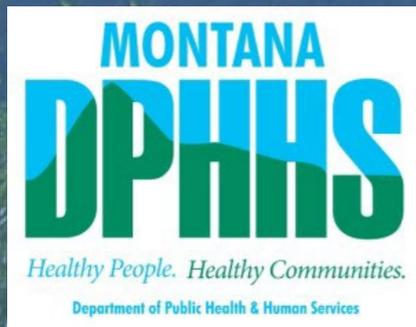


MT DPHHS State-Run Health Care Facilities

September 2022

ALVAREZ & MARSAL
LEADERSHIP. ACTION. RESULTS.™

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

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 | Overview – September 30, 2022

Legend:
Status indicates performance, as assessed by financial status, condition, and operations
Green: Acceptable Performance
Yellow: Challenges Exist
Red: Significant Deficiencies

The overview of the September 2022 performance scorecard for Montana’s state-run health care facilities is below. 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). There was no change in overall status from last month.

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	Yellow	Yellow	Red
Intensive Behavior Center	Red	Red	Red	Yellow	Red
Montana Chemical Dependency Center	Yellow	Yellow	Green	Yellow	Yellow
Columbia Falls Montana Veterans’ Home	Yellow	Yellow	Green	Green	Yellow
Southwestern Montana Veterans’ Home ¹	Green	Green	Green	N/A	Yellow
Eastern Montana Veterans’ Home ¹	Green	Green	Green	N/A	Yellow

¹ DPHHS contracts out the operations of SWMVH and EMVH, and as a result does not track quality and training metrics for those facilities.

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Facility Scorecard | Census and Staffing – September 30, 2022

Below is the September 2022 performance scorecard on census and staffing at Montana’s state-run health care facilities. Trend percentages are in comparison to last month’s report. There is no change in status from the last month. IBC experienced significant staff turnover in September.

Facility		Census and Staffing Status	Total Beds	Average Daily Census ³			Admit	DC	Waitlist	Vacancy Rate ¹	Turnover Rate	# of Employee Hires	# of Employee Separations
Montana State Hospital	Main Hospital	Red	174	122	(70%)	+4.5%	65	45	0	45.0%	2.4%	8	7
	Forensic Facility	Red	54	45	(83%)	-2%	11	5	42				
	Group Homes	Green	42	34	(81%)	+2.5%	0	0	0				
Montana Mental Health Nursing Care Center		Red	117	67	(57%)	-1.5%	2	0	3	29.9%	3.0%	2	3
Intensive Behavior Center		Red	12	10	(83%)	+10.6%	1	0	3	66.7%	18.2%	0	4
Montana Chemical Dependency Center		Yellow	48	15	(32%)	-15%	29	25	0	3.5%	0%	0	0
Columbia Falls Montana Veterans’ Home		Yellow	117	62	(53%)	-	2	2	204	20.8%	0.8%	3	1
Southwestern Montana Veterans’ Home ²		Green	60	43	(72%)	-	3	1	32	N/A	N/A	N/A	N/A
Eastern Montana Veterans’ Home ²		Green	80	57	(73%)	-2.3%	4	6	0	N/A	N/A	N/A	N/A
Overall		Yellow	704	455	(65%)		117	84	284	38.0%	2.5%	12	15

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).

³ Daily census rates are impacted by a myriad of factors outside of simple admissions and discharges – average daily census rates may not reflect those daily fluctuations

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

Staff Vacancies and Turnover at State-run facilities, September 2022

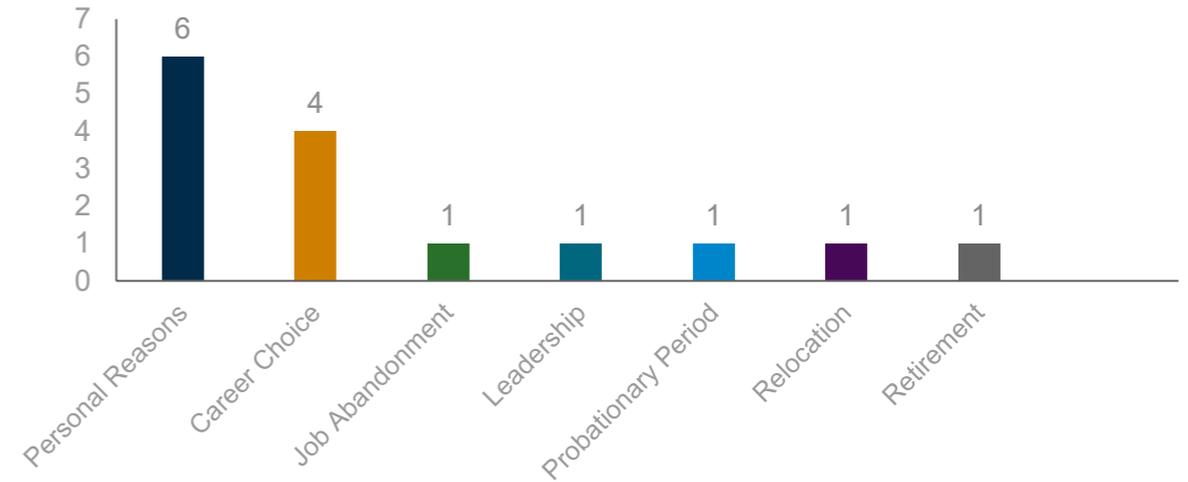
In September, there were 15 separations across state-run facilities. Most separations were due personal reasons or a career choice. Seven separations were among direct support professionals, RNs, or psychiatric technicians.

Vacancy Snapshot

Facility	# of Vacancies		New Hires		Separations		Vacancy Rate		
	Aug	Sep	Aug	Sep	Aug	Sep	Aug	Sep	% change (in # of vacancies)
MSH	243	241	9	8	6	7	45%	45%	-
MMHNCC	41	43	1	2	2	3	28%	30%	+7%
IBC	39	44	0	0	1	4	59%	67%	+14%
MVH	34	31	1	3	3	1	23%	21%	-9%
MCDC ²	3	2	2	0	3	0	5%	4%	-20%

There were 15 separations in September, adding to the 15 that occurred in August. The number of vacancies at IBC increased by 14 percent.

Reasons for September Separations¹



Positions	# of Separations in September
Direct Support Professional	3
Registered Nurse	2
Psychiatric Technician	2
Behavioral HC Planner	1
Certified Nurse Aide	1
Dispatcher	1
HR Generalist 2	1
HR Manager	1
Laborer	1
Laundry Worker	1
Shift Supervisor	1

¹ Upon separation, employees are asked to select the most fitting option for their reason for leaving from a list. This list was created and approved by the Montana Department of Administration and match up with the options available for the HR team to enter into SABHRS. SABHRS does not have the ability to track more than one option.

² MCDC vacancy, hiring, and separations data is lagging in updating in the system due to the retirement of a position that is double-filled – as a result, the reduction in vacancies from 3 to 2 despite no new hires and separations may be adjusted as the system updates.

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Facility Scorecard | Budget – September 30, 2022

A review of the facilities financial position for FY23 to date below, with information provided through September 30. Traveler spend remains significant and has levelled off from August to September. DPHHS will release an RFP next month to consolidate traveler contracts, with a goal to reduce administrative burden and obtain better pricing. A&M is also working with facilities to right-size staffing levels to benchmark. Based on spend over the last three months, IBC and MSH are projected to exceed their FY23 Budgets.

Facility	Budget Status	FY23 Budget	Expenses (July to Sept)	Variance	Nursing Care Traveler Spend	
					August 2022	September 2022
Montana State Hospital	Main Hospital					
	Forensic Facility	\$50,922,230	\$17,737,557	\$33,184,673	\$4,306,559	\$4,143,035
	Group Homes					
Montana Mental Health Nursing Care Center		\$12,505,424	\$2,936,937	\$9,568,487	\$189,942	\$189,942
Intensive Behavior Center ²		\$2,804,444	\$1,614,541	\$1,189,903	\$359,439	\$415,861
Montana Chemical Dependency Center		\$6,037,651	\$1,410,461	\$4,627,190	\$42,971	\$40,061
Columbia Falls Montana Veterans' Home		\$15,080,746	\$2,403,248	\$12,677,498	\$59,715	\$19,564
Southwestern Montana Veterans' Home		\$2,996,468	\$584,258	\$2,412,210	N/A	
Eastern Montana Veterans' Home		\$4,511,612	\$938,627	\$3,572,985	N/A	
Overall		\$94,858,575	\$27,625,629	\$67,232,946	\$4,160,871	\$4,808,463

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.

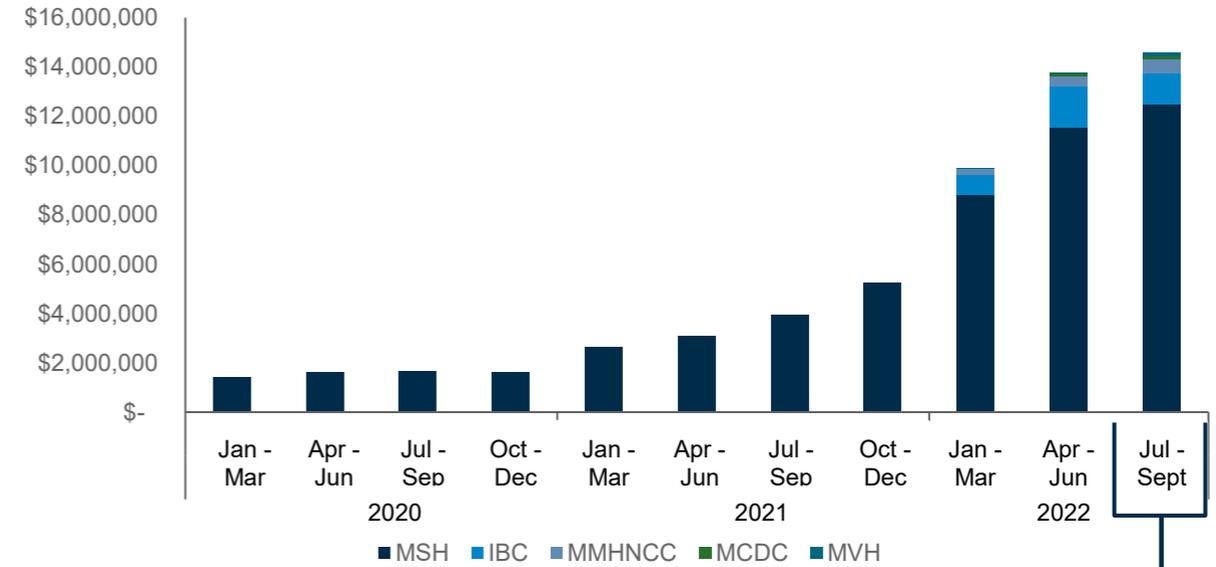
Source: Financial data from SABHRS.

Assessment of Spending on Temporary Contractor Staff (Travel Nursing)

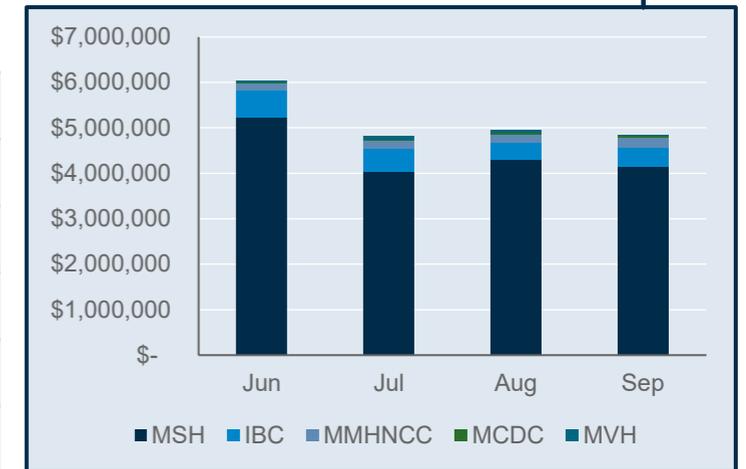
A&M has been working with facilities to analyze travel nursing spend and average traveler hourly wages. Overall traveler spend in calendar year 2022 is higher than in 2021. Facilities continue to face high vacancy rates and are using travel nursing to cover gaps in care. DPHHS will release an RFP next month to consolidate traveler contracts, with a goal to reduce administrative burden and obtain better pricing.

	Traveler Hourly Wage ²			Employee Base Wage + Benefits ³		
	RN	LPN	CNA	RN	LPN	CNA
MSH	\$ 121.14	\$ 74.64	\$ 72.08	\$ 51.10	\$ 33.75	\$ 27.46
IBC	\$ 132.01		\$ 81.62	\$ 47.91		\$ 27.49
MCDC	\$ 121.00			\$ 47.03		\$ 25.68
MMHNCC	\$ 79.55	\$ 61.60	\$ 43.25	\$ 46.89		\$ 27.27
MVH	\$ 91.00	\$ 71.04	\$ 54.27	\$ 47.12	\$ 33.58	\$ 27.14
Facility Average	\$ 110.05	\$ 70.65	\$ 62.27	\$ 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.



Facility	CY22 Traveler Spend	Vacancy Rate
MSH	\$ 32,842,069	45%
IBC	\$ 3,799,196	67%
MMHNCC	\$ 1,216,045	30%
MCDC	\$ 207,608	4%
MVH	\$ 205,210	21%



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 September 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.

Facility Scorecard | Quality & Training Measures – September 30, 2022

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Red: Significant Deficiencies

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. **Facilities are collecting data which is reported monthly to the Division. A&M will help expand these quality indicators. Training compliance is now tracked by the Division with significant improvement noted at several facilities.**

Facility	Quality & Training Measures Status	Quality Measures				Training Compliance		
		Description	Goal	August	Sept	July	August	Sept
Montana State Hospital	Yellow	Percent of patients evaluated for Medicaid eligibility upon admission ¹	95%	34% ●	100% ●	70%	77%	89%
		Patient attendance is 100% for group therapy sessions offered	60%	72% ●	78% ●			
Montana Mental Health Nursing Care Center	Yellow	Falls with major injuries will be reduced to zero per month	0%	1% ●	0% ●	74%	72%	88%
		All patients will be weighed on a monthly basis per the CMS guidelines	100%	98.5% ●	100% ●			
Intensive Behavior Center	Yellow	Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	100%	67% ●	40% ●	80%	79%	97%
		Total attendance at community outings	12	14 ●	14 ●			
Montana Chemical Dependency Center	Yellow	Discharge follow-ups, or attempts, will be conducted for 100% of discharges	100%	100% ●	100% ●	91%	91%	97%
		Number of discharges against medical advice per month	4	8 ●	11 ●			
Columbia Falls Montana Veterans' Home	Green	All patients that have a risk of falls are identified and risk interventions are put in place	100%	100% ●	100% ●	74%	68%	76%
		The number of UTIs (CAUTI) per month will be reduced by 20% per month until zero	0%	0% ●	0% ●			
	Use of antianxiety medications will be reduced to 25 percent of residents ²	25%	n/a	39% ●				

¹ Medicaid eligibility evaluation statistics for MSH are limited to admissions to the main hospital only

² Due to high performance on the previous two quality metrics, CFMVH has added a third metric related to reducing antianxiety medication use

Facility Scorecard | Operations – September 30, 2022

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Facility	Operations Status	Current Operational Challenges	Wins this Month
MSH		<ul style="list-style-type: none"> 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. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary. 	<ul style="list-style-type: none"> By working with Abilify Maintena’s Free Trial program, MSH has saved \$72,210.06 in July and August 2022. MSH training compliance continued to increase this month, from 77% to 89% due to improved recordkeeping and training efforts. Updated training policy to include orientation and refresher which has restarted. Conducted the Systemic Critical Incident Review (SCIR) Institute to improve incident tracking and review. Have also continued the process design for the incident review process. MSH and Mountain Pacific Quality Health collaborated on action plan to improve quality of care, which was posted to the MSH website in August. Program development is underway in order to improve glycemic control MSH. Improvements noted in tracking of key metrics used to drive quality of services. New training for all staff to prepare for increased use of other buildings.
IBC		<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. Physical plant needs upgrades. Active treatment is limited, but slowly improving. Environment continues to have an institutional feel. Information system currently in use (Therap) is not fully utilized and requires additional configuration to accommodate new programming. Psychiatric Nurse Practitioner left Sept. 30 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"> At 100% training compliance for the new employee orientation courses, and at 97% overall. Discharge policies and practices currently under review. Facility conducted life trajectory using Charting the LifeCourse (CtLC) tools with plans to implement with all – four are complete and in place. Existing documents around treatment plans are being updated to accommodate CtLC methodology. New acuity measure implemented (Maladaptive Behavior Assessment) and Comprehensive Behavior Support Plan adopted with 4 new plans developed, approved, and executed as of September. Meeting with Therap scheduled for next month to configure the system around new programming and other expanded functionality. New furniture and pictures for the wall to address institutional feel of the facility is being ordered, planning to do a pilot in one of the rooms to ensure it is a viable option. Mural project – doing a pilot in one cottage before expanding across the facility.

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Facility	Operations Status	Current Operational Challenges	Wins this Month
MMHNCC	Red	<ul style="list-style-type: none"> Facility Administrator retiring on October 5th. Interim Administrator was appointed and will oversee facility while DPHHS recruits for the permanent backfill. Active treatment continues to need some additional attention. There appears to be over-reliance on particular treatment modalities. Need to develop practice guidelines for psychotropic medication use. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<ul style="list-style-type: none"> Training policy updated to include detailed list of courses for orientation and refresher training. MSH and MMHNCC coordination is improving. A&M hosted a quality improvement meeting with Frontier Psychiatry and staff from MMHNCC and MSH. Interviews taking place for Facility Administrator position. G and F Wings are getting new flooring in resident rooms. Held several resident events, including a pow wow for the native patients, fishing at the Casino Creek reservoir, an event with the city library, a monthly barbeque for each wing, a scenic drive, and a movie at the Judith Theatre. There is a mindfulness group for staff and residents every Thursday.
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. Difficulty hiring registered nurses. Using state posting, networking and recruitment contractor (LC Staffing). Another nurse separating in October. Against Medical Advice (AMAs) increased back to 11 in September – however, two were due to elopement, another due to death of a family member. 	<ul style="list-style-type: none"> MCDC developed an updated training policy, which includes orientation and refresher training. Includes substantial hands-on training. Increased training numbers for September. Emergency planning went from 0 to 70 percent. Class occurring October 7 to bring CPR up to 100% compliance. Overall training compliance at MCDC is at 97% LCPC completed education to receive license for addiction counseling (MI/SUD). Hired 2 full time staff, treatment techs, another peer support specialist (now have 2). For these 2 positions, now 10% staffed. Expansion in community partnerships across the state.
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. 	<ul style="list-style-type: none"> CFMVH received notification that they are in full compliance with state licensure. Residents went on trips to Glacier National Park, baseball games, and other off-campus activities. Recreation is doing a BBQ every Tuesday that is working well. Hired two staff in the food services. Applications for maintenance position.

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SWMVH	Yellow	<ul style="list-style-type: none"> Five of five 12-bed cottages are licensed by the state, and three of five 12-bed cottages are licensed by the VA. Need walkway project done first (540 days) before other 2 can be VA certified – estimated completion in June 2023 if no significant delays. Officially turned over Cottage 5 to Eduro Healthcare at the end of September (Oct 1). Start admitting in mid-November. One cottage failed VA survey for minor life safety physical plant deficiencies. VA survey challenge was unsuccessful. 	<ul style="list-style-type: none"> The foundation purchased Pool Tables, shuffleboards, and Orbitz guns for the residents. The residents were very excited to hear about the new items. Residents continue participating in offsite events, including bingo at the local senior center in town three times a week, and visiting the archives each week. Onsite events include monthly musician performance, religious studies on a weekly/bi-weekly basis, events for football season, Happy Toes for podiatry services, and hair cuts onsite. Filling other beds with VA qualified residents, allowing facility to increase census to 42. Weekly rotating visits to Walmart occur for residents in Cottages 1-4; additionally, if anyone in Cottage 4 needs anything it is picked up for them given that they are a memory-care unit. Upcoming events include a 1950s-themed Halloween event.
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. Plans underway to transition operation of the facility to a new vendor in the future. Falls are trending up, including falls with injuries. To address building infrastructure concerns due to the age of the facility, we have an interior remodeling project upcoming using ARPA funds. 	<ul style="list-style-type: none"> DPHHS and GMC signed a contract extension for GMC to manage EMVH through June 2023. Additional training specific to elopement following a recent incident delivered to all staff; staff is performing drills now; in recent elopement incidents at the facility, incident review showed staff reacted appropriately. Hired a new facility administrator, who is currently being mentored by GMC's VP of Clinical Services. Added Bible Study every Tuesday at 1 pm, at resident request. Other upcoming activities include painting, community Halloween trick-or-treating event.
Overall	Yellow	<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"> DPHHS, Division, and A&M testified at the Interim Budget Committee on September 14. Continuing to work through assessment activities.

Assessment Updates

Component	Activities in August	Next Steps
General	<ul style="list-style-type: none"> Presented to the Interim Budget Committee on September 14 Continued facility visits and work with administrators and Will to facilitate improvement within key areas 	<ul style="list-style-type: none"> Continue facility visits while completing comprehensive assessments and long-term strategic plans.
Administrative and Management Control	<ul style="list-style-type: none"> Met with Netsmart to discuss opportunities to enhance existing information system used at MSH and MMHNCC (i.e., Tier). Met with Healthstream, an LMS SaaS vendor, to 	<ul style="list-style-type: none"> Develop job descriptions for remaining division-wide positions and facilitate the posting and recruitment for these positions. Formalize recommendations and develop workplans for implementation of key initiatives within the Facilities Division.
Staffing, Climate, and Culture	<ul style="list-style-type: none"> Began publishing monthly training compliance by facility within our monthly reports. Assessed staff vacancies by positions over time at each facility. Assessed recruitment practices across facilities. Evaluated available exit interviews, vacancies, and turnover data for 2022, performed qualitative analyses to drive recommendations in final report. 	<ul style="list-style-type: none"> Develop additional recommendations to enhance recruitment and retention with insight from vacancy, separation and recruitment data. Evaluate Moodle (Learning Management System) pilot to manage training at MCDC. Determine opportunities to generalize to other facilities.
Finances	<ul style="list-style-type: none"> Finalized RFP for temporary staffing services with Dept of Administration. Provided input on 2024/2025 biennium requests to 	<ul style="list-style-type: none"> Continue to support RFP process and assist in contract re-competes for traveler contracts and other areas. Identify costs associated with key initiatives, along with an estimate of effort to facilitate DPHHS prioritization moving forward.
Continuum of Care	<ul style="list-style-type: none"> Followed up with key contributors to BH system redesign efforts, including the National Council for Mental Wellbeing and the Department's Chief Innovation Officer to consolidate work in this area. Evaluated select case with I/DD served within the community. 	<ul style="list-style-type: none"> Continue discovery around alternate service delivery settings and providers by population type at each facility.
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). Participated in root cause analyses specific to select events including falls and psychotropic medication use. Met with DPHHS to explore opportunities to capture Medicaid funding for patients at MSH, discussed strategies to move forward. 	<ul style="list-style-type: none"> Continue supporting 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"> Facilitated a meeting between Frontier Psychiatry and facility staff from MSH and MMHNCC to discuss opportunities for enhancing collaboration amount providers. Monthly meetings with Board of Visitors, Unions, Collaborative Safety, and Disability Rights Montana. 	<ul style="list-style-type: none"> Develop draft communications plan in preparation for input from stakeholders. Continue meetings with key stakeholders. Review draft initial recommendations, with workplans and cost to DPHHS with plans to update, then socialize with public in October.

