

MT DPHHS State-Run Health Care Facilities

April 2023

ALVAREZ & MARSAL
LEADERSHIP. ACTION. RESULTS.™

Monthly Status Update



Facility Scorecard | Overview – April 30, 2023

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

Below is the overview of the April 2023 performance scorecard for Montana’s state-run health care facilities. To reflect the variance of performance across individual metrics by facilities, the scorecard now shows an overall status as well as targeted performance within key areas (i.e., census and staffing, budget, quality and training, and operations).

Table 1: Summary of Facility Scorecards, April 2023

Facility	Overall Status	Census and Staffing	Budget	Quality and Training Metrics	Operations
Montana State Hospital	Red	Red	Red	Red	Red
Montana Mental Health Nursing Care Center	Red	Red	Red	Green	Yellow
Intensive Behavior Center	Red	Red	Red	Yellow	Red
Montana Chemical Dependency Center	Yellow	Yellow	Yellow	Yellow	Green
Columbia Falls Montana Veterans’ Home	Yellow	Yellow	Yellow	Green	Green
Southwestern Montana Veterans’ Home ¹	Yellow	Yellow	Red	N/A	Green
Eastern Montana Veterans’ Home ¹	Yellow	Red	Red	N/A	Green

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

MSH | Scorecard – April 30, 2023

MSH had 0 net hires in April. MSH continues to experience staffing challenges and level of training compliance remains low.

Census & Staffing¹

Status: ●

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 270 beds)	81.1%	82.2%	
Admissions	81	59	
Discharges	74	55	
Waitlist	67 ●	67 ●	< 12
Employee Vacancy Rate	38% ●	37% ●	< 15%
Employee Turnover Rate	1.5% ●	1.5% ●	< 5.0% ³
Net Employee Hires	+11 ●	+0 ●	+6

Budget – SFY23

Status: ●

Indicator	March 2023	April 2023	Goal
Starting Budget	\$48,873,226	\$48,873,226	
Actuals to Date	\$57,354,572	\$58,461,674	
Projected Expenses	\$94,886,143	\$92,681,218	
Variance – Budget to Projected Expenses	-\$46,012,917 ●	-\$43,807,992 ●	> \$0
Cost per Bed Day	\$1,187	\$1,144	
Revenue to Date	\$1,948,193	\$2,078,207	
Monthly Traveler Spend ²	\$4,126,745	\$4,124,718	
Percent change in Traveler Spend	24% ●	0% ●	< -5%

Quality & Training Metrics

Status: ●

Indicator	March 2023	April 2023	Goal
% of patients evaluated for Medicaid eligibility upon admission	100% ●	100% ●	95%
Patient attendance for group therapy sessions offered	72% ●	71% ●	75%
% of completed community re-entry form within 10 days of admission	60% ●	49% ●	90%
Chemical restraint occurrence per 1000 patient days [NEW]	7.25 ●	9.61 ●	0
Training Compliance ³	50% ●	49% ●	100%

¹Census and staffing data is aggregated for MSH across the main hospital, forensic facility (Galen) and the group homes.

²Traveler spend sometimes includes estimates when invoicing from vendors is delayed – these estimates are updated with accurate invoices as soon as those are provided, so data between reports may look different.

³ MSH has redefined level of training requirements to include annual trainings and not just onboarding training.

MMHNCC | Scorecard – April 30, 2023

Percentage of residents with a UTI increased from 1.5% to 3.0%. Monthly gradual dose reduction attempts in antipsychotic medications remained consistent at 12%. The facility's projected budget deficit increased to \$2.1M for the fiscal year.

Census & Staffing

Status: ● Red

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 117 beds)	56% ●	56% ●	> 90%
Admissions	1	2	
Discharges	0	0	
Waitlist	3 ●	2 ●	< 1
Employee Vacancy Rate ¹	33% ●	36% ●	< 15%
Employee Turnover Rate ²	0% ●	3.5% ●	< 5.0%
Net Employee Hires	+1 ●	-2 ●	+4

Budget – SFY23

Status: ● Red

Indicator	March 2023	April 2023	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$8,794,087	\$9,304,130	
Projected Expenses	\$14,245,384	\$14,529,132	
Variance – Budget to Projected Expenses	-\$1,834,143 ●	-\$2,117,891 ●	> \$0
Cost per Bed Day	\$600	\$603	
Revenue to Date	\$3,380,432	\$3,719,074	
Monthly Traveler Spend	\$172,226	\$258,319	
Percent change in Traveler Spend ¹	5% ●	50% ●	< -10%

Quality & Training Metrics

Status: ● Green

Indicator	March 2023	April 2023	Goal
Falls with major injuries (as % of residents)	0% ●	0% ●	0%
% of patients being weighed monthly per CMS guidelines	98% ●	98% ●	100%
% of residents with a UTI against the Montana state average	1.5% ●	3.0% ●	< 2.9%
Monthly gradual dose reduction (GDR) attempts in residents who are using antipsychotic medications	12.0% ●	12.0% ●	> 10%
Training Compliance	85% ●	91% ●	100%

¹ Vacancy rate data may reflect a slight delay in processing hires and separations in SABHRS due to system limitations.

² The goal for employee turnover rate is being changed to < 5.0% from < 1.0%.

IBC | Scorecard – April 30, 2023

IBC continues to struggle with high employee vacancy rates, with nearly two-thirds of their positions vacant. This month, IBC introduced a new quality metric tracking total formal learning objectives.

Census & Staffing

Status: ●

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 12 beds)	75%	67%	
Admissions	0	0	
Discharges	0	1	
Waitlist	11 ●	8 ●	< 1
Employee Vacancy Rate	64.0% ●	65.0% ●	< 15%
Employee Turnover Rate ²	0.0% ●	3.0% ●	< 5.0%
Net Employee Hires	+1 ●	-1 ●	+4

Budget – SFY23

Status: ●

Indicator	March 2023	April 2023	Goal
Starting Budget	\$2,775,188	\$2,775,188	
Actuals to Date	\$5,744,647	\$6,006,785	
Projected Expenses	\$8,930,445	\$8,351,097	
Variance – Budget to Projected Expenses	-\$6,155,257 ●	-\$5,575,909 ●	> \$0
Cost per Bed Day	\$2,719	\$2,860	
Revenue to Date	\$66,674	\$73,330	
Monthly Traveler Spend ¹	\$327,048	\$329,059	
Percent change in Traveler Spend ¹	0% ●	1% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	March 2023	April 2023	Goal
Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	100% ●	100% ●	100%
Total attendance at community outings	57 ●	48 ●	12
Percent of clients meeting individual Enrichment Center attendance goals	48% ●	32% ●	50%
Total formal learning objectives for each client based on hierarchy of needs [NEW]	0 ●	8 ●	45
Training Compliance	67% ●	98% ●	100%

¹Traveler spend sometimes includes estimates when invoicing from vendors is delayed – these estimates are updated with accurate invoices as soon as those are provided, so data between reports may look different.

²The goal for employee turnover rate is being changed to < 5.0% from < 1.0%.

MCDC | Scorecard – April 30, 2023

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

Census & Staffing

Status: ● Yellow

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 48 beds)	35% ●	44% ●	> 90%
Admissions	30	26	
Discharges	30	30	
Waitlist	0 ●	0 ●	< 1
Employee Vacancy Rate	5.3% ●	9.0% ●	< 15%
Employee Turnover Rate ²	3.5% ●	3.5% ●	< 5.0%
Net Employee Hires	-1 ●	-2 ●	> 0

Budget – SFY23

Status: ● Yellow

Indicator	March 2023	April 2023	Goal
Starting Budget	\$6,000,763	\$6,000,763	
Actuals to Date	\$4,187,392	\$4,303,501	
Projected Expenses	\$6,694,357	\$6,668,857	
Variance – Budget to Projected Expenses	-\$330,434 ●	-\$668,094 ●	> \$0
Cost per Bed Day	\$1,079	\$870	
Revenue to Date	\$373,681	\$881,782	
Monthly Traveler Spend	\$0	\$0	
Percent change in Traveler Spend	n/a	n/a	n/a

Quality & Training Metrics

Status: ● Yellow

Indicator	March 2023	April 2023	Goal
% of discharge follow-ups, or attempts, across all discharges	100% ●	100% ●	100%
Number of discharges against medical advice (AMA)	8 ●	10 ●	< 4
Number of complete referrals to number of actual patient admissions ¹	77% ●	83% ●	85%
Average number of days from initial outreach to admission	7.45 ●	7.8 ●	< 5
Training Compliance	99% ●	80% ●	100%

¹ Because referrals towards the end of a month are sometimes admitted in the following month, numbers are updated month-to-month to reflect a more accurate percentage.

² The goal for employee turnover rate is being changed to < 5.0% from < 1.0%.

CFMVH | Scorecard – April 30, 2023

CFMVH significantly reduced waitlist by filtering out ineligible clients. Increasing average daily census remains a goal of the facility. Traveler spend increased by 39% from March.

Census & Staffing

Status: ● Yellow

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 117 beds)	53.0% ●	54.7% ●	> 90%
Admissions	6	4	
Discharges	5	2	
Waitlist	30 ●	35 ●	< 15
Employee Vacancy Rate	27% ●	28% ●	< 15%
Employee Turnover Rate ²	2% ●	1.3% ●	< 5.0%
Net Employee Hires	0 ●	-1 ●	> +4

Budget – SFY23

Status: ● Yellow

Indicator	March 2023	April 2023	Goal
Starting Budget	\$14,997,323	\$14,997,323	
Actuals to Date	\$9,123,951	\$9,668,710	
Projected Expenses	\$14,555,842	\$14,502,743	
Variance – Budget to Projected Expenses	\$441,481 ●	\$494,580 ●	> \$0
Cost per Bed Day	\$643	\$621	
Revenue to Date	\$2,260,067	\$2,531,091	
Monthly Traveler Spend ¹	\$214,042	\$297,054	
Percent change in Traveler Spend ¹	-55% ●	39% ●	< -10%

Quality & Training Metrics

Status: ● Green

Indicator	March 2023	April 2023	Goal
All patients that have a risk of falls are identified and risk interventions are put in place	100% ●	100% ●	100%
Number of UTIs per month	14% ●	0% ●	0
Use of antianxiety medications	25% ●	21% ●	25%
Medication Errors	4% ●	4% ●	< 5%
Training Compliance	89% ●	93% ●	100%

¹Traveler spend sometimes includes estimates when invoicing from vendors is delayed – these estimates are updated with accurate invoices as soon as those are provided, so data between reports may look different.

²The goal for employee turnover rate is being changed to < 5.0% from < 1.0%.

SWMVH & EMVH | Scorecard – April 30, 2023

This month waitlists across both SWMVH and EMVH decreased to 12 and 2, respectively. Census remains low at both facilities.

Because SWMVH and EMVH are run by state contractors, we do not track data on staffing, quality measures, or training compliance. We also do not track certain budget components including traveler spend, cost per bed day, and revenue to date.

SWMVH Scorecard

Census
Status: **Yellow** ●

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 60 beds)	76.7% ●	75.0% ●	> 90%
Admissions	0	3	
Discharges	1	2	
Waitlist	15 ●	12 ●	< 15

Budget – SFY23
Status: **Red** ●

Indicator	March 2023	April 2023	Goal
Starting Budget	\$2,995,743	\$2,995,743	
Actuals to Date	\$2,292,534	\$2,766,958	
Projected Expenses	\$4,823,363	\$4,810,640	
Variance – Budget to Projected Expenses	-\$1,828,620 ●	-\$1,814,897 ●	> \$0

EMVH Scorecard

Census
Status: **Red** ●

Indicator	March 2023	April 2023	Goal
Average Daily Census (% of 80 beds)	71.3% ●	68.8% ●	> 90%
Admissions	5	4	
Discharges	3	6	
Waitlist	5 ●	2 ●	< 15

Budget – SFY23
Status: **Red** ●

Indicator	March 2023	April 2023	Goal
Starting Budget	\$4,511,074	\$4,511,074	
Actuals to Date	\$3,779,423	\$4,145,403	
Projected Expenses	\$5,976,274	\$5,142,927	
Variance – Budget to Projected Expenses	-\$1,465,200 ●	-\$631,853 ●	> \$0

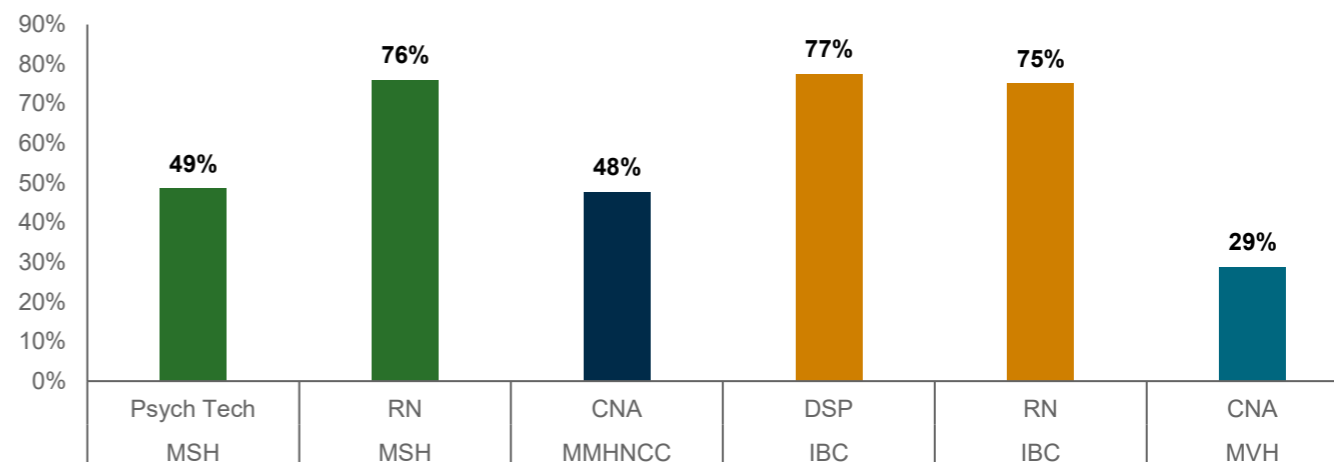
Facilities Workforce Development & Hiring Updates | April 2023

The Healthcare Facilities Division launched a workforce development taskforce which is focused on expanding outreach to target colleges & universities, increasing digital footprint to market open job positions to online job boards, exploring options for nursing teaching site partnerships, improving the efficiency of the interview process, and improving employee retention through coordinated efforts.

Workstream	Progress so far
Increasing Candidate Pool	<ul style="list-style-type: none"> Had calls with MSU-Missoula, Montana Tech, Salish Kootenai College, and Carroll College, and reached out to several additional colleges, including MSU-Bozeman, Missoula College, and Helena College, to explore potential nursing rotation partnerships with colleges and the various state facilities. Registered MVH to attend a career fair at Salish Kootenai College. Continued CNA trainee classes at MMHNCC and MVH. Reclassified MMHNCC Social Worker positions as case workers to reduce educational barriers to job acceptance. Reached out to Montana Department of Labor to begin assessing the feasibility of CNA registered apprenticeships at the facilities.
Advertising & Outreach Opportunities	<ul style="list-style-type: none"> Attended in-person career fairs at Montana Tech, Missoula College, Carroll College, and Butte High School, as well as a virtual fair with MSU-Billings, to advertise positions at the facilities. Reached out to colleges and high schools to share job postings. Posted flyers at local businesses and schools near facilities. Shared open direct care position job postings with 80+ colleges and universities via Handshake.
Candidate Experience Improvement	<ul style="list-style-type: none"> Held focus groups at MSH and MMHNCC with RNs, CNAs, and Psychiatric Technicians to get insights into current recruitment processes and opportunities for improvement from a staff perspective. Solicited feedback from staff hired in the last six months through a new hire survey to assess areas of opportunity in the recruitment process. Circulated guides to better assist candidates through the state website application process, based on feedback from staff and the survey.
Employee Retention	<ul style="list-style-type: none"> DPHHS is conducting a feasibility assessment for retention incentives to go alongside hiring and referral incentives, to improve state employee retention. Developing and implementing performance recognition programs such as employee of the month across facilities.

Data Snapshot: April 2023							
Facility	Priority positions	# of Applicants	# of Interviews	# of Offers extended	# of Offers Accepted	# of New Hires	# of Separations
MSH	Psych Tech	11	12	8	8	5	3
	RN	0	0	0	0	0	0
NCC	CNA	4	2	1	1	3	4
	CNA Trainees ¹	6	5	5	3	n/a	n/a
IBC	DSP	1	1	1	1	1	1
	RN	1	0	0	0	0	0
MVH	CNA	1	0	0	0	0	2
	CNA Trainees	0	0	0	0	n/a	n/a

Vacancy Rate in Priority Positions - April 30, 2023



¹ Next CNA Trainee course begins on 4/24/23

Wins & Challenges (1 of 3) | April 30, 2023

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

Facility	Operations Status	Current Operational Challenges	Wins this Month
MSH	Red	<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. Contract staff spend has continued to increase, and projected expenses for FY23 exceed the budget significantly. There are opportunities to improve discharge planning and active treatment. 	<ul style="list-style-type: none"> Finalized the 2023 infection prevention plan. Began revisions to Med Staff bylaws and included a Medical Executive Committee. Established a quarterly cadence for the hospital governing body which met for the second time this month. Began extensive review and revision process for hospital policies and procedures.
MMHNCC	Yellow	<ul style="list-style-type: none"> Limited active behavioral health treatment. There appears to be over-reliance on particular treatment modalities. Lack of practice guidelines for psychotropic medication use. The employee vacancy rate remains high at the facility, and direct patient care staffing remains an issue for the facility. MMHNCC continues to experience excessive sick leave and staff call offs. 	<ul style="list-style-type: none"> The facility began CNA trainee courses. Attended a job fair at a local high school to help identify and recruit new young talent. Hired three new CNAs. Interviewed candidates for the open ADON position.

Wins & Challenges (2 of 3) | April 30, 2023


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

Facility	Operations Status	Current Operational Challenges	Wins this Month
IBC		<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. Continuing to struggle with hiring a Behavior Services Manager and Behavior Specialist positions. Onboarding of new state employees continues to be a slow, resource-intensive process.. Physical plant needs upgrades. Continued challenges with delivery of active treatment. Facility director identified issues with current staff training and orientation. A new process is being developed. Environment continues to have an institutional feel. Enrichment center attendance declined in the month of April due to coordinator taking leave. 	<ul style="list-style-type: none"> Facility was able to implement a new contract with MCE food factory. First meals were delivered this month. Successfully found placement for and discharged one client. There is another client in the process of discharge over the next couple of months. The facility implemented a system for client data tracking which includes annual assessments, clinical review forms, and nursing documentation. IBC is currently in the process of realigning staffing schedules for CNAs in order to assist in continuity of client care and prioritize a reduction in overtime. Scheduled two hiring events for the month of May.
MCDC		<ul style="list-style-type: none"> High staffing levels compared to benchmarks. Overall census and occupancy remains low. Barriers affecting census include patients leaving treatment prior to completion and scheduled admissions not arriving. Continuing to work on ways to improve census. Discharges against medical advice (AMAs) remain high. Facility continuing to experience a COVID outbreak. 	<ul style="list-style-type: none"> 100% staffed across the facility with direct care staff – as a result, there was no traveler spend between November and April. Continued collaboration with Office of American Indian Health to increase supports with native population. Did not backfill 3 positions to be added to vacancy savings. Facility held a site visit to All Nations Health Center & Hope Center to have conversations on improving MCDC to be more culturally appropriate for American-Indian populations.
CFMVH		<ul style="list-style-type: none"> High staffing levels compared to benchmarks. Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Currently have 38 open positions, 27 of which are CNA positions. Lack of affordable housing. Low census and high waitlist numbers. 	<ul style="list-style-type: none"> Recorded 4 new admissions to the facility and decreased waitlist by removing unqualified candidates. Vietnam veteran resident was approved for “Wish of a Lifetime” to travel to Washington, D.C. to see the Vietnam War Memorial.

Wins & Challenges (3 of 3) | April 30, 2023

Legend:
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Facility	Operations Status	Current Operational Challenges	Wins this Month
SWMVH		<ul style="list-style-type: none"> FY23 projected expenses currently exceed the budget for the year. Census numbers remain low at 75% of capacity, falling short of the 90% goal, due to construction delays resulting in inability to VA certify one of the cottages. Denied 4 referrals in April due to clinical reason and 1 offender registry. Facility has not received VA record for Veterans on waiting list due to staffing shortages at VA. 	<ul style="list-style-type: none"> New Radio Ads were recorded and are playing on local radio stations Cottage 5 adjustments are nearing completion, when the cottage is opened it will include 10 additional beds. Facebook ads for recruitment of RN/LPN/CNA positions are doing well and receiving traction online.
EMVH		<ul style="list-style-type: none"> The facility remains without a permanent full-time Administrator. The position is being advertised by the new operator. The Exterior Fascia and Roof project public bid process received 3 bids from contractors but has not yet been awarded. The roof continues to leak. The Interior Remodel project public bid process only received 1 bid from a contractor and was \$200,000 over budget for the project. Options being considered are to rebid which will cause further delay in spending the awarded ARPA funds, or to reduce the project cost by removing planned elements from the project. The facility remains out of compliance following the February CMS recertification, and the new contractor is working through the Plan of Correction process will likely end in a revisit survey in early April. The facility continues to use a hybrid health record system which is mostly paper and an antiquated electronic record. This negatively impacts efficiency and may be contributing to error potential. 	<ul style="list-style-type: none"> The facility was able to hire 6 new CNAs, an Assistant Director of nursing, Director of Social Services, Director of Activities, Director of Support Services, and a Business Office Manager EMVH foundation agreed to purchase new furniture for the Special Care Unit day room, Direct TV service for all residents, and barber services for all residents.
Overall, all DPHHS facilities		<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"> Alvarez & Marsal's report was published in December and was shared with stakeholder groups, including non-profit partners, unions, and facilities staff. The recommendations of the A&M report was presented Montana State Legislature at the beginning of January. Major investments were made by the Governor and the 68th Legislative Session to address facilities deficiencies.

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