

# MT DPHHS State-Run Health Care Facilities

August 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
- Support quality initiatives



# Facility Scorecard | Overview – August 31, 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 August 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 for each facility. This overall status represents an aggregate of the statuses for each facility across Census and Staffing, Budget, Quality and Training, and Operations.

| Facility   | Overall Status | Census and Staffing | Budget | Quality and Training | Operations |
|--|----------------|---------------------|--------|----------------------|------------|
| Montana State Hospital                           | Red            | Red                 | Red    | Yellow               | Red        |
| Montana Mental Health Nursing Care Center        | Red            | Red                 | Yellow | Red                  | 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 <sup>1</sup> | Green          | Green               | Green  | N/A                  | Yellow     |
| Eastern Montana Veterans’ Home <sup>1</sup>      | Green          | Green               | Green  | N/A                  | Yellow     |

<sup>1</sup> 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 – August 31, 2022

Below is the August 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. SWMVH and EMVH improved their status from yellow to green over the last month.

| Facility   | Census and Staffing Status | Total Beds | Average Daily Census <sup>3</sup> |              |        | Admit (Aug) | DC (Aug)  | Waitlist   | Vacancy Rate <sup>1</sup> | Turnover Rate | # of Employee Hires | # of Employee Separations |
|--|----------------------------|------------|-----------------------------------|--------------|--------|-------------|-----------|------------|---------------------------|---------------|---------------------|---------------------------|
| Montana State Hospital                           | Main Hospital              | 174        | 117                               | (67%)        | -2.5%  | 41          | 49        | 0          | 45.4%                     | 2.1%          | 9                   | 6                         |
|  | Forensic Facility          | 54         | 46                                | (85%)        | -4.2%  | 9           | 10        | 39         |                           |               |                     |                           |
|  | Group Homes                | 42         | 33                                | (79%)        | +3.1%  | 0           | 1         | 0          |                           |               |                     |                           |
| Montana Mental Health Nursing Care Center        |                            | 117        | 68                                | (58%)        | +1.5%  | 0           | 2         | 4          | 28.5%                     | 1.9%          | 1                   | 2                         |
| Intensive Behavior Center                        |                            | 12         | 9                                 | (75%)        | -      | 0           | 0         | 2          | 59.1%                     | 3.7%          | 0                   | 1                         |
| Montana Chemical Dependency Center               |                            | 48         | 18                                | (38%)        | -18.2% | 33          | 28        | 0          | 7.0%                      | 5.7%          | 1                   | 3                         |
| Columbia Falls Montana Veterans’ Home            |                            | 117        | 62                                | (53%)        | -3.1%  | 0           | 0         | 196        | 22.8%                     | 2.6%          | 1                   | 3                         |
| Southwestern Montana Veterans’ Home <sup>2</sup> |                            | 56         | 42                                | (75%)        | -2.6%  | 8           | 4         | 34         | N/A                       | N/A           | N/A                 | N/A                       |
| Eastern Montana Veterans’ Home <sup>2</sup>      |                            | 80         | 58                                | (73%)        | -      | 4           | 3         | 0          | N/A                       | N/A           | N/A                 | N/A                       |
| <b>Overall</b>                                   |                            | <b>700</b> | <b>453</b>                        | <b>(65%)</b> |        | <b>82</b>   | <b>90</b> | <b>185</b> | <b>38.0%</b>              | <b>2.5%</b>   | <b>12</b>           | <b>15</b>                 |

<sup>1</sup> Facilities are addressing high vacancy rates by using contracted traveler staff.

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

<sup>3</sup> 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.

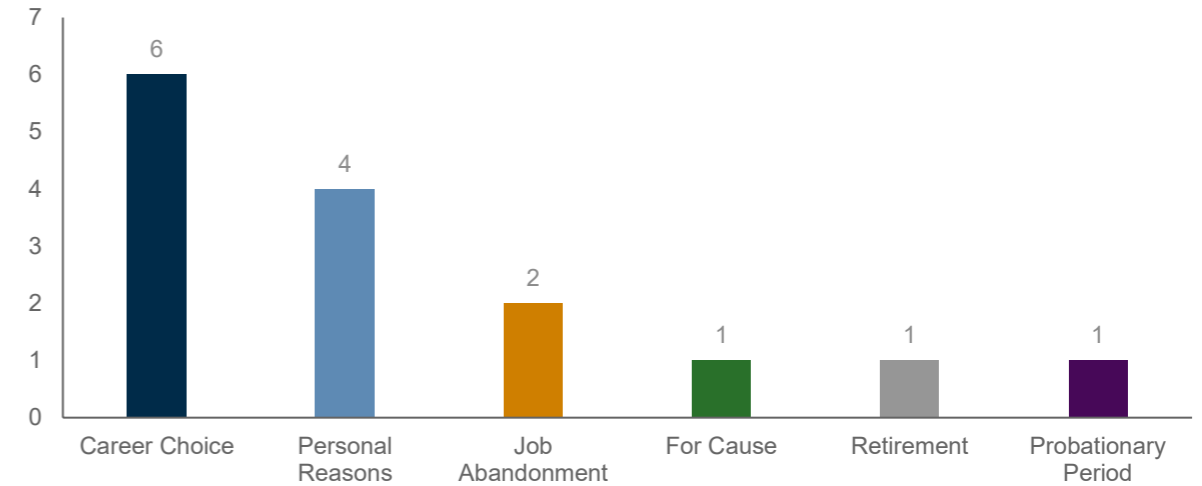
# Staff Vacancies and Turnover at State-run facilities, August 2022

In August 2022, there were a total of 15 separations across state-run facilities in August, including 3 CNAs. Most separations were due to a career choice by the employee.

| Vacancy Snapshot |                |     |           |     |             |     |              |     |        |
|------------------|----------------|-----|-----------|-----|-------------|-----|--------------|-----|--------|
| Facility         | # of Vacancies |     | New Hires |     | Separations |     | Vacancy Rate |     |        |
|                  | Jul            | Aug | July      | Aug | Jul         | Aug | Jul          | Aug | Change |
| MSH              | 246            | 243 | 8         | 9   | 12          | 6   | 45%          | 45% | -      |
| MMHNCC           | 40             | 41  | 1         | 1   | 0           | 2   | 25%          | 28% | +3%    |
| IBC              | 38             | 39  | 1         | 0   | 3           | 1   | 59%          | 59% | -      |
| MVH              | 32             | 34  | 0         | 1   | 6           | 3   | 22%          | 23% | +1%    |
| MCDC             | 2              | 4   | 2         | 1   | 0           | 3   | 5%           | 7%  | +2%    |

Vacancy rates remained relatively stable between July and August – with three of five state-run facilities showing a slight increase in vacancy rates.

Reasons for August Separations



| Positions                | # of Separations in August |
|--------------------------|----------------------------|
| Certified Nurse Aide     | 3                          |
| Treatment Technician     | 3                          |
| Psychiatric Technician   | 2                          |
| Peer Services Specialist | 1                          |
| Dentist                  | 1                          |
| Behavioral HC Planner    | 1                          |
| Admin Assistant          | 1                          |
| Facility Social Worker   | 1                          |
| Shift Supervisor         | 1                          |
| Cook                     | 1                          |

# Facility Scorecard | Budget – August 31, 2022

**Legend:**  
*Status indicates performance, as assessed by financial status, condition, and operations*  
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A review of the facilities financial position for FY22 to date below, with information provided through August 31. Traveler spend remains significant, but decreased between July and August for three of the five facilities. For fiscal year 2023, MMHNCC, MCDCC, CF-MVH, SWMVH, and EMVH are projected to be under budget based on current expenses and traveler spend.

| Facility                                  | Budget Status     | FY23 Budget         | Expenses            | Variance            | Nursing Care Traveler Spend |                    |
|---|-------------------|---------------------|---------------------|---------------------|-----------------------------|--------------------|
|   |                   |                     |                     |                     | July 2022                   | August 2022        |
| Montana State Hospital                    | Main Hospital     |                     |                     |                     |                             |                    |
|   | Forensic Facility | \$50,922,230        | \$8,880,118         | \$42,042,112        | \$4,039,455                 | \$3,803,600        |
|   | Group Homes       |                     |                     |                     |                             |                    |
| Montana Mental Health Nursing Care Center |                   | \$12,505,424        | \$1,509,397         | \$10,996,027        | \$166,466                   | \$189,942          |
| Intensive Behavior Center <sup>2</sup>    |                   | \$2,804,444         | \$1,059,557         | \$1,744,887         | \$507,963                   | \$209,586          |
| Montana Chemical Dependency Center        |                   | \$6,037,651         | \$789,052           | \$5,248,599         | \$36,443                    | \$46,964           |
| Columbia Falls Montana Veterans' Home     |                   | \$14,957,818        | \$1,374,477         | \$13,583,341        | \$73,297                    | \$20,742           |
| Southwestern Montana Veterans' Home       |                   | \$1,796,468         | \$12,054            | \$1,784,414         | N/A                         | N/A                |
| Eastern Montana Veterans' Home            |                   | \$4,511,612         | \$512,684           | \$3,998,928         | N/A                         | N/A                |
| <b>Overall</b>                            |                   | <b>\$93,535,647</b> | <b>\$14,137,338</b> | <b>\$79,398,309</b> | <b>\$4,823,625</b>          | <b>\$4,160,871</b> |

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

<sup>2</sup> 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.

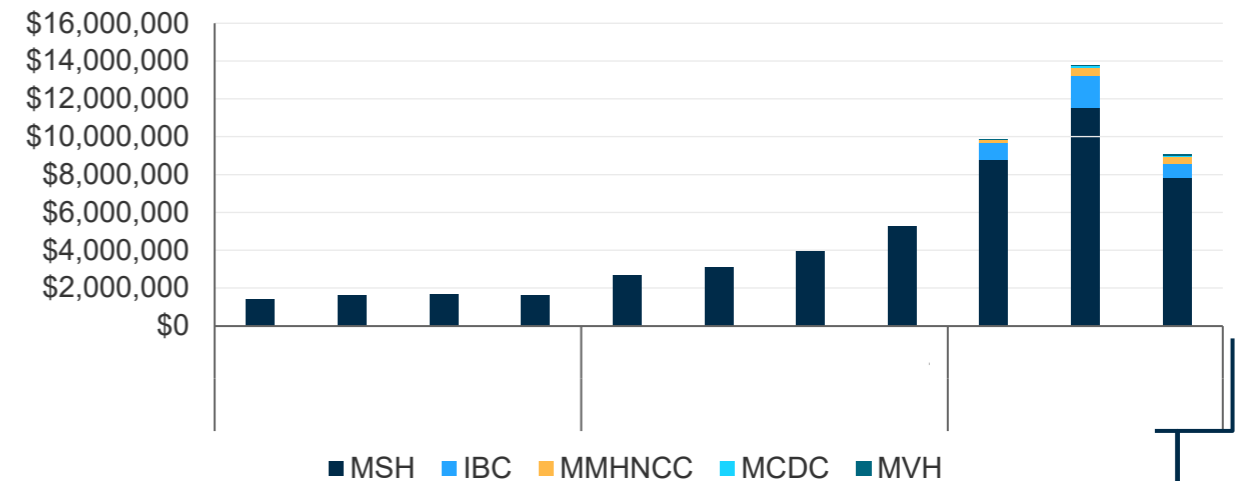
# Assessment of Spending on Temporary Contractor Staff, 2022 YTD (Travel Nursing)

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. **A&M is working with DPHHS to recomplete these contracts, consolidate spend across facilities, and reduce costs.**

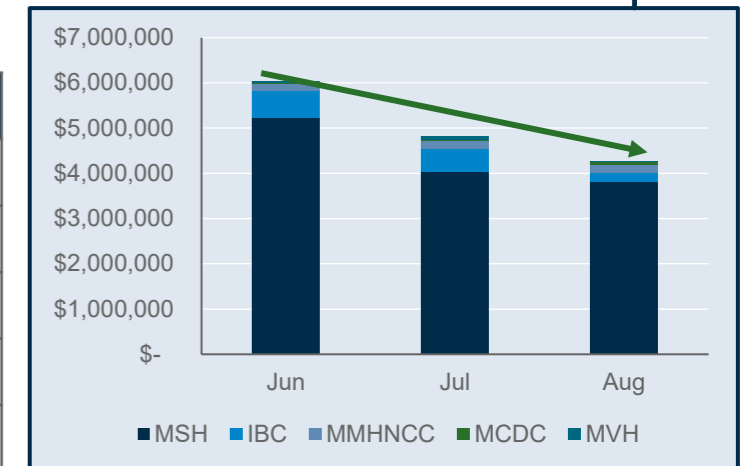
| <b>MSH</b>    | \$ 119.89 | \$ 73.17 | \$ 71.97 | \$ 51.10 | \$ 33.75 | \$ 27.46 |
|---------------|-----------|----------|----------|----------|----------|----------|
| <b>IBC</b>    | \$ 131.82 |          | \$ 81.31 | \$ 47.91 |          | \$ 27.49 |
| <b>MCDC</b>   | \$ 121.00 |          |          | \$ 47.03 |          | \$ 25.68 |
| <b>MMHNCC</b> | \$ 79.24  | \$ 68.38 | \$ 44.91 | \$ 46.89 |          | \$ 27.27 |
| <b>MVH</b>    | \$ 86.00  | \$ 61.25 | \$ 52.12 | \$ 47.12 | \$ 33.58 | \$ 27.14 |

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

Total Traveler Spend by Facility over Time<sup>1</sup>



| Facility      | Total Spend   | Percentage |
|---------------|---------------|------------|
| <b>MSH</b>    | \$ 28,196,075 | 45%        |
| <b>IBC</b>    | \$ 3,233,482  | 59%        |
| <b>MMHNCC</b> | \$ 988,581    | 28%        |
| <b>MCDC</b>   | \$ 171,540    | 7%         |
| <b>MVH</b>    | \$ 146,673    | 23%        |



<sup>1</sup> We are working to improve data quality; date is either invoice date or month worked; in the future this will reflect month worked.

<sup>2</sup> Average traveler hourly wage for the time period January 2022 to August 2022

<sup>3</sup> Average state employee base wage based on SABHRS report obtained July 27, 2022, plus benefit packages value.

<sup>4</sup> Hospital & Healthcare Compensation Service, Behavioral Health Salary & Benefits Report, 2022.

<sup>5</sup> Hospital & Healthcare Compensation Service, Nursing Home Salary & Benefits Report, 2022.

<sup>6</sup> State Human Resources (State HR) salary survey data, May 31, 2022.

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# Facility Scorecard | Quality & Training Measures – August 31, 2022

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 MSH.**

| Facility                                  | Quality & Training Measures Status | Quality Measures  |      |        |         | Training Compliance |      |        |
|---|------------------------------------|---|------|--------|---------|---------------------|------|--------|
|   |                                    | Description   | Goal | July   | August  | June                | July | August |
| Montana State Hospital                    | Yellow                             | Percent of patients evaluated for Medicaid eligibility upon admission <sup>1</sup>  | 95%  | - ●    | 34% ●   | 14%                 | 70%  | 77%    |
|   |                                    | Patient attendance is 100% for group therapy sessions offered   | 60%  | 68% ●  | 72% ●   |                     |      |        |
| Montana Mental Health Nursing Care Center | Red                                | Falls with major injuries will be reduced to zero per month   | 0%   | 4% ●   | 1% ●    | 67%                 | 74%  | 72%    |
|   |                                    | All patients will be weighed on a monthly basis per the CMS guidelines  | 100% | 97% ●  | 98.5% ● |                     |      |        |
| 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% ●  | 67% ●   | 66%                 | 80%  | 79%    |
|   |                                    | 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% | 0% ●   | 100% ●  | 91%                 | 91%  | 91%    |
|   |                                    | Number of discharges against medical advice per month   | 4    | 11 ●   | 8 ●     |                     |      |        |
| 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%                 | 74%  | 68%    |
|   |                                    | The number of UTIs (CAUTI) per month will be reduced by 20% per month until zero  | 0%   | 20% ●  | 0% ●    |                     |      |        |

<sup>1</sup> Medicaid eligibility evaluation statistics for MSH are limited to admissions to the main hospital only  
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# Facility Scorecard | Operations – August 31, 2022 (1 of 3)

| Facility | Operations Status | Current Operational Challenges  | Wins this Month   |
|----------|-------------------|---|---|
| MSH      |                   | <ul style="list-style-type: none"> <li>More work needed to analyze data and identify patterns and trends to drive quality initiatives.</li> <li>High vacancy rates continue, particularly for direct care staff. Contractors/travelers are being used to cover vacancies.</li> <li><i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary.</li> </ul>  | <ul style="list-style-type: none"> <li>Assistant Director of Nursing position hired.</li> <li>MSH training compliance continued to increase this month, from 70% to 77% due to improved recordkeeping.</li> <li>Updated training policy to include orientation and refresher which has restarted.</li> <li>MSH and Mountain Pacific Quality Health collaborated on action plan to improve quality of care, which was posted to the MSH website in August.</li> <li>Improvements noted in tracking of key metrics used to drive quality of services.</li> <li>MSH opened up visitation, 7 days a week (time limited).</li> <li>MSH working to open up the cafeteria to allow patients to use that setting (first part of September).</li> <li>New training for all staff to prepare for increased use of other buildings.</li> </ul> |
| IBC      |                   | <ul style="list-style-type: none"> <li>COVID outbreaks in august (4 clients/6 staff). All resolved by end of the month.</li> <li>Continued high staff vacancy rates, slow hiring, and travel staff to cover.</li> <li>Physical plant needs upgrades.</li> <li>Active treatment is limited.</li> <li>Environment continues to have an institutional feel.</li> <li>Information system currently in use (Therap) is not fully utilized and requires additional configuration to accommodate new programming.</li> <li>Facility received notification that their Psychiatric Nurse Practitioner is leaving the facility in October.</li> <li>Difficulties with discharge and community placement.</li> <li><i>Climate and Culture Survey:</i> Employees reported low satisfaction with recognition, support, development, and salary.</li> </ul> | <ul style="list-style-type: none"> <li>Updated training policy to include all required training. New training on health conditions developed, with initial classes conducted.</li> <li>Discharge policies and practices currently under review. Facility conducted its first life trajectory using Charting the LifeCourse (CtLC) tools with plans to implement with all.</li> <li>New acuity measure implemented (Maladaptive Behavior Assessment) and Comprehensive Behavior Support Plan adopted with 2 new plans developed and approved in August.</li> <li>Meeting with Therap being planned to configure the system around new programming and other expanded functionality.</li> <li>Plans underway to order new furniture and pictures for the wall to address institutional feel of the facility.</li> </ul>               |

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# Facility Scorecard | Operations – August 31, 2022 (2 of 3)

| Facility | Operations Status | Current Operational Challenges  | Wins this Month  |
|----------|-------------------|---|--|
| MMHNCC   | Red               | <ul style="list-style-type: none"> <li>Active treatment continues to need some additional attention.</li> <li>There appears to be over-reliance on particular treatment modalities. Need to develop practice guidelines for psychotropic medication use.</li> <li>Collaboration between MMHNCC and MSH continues to need improvement.</li> <li>The Department received notification that the Facility Administrator's pending retirement was moved up from January to October.</li> <li><i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary.</li> </ul> | <ul style="list-style-type: none"> <li>Training policy updated to include detailed list of courses for orientation and refresher training.</li> <li>MSH and MMHNCC coordination is improving. A&amp;M hosted a quality improvement meeting with Frontier Psychiatry and staff from MMHNCC and MSH.</li> <li>Interviews taking place for Facility Administrator position.</li> <li>G and F Wings are getting new flooring in resident rooms.</li> <li>D Wing was surveyed and certified through Life Safety. Increased footprint and ability to increase bed count.</li> <li>Residents are engaged in offsite activities, including public library, Community Center, and movies.</li> <li>Each Wing had a barbeque and residents enjoyed a paint and sip class (non-alcoholic). Residents also started harvesting items from the facilities garden.</li> </ul> |
| MCDC     | Yellow            | <ul style="list-style-type: none"> <li>Low census. Barriers affecting census include patients leaving treatment prior to completion and scheduled admissions not arriving.</li> <li>Difficulty hiring registered nurses. Using state posting, networking and recruitment contractor (LC Staffing). Another nurse separating in October.</li> </ul>  | <ul style="list-style-type: none"> <li>MCDC developed an updated training policy, which includes orientation and refresher training. Includes substantial hands-on training. End of September, plans to have 100% compliance.</li> <li>LCPC completed education to receive license for addiction counseling (MI/SUD).</li> <li>Hired 2 full time staff, treatment techs (hired/starting September), another peer support specialist (now have 2). For these 2 positions, now 10% staffed.</li> <li>Against Medical Advice cases (AMAs) went from 11 to 8 in august. Work continues to reduce these cases.</li> </ul>   |
| CFMVH    | Yellow            | <ul style="list-style-type: none"> <li>Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition.</li> <li>Difficulty training PRN and off-shift employees.</li> <li>Lack of affordable housing.</li> <li>Low census.</li> </ul>   | <ul style="list-style-type: none"> <li>The final VA survey report had minor findings which are being addressed. Corrective Action Plan (CAP) accepted with verification scheduled for September. A State survey report from June also had minor findings which are being addressed. CFMVH submitted a corrective action plan. State accepted CAP, verification to occur in September.</li> <li>Training policy updated to include all required training for orientation and refresher.</li> <li>Recreation is doing a BBQ every Tuesday that is working well.</li> <li>New pharmacist located and in the process of being onboarded.</li> <li>Hired two staff in the food services. Applications for maintenance position.</li> </ul>  |

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## Facility Scorecard | Operations – August 31, 2022 (3 of 3)

| Facility | Operations Status | Current Operational Challenges  | Wins this Month   |
|----------|-------------------|---|---|
| SWMVH    | Yellow            | <ul style="list-style-type: none"> <li>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.</li> <li>One cottage failed VA survey for minor life safety physical plant deficiencies. VA survey challenge was unsuccessful.</li> </ul>   | <ul style="list-style-type: none"> <li>Work has begun for the first of 3 cottage connectors and fire lane infrastructure improvements. Unclear if other 2 connectors have been funded at this time.</li> <li>Artwork project completed and hung up in two cottages.</li> <li>Residents continue participating in offsite events, including bingo at the local senior center in town.</li> <li>Two car shows were conducted at SWMVH (8/5 and 8/18) with a great turnout and lots of participation from residents.</li> <li>Musician coming to facility each month.</li> <li>Filling other beds with VA qualified residents, allowing facility to increase census to 42.</li> </ul>  |
| EMVH     | Yellow            | <ul style="list-style-type: none"> <li>Difficulty filling vacant positions.</li> <li>Low census.</li> <li>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.</li> <li>Falls are trending up, including falls with injuries.</li> </ul>                                     | <ul style="list-style-type: none"> <li>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.</li> <li>Additional training specific to elopement following a recent incident delivered to all staff.</li> <li>Hired a new facility administrator, who is currently being mentored by GMC's VP of Clinical Services.</li> <li>Activities program busy in August with an increase in outdoor activities due to great weather.</li> </ul>   |
| Overall  | Red               | <ul style="list-style-type: none"> <li><b>Lack of electronic health records system makes it difficult to track patient quality and safety measures.</b></li> <li><b>Immature HR, Finance, and IT services across all facilities.</b></li> <li><b>Lack of quality improvement programs.</b></li> <li><b>Lack of ability to recruit experienced full-time employees.</b></li> <li><b>Lack of clinical leadership, and other human resources at the Division level.</b></li> </ul> | <ul style="list-style-type: none"> <li><b>DPHHS, Division, and A&amp;M testified at the Children, Families, Health, and Human Services (CFHHS) Interim Committee on August 26.</b></li> <li><b>Worked with facilities to identify quality indicators and their associated metrics. Data collection now underway.</b></li> <li><b>Coordinated Root Cause Analysis on select cases at MSH, used as an opportunity to enhance collaboration between MSH and MMHNCC.</b></li> <li><b>Continuing to work through assessment activities.</b></li> <li><b>Recommended Division structure developed, opportunity to recruit for key positions in support of the Director.</b></li> <li><b>Traveler spend on a downward trend over the past three months.</b></li> </ul> |

# Assessment Updates

| Component                                    | Activities in August  | Next Steps  |
|--|---|---|
| <b>General</b>                               | <ul style="list-style-type: none"> <li>During August, IBC visits the weeks of 8/8, and 8/22. We also conducted a consultation on a case within the community during the week of 8/8.</li> <li>Presented to the CFHHS Interim Committee.</li> </ul>  | <ul style="list-style-type: none"> <li>Continue facility visits and work with administrators and Will to facilitate improvement within key areas, while completing comprehensive assessments and long-term strategic plans.</li> </ul>  |
| <b>Administrative and Management Control</b> | <ul style="list-style-type: none"> <li>Met with Netsmart to discuss opportunities to enhance existing information system used at MSH and MMHNCC (i.e., Tier).</li> </ul>  | <ul style="list-style-type: none"> <li>Along with Will Evo, develop job descriptions for remaining division-wide positions and facilitate the posting and recruitment for these positions.</li> <li>Formalize recommendations and develop workplans for implementation of key initiatives within the Facilities Division.</li> </ul>  |
| <b>Staffing, Climate, and Culture</b>        | <ul style="list-style-type: none"> <li>Began publishing monthly training compliance by facility within our monthly reports.</li> <li>Assessed staff vacancies by positions over time at each facility.</li> <li>Assessed recruitment practices across facilities.</li> <li>Evaluated available exit interviews for 2022, performed qualitative analyses to drive recommendations in final report.</li> </ul>  | <ul style="list-style-type: none"> <li>Develop additional recommendations to enhance recruitment and retention with insight from vacancy, separation and recruitment data.</li> <li>Evaluate MOODLE (Learning Management System) pilot to manage training at MCDC. Determine opportunities to generalize to other facilities.</li> </ul>  |
| <b>Finances</b>                              | <ul style="list-style-type: none"> <li>Provided input into development of a Master Service Agreement (MSA) and RFP to consolidate traveler contracts, to increase competition and reduce cost.</li> </ul>   | <ul style="list-style-type: none"> <li>Continue to support RFP process and assist in contract re-competes for traveler contracts and other areas.</li> <li>Identify costs associated with key initiatives, along with an estimate of effort to facilitate DPHHS prioritization moving forward.</li> </ul>   |
| <b>Continuum of Care</b>                     | <ul style="list-style-type: none"> <li>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.</li> <li>Evaluated select cased with I/DD served within the community.</li> </ul>   | <ul style="list-style-type: none"> <li>Update draft service delivery model based on additional feedback.</li> <li>Continue discovery around alternate service delivery settings and providers by population type at each facility.</li> <li>WICHE to provide mapping of community based BH system.</li> </ul>   |
| <b>Regulatory and Quality</b>                | <ul style="list-style-type: none"> <li>Supported facility administrators to identify key performance indicators and outline methodology to collect (e.g., metrics, data source).</li> <li>Participated in root cause analyses specific to select events including falls and psychotropic medication use.</li> <li>Met with DPHHS to explore opportunities to capture Medicaid funding for patients at MSH, discussed strategies to move forward.</li> </ul> | <ul style="list-style-type: none"> <li>Continue supporting facilities' efforts to track and report key performance indicator data, establish benchmarks and begin monthly tracking of progress.</li> <li>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.</li> </ul> |
| <b>Communications</b>                        | <ul style="list-style-type: none"> <li>Facilitated a meeting between Frontier Psychiatry and facility staff from MSH and MMHNCC to discuss opportunities for enhancing collaboration amount providers.</li> <li>Monthly meetings with Board of Visitors, Unions, Collaborative Safety, and Disability Rights Montana.</li> </ul>  | <ul style="list-style-type: none"> <li>Develop draft communications plan in preparation for input from stakeholders.</li> <li>Continue meetings with key stakeholders.</li> <li>Review draft initial recommendations, with workplans and cost to DPHHS with plans to update, then socialize with public in October.</li> </ul>  |



