

Employee Town Hall

July 21, 2022

Montana Chemical Dependency Center



Agenda & Ground Rules

Agenda

- DPHHS Updates (Will Evo)
- Climate & Culture Survey Results (Chris Baglio)
- Facility Updates (Shannon LaTray)

Ground Rules

- The presentation materials will be shared after the meeting.
- Please mute your microphone.
- We will answer questions received before today.
 - Questions related to specific personnel issues were provided to HR.
 - If you have a question after the meeting, you can submit your question via this link: <https://bit.ly/3Ntc2hh>

DPHHS Updates

Introducing... William Evo



- Will joined DPHHS in May 2022 as Deputy Administrator, Healthcare Facility Operations.
- Prior to DPHHS, he spent 7+ years at Trinity Health system, located in Michigan, in various director-level roles, including Quality, Patient Safety, Medical Staff Services, Clinical Integration, Physician Alignment and Regulatory Services.
- Will's professional focus areas include Zero Harm, Just Culture, Lean Six Sigma and process improvement.
- Will earned a bachelor's degree in Business Administration from Michigan State University, and a juris doctorate in Healthcare Law from the University of Detroit Mercy.

Leadership Transition

- Adam Meier is resigning as DPHHS Director, and his last day will be August 12.
- Charles Brereton, current DPHHS Chief of Staff, will take over as Director.
- This change will have no impact to your day to day.

Building A Health System

- We are on a Journey – “Building A Health System”
 - All 7 state-run health care facilities are now under one leader in their own DPHHS division.
 - We will all work closer together and function more like a system of care.
 - We will leverage our size and scale to better support facilities and our patients.
- Change is needed
 - There is a long road ahead of us – electronic health records, sustainable staffing, moving beyond COVID, improving employee satisfaction and morale...
 - I will be a visible and supportive leader for you.

A&M Assessment

- DPHHS hired A&M to conduct an assessment and create performance improvement plans of our state-run health care facilities.
- You may have seen them onsite at your facility or helping them with information requests.
- They are going to help us create long-range strategic plans to identify where we are headed and how to get there.
- Hiring them is an investment in you – and we are grateful for their partnership.
- Our promise is to keep you informed throughout this journey.

Q&A for DPHHS

Why did only some staff receive raises? This was never addressed with the staff who did not get raises.

Wage increases are negotiated with union leadership for each collective bargaining unit. If you have questions about the negotiation process, please contact your union representative. If you are non-union and have questions about pay, please contact HR.

Although wonderful raises were just given to most of the staff, what was done for those who have longevity? There wasn't even acknowledgement.

The State of Montana offers a Longevity Allowance. The Longevity Allowance is negotiated with union leadership and members of management representing all State Agencies. It is a percentage rate on top of your base salary. You can find the different percentage rates on the State's website.

Q&A for DPHHS

Are there any plans for restructuring the employee grievance investigation process so that employees submitting a grievance or concern can be confident that they are protected from retaliation, and that the investigation was fully followed through by an unbiased investigator? What I mean is, managers currently back each other up, and employees are labeled as "troublemakers" and are not considered for management positions regardless of qualifications. So managers are selected with no management or clinical experience. Can you guys assure that this can be remedied?

Retaliation is never acceptable, and it needs to be addressed with HR. We are not looking at changing the existing employee grievance process; it is dictated by State policy and each Collective Bargaining Agreement. Please reach out to HR for more information about the grievance process.

Our goal is to recruit and hire the best candidates. While some people may not agree with a hiring decision, we must all support each other and create a positive work environment.

Why does it take so long for the background checks? Some applicants have accepted other jobs during the lengthy time it takes for the background check to come back. Is there another service available that would be more timely?

The standard turnaround time for background checks is 3-7 business days. If something comes up on a candidate's background check, the candidate must provide a written response and then HR must evaluate the response. This slows down the process.

Q&A for DPHHS

Why doesn't people in Helena come and actually talk to the staff instead of always listening to the administration. The staff are not really disgruntled workers like Helena is being told?

We are making changes under Will's leadership and Helena will be more active and visible with staff. Will comes from an organization with a strong rounding culture, and this means you will see Will at your facility. He will be talking to staff to understand the issues they face. Right now, we have results from the climate and culture survey, which indicate that there are opportunities to improve the culture and morale.

Are you planning on going into all of the specific ancillary job roles and what people are doing hour by hour through the day? Would this be a good way to ensure accountability amount management and ancillary staff? How else are people held accountable? How is management being held accountable?

A&M's engagement does not include a "desk" audit of all positions. They are looking across all facilities to identify long-range strategic improvements. Will's goal in his job is to help everyone be successful in their role and be the best that they can be.

Q&A for DPHHS

I want to know how these surveys could be called "anonymous" when you take our demographic information, and so few of us work here that it isn't hard to figure out the rest from that?

A&M aggregated data so that they could anonymize the responses.

Also, I'm curious why our admin would tell us they have looked over the surveys and everything looked great? I ask because I have had conversations with many co-workers who wrote in the survey about numerous, serious issues here (for ex. pervasive disrespect, various forms of time theft by admin, lack of appropriate training for employees), and it seems that no one from A&M or the state will acknowledge these issues.

The most common themes were included in the presentation, and less than 10% of responses had negative or constructive themes. All themes are being addressed.

Were answers to the original survey censored from MCDC Admin?

Yes, see above.

Q&A for DPHHS

The Governor stated that he was going to use the tax dollars received from the bill passed to legalize marijuana towards drug and alcohol and mental health facilities in our state. I notice that some areas that our survey show signs of dissatisfaction stemming from staffing and salaries, some of which have already been addressed, how might these funds be further utilized to make state facilities highly competitive in salaries across disciplines and job recruitment.

The tax revenue from marijuana sales is being used by the State for mental health and substance use prevention, crisis, treatment, and recovery services. MCDC is a small puzzle piece in the larger behavioral health continuum of care. Funds have already been allocated to support those services.

Climate & Culture Survey

Survey Response Rate by Facility – Closing Results

The below table provides a summary of the total number of responses to the DPHHS Facilities Climate and Culture Survey.

Facility	Licensed Beds	Total # of Possible Responses	Total # of Responses Received	% Responses Rate
Montana State Hospital	270	586	155	26%
Montana Mental Health Nursing Care Center	117	163	62	38%
Intensive Behavior Center	12	76	17	22%
Montana Chemical Dependency Center	48	68	46	68%
Columbia Falls Montana Veterans' Home	117	196	81	41%
SW Montana Veterans' Home	36	70	22	31%
Eastern Montana Veterans' Home	80	100	23	23%
Other	N/A	N/A	4	N/A
Total	680	1100	410	33%

Results Summary – Employee Satisfaction Level

MCDC and SWMVH have the highest overall employee satisfaction levels. MMHNCC and MSH had the lowest overall employee satisfaction levels. Across all facilities, employees reported highest satisfaction with accomplishment and lowest satisfaction with salary. This is particularly the case for CFMVH where the median home cost is over \$450,000.

Methodology: Employees responded to survey questions within each dimension using a 1 to 5 scale. A satisfaction level was created for each employee by averaging the scores for each survey question response. This represents each respondent’s satisfaction level regarding the corresponding dimension.

Dimension	Average Satisfaction Level							
	Overall	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH*	EMVH*
Accomplishment	3.7	3.5	3.4	3.6	4.1	4.0	4.1	3.8
Supervision	3.5	3.4	3.2	3.7	3.8	3.6	3.9	3.9
Workload	3.1	3.1	2.8	3.1	3.8	2.8	3.7	3.6
Recognition	3.1	2.7	2.6	2.9	3.5	3.6	3.8	3.5
Support	3.0	2.7	2.5	2.9	3.7	3.2	3.5	3.2
Development	2.9	2.7	2.8	2.8	3.1	3.1	3.2	3.3
Salary	2.5	2.7	2.4	2.6	2.8	1.9	3.3	3.0
Overall	3.1	3.0	2.8	3.1	3.6	3.2	3.6	3.5
<i>Count</i>	<i>410</i>	<i>155</i>	<i>62</i>	<i>17</i>	<i>46</i>	<i>81</i>	<i>22</i>	<i>23</i>

*Southwestern Montana Vets Home (SWMVH) and Eastern Montana Vets Home (EMVH) are run by contractors.

Survey Questions Rating – Salary

Within the dimension of *Salary*, employees reported dissatisfaction with salaries and felt their salaries were not competitive with similar jobs.

These survey results were gathered after recent wage increases at the facilities. A comparison of wages at the contracted facilities (SWMVH and EMVH) and state-run facilities is needed to understand the differences in salary satisfaction levels. There may be a need to conduct further wage studies, especially at CFMVH, considering recent inflationary pressure and wage growth among competing employers.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
1. I am satisfied with the salary and benefits	2.6	2.8	2.5	2.6	3.0	2.0	3.2	3.0
2. Our salaries are competitive with similar jobs	2.5	2.6	2.4	2.6	2.7	1.9	3.4	2.9
Overall Salary Satisfaction	2.6	2.7	2.4	2.6	2.8	1.9	3.3	3.0
<i>Count</i>	406	155	62	17	46	81	22	23

Area	Facility	Cost of Living Index
Bozeman		125.3
Kalispell	CFMVH	112.7
Missoula		103.4
Helena		104.2
Billings		95.7
Great Falls		91.1

Salary satisfaction appears to align with the cost-of-living index, which may partially explain the low satisfaction of CFMVH in Kalispell.

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree
 Source: AdvisorSmith Cost of Living Index, 2021

Survey Questions Rating – Workload Impact

Within the dimension of *Workload Impact*, employees primarily reported that they could perform all the tasks associated with their position and had a manageable workload.

The only areas where the average rating was below 3.0 (i.e., neutral) pertained to being emotionally exhausted and having unrealistic expectations. This was most pronounced at MMHNCC and CFMVH suggesting these facilities may need to re-evaluate their Employee Assistance Programs (EAP).

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
8. I am capable of performing all the tasks associated with my position	4.1	4.0	3.9	4.2	4.4	4.0	4.3	4.0
1. I have a manageable workload	3.4	3.4	3.2	3.2	4.0	3.2	3.5	3.8
2. I am able to spend enough time working with my facility's patients/clients	3.2	3.1	3.0	3.8	3.9	3.0	3.9	3.4
3. My job pressures do not overlap with my personal life	3.1	3.0	2.8	2.8	3.8	2.8	3.5	3.7
6. I am not burned out from my job (recoded)	3.0	3.0	2.5	3.2	3.8	2.5	3.6	3.5
7. My personal health is not impacted by the demands of my job (recoded)	3.0	3.2	2.6	2.8	3.6	2.3	3.7	3.5
9. Work is distributed equally with my co-workers	3.0	3.0	2.5	2.6	3.7	2.7	3.4	3.3
4. What the agency expects of health care workers is realistic (recoded)	2.9	2.7	2.6	2.8	3.5	2.7	3.5	3.5
5. I am not emotionally exhausted from my job (recoded)	2.7	2.7	2.2	2.6	3.5	2.3	3.6	3.3
Overall Workload Impact Satisfaction	3.1	3.1	2.8	3.1	3.8	2.8	3.7	3.6
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Note: Questions #4, #5, #6, and #7 were re-written for clarity. Original questions asked were: "4. What the agency expects of health care workers is unrealistic", "5. I am emotionally exhausted from my job", "6. I am burned out from my job", and "7. My personal health is impacted by the demands of my job". Ratings for "negative" questions were recoded as follows for consistency in summarizing statistics: 5 to 1, 4 to 2, 2 to 4, 1 to 5

Survey Questions Rating – Recognition

Within the dimension of *Recognition*, employees reported viewing their position as highly desirable when they started, but felt their facility was not held in high regard in the community.

Additional review is needed to understand MCDC’s and CFMVH’s success with community engagement and how it could be replicated at other facilities. Similarly, recognition best practices should be taken from SWMVH to inform programs at MSH, MMHNCC, and IBC.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
4. I viewed this position as highly desirable when I started	3.9	3.9	4.0	3.7	3.8	4.1	4.2	3.7
1. I earn recognition from doing a good job	2.8	2.6	2.2	2.7	3.5	3.0	3.7	3.3
3. I am satisfied with the recognition of my work	2.8	2.6	2.3	2.5	3.3	3.0	3.6	3.4
2. My facility is held in high regard in the community	2.7	1.8	1.9	2.5	3.4	4.3	3.8	3.5
Overall Recognition Satisfaction	3.1	2.7	2.6	2.9	3.5	3.6	3.8	3.5
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Development

Within the dimension of *Development*, employees reported there were limited professional development and training opportunities at the facilities. Employees were also dissatisfied with opportunities for promotion.

Performance management systems, goals setting, and career tracking are areas that facilities should continue to invest in to improve development and satisfaction. *Note: DPHHS implemented “Talent,” a new performance management system in May 2022.*

▪ Most employees reported that they plan to stay at their facility within the next 12 months. We explore reasons why employees might leave their facility in later sections of this report.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
6. I plan on staying at this facility within the next 12 months (recoded)	3.5	3.6	3.5	3.2	4.0	3.2	3.3	3.5
2. I receive sufficient training to complete my job effectively	3.0	2.6	2.9	2.8	3.3	3.7	3.2	3.6
4. I am satisfied with my ability to laterally transfer (if desired)	3.0	2.8	2.7	3.0	3.0	3.2	3.4	3.2
5. There were few other job opportunities for me when I accepted this position	2.7	2.7	2.9	2.6	2.7	2.7	2.3	2.7
1. I am satisfied with the opportunities for promotion	2.7	2.5	2.5	2.8	2.7	2.7	3.3	3.4
3. There are adequate professional development opportunities	2.6	2.4	2.4	2.6	3.0	2.8	3.2	3.2
Overall Development Satisfaction	2.9	2.7	2.8	2.8	3.1	3.1	3.2	3.3
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree
 Note: Question #6 was re-written for clarity. The original question asked was: “I plan on leaving this facility within the next 12 months”. Ratings for “negative” questions were recoded as follows for consistency in summarizing statistics: 5 to 1, 4 to 2, 2 to 4, 1 to 5

Survey Questions Rating – Accomplishment

Within the dimension of *Accomplishment*, employees primarily reported that they sought this line of work due to their commitment to health care, and that they have a sense of accomplishment from doing their job.

The survey results also help highlight an opportunity at MSH, MMHNCC, and IBC to clarify the purpose of their facility, including the services they deliver and population they support.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
3. I got into this field because of my commitment to health care	4.0	3.9	3.9	4.2	4.0	4.1	4.1	3.8
1. I have a sense of accomplishment from doing my job	3.8	3.6	3.4	3.6	4.2	4.0	4.1	3.9
2. I feel like I am making a difference	3.8	3.6	3.3	3.8	4.2	4.0	4.3	3.7
4. I am satisfied with the mission of the facility	3.3	3.0	2.9	2.8	3.9	3.8	4.0	3.8
Overall Accomplishment Satisfaction	3.7	3.5	3.4	3.6	4.1	4.0	4.1	3.8
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Support

Within the dimension *Support*, employees reported that they received sufficient support from co-workers and that their co-workers were experienced. Communications and support from facility administration were rated poor overall.

These survey results suggest a need to improve communications at all levels in the facilities. Further examination of the communication practices (e.g., newsletters) at MCDC and SWMVH may provide insight into strategies that can be adopted at MSH and MMHNCC where staff perception of communication is lowest.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
3. A sufficient number of my co-workers are experienced at their job	3.6	3.2	3.3	3.5	4.2	4.0	3.6	3.9
2. I have sufficient support from my co-workers	3.6	3.6	3.0	3.1	4.2	3.6	3.7	3.6
1. The people I work with treat each other with respect	3.2	3.2	2.4	2.8	4.1	3.2	3.7	3.4
4. I am satisfied with the support I receive from the facility's Leadership Team	2.7	2.3	2.1	2.9	3.5	3.1	3.5	3.3
5. I am satisfied with the support I receive from DPHHS Central Office	2.7	2.4	2.4	2.7	3.1	2.8	3.4	3.1
7. Communications I receive from Administration are timely, accurate, and understandable	2.6	2.3	2.1	2.7	3.5	2.9	3.3	2.7
6. I am satisfied with the communications and level of information I receive from Administration	2.5	2.1	2.0	2.7	3.4	2.9	3.3	2.8
Overall Support Satisfaction	3.0	2.7	2.5	2.9	3.7	3.2	3.5	3.2
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Survey Questions Rating – Supervision

Within the dimension of *Supervision*, employees reported that they like their direct supervisors and were overall satisfied with the supervision they receive. There is an opportunity to improve employee participation in process improvement activities at MMHNCC and MSH.

Survey Question	Average	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH	EMVH
1. I have frequent contact with my supervisor	3.8	3.7	3.6	3.7	3.9	4.0	4.0	3.8
2. I have an available supervisor	3.8	3.7	3.5	3.8	4.0	3.8	4.1	4.0
3. I have a competent supervisor	3.6	3.4	3.3	4.1	4.0	3.8	4.0	3.9
4. I have sufficient support by my supervisor in debriefings	3.4	3.3	3.0	3.6	3.7	3.4	3.9	3.8
5. My opinions and input are respected and appreciated	3.3	3.3	2.8	3.4	3.7	3.4	3.9	3.7
6. I am encouraged to participate in process improvement	3.3	3.1	2.9	3.5	3.6	3.3	3.7	4.0
Overall Supervision Score	3.5	3.4	3.2	3.7	3.8	3.6	3.9	3.9
<i>Count</i>	406	155	62	17	46	81	22	23

Scores are based on a 5-Point Likert Scale = 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

Intent to Leave – By Facility

We evaluated employees' responses to the question, *"I plan on leaving this facility within the next 12 months,"* and compared the percentages of employees selecting each rating.

Across all facilities, less than 18% of employees said they intend to leave the facility within the next 12 months. A third of employees at Montana Mental Health Nursing Care Center said they plan on leaving within the next 12 months. Over half of employees said they intend to stay.

We discuss the main reasons why employees would leave their job in the next slides. We also review written responses to this question in the qualitative analysis section of this report.

Facility	<i>"I plan on leaving this facility within the next 12 months"</i>					Intent to Leave (Agree + Strongly Agree)
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
MMHNCC	24%	18%	24%	29%	6%	35%
MCDC	16%	31%	29%	11%	13%	24%
MSH	17%	26%	37%	8%	12%	20%
EMVH	13%	48%	26%	4%	9%	13%
CFMVH	26%	27%	36%	7%	4%	11%
IBC	39%	37%	15%	2%	7%	9%
SWMVH	14%	45%	32%	9%	0%	9%
Overall	21%	30%	31%	9%	9%	18%

Multivariate Linear Regression Analysis – Intention to Leave

In **predicting employees' intentions of leaving**, we have identified the **strongest predictor variables in each facility**. Focusing energy and resources on improving these key areas in each facility is expected to lower employees' intentions of leaving.

- R squared is a measure of our model's fit. Higher R squared values (closer to 1) imply that the model's predictor variables explain more of the variance in employees' intentions of leaving. Facilities with higher R squared values will benefit most from improving the listed variables.
- Work in the areas identified within the table below (i.e., predictor variables) should have the greatest positive impact on employee retention. This work should be done at the facility level as well as by the Department.

Strongest predictors of intent to leave by facility, in order of contribution to R squared

Facility	Predictor Variables	R squared
MSH	Perception of Making a Difference; Training; Burn Out	0.139
IBC	Promotion Opportunities; Work Distribution; Unrealistic Expectations; Peer Support	0.807
MCDC	Supervisor Support; Work Distribution; Training	0.397
MMHNCC	Perception of Making a Difference; Salary and Benefits; Employee Health Status	0.432
CFMVH	Reputation of Facility in Community; Job Impact on Health; Sense of Accomplishment; Commitment to Healthcare	0.319
SWMVH	Facility Administration Communication; Work Distribution; Peer Support; Professional Development; Opportunities to Transfer; Availability of Other Jobs; Promotion Opportunities	0.947
EMVH	Support from DPHHS; Commitment to Healthcare	0.614
Overall	Perception of Making a Difference; Training; Job Impact on Health; Promotion Opportunities; Commitment to Healthcare	0.244

MCDC Comments from Climate and Culture Survey

Most open-ended responses had positive things to say about MCDC's culture.

Friendly, respectful, teamwork, caring, and positive!

We make a great team. Everyone is very helpful to each other.

There is laughter in the hallways daily and program development is occurring.

The culture at this facility is great! Really a great place to work.

It is overall positive and supportive with my co-workers.

We like to work hard and have fun. We keep things light to avoid burnout. Joking and laughing are daily. We support and challenge each other to do better with helping the patients. We are all very close and will often do things outside of work to continue to build our friendships/ work relationships.

Night shift work very well together and always help each other and I feel the facility is making positive changes to better serve the people who come for treatment.

MCDC Comments from Climate and Culture Survey

Less than 10% of responses provided critical feedback.

I think we are trying to become more opened I believe at times it is a siloed environment. Many departments are treating the same patients and should communicate but that communication gets lost. Some times I just feel like the culture is stagnant and then at times its growing leaps and bounds. It would be nice for things to be more consistent and transparent.

The culture of the facility often feels separated based on positions. The morale seems to have improved a little over the last few months. Communication needs to be improved on all aspects. The job is starting to feel more like a job rather than a joyful career.

Sometimes, it feels like the program is meant to look good rather than actually be good. I think that the staff that actually work the floor have very good ideas about small but impactful ways to improve the program. These suggestions often are not implemented for whatever reasons, and other strategies are brought in. It would be nice for floor staff to be heard, and I think this would improve the program a great deal...

MCDC Updates

Where We've Been & Where We Are Going

- **We know there are challenges, and we are working to address them**
 - Acuity of patient population
 - Staffing ratio with patients
 - Staff hyper-focused on negative patient behaviors
- **There are no easy or quick solutions. We all need to be partners in making change.**
- **Recent Wins**
 - Employee Monthly Recognition Program
 - Re-established Monthly Staff Meetings
 - Peer Support Program developed and implemented
 - Cultural Program developed and implemented
 - Community Partnerships are increasing
 - Hired and retained quality/qualified staff
 - Increased staff training and skill development opportunities

Climate and Culture Survey Next Steps at MCDC

Opportunities for Improvement

Staff report that one of the main reasons they would leave the facility would be due to scheduling issues

Staff reported lower satisfaction with professional development and advancement

Ways We Are Working to Improve

- Hire travelers, double fill positions, to help manage workload and ease scheduling issues
- Initiated facility-wide trainings and in process of updating curriculum
- Quarterly, managers will be creating trainings for their staff pertaining to their job duties

Q&A for MCDC

How do we take the positive data outcomes from the survey that we're completed and continue to promote that in new ways and ideas that have not been present yet?

The survey results were informative and it's important that we use this data to make improvements at our facility. Some ideas were discussed in this town hall. We are working with DPHHS and A&M to create improvement goals and strategies to reach our goals.

Reflecting on Recent Patient Feedback

Good staff with great attitudes.

Counseling staff was great, one of the reasons I felt comfortable leaving.

The overall staff, everyone is amazing! Thank you so much for everything! I would recommend this place to anyone!

I felt very supported from staff and other patients, The busy schedule, being able to go outside. I've felt heard and validated about my concerns. The curriculum is very beneficial, counselors are great. Much more than I expected to get out of just a 30-day program. I'm very appreciative of my experience here.

The treatment staff was amazing, so helpful, and knowledgeable. The TT's are great. I am so happy I came here.

The personal treatment plan, way better than the last 3 treatments I went to.

The way I was treated by the entire staff. I felt respected and cared for. It helped with the entire process and treatment and also helped me to be very receptive to everything I learned.

And... Employee Spotlight: **Polly Weber**

Polly Weber is one of the nightshift nurses and has been with MCDC for almost 3 years. She brings with her over 20 years of Psychiatric Nursing expertise that has proved invaluable as our clientele becomes ever increasingly acute. **Polly works to lead by example.** Her approach of embracing change and adapting to changing work situations encourages others to do the same. **She is extremely dependable and often exceeds my expectations.** Polly spends a great deal of time weekly being detail-oriented to ensure our patient medications are set up correctly and that the building medication rooms are neat and orderly. I appreciate how she shares her knowledge about our facility with new staff and helps them be successful no matter what discipline they are in. Polly has built great relationships, and this is reflected by how highly her team and patients speak of her. **She has shown a strong commitment to our patients, doing everything she can to provide a positive experience while in treatment.**



And... Employee Spotlight: **Lori Nagel**



Lori Nagel is a Treatment Tech with 15 years of experience at MCDC. **Lori has a calming and supportive demeanor as she greets patients upon admission to our facility.** Lori demonstrates a strength in organizing and utilizing all the resources around her, especially when faced with multiple tasks at one time. Lori is an active problem solver and encourages others to collaborate. She is also willing to volunteer for extra shifts when needed. When presented with a new task or procedure, Lori's response is "we can do that" and is quick to implement what is asked. **We couldn't ask for a better staff to assist a patient in starting their treatment journey at MCDC.**

And... Employee Spotlight: **Jennifer Driscoll**

Jennifer Driscoll was hired in January 2022 as the first Peer Support Specialist for MCDC. When she started, she shared, “goals of peer support are to give HOPE to those in recovery. We make ‘real’ the possibility of recovery and turn the concepts learned from the rest of their care team into ‘real’ and ‘actionable’ items.” **She has been an integral part of creating the peer support services currently being provided at the facility.** She leads Smart Recovery and Healthy Minds, Healthy Body’s groups for both men and women. She has communicated and coordinated with outside support groups to bring these services back into the facility after a break due to Covid. Jennifer also created a relapse prevention resource called the first 48. She meets with clients near the end of their stay in treatment to identify resources in their community and skills they can use in the first 48 hours post discharge to stay sober. **Jennifer communicates well with her team members and is a resource when patients are struggling.** She has networked with resources throughout the state to enhance our ability to provide a warm handoff to peer support or sponsors in the community. Jennifer has been an asset since she began to work at the facility and all her hard work is focused on helping patients towards long term recovery.

