

MT DPHHS State-Run Health Care Facilities

July 2022

ALVAREZ & MARSAL
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Monthly Status Update



Introduction & Overview

DPHHS has engaged Alvarez & Marsal to conduct a comprehensive assessment and establish long-term sustainable operation plans for Montana's seven state-run health care facilities.

Assessment

Strategic Plans for Improvement

Key Activities

- Assess compliance with regulations, quality standards, workers comp, and patient incidents
- Evaluate climate and culture
- Assess staffing structure, ratios, job descriptions, and scheduling
- Review organizational structure and back-office support functions
- Review key patient data, outcomes, and information on admissions and discharges
- Assess facility finances and rate structure
- Benchmark performance to peers
- Update facility missions and visions
- Develop strategic plans to optimize utility of facilities and outcomes for patient populations
- Improve quality measures for safe delivery of care

Operational Support

- Report financial status, condition, and operation of facilities
- Support oversight of day-to-day operations
- Support communications and change management
- Support quality initiatives

Facility Scorecard – July 31, 2022

Legend:
 Status indicates performance, as assessed by financial status, condition, and operations
Green: Acceptable Performance
Yellow: Challenges Exist
Red: Significant Deficiencies
 ↓↑%: Trends compared to last status report

The July 2022 performance scorecard for Montana’s state-run health care facilities is below. Trend percentages and arrows are in comparison to last month’s report. There is no change in performance status from the June report.

Facility	Status	Total Beds	Average Daily Census			Admit (July)	DC (July)	Waitlist	Vacancy Rate ¹	Turnover Rate	# of Employee Hires	# of Employee Separations
Montana State Hospital	Main Hospital	174	120	(69%)	+3.4%	51	40	0	45.0%	4.1%	8	12
	Forensic Facility	54	48	(89%)	-	7	4	44				
	Group Homes	42	32	(76%)	-	0	0	0				
Montana Mental Health Nursing Care Center		117	67	(57%)	-1.5%	3	1	3	25.0%	0%	1	0
Intensive Behavior Center		12	9	(75%)	-	0	0	0	59.1%	11.1%	1	3
Montana Chemical Dependency Center		48	22	(46%)	+4.8%	23	36	0	5.2%	0.0%	2	0
Columbia Falls Montana Veterans’ Home		117	64	(55%)	-1.5%	0	1	196	21.5%	5.1%	0	6
Southwestern Montana Veterans’ Home ²		48	37	(77%)	+8.8%	6	3	32	N/A	N/A	N/A	N/A
Eastern Montana Veterans’ Home ²		80	58	(73%)	-	3	2	0	N/A	N/A	N/A	N/A
Overall		692	457	(66%)	+1.3%	93	87	275	36.9%	3.5%	12	21

¹ Facilities are addressing high vacancy rates by using contracted traveler staff.

² DPHHS contracts out the operations of SWMVH and EMVH. SWMVH recently opened another cottage (which added 12 licensed beds).

Source: Census data provided by each facility and staffing data provided by DPHHS HR.

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A review of the facilities financial position at the end of fiscal year 2022 is below. MSH and IBC were overbudget because of increased spend on traveler staff to cover high vacancy rates.

Facility	Status	Fiscal Year 2022 (July 2021 to June 2022)					Fiscal Year 2023 (July 2022 to June 2023)		
		Budget ¹	Expenses	Variance	Cost per Bed Day	Revenue	Budget	Expenses	Variance
Montana State Hospital	Main Hospital								
	Forensic Facility	\$47,053,251	\$64,115,929	(\$17,062,678)	\$855	\$10,749,282	\$50,922,230	\$410,715	\$50,511,515
	Group Homes								
Montana Mental Health Nursing Care Center		\$12,194,405	\$11,574,171	\$620,234	\$434	\$6,747,160	\$12,505,424	\$203,281	\$12,302,143
Intensive Behavior Center ²		\$2,621,850	\$5,911,803	(\$3,289,953)	\$1,645	\$91,851	\$2,804,444	\$19,231	\$2,785,213
Montana Chemical Dependency Center		\$5,971,627	\$5,470,553	\$501,074	\$730	\$1,899,207	\$6,037,651	\$112,446	\$5,925,205
Columbia Falls Montana Veterans' Home		\$14,495,459	\$11,744,638	\$2,750,821	\$445	\$7,926,017	\$14,957,818	\$111,158	\$14,846,660
Southwestern Montana Veterans' Home		\$1,798,748	\$2,841,776	(\$1,043,028)	N/A	\$1,546,258	\$1,796,468	\$767	\$1,795,701
Eastern Montana Veterans' Home		\$4,428,807	\$4,936,089	(\$507,282)	N/A	\$3,672,165	\$4,511,612	\$629	\$4,510,983
Overall		\$88,564,147	\$106,594,959	(\$18,030,812)	\$713	\$32,631,939	\$93,535,647	\$858,227	\$92,677,420

¹ This is the FY22 beginning budget. Throughout the year, DPHHS finds additional budget as needed to pay for projected expenses.

² IBC's beginning budget was cut during the legislative cycle and does not reflect the cost to run the facility.

Source: Financial data from SABHRS.

Average Daily Census by Facility in Fiscal Year 2022

Average daily census across all facilities was relatively stable from July 2021 to June 2022 with less than 5% variation through out the year. Census at MSH remained stable, while census at MMHNCC, MVH, and IBC went down throughout the year. IBC had the highest occupancy rate and MCDC had the lowest occupancy rate.

Facility	Lic. Beds	Average Daily Census												Total Average Daily Census	
		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	FY22	Occupancy
MSH	270	197	197	190	210	222	216	215	218	212	204	191	196	206	76%
MMHNCC	117	76	75	77	76	76	76	76	73	69	66	69	68	73	62%
MVH	117	80	80	78	76	76	76	72	70	66	65	64	65	72	62%
EMVH	80	55	58	51	52	52	49	47	50	52	52	58	59	53	66%
SWMVH*	36	18	17	22	22	27	29	32	36	35	35	34	34	28	79%
MCDC	48	21	18	20	21	23	22	18	20	23	22	17	21	21	43%
IBC	12	11	11	10	10	10	10	10	10	10	9	9	9	10	82%
Total	680	458	455	449	466	485	478	469	477	467	453	442	452	463	68%

*SWMVH opened an additional 12 beds in July and plans to open another 12 beds in October for a total of 60 licensed beds.

Assessment of Spending on Temporary Contractor Staff (Travel Nursing)

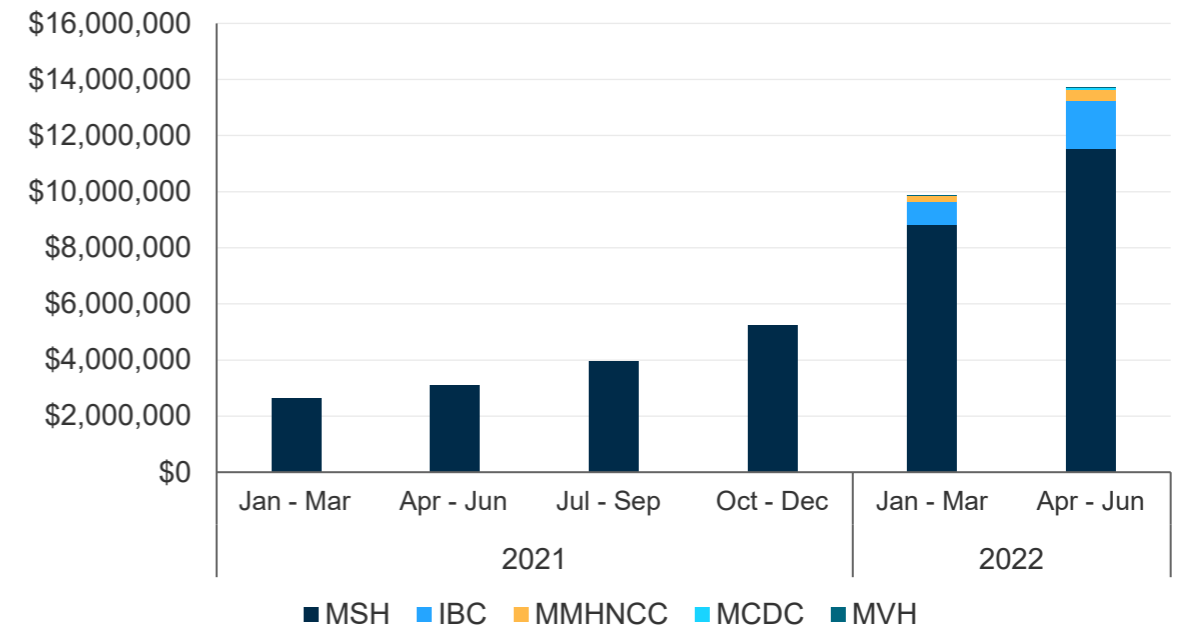
A&M has been working with facilities to analyze travel nursing spend and average traveler hourly wages. Overall traveler spend in 2022 is higher than in 2021. Facilities continue to face high vacancy rates and are using travel nursing to cover gaps in care. **A&M is working with DPHHS to recomplete these contracts, consolidate spend across facilities, and reduce costs.**

	Traveler Hourly Wage ²			Employee Base Wage + Benefits ³		
	RN	LPN	CNA	RN	LPN	CNA
MSH	\$ 118.54	\$ 75.19	\$ 71.39	\$ 51.10	\$ 33.75	\$ 27.46
IBC	\$ 131.15		\$ 85.58	\$ 47.91		\$ 27.49
MCDC	\$ 121.00			\$ 47.03		\$ 25.68
MMHNCC	\$ 79.55	\$ 61.60	\$ 43.25	\$ 46.89		\$ 27.27
MVH	\$ 80.00	\$ 55.41	\$ 45.00	\$ 47.12	\$ 33.58	\$ 27.14
Facility Average	\$ 109.90	\$ 70.65	\$ 62.21	\$ 47.92	\$ 33.66	\$ 27.20
Behavioral Health Facility Benchmark ⁴				\$ 50.74	\$ 35.03	\$ 20.42
Nursing Home Facility Benchmark ⁵				\$ 44.41	\$ 33.68	\$ 21.01
State of Montana 2022 Market Analysis ⁶				\$ 47.27	\$ 33.45	\$ 26.69

Wages at MMHNCC and MVH are lower because free housing is provided to travelers.

¹ We are working to improve data quality; date is either invoice date or month worked; in the future this will reflect month worked.
² Average traveler hourly wage for the time period January 2022 to June 2022.
³ Average state employee base wage based on SABHRS report obtained July 27, 2022, plus benefit packages value.
⁴ Hospital & Healthcare Compensation Service, Behavioral Health Salary & Benefits Report, 2022.
⁵ Hospital & Healthcare Compensation Service, Nursing Home Salary & Benefits Report, 2022.
⁶ State Human Resources (State HR) salary survey data, May 31, 2022.

Total Traveler Spend by Facility over Time¹



Facility	2022 Traveler Spend	Vacancy Rate
MSH	\$ 20,353,019	45%
IBC	\$ 2,515,933	59%
MMHNCC	\$ 632,173	25%
MCDC	\$ 74,653	5%
MVH	\$ 29,945	22%

Assessment of Nursing Staff Levels

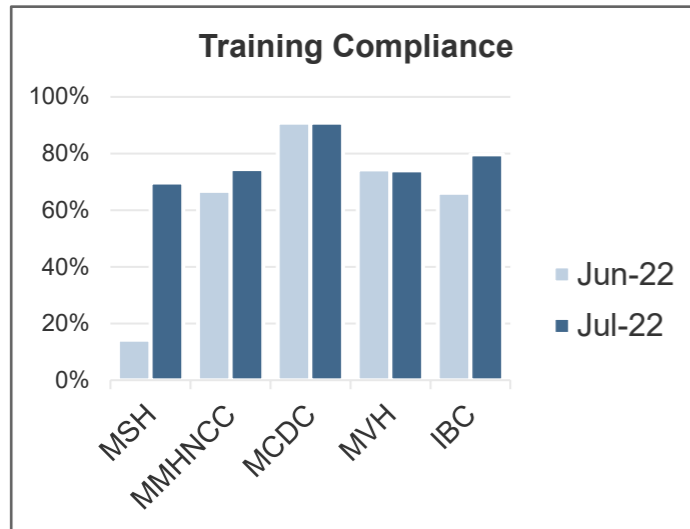
A&M assessed facility staffing schedules for patient care areas to establish a baseline and compare to national and regional benchmarks. Facilities have robust staffing levels for their average daily censuses. Additional work is being done to determine what appropriate staffing levels should look like.

Facility	License Type	Licensed Beds	RN HPPD		RN Skill Mix		Total Nursing Care HPPD	
			Current	Benchmark	Current	Benchmark	Current	Benchmark
MSH Main Hospital	Hospital	174	2.6	1.9	19%	26%	11.8	7.3
MSH Forensic	Mental Health Center	54	1.1	1.6	10%	25%	8.5	6.4
MSH Group Homes	Mental Health Center	42	0.4	1.6	6%	25%	4.4	6.4
IBC	Intermediate Care Facility for the Developmentally Disabled	12	2.6	1.9	7%	32%	23.1	6.0
MMHNCC	Long Term Care	117	1.2	0.8	24%	21%	5	3.8
MVH	Long Term Care	117	1.8	0.8	33%	21%	5.5	3.8
MCDC	Inpatient Chemical Dependency Treatment	48	2.2	1.0	33%	25%	4.3	3.84

Hours Per Patient Day (HPPD) is an endorsed measure by the National Quality Forum. For example, at MSH Main Hospital, each patient receives an average of 11.8 hours of nursing care in a 24-hour period (i.e., RN, Psych Tech, CNA). HPPD was calculated using average daily census and typical staffing schedules. Long term care benchmarks based on CMS data for 100 bed long term care facilities in Montana. All other benchmarks based on A&M proprietary information of similar behavioral health and forensic facilities. Generally, more acute patient populations require higher staffing levels, for example MMHNCC provides higher levels of care compared to other nursing facilities.

Assessment of Facility Training Programs and Compliance

In the June 2022 Climate and Culture Survey, employees reported low satisfaction with professional development. An audit of training compliance and course offerings revealed deficiencies at all facilities. A&M worked with facilities to identify trainings required by regulation and develop plans to improve compliance.



Montana State Hospital Training Notes:

- MSH's training program was significantly impacted by COVID, and they stopped delivering refresher training.
- Employees hired after October 2021 received onboarding training, but MSH was unable to provide documentation. The increase in training compliance from June to July is because documentation was created.
- Refresher training is planned to restart in late August.

Component	Maturity	Findings	Best Practices
People	Yellow	<ul style="list-style-type: none"> 1 of 5 facilities has dedicated training staff. 5 of 5 facilities have staff assigned to deliver training on a part-time basis. New performance evaluation system (Talent) will include individual goals for each employee. 	<ul style="list-style-type: none"> Facilities have a training program administrator and sufficient instructional resources. Each employee has an individual learning plan.
Process	Yellow	<ul style="list-style-type: none"> Onboarding training processes exist at all facilities. Refresher training processes exist at most facilities. 2 of 5 facilities are initiating refresher training. 	<ul style="list-style-type: none"> New employees receive training during onboarding according to job duty. Employees receive annual training refreshers according to job duty. Training is delivered using multiple modalities including online, classroom, and on the job.
Tools & Technology	Red	<ul style="list-style-type: none"> There are no supporting systems to track training compliance outside of spreadsheets. Training records are inconsistently stored in employee files. DPHHS has a Learning Management System, but it is not being used at the facilities. 	<ul style="list-style-type: none"> Learning Management System tracks required trainings by job duty and individual employee compliance.
Governance & Compliance	Red	<ul style="list-style-type: none"> Most staff are up to date on training, but there is a lack of documentation 2 of 5 facilities did not have training policies. 2 of 5 facilities training policies did not document required trainings by job duty. There was no evidence that training compliance is being audited regularly. 	<ul style="list-style-type: none"> Training policies outline required trainings by job duty, frequency of refresher training

Quality Improvement Initiatives

To improve quality programs, A&M and facilities identified two indicators that are measurable, benchmarked to national data, and can be reported monthly for DPHHS, that are relevant and improve outcomes in their patient population. Moving forward, A&M will track and expand these quality indicators. *This is in addition to reporting of required incidents and existing quality efforts at each facility.*

Facility	Indicators to Track
Montana State Hospital	<ul style="list-style-type: none"> ▪ Percent of patients evaluated for Medicaid eligibility upon admission and enrolled if applicable. ▪ Patient attendance at offered group therapy sessions (goal: 100%)
Montana Mental Health Nursing Care Center	<ul style="list-style-type: none"> ▪ Falls with major injuries (goal: reduced to zero per month). ▪ Patient weights (goal: all patients will be weighed on a monthly basis per the CMS guidelines).
Montana Veterans’ Home – Columbia Falls	<ul style="list-style-type: none"> ▪ Fall risk identification and interventions (goal: all patients that have a risk of falls are identified and risk interventions are put in place). ▪ Urinary track infections (UTI) (goal: the number of UTIs (CAUTI) per month will be reduced by 20% per month until zero).
Montana Chemical Dependency Center	<ul style="list-style-type: none"> ▪ Discharge follow-ups (goal: follow-ups, or attempts, will be conducted for 100% of discharges). ▪ Number of early discharges against medical advice per month.
Intensive Behavior Center	<ul style="list-style-type: none"> ▪ Medication errors (goal: errors will be reduced by 25% per month until zero). ▪ Comprehensive behavior support plans (goal: plans are updated for each individual at least quarterly or based on the individual’s changing needs and expected outcomes).

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Facility	Status	Current Operational Challenges	Wins this Month
MSH	Red	<ul style="list-style-type: none"> During COVID pandemic, refresher training was put on hold, leading to a significant discrepancy in required training and compliance. Limited use of data for quality improvement initiatives. High vacancy rates continue, particularly for direct care staff. Contractors/travelers are being used to cover vacancies. MSH has been managing COVID outbreaks in July. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary. 	<ul style="list-style-type: none"> Good turnout and participation at employee townhalls. Director of Nursing position hired. Restructured several departments including Clinical Services and Staffing. Required trainings determined, training policy under development, and plans are underway to increase training compliance. This includes leveraging union resources to train additional CPR trainers at MSH. Additionally, MSH training compliance increased significantly this month, from 14% to 70% due to improved recordkeeping. MSH and Mountain Pacific Quality Health collaborated on action plan to improve quality of care, which will be posted publicly in early August.
MMHNCC	Red	<ul style="list-style-type: none"> Limited active treatment, opportunities during the day to increase patient engagement. There appears to be over-reliance on particular treatment modalities. Need to integrate alternate strategies within the facility's care model. Collaboration between MMHNCC and MSH has room for improvement. The Department received notification of the Facility Administrator's pending retirement. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<ul style="list-style-type: none"> Good turnout at employee townhalls, with almost 40% of staff attending one of the sessions. No active COVID cases among residents over the past 3 months. Training policy updated to include detailed list of courses for orientation and refresher training. More training sessions are being provided. MSH and MMHNCC coordination is improving. Updated job description and recent posting to recruit a replacement Facility Administrator, allowing for a smooth transition of leadership at the MMHNCC. Residents are engaged in offsite activities, including the rodeo, demolition derby, county fair, and the movies.
IBC	Red	<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover gaps. Physical plant needs upgrades. Active treatment is limited. No individual schedules at the facility. Environment continues to have an institutional feel. Behavior support plans are not comprehensive and do not include adequate replacement behavior training. Information system currently in use (Therap) is not fully utilized and requires additional configuration to accommodate new programming. Difficulties with discharge and community placement. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary. 	<ul style="list-style-type: none"> Increase in training compliance from June to July with 85% of current staff trained on all required topics. Discharge policies and practices currently under review. Plans to integrate aspects of Charting the LifeCourse (CtLC). Development of a new behavior support plan format and content with plans underway to update all BSPs at the facility. Meeting with Therap being planned to configure the system around new programming and other expanded functionality. IBC began to develop workplans needed to advance the facility, starting with behavior support plans.

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MCDC	Yellow	<ul style="list-style-type: none"> Low census. Barriers affecting census include patients leaving treatment prior to completion and scheduled admissions not arriving. Current training policy only covers orientation. 	<ul style="list-style-type: none"> MCDC has continued to demonstrate a steady increase in census compared to the last two months. Census at the end of July was 46% compared with the 44% at the end of June and 27% reported at the end of May. Successfully hired two direct care staff. All nurses and treatment staff received Narcan and fentanyl training. After providing tours in July, MCDC received positive feedback on quality of care, from Montana’s American Indian Health Director and from representatives from the Indian Health Service. Work continues to develop a historical trauma training to improve care for Native American population. MCDC received a clean audit and three-year state license from the DPHHS quality assurance division.
CFMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Difficulty training PRN and off-shift employees. Lack of affordable housing. Low census. CFMVH has been managing COVID outbreaks in June and July. 	<ul style="list-style-type: none"> COVID outbreaks were resolved by the end of July for residents and staff. PPE infection control policies were stepped down for employees (optional use of N-95 masks) after discussions with the county health department and state lab. The final VA survey report had minor findings which are being addressed. CFMVH will receive provisional certification once VA accepts the corrective action plan. A State survey report from June also had minor findings which are being addressed. CFMVH submitted a corrective action plan. Residents attended July 4th celebration outings in the community.

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SWMVH	Yellow	<ul style="list-style-type: none"> Four of five 12-bed cottages are licensed by the state, and three of five 12-bed cottages are licensed by the VA. One cottage failed VA survey for minor life safety physical plant deficiencies. VA survey challenge was unsuccessful. Another survey is scheduled for October 2022. 	<ul style="list-style-type: none"> SWMVH participated in the local July 4th parade and celebrated a resident's 100th birthday. Pre-construction meetings for cottage connectors and fire lane infrastructure improvements have begun. Three staff hires were made for business office manager, dietary manager, and MDS coordinator roles. Artwork project is nearing completion; all artwork has been received and will be hanged throughout facility. Residents are participating in offsite events, including shopping trips, barbecues, and fishing.
EMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Low census. There are ongoing issues with the contract at EMVH. The current contractor Glendive Medical Center (GMC) indicated that they wanted to stop running the facility, so the state issued an RFP to find another contractor. The RFP process was unsuccessful in finding a new contractor. 	<ul style="list-style-type: none"> DPHHS and GMC are in contract negotiations to extend their contract to manage EMVH for an additional year to provide the state sufficient time to hire another qualified vendor to manage the facility. The State plans to reissue an RFP in January 2023.
Overall	Red	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Multiple employee townhalls were held at every facility and questions received were answered and posted to the DPHHS website. Continuing to work through assessment activities. Recommended Division structure developed, opportunity to recruit for key positions in support of the Director.

Assessment Updates

Component	Activities to Date	Next Steps
General	<ul style="list-style-type: none"> During July, CFMVH visit the week of 7/11; IBC and MSH visits week of 7/25. 	<ul style="list-style-type: none"> Continue facility visits and work with administrators and Will to facilitate improvement within key areas, while completing comprehensive assessments and long-term strategic plans.
Administrative and Management Control	<ul style="list-style-type: none"> Worked with DPHHS to develop draft future state division organizational chart, outlining suggested structure, including staff and reporting. Evaluated current clinical leadership in DPHHS. Developed/updated job descriptions for new division-wide finance positions. 	<ul style="list-style-type: none"> Along with Will Evo, develop job descriptions for remaining division-wide positions and facilitate the posting and recruitment for these positions.
Staffing, Climate, and Culture	<ul style="list-style-type: none"> Reviewed results from training assessment with facility administrators, confirmed required training and reviewed remediation plans to ensure all staff receive required training. Evaluation and benchmark staffing patterns and skill mix against requirements and peer facilities. Received and reviewed results from staffing assessment with each facility administrator to identify opportunities for improvement. 	<ul style="list-style-type: none"> Evaluate facility recruitment practices to identify opportunities to enhance. Determine additional opportunities for the Department to support further recruitment efforts at the facilities. Evaluate available exit interviews for 2022 to identify patterns that suggest a need for additional staff engagement efforts.
Finances	<ul style="list-style-type: none"> Identified opportunities to consolidate contracts across Facilities and provided feedback regarding proposed master service plan regarding traveler staff. 	<ul style="list-style-type: none"> Continue to support RFP process and assist in contract re-competes for traveler contracts and other areas.
Continuum of Care	<ul style="list-style-type: none"> Met with key contributors to BH system redesign efforts, including Department, WICHE, Guidehouse, and the National Council for Mental Wellbeing to consolidate work in this area. Evaluated select cases with I/DD served within the community. 	<ul style="list-style-type: none"> Update draft service delivery model based on feedback from key contributors. Continue discovery around alternate service delivery settings and providers by population type at each facility. WICHE to provide mapping of community based BH system.
Regulatory and Quality	<ul style="list-style-type: none"> Supported facility administrators to identify key performance indicators and outline methodology to collect (e.g., metrics, data source). Assessed current required reportable events and tracking systems. 	<ul style="list-style-type: none"> Support facilities' efforts to track and report key performance indicator data, establish benchmarks and begin monthly tracking of progress. Evaluate data on required reportable events to identify patterns and trends. Evaluate facility policies and procedures regarding review and performance improvement efforts in this area.
Communications	<ul style="list-style-type: none"> Conducted 11 separate town halls with 3 at MSH and 2 at IBC, MMHNCC, MCDC, and CFMVH. Reviewed climate/culture survey results and supported facility administrators to identify and present strategies to address. Monthly meetings with Board of Visitors, Unions, Collaborative Safety, and Disability Rights Montana. 	<ul style="list-style-type: none"> Develop communications plan with input from stakeholders. Continue meetings with key stakeholders.

