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.
* Began posting open job postings to digital job boards such as LinkedIn and 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.
 |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility** | **Priority positions** | **# of Applicants** | **# of Interviews** | **# of Offers extended** | **# of Offers Accepted** | **# of New Hires** | **# of Separations** |
| **MSH** | Psych Tech | 15 | 9 | 8 | 6 | 6 | 2 |
| RN | 0 | 0 | 0 | 0 | 0 | 0 |
| **NCC** | CNA | 3 | 1 | 0 | 0 | 0 | 0 |
| CNA Trainees1 | 3 | 0 | 0 | 0 | n/a | n/a |
| **IBC** | DSP | 2 | 2 | 0 | 0 | 1 | 1 |
| RN | 0 | 0 | 0 | 0 | 1 | 1 |
| **MVH** | CNA | 3 | 1 | 1 | 1 | 1 | 1 |
| CNA Trainees | 0 | 0 | 1 | 1 | n/a | n/a |

|  |  |  |
| --- | --- | --- |
| **Facility** | **Position** | **Vacancy Rate** |
| **MSH** | Psych Tech | 69% |
| RN | 81% |
| **MMHNCC** | CNA | 47% |
| Social Worker / Case Manager | 40% |
| **IBC** | DSP | 78% |
| RN | 75% |
| **MVH** | CNA | 22% |

**Wins & Challenges (1 of 3) | March 31, 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.**
* ***Climate and Culture Survey*: Employees reported low satisfaction with recognition, support, development, and salary.**
 | * **The facility exceeded its net hires goal for the third month in a row, and five Psychiatric Technicians were hired.**
* **MSH hired & onboarded a new facility administrator.**
 |
| **MMHNCC** | **Red** | * **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.**
* ***Climate and Culture Survey*: Employees reported low satisfaction with workload, recognition, support, development, and salary.**
* **MMHNCC continues to experience excessive sick leave and staff call offs.**
 | * **The facility hired a Food Service Worker.**
* **Launch of new employee committee to support newly hired staff as they transition into their new roles.**
* **State Surveyor issued facility a CMS 2567 statement of deficiencies and plan of correction. NCC submitted and received approval on a plan of correction which would remedy all deficiencies by March 13th.**
 |

**Wins & Challenges (2 of 3) | March 31, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins this Month** |
| **IBC** | **Red** | * **Continued high staff vacancy rates, slow hiring, and travel staff to cover.**
* **Onboarding of new state employees continues to be a slow, resource-intensive process.**
* **Behavior Clinician announced their resignation.**
* **Ongoing negotiations for a new food contract have been delayed, facility continues to order food or cook on campus.**
* **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 classes were developed and began operation on March 13th.**
* **The facility was able to identify community placement two current clients.**
* **Printed the first edition of a client-produced newsletter.**
* **New Director of Nursing was successfully onboarded.**
* **All client rooms were deep cleaned, and new furniture was purchased for all units**
* **Client social outings have tripled for the month of march, and more client outings are scheduled for next month.**
 |
| **MCDC** | **Yellow** | * **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 experienced COVID outbreak with positive results for 1 patient and 4 staff.**
 | * **100% staffed across the facility with direct care staff – as a result, there was no traveler spend between November and March.**
* **Continued collaboration with Office of American Indian Health to increase supports with native population.**
* **Filled vacancies in 3 key roles: RN in a per diem position, an administrative assistant and treatment technician.**
* **Prior patient was a keynote speaker at an event where the former patient spoke about their journey to sobriety.**
* **Staff attended presentation on Connect Resources, an online referral system used by many healthcare providers.**
 |
| **CFMVH** | **Yellow** | * **Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Currently have 36 open positions, 20 of which are CNA positions.**
* **Lack of affordable housing.**
* **Low census and high waitlist numbers.**
 | * **Facility was identified by US News & World Report as a high performing facility, and in the top 16 percent of nursing homes nationwide.**
* **Hired two new RNs.**
* **Recorded 6 new admissions to the facility and decreased waitlist by removing unqualified candidates.**
* **Reduced monthly traveler spend by 55% since February.**
 |

**Wins & Challenges (3 of 3) | March 31, 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins this Month** |
| **SWMVH** | **Yellow** | * **Cottages 4 and 5 are not not VA licensed due to ongoing construction. Estimated projected completion date is June 2023. Cottage 5 will require staffing to open.**
* **Several facilities and equipment issues have been identified which will require repairs including stoving, ice machines and plumbing.**
* **FY23 projected expenses currently exceed the budget for the year.**
* **Census numbers remain low at 77% of capacity, falling short of the 90% goal.**
 | * **Facility staff participated in a planning committee for a Community Activity in May for Seniors in the area.**
* **Residents and staff participated in St. Patrick’s Day Parade.**
* **New Radio Ads were recorded and are playing on local radio stations**
 |
| **EMVH** | **Yellow** | * **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.**
 | * **Eduro Healthcare is assumed operations fully on March 1st.**
* **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.**
* **DPHHS launched workforce development task force aimed at lowering vacancies across facilities and improving employee retention.**
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