

MT DPHHS State-Run Health Care Facilities

February 2023

ALVAREZ & MARSAL
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Monthly Status Update



Facility Scorecard | Overview – February 28, 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 February 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). There was no change in overall status for facilities between January and February 2023.

Table 1: Summary of Facility Scorecards, February 2023

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	Yellow	Yellow	Yellow
Columbia Falls Montana Veterans’ Home	Yellow	Yellow	Green	Yellow	Yellow
Southwestern Montana Veterans’ Home ¹	Yellow	Yellow	Red	N/A	Yellow
Eastern Montana Veterans’ Home ¹	Yellow	Yellow	Red	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.

MSH | Scorecard – February 28, 2023

MSH had 7 net hires in February – the third consecutive month of positive net hires. MSH has responded to the decrease in completion of community re-entry forms from last month and significantly increased their completion rate in February. MSH also reduced its monthly travel spend by 16%.

Census & Staffing¹

Status: ● Red

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 270 beds)	83.3%	82.6%	
Admissions	70	57	
Discharges	50	59	
Waitlist	61 ●	67 ●	< 12
Employee Vacancy Rate	40.9% ●	40.2% ●	< 15%
Employee Turnover Rate	0.6% ●	1.6% ●	< 5.0% ³
Net Employee Hires	+21 ●	+7 ●	+6

Budget – SFY23

Status: ● Red

Indicator	January 2023	February 2023	Goal
Starting Budget	\$48,873,226	\$48,873,226	
Actuals to Date	\$44,317,113	\$49,320,306	
Projected Expenses	\$87,434,103	\$94,284,997	
Variance – Budget to Projected Expenses	-\$38,560,877 ●	-\$45,411,771 ●	> \$0
Cost per Bed Day	\$1,045	\$1,158	
Revenue to Date	\$1,729,650	\$1,886,317	
Monthly Traveler Spend ²	\$3,968,876	\$3,321,226	
Percent change in Traveler Spend ²	-17% ●	-16% ●	< -5%

Quality & Training Metrics

Status: ● Yellow

Indicator	January 2023	February 2023	Goal
% of patients evaluated for Medicaid eligibility upon admission	100% ●	100% ●	95%
Patient attendance for group therapy sessions offered	74% ●	72% ●	75%
% of completed community re-entry form within 10 days of admission	33% ●	61% ●	90%
Training Compliance	95% ●	99% ●	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.

³The goal for employee turnover rate is being changed to < 5.0% from < 1.0%.

MMHNCC | Scorecard – February 28, 2023

Monthly gradual dose reduction attempts in antipsychotic medications increased from 3.1% to 7.7% in February. The facility also reduced traveler spend by 9% from January.

Census & Staffing

Status: ● Red

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 117 beds)	56% ●	56% ●	> 90%
Admissions	0	1	
Discharges	0	1	
Waitlist	3 ●	3 ●	< 1
Employee Vacancy Rate ¹	34% ●	34% ●	< 15%
Employee Turnover Rate ²	1.1% ●	4.2% ●	< 5.0%
Net Employee Hires	+3 ●	+0 ●	+4

Budget – SFY23

Status: ● Yellow

Indicator	January 2023	February 2023	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$7,328,190	\$7,857,259	
Projected Expenses	\$12,536,095	\$13,007,644	
Variance – Budget to Projected Expenses	-\$124,854 ●	-\$596,403 ●	> \$0
Cost per Bed Day	\$511	\$548	
Revenue to Date	\$2,769,787	\$3,081,961	
Monthly Traveler Spend	\$148,753	\$134,648	
Percent change in Traveler Spend ¹	+2% ●	-9% ●	< -10%

Quality & Training Metrics

Status: ● Yellow

Indicator	January 2023	February 2023	Goal
Falls with major injuries (as % of residents)	1% ●	0% ●	0%
% of patients being weighed monthly per CMS guidelines	92% ●	98% ●	100%
% of residents with a UTI against the Montana state average	1% ●	3% ●	< 2.9%
Monthly gradual dose reduction (GDR) attempts in residents who are using antipsychotic medications	3.1% ●	7.7% ●	> 10%
Training Compliance	84% ●	85% ●	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 – February 28, 2023

IBC continues to struggle with high employee vacancy rates, with nearly two-thirds of their positions vacant. Attendance at community outings hit the targeted amount for the second consecutive month, and IBC made significant progress on behavior support plans. A new quality metric is being designed for March.

Census & Staffing

Status: ●

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 12 beds)	75%	75%	
Admissions	0	0	
Discharges	0	0	
Waitlist	7 ●	13 ●	< 1
Employee Vacancy Rate	63.6% ●	63.6% ●	< 15%
Employee Turnover Rate ²	4.2% ●	4.2% ●	< 5.0%
Net Employee Hires	+2 ●	+1 ●	+4

Budget – SFY23

Status: ●

Indicator	January 2023	February 2023	Goal
Starting Budget	\$2,775,188	\$2,775,188	
Actuals to Date	\$4,386,012	\$5,113,182	
Projected Expenses	\$8,360,079	\$8,698,655	
Variance – Budget to Projected Expenses	-\$5,584,891 ●	-\$5,923,467 ●	> \$0
Cost per Bed Day	\$2,497	\$2,648	
Revenue to Date	\$50,030	\$59,143	
Monthly Traveler Spend ¹	\$335,420	\$327,266	
Percent change in Traveler Spend ¹	-3% ●	-2% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	January 2023	February 2023	Goal
Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	67% ●	88% ●	100%
Total attendance at community outings	20 ●	13 ●	12
Percent of clients meeting individual Enrichment Center attendance goals	28% ●	31% ●	50%
Training Compliance	91% ●	96% ●	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 – February 28, 2023

MCDC remained fully staffed across direct patient care positions in February, and as a result had no traveler spend for the month. Number of completed referrals to actual patient admissions decreased significantly in February. MCDC will now report on the average number of days from initial outreach to admission as part of their quality & training metrics.

Census & Staffing

Status: **Yellow** ●

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 48 beds)	44% ●	48% ●	> 90%
Admissions	36	26	
Discharges	26	33	
Waitlist	0 ●	0 ●	< 1
Employee Vacancy Rate	3.5% ●	7.0% ●	< 15%
Employee Turnover Rate ²	0.0% ●	3.8% ●	< 5.0%
Net Employee Hires	+1 ●	-2 ●	> 0

Budget – SFY23

Status: **Yellow** ●

Indicator	January 2023	February 2023	Goal
Starting Budget	\$6,000,763	\$6,000,763	
Actuals to Date	\$3,488,777	\$3,764,764	
Projected Expenses	\$6,426,031	\$6,331,197	
Variance – Budget to Projected Expenses	-\$425,268 ●	-\$330,434 ●	> \$0
Cost per Bed Day	\$823	\$754	
Revenue to Date	\$161,628	\$161,828	
Monthly Traveler Spend	\$0	\$0	
Percent change in Traveler Spend	n/a	n/a	n/a

Quality & Training Metrics

Status: **Yellow** ●

Indicator	January 2023	February 2023	Goal
% of discharge follow-ups, or attempts, across all discharges	100% ●	100% ●	100%
Number of discharges against medical advice (AMA)	12 ●	9 ●	< 4
Number of complete referrals to number of actual patient admissions ¹	90% ●	69% ●	85%
Average number of days from initial outreach to admission	N/A	5.41 ●	< 5
Training Compliance	98% ●	98% ●	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 – February 28, 2023

CFMVH waitlist numbers remain high, increasing census remains primary focus of facility. Traveler spend increased by 14% from January. CFMVH added a fourth quality metric in February.

Census & Staffing

Status: **Yellow** ●

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 117 beds)	52.1% ●	53.0% ●	> 90%
Admissions	3	2	
Discharges	1	4	
Waitlist	142 ●	136 ●	< 15
Employee Vacancy Rate	25.5% ●	25.5% ●	< 15%
Employee Turnover Rate ²	0.9% ●	4.5% ●	< 5.0%
Net Employee Hires	-1 ●	-1 ●	> +4

Budget – SFY23

Status: **Green** ●

Indicator	January 2023	February 2023	Goal
Starting Budget	\$14,997,323	\$14,997,323	
Actuals to Date	\$7,220,142	\$7,802,995	
Projected Expenses	\$14,023,958	\$14,735,475	
Variance – Budget to Projected Expenses	\$973,365 ●	\$261,848 ●	> \$0
Cost per Bed Day	\$618	\$651	
Revenue to Date	\$1,955,160	\$2,065,434	
Monthly Traveler Spend ¹	\$413,930	\$472,311	
Percent change in Traveler Spend ¹	+91% ●	+14% ●	< -10%

Quality & Training Metrics

Status: **Yellow** ●

Indicator	January 2023	February 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	25% ●	12% ●	0
Use of antianxiety medications	40% ●	34% ●	25%
Medication Errors	N/A	4% ●	< 5%
Training Compliance	85% ●	89% ●	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 – February 28, 2023

SWMVH waitlist increased to 10 in February. There was no change in status for census or budget at either facility. 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	January 2023	February 2023	Goal
Average Daily Census (% of 60 beds)	75.0% ●	76.7% ●	> 90%
Admissions	3	4	
Discharges	3	4	
Waitlist	1 ●	10 ●	< 15

Budget – SFY23

Status: **Red** ●

Indicator	January 2023	February 2023	Goal
Starting Budget	\$2,995,743	\$2,995,743	
Actuals to Date	\$2,032,873	\$1,797,086	
Projected Expenses	\$6,443,475	\$4,398,729	
Variance – Budget to Projected Expenses	-\$3,447,732 ●	-\$1,402,986 ●	> \$0

EMVH Scorecard

Census

Status: **Yellow** ●

Indicator	January 2023	February 2023	Goal
Average Daily Census (% of 80 beds)	66.3% ●	68.8% ●	> 90%
Admissions	3	3	
Discharges	2	2	
Waitlist	3 ●	3 ●	< 15

Budget – SFY23

Status: **Red** ●

Indicator	January 2023	February 2023	Goal
Starting Budget	\$4,511,074	\$4,511,074	
Actuals to Date	\$2,266,840	\$2,405,326	
Projected Expenses	\$4,600,067	\$5,958,658	
Variance – Budget to Projected Expenses	-\$88,993 ●	-\$1,447,584 ●	> \$0

Facilities Workforce Development & Hiring Updates | February 2023

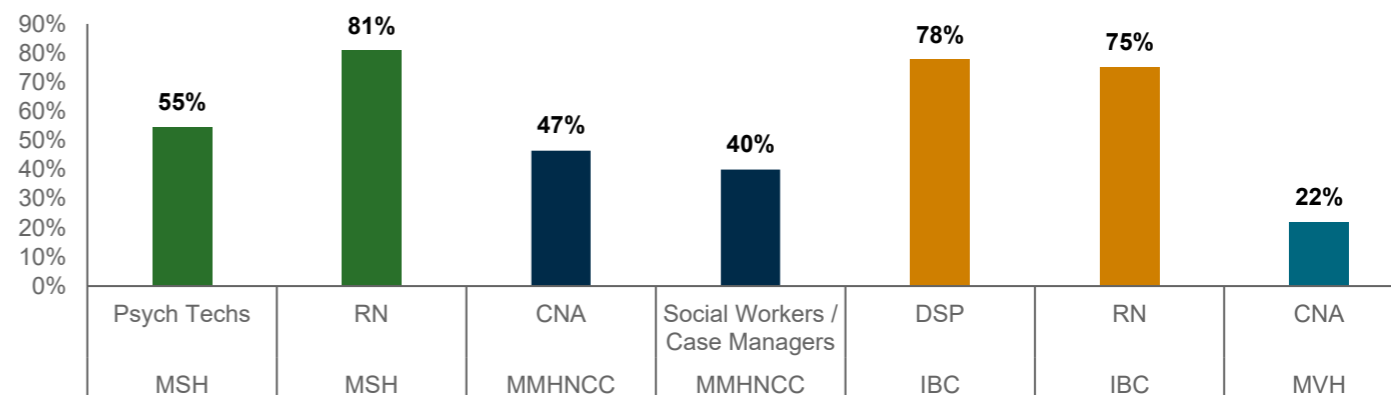
DPHHS has worked with staff at the healthcare facilities to identify high-priority health care vacancies at the facilities, increase the pool of applicants, expand advertising, and improve the candidate experience during the recruitment process.

Next month, facilities will be focusing on expanding outreach to target colleges & universities through scheduling lunch-and-learn sessions, additional career fairs, exploring options for nursing teaching site partnerships, analyzing recruitment timeline data, and assessing the feasibility of registered apprenticeships for Certified Nursing Assistants at the facilities.

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.
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.

Data Snapshot: February 2023							
Facility	Priority positions	# of Applicants	# of Interviews	# of Offers extended	# of Offers Accepted	# of New Hires	# of Separations
MSH	Psych Tech	19	9	8	7	5	0
	RN	0	0	0	0	1	0
NCC	CNA	1	0	0	0	0	3
	CNA Trainees	0	0	0	0	n/a	n/a
	Case Workers	2	2	2	2	1	0
IBC	DSP	1	1	1	1	1	1
	RN	0	0	0	0	0	0
MVH	CNA	3	1	0	0	5	1
	CNA Trainees	11	11	10	6	n/a	n/a

Vacancy Rates in Priority Positions - March 2, 2023



Summary of Target Colleges / Schools by Facility

The facilities have reached out to over 33 colleges and high schools to advertise priority positions at all four of our high-vacancy facilities. Below is a summary of some of the colleges that have been contacted by facilities. Note that this list is not comprehensive, and the priority positions listed below are not the only positions and jobs that were advertised to these colleges.

School	Priority Target Positions	Activities	MSH	NCC	IBC	MVH
University of Montana – Missoula College	Registered Nurses (RNs) Case Workers	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X	X	X
Montana Tech University	Registered Nurses (RNs) Part-time Certified Nursing Assistants (CNAs) Case Workers	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X	X	X
Carroll College	Registered Nurses (RNs) Part-time Certified Nursing Assistants (CNAs) Case Workers	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X	X	X
Helena College – University of Montana	Registered Nurses (RNs) Part-time Certified Nursing Assistants (CNAs) Case Workers	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X	X	X
Montana State University – Bozeman	Registered Nurses (RNs) Case Workers	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X	X	X
Aaniih Nakoda College	Certified Nursing Assistants (CNAs) Case Workers	Position Advertising / Recruitment		X		
Salish Kootenai College	Certified Nursing Assistants (CNAs) Case Workers Registered Nurses (RNs)	Nursing Teaching Site Partnerships Career Fairs Position Advertising / Recruitment	X	X		X
Blackfeet Community College	Certified Nursing Assistants Case Workers Registered Nurses (RNs)	Nursing Teaching Site Partnerships Position Advertising / Recruitment	X	X		X
Flathead Valley Community College	Certified Nursing Assistants	Career Fairs Position Advertising / Recruitment				X
Great Falls College – MSU	Case Workers	Career Fairs Position Advertising / Recruitment		X		
City College at MSU – Billings	Case Workers	Career Fairs Position Advertising / Recruitment		X		
University of Providence	Case Workers	Position Advertising / Recruitment		X		

Wins & Challenges (1 of 3) | February 28, 2023

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Green: Acceptable Performance
Yellow: Challenges Exist
Red: Significant Deficiencies

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. 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. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary. 	<ul style="list-style-type: none"> The facility had net positive employee hires for the third month in a row, and five Psychiatric Technicians were hired. MSH is working on expanding its quality improvement program and working to make data tracking related to antipsychotic medication use more robust. Participated in a career fair at Missoula College to advertise facility positions, particularly direct patient care positions.
MMHNCC		<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. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. State Surveyor issued facility a CMS 2567 statement of deficiencies and plan of correction. All hands are working to remedy identified deficiencies. 	<ul style="list-style-type: none"> Two case workers were hired (start date in February – 1.5 FTEs), filling a critical role at the facility. Previously, there were no case workers or social workers at the facility. The facility hired two night-time shift supervisors. Launch of new employee committee to support newly hired staff as they transition into their new roles.

Wins & Challenges (2 of 3) | February 28, 2023


Legend:
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Facility	Operations Status	Current Operational Challenges	Wins this Month
IBC	Red	<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. Lost 1 additional DSP in February. Physical plant needs upgrades. Continued challenges with delivery of active treatment. Environment continues to have an institutional feel. Difficulties with discharge and community placement. Difficulty with follow through on data collection. Low class attendance to Enrichment Center due to being isolated for two weeks due to Covid outbreak at IBC. Increased Overtime for February due to Covid. Enrichment Center Shift Manager left giving only a couple days' notice, resulting in lapse of Enrichment Center oversight 	<ul style="list-style-type: none"> New activity schedules to match Enrichment Center classes have been developed and classes are set to begin March 13th. Hired 1 new DSP who began in February. New furniture ordered, slated to be at IBC in two to three weeks. Outreach to local high school for utilization of gym for clients approved by Board of Education, IBC is working on proof of liability insurance. Pow wow scheduled for September for two American Indian clients. A Community provider has agreed to share their outings such as hockey sledding at the Helena Hockey rink. This provider is willing for IBC to join other activities with them, providing clients the ability to build social skills. Agreement with traveler agencies to transition to 8-hour shifts as contracts end, allowing for more control over staffing needs and a means to decrease overtime.
MCDC	Yellow	<ul style="list-style-type: none"> 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. 	<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 February. Internally filled the Case Manager position allowing for a seamless transition Continued collaboration with Office of American Indian Health to increase supports with native population. Staff attended trainings to enhance services provided to patients, including a training provided by the American Society of Addiction Medicine Peer Support attended a 14th annual event sponsored by Narcotics Anonymous.
CFMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Currently have 37 open positions, 24 of which are CNA positions. Lack of affordable housing. Low census and high waitlist numbers. 	<ul style="list-style-type: none"> Facility was identified by US News & World Report as a high performing facility, and in the top 16 percent of nursing homes nationwide. Began CNA training courses with 5 students currently enrolled, including 2 internal staff seeking CAN certifications. Hired two new RNs: one part time, and one PRN.

Wins & Challenges (3 of 3) | February 28, 2023

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Facility	Operations Status	Current Operational Challenges	Wins this Month
SWMVH	Yellow	<ul style="list-style-type: none"> Cottage 5 has been turned over from the state to Eduro Healthcare, however the cottage is not VA licensed due to ongoing construction. Estimated projected completion date is June 2023. FY23 projected expenses currently exceed the budget for the year. Census numbers remain low at 77% of capacity, falling short of the 90% goal. 	<ul style="list-style-type: none"> Attended a career fair / hiring event. Hosted St. James Case Managers for a “Lunch, Learn and Tour” event Hosted several events for veteran’s entertainment such as Bible Studies, Super Bowl Party, Haircuts, and speakers. Closed out Eduro’s only travel contract at the close of February. Added five new referrals to the waitlist while meeting the waitlist target of less than 15.
EMVH	Yellow	<ul style="list-style-type: none"> The facility is planning to request that the county attorney conduct a commitment hearing for a resident currently residing in the Special Care Unit due to his violent behaviors against others. The activity program has been challenged with open positions leading to fewer activities and one to one visits for residents. The State has submitted a grant request to the CMP Reinvestment Program for funds to purchase and use a social engagement platform to maximize the time of the activity personnel and to more fully engage the rest of the caregiving team in meaningful activities with the residents. That facility received a visit from the State survey agency for the annual recertification review. 5 areas of concern were discussed with potential citations for each. The statement of deficiencies will be submitted to the facility for a plan of correction after the new operator (Eduro Healthcare) takes over. 	<ul style="list-style-type: none"> Eduro Healthcare is onsite Feb 28th and assuming operations fully on March 1 The annual Life Safety certification review was conducted on February 27th with no concerns shared and no citations likely. Both the Exterior project and the Interior project went out to bid and contractors have toured the facility.
Overall, all DPHHS facilities	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"> 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.

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