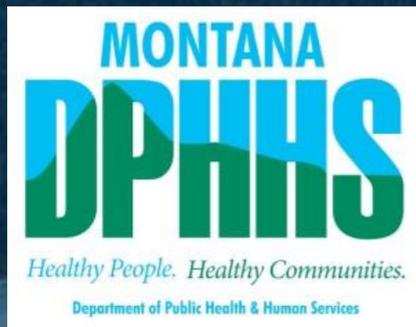


MT DPHHS State-Run Health Care Facilities

June 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

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

Facility Scorecard – June 30, 2022 (1 of 5)

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 June 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. Overall census is up across the facilities and overall staff vacancy rate remains the same as in May.

Facility	Status	Total Beds	Average Census	Admit (June)	DC (June)	Waitlist	Vacancy Rate ¹	Turnover Rate	# of Employee Hires	# of Employee Separations
Montana State Hospital	Main Hospital	174	116 (67%) +1.8%	46	42	0	44.5% ↓	3.0% ↑	17	9
	Forensic Facility	54	48 (89%)	7	6	38				
	Group Homes	42	32 (76%) +10.3%	3	0	0				
Montana Mental Health Nursing Care Center		117	68 (58%) -1.5%	1	3	0	25.7% ↑	2.8% ↑	1	3
Intensive Behavior Center		12	9 (75%)	0	0	0	56.1% ↓	0%	2	0
Montana Chemical Dependency Center		48	21 (44%) +61.5%	30	18	0	5.2% ↑	1.9% ↓	0	1
Columbia Falls Montana Veterans’ Home		117	65 (56%) +1.6%	3	1	198	16.8% ↑	0.8%	1	1
Southwestern Montana Veterans’ Home ²		36	34 (94%)	1	1	40	N/A	N/A	N/A	N/A
Eastern Montana Veterans’ Home ²		80	58 (73%) +1.8%	4	3	0	N/A	N/A	N/A	N/A
Overall		680	451 (66%) +4.2%	92	75	278	35.8%	2.3% ↑	21	14

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

²DPHHS contracts out the operations of SWMVH and EMVH.

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

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Facility Scorecard – June 30, 2022 (2 of 5)

MSH is roughly \$13 million overbudget due to use of traveler contracts to cover employee vacancies. IBC's original budget was cut by the legislature and is being made up with department contingency funding.

Facility	Status	FY22 Original Budget	FY22 Current Budget	Actuals (thru 6/30/22)	Projected Expenses (thru 6/30/22)	Variance (Projected Less Original Budget)	Avg Cost per Bed Day
Montana State Hospital	Main Hospital						
	Forensic Facility	\$47,053,251	\$56,053,251	\$54,084,250	\$60,300,000	(\$13,246,749)	\$855
	Group Homes						
Montana Mental Health Nursing Care Center		\$12,194,405	\$12,194,405	\$10,737,358	\$11,728,347	\$466,058	\$479
Intensive Behavior Center		\$2,621,850	\$5,401,850	\$5,256,907	\$5,860,945	(\$3,239,095)	\$1,809
Montana Chemical Dependency Center		\$5,971,627	\$5,671,627	\$4,537,244	\$5,399,157	\$572,470	\$714
Columbia Falls Montana Veterans' Home		\$14,495,459	\$13,695,459	\$10,426,341	\$11,453,404	\$3,042,055	\$489
Southwestern Montana Veterans' Home ¹		\$1,798,748	\$2,598,748	\$2,333,636	\$2,598,748	(\$800,000)	N/A
Eastern Montana Veterans' Home ¹		\$4,428,807	\$4,428,807	\$2,940,496	\$4,428,807	\$0	N/A
Overall		\$88,564,147	\$100,044,147	\$90,316,232	\$101,769,408	(\$13,205,261)	\$787

¹DPHHS contracts out the operations of SWMVH and EMVH.
 Source: Financial data from SABHRS.

Facility Scorecard – June 30, 2022 (3 of 5)

Legend:
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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 June. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary. 	<ul style="list-style-type: none"> 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 hired two trainers in June. We note significant improvements this reporting period with active treatment across the facility. More individuals are out of their rooms engaged in activities with staff and peers. Current COVID outbreak has delayed progress. MSH hired 17 new employees in the month of June. Collaborative Safety continues to conduct critical incident review and training. Mountain Pacific Quality Health continues to help MSH with policy development. <i>Climate and Culture Survey:</i> Employees also reported that things have been getting better under new leadership.
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. Training policy lacks detailed list of courses for orientation and refresher training. There are a substantial number of staff who require training. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<ul style="list-style-type: none"> Skills Fair scheduled for July 19-22 to train all staff on all topics except for MANDT which will be delivered by August 4. Staff took residents on various outside trips, including to the movies, gardening, and fishing. Reviewed Climate and Culture Survey results with the facility's Interdisciplinary Team.
IBC	Red	<ul style="list-style-type: none"> Physical plant needs upgrades. Active treatment is limited. No individual schedules at the facility. Environment continues to have an institutional feel. 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"> 81% of training is current with plans to conduct remaining courses. Staff developing individual schedules to be submitted for review by July 6. Discharge policies and practices currently under review. Plans to integrate aspects of Charting the LifeCourse (CtLC). IBC hired three new employees in the month of June. Results of <i>Climate and Culture Survey</i> indicated staff were not satisfied with the level of communication at the facility. Plans to increase communication through postings at central locations (e.g., COVID test sites, sign in locations).

Facility Scorecard – June 30, 2022 (4 of 5)

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Facility	Status	Current Operational Challenges	Wins this Month
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 last month. Census at the end of June was 44% compared with the 27% reported at the end of May. 88% of training is current with plans to increase training resources to develop new training and complete training with remaining employees. Facility administration requested and received a list of additional recommended training from staff. Training policy to be updated to include refresher training. MCDC is in the 3rd month following launch of a new employee recognition program, which appears to be very well received by most staff. MCDC started a weekly “round table” meeting that includes the resident and a member of each discipline to discuss treatment, concerns and strides. <i>Climate and Culture Survey:</i> This facility had one of the highest overall satisfaction levels of the seven state-run facilities.
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. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload and salary. 	<ul style="list-style-type: none"> 76% of training is current with plans underway to increase access to training (e.g., video recordings, different days/times). VA surveyed the facility and feedback was positive. CFMVH has not received the final report yet. New traveler staffing contracts awarded. Memorial Board donated maintenance services to repair frozen drink machines. Volunteers planted flowers in beds around facility.

Facility Scorecard – June 30, 2022 (5 of 5)

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Facility	Status	Current Operational Challenges	Wins this Month
SWMVH	Yellow	<ul style="list-style-type: none"> Three of five 12-bed cottages are licensed; of the two unlicensed, one cottage is still in construction, and one cottage failed VA survey for minor life safety physical plant deficiencies. VA survey is currently being challenged. 	<ul style="list-style-type: none"> 91% of training is current. Plans for additional training (e.g., dementia) when new memory care units are open. Eduro and SWMVH rolled out a new competency-based training program on June 23 called Healthcare Academy. Includes e-learning courses and digital e-competencies for long term care. New contract awarded for cottage connectors and fire lane infrastructure improvements. Additional funding has been requested. Working to admit memory care patients that are not service connected to begin filling the fourth cottage (this is the cottage that is not VA licensed, but is CMS licensed). Facility held Father’s Day fishing derby trip, took residents to airplane show, and continue to help residents connect with the local senior center. <i>Climate and Culture Survey:</i> This facility had one of the highest overall satisfaction levels of the seven state-run facilities.
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. <i>Climate and Culture Survey:</i> Employees expressed concern about future of facility in light of contracting issues. 	<ul style="list-style-type: none"> GMC agreed 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. Residents are gardening using materials supplied by the EMVH foundation.
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. 	<ul style="list-style-type: none"> Continuing to work through assessment activities.

Assessment Updates

Component	Activities to Date	Next Steps
General	<ul style="list-style-type: none"> MSH and IBC visits week of 6/27 Testified at CFHHS interim committee hearing on 6/27 	<ul style="list-style-type: none"> CFMVH visit on 7/11
Administrative and Management Control	<ul style="list-style-type: none"> Developed job descriptions for new division-wide finance positions. 	<ul style="list-style-type: none"> Support development of facility key performance indicators (common across the facilities, and some unique to each facility). Evaluate current clinical leadership in DPHHS and make recommendations for positions and job descriptions within the facilities division.
Staffing, Climate, and Culture	<ul style="list-style-type: none"> Training assessment distributed to facilities to understand compliance with required trainings and remediation plan. Partial results received. Staffing assessment distributed to facilities to understand staffing pattern and skill mix compared to regulatory requirements and peer benchmarks. Distributed climate/culture survey to all people working at facilities. Extended deadline to June 3 to accommodate paper responses. Reviewed climate/culture survey qualitative and quantitative findings with DPHHS and facility leadership. Distributed findings to employees and public. Participated in hiring process for MSH's Director of Nursing position. 	<ul style="list-style-type: none"> Review training assessment findings and develop remediation plans for required trainings. Review staffing assessment findings and identify opportunities for improvement Review and recommend updates to job descriptions alignment with expected qualifications. Evaluate and benchmark staffing patterns and skills mix against requirements and peer facilities.
Finances	<ul style="list-style-type: none"> Reviewed long range budget planning submissions. Developed funding request for electronic health records system. 	<ul style="list-style-type: none"> Identify opportunities to consolidate contracts across Facilities, 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 Western Interstate Commission for Higher Education to review their initial findings and recommendations regarding community based behavioral health (BH) systems. Documented existing BH service delivery settings. Met with Montana Hospital Association to discuss BH provider challenges. 	<ul style="list-style-type: none"> Provide recommendations on BH system investment needs. 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"> Met with Collaborative Safety, Mountain Pacific Quality Health to align on scope and training programs. Assessed current required reportable events and tracking systems. 	<ul style="list-style-type: none"> Assess facility compliance with regulatory bodies and identify reporting requirements and practices. Receiving facility quality indicators (at least 2 per facility) by 7/6/22. Develop tracking mechanism and initiate weekly tracking of indicators.
Communications	<ul style="list-style-type: none"> Monthly meetings with Board of Visitors, Unions, and Disability Rights Montana. Scheduled employee town halls at each facility throughout July. 	<ul style="list-style-type: none"> Develop communications plan with input from stakeholders. Host and facilitate employee town hall meetings at each facility.

Climate & Culture Survey Results Summary – Employee Satisfaction Level

A&M partnered with DPHHS to develop, distribute, and analyze the results of a climate and culture survey. The goal is to identify opportunities that facilities can invest in to improve employee satisfaction, engagement, and retention.

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.

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>	410	155	62	17	46	81	22	23

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