

MT DPHHS State-Run Health Care Facilities

October 2022

ALVAREZ & MARSAL
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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 – October 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 October 2022 performance scorecard for Montana’s state-run health care facilities is below. To reflect the variance of performance across individual metrics by facilities, the scorecard now shows an overall status as well as targeted performance within key areas (i.e., census and staffing, budget, quality and training, and operations). There was no change in overall status from last month.

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

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

Facility Scorecard | Census and Staffing – October 31, 2022

Legend:
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Below is the October 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.

Facility		Census and Staffing Status	Total Beds	Average Daily Census ³			Admit	DC	Waitlist	Vacancy Rate ¹	Turnover Rate	# of Employee Hires	# of Employee Separations
Montana State Hospital	Main Hospital	Red	174	146	(84%)	+19.7%	53	49	0	47.1%	4.4%	15	13
	Forensic Facility	Red	54	46	(85%)	+2.2%	8	1	42				
	Group Homes	Green	42	35	(83%)	+2.9%	0	0	0				
Montana Mental Health Nursing Care Center		Red	117	67	(57%)	-	1	0	3	29.8%	4.0%	6	4
Intensive Behavior Center		Red	12	10	(83%)	-	0	0	0	66.7%	9.1%	3	2
Montana Chemical Dependency Center		Yellow	48	23	(48%)	+50.0%	29	34	0	0.0%	0.0%	4	0
Columbia Falls Montana Veterans’ Home		Yellow	117	61	(52%)	-1.6%	1	3	197	22.0%	1.7%	3	2
Southwestern Montana Veterans’ Home ²		Green	60	43	(72%)	-	4	4	20	N/A	N/A	N/A	N/A
Eastern Montana Veterans’ Home ²		Green	80	56	(70%)	-1.8%	1	3	0	N/A	N/A	N/A	N/A
Overall		Yellow	704	487	(69%)	+7%	97	94	262	39.1%	3.6%	31	21

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

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

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

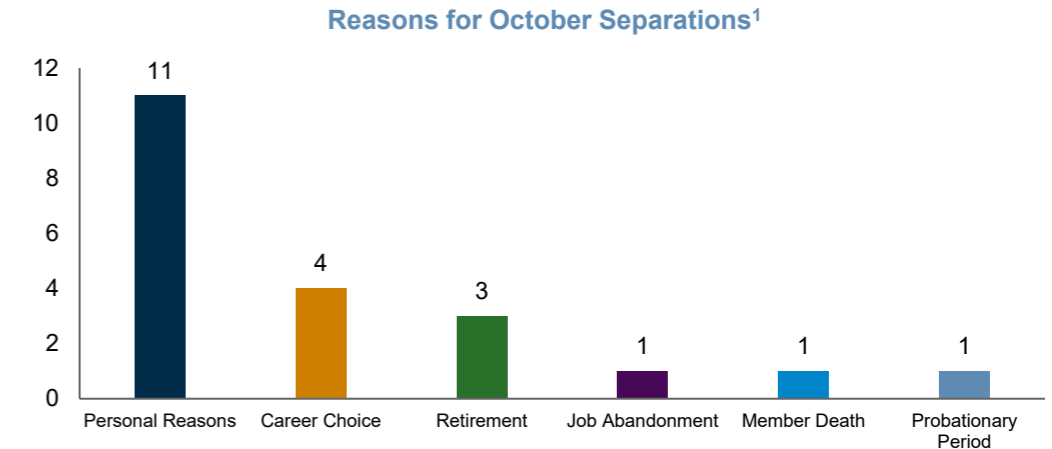
Source: Census data provided by each facility and staffing data provided by DPHHS HR.

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

In October, there were 21 separations across state-run facilities. Over 70 percent of the separations were due personal reasons or a career choice. 9 of the separations were among CNAs, psych techs, and RNs.

Vacancy Snapshot

Facility	# of Vacancies		New Hires		Separations		Vacancy Rate		
	Sep	Oct	Sep	Oct	Sep	Oct	Sep	Oct	% change (in # of vacancies)
MSH	241	243	8	15	7	13	45%	47%	+0.8%
MMHNCC	43	43	2	6	3	4	30%	30%	-
IBC	44	44	0	3	4	2	67%	67%	-
MCDC ²	2	0	0	4	0	0	4%	0%	-100%
MVH	31	33	3	3	1	2	21%	22%	+6.5%



Positions	# of Separations in October
Certified Nurse Aide	4
Psychiatric Technician	
Registered Nurse	
Activities Aide	1
Behavioral HC Planner	1
Facility Administrator	1
Food Service Supervisor	1
Nurse Practitioner Supervisor	1
Physician	1
Staffing Office Supervisor	1
Training Specialist	1
Treatment Program Manager	1
Operations Manager	1

There were 21 separations in October, compared to 15 separations in August and September, each.

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

² MCDC vacancy, hiring, and separations data is lagging in updating in the system due to the retirement of a position that is double-filled – as a result, there were 4 hires for 2 vacancies in the month of October, thus reducing the number of vacancies to zero.

Facility Scorecard | Budget – October 31, 2022

Legend:
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A review of the facilities financial position for FY23 to date below, with information provided through October 31. Traveler spend remains significant and has levelled off from August to September. DPHHS released an RFP in October to consolidate traveler contracts, with a goal to reduce administrative burden and obtain better pricing. A&M is also working with facilities to right-size staffing levels to benchmark. Based on spend over the last three months, IBC and MSH are projected to exceed their FY23 Budgets.

Facility	Budget Status	FY23 Budget	Expenses (July to October)	Variance	Nursing Care Traveler Spend	
					September 2022	October 2022
Montana State Hospital	Main Hospital					
	Forensic Facility	\$50,922,230	\$26,732,652	\$24,189,578	\$3,864,455	\$3,950,271
	Group Homes					
Montana Mental Health Nursing Care Center		\$12,505,424	\$4,325,715	\$8,179,709	\$233,362	\$169,131
Intensive Behavior Center ²		\$2,804,444	\$2,748,541	\$55,903	\$415,861	\$495,783
Montana Chemical Dependency Center		\$6,037,651	\$2,131,340	\$3,906,311	\$40,061	\$38,530
Columbia Falls Montana Veterans' Home		\$15,080,746	\$3,847,481	\$11,233,265	\$19,564	\$94,264
Southwestern Montana Veterans' Home		\$2,996,468	\$602,435	\$2,394,033		
Eastern Montana Veterans' Home		\$4,511,612	\$1,296,851	\$3,214,761		
Overall³		\$94,858,575	\$27,625,629	\$53,173,560	\$4,573,302	\$4,747,980

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

² IBC's beginning budget was cut during the legislative cycle and does not reflect the cost to run the facility.

³ Grand total spend for traveler spend across all facilities taken from the exact numbers for each facility then rounded after for the most accurate grand total.

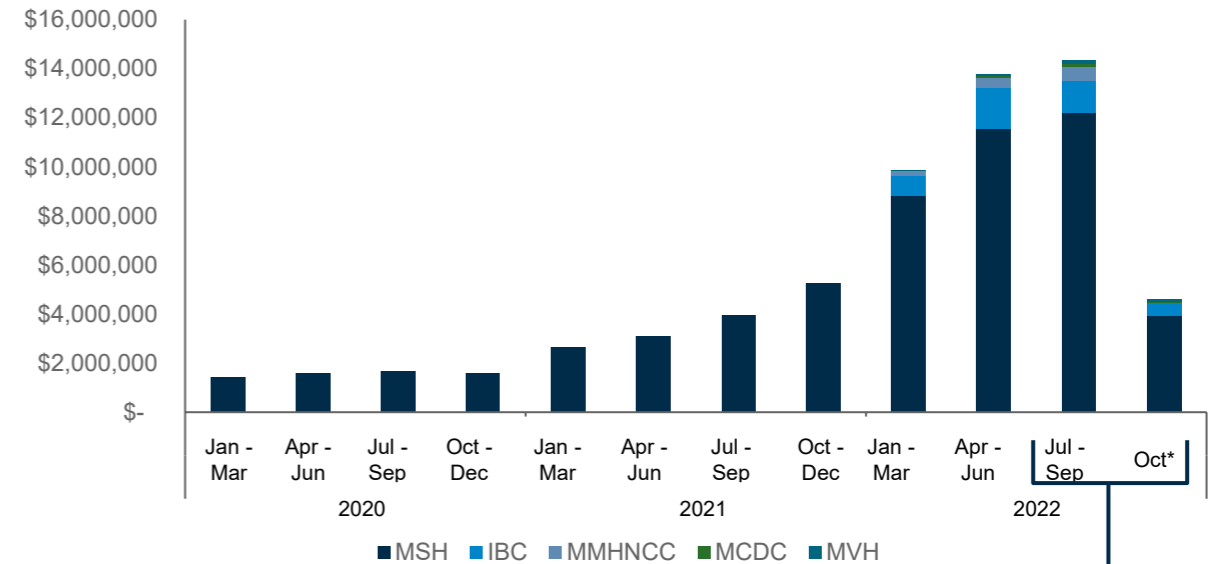
Source: Financial data from SABHRS.

Assessment of Spending on Temporary Contractor Staff (Travel Nursing)

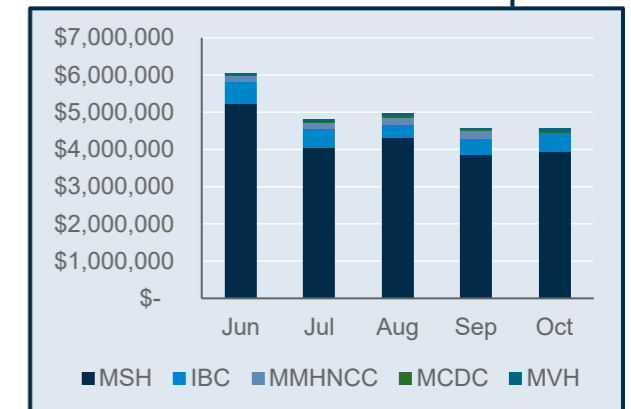
A&M has been working with facilities to analyze travel nursing spend and average traveler hourly wages. Overall traveler spend in calendar year 2022 is higher than in 2021. Facilities continue to face high vacancy rates and are using travel nursing to cover gaps in care. DPHHS released an RFP in October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

	Traveler Hourly Wage ²			Employee Base Wage + Benefits ³		
	RN	LPN	CNA	RN	LPN	CNA
MSH	\$ 121.61	\$ 74.96	\$ 71.67	\$ 51.10	\$ 33.75	\$ 27.46
IBC	\$ 131.92		\$ 80.36	\$ 47.91		\$ 27.49
MCDC	\$ 121.00			\$ 47.03		\$ 25.68
MMHNCC	\$ 79.66	\$ 68.62	\$ 45.74	\$ 46.89		\$ 27.27
MVH	\$ 91.75	\$ 74.46	\$ 56.12	\$ 47.12	\$ 33.58	\$ 27.14
Facility Average	\$ 111.61	\$ 73.28	\$ 63.03	\$ 47.92	\$ 33.66	\$ 27.20
Behavioral Health Facility Benchmark ⁴				\$ 50.74	\$ 35.03	\$ 20.42
Nursing Home Facility Benchmark ⁵				\$ 44.41	\$ 33.68	\$ 21.01
State of Montana 2022 Market Analysis ⁶				\$ 47.27	\$ 33.45	\$ 26.69

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



Facility	CY22 Traveler Spend	Vacancy Rate
MSH	\$ 36,513,760	47%
IBC	\$ 4,294,979	67%
MMHNCC	\$ 1,391,074	30%
MCDC	\$ 246,138	0%
MVH	\$ 299,474	22%



¹ We are working to improve data quality; date is either invoice date or month worked; in the future this will reflect month worked.
² Average traveler hourly wage for the time period January 2022 to October 2022
³ Average state employee base wage based on SABHRS report obtained July 27, 2022, plus benefit packages value.
⁴ Hospital & Healthcare Compensation Service, Behavioral Health Salary & Benefits Report, 2022.
⁵ Hospital & Healthcare Compensation Service, Nursing Home Salary & Benefits Report, 2022.
⁶ State Human Resources (State HR) salary survey data, May 31, 2022.

Facility Scorecard | Quality & Training Measures – October 31, 2022

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To improve quality programs, A&M and facilities identified two indicators that are measurable, benchmarked to national data, and can be reported monthly for DPHHS, that are relevant and improve outcomes in their patient population. **Facilities are collecting data which is reported monthly to the Division. A&M will help expand these quality indicators. Training compliance is now tracked by the Division with significant improvement noted at several facilities.**

Facility	Quality & Training Measures Status	Quality Measures				Training Compliance		
		Description	Goal	Sept	Oct	August	Sept	Oct
Montana State Hospital	Yellow	Percent of patients evaluated for Medicaid eligibility upon admission ¹	95%	100% ●	100% ●	77%	89%	90%
		Patient attendance is at least 60% for group therapy sessions offered	60%	78% ●	71% ●			
		<i>New quality measure for November: Completion of Community Reentry Form within 10 days of admission.</i>						
Montana Mental Health Nursing Care Center	Yellow	Falls with major injuries will be reduced to zero per month	0%	0% ●	0% ●	72%	88%	TBD
		All patients will be weighed on a monthly basis per the CMS guidelines	100%	100% ●	100% ●			
		<i>New quality measure for November: TBD</i>						
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%	40% ●	60% ●	79%	97%	97%
		Total attendance at community outings	12	14 ●	20 ●			

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

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

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Facility	Quality & Training Measures Status	Quality Measures				Training Compliance		
		Description	Goal	Sept	Oct	August	Sept	Oct
Montana Chemical Dependency Center	Yellow	Discharge follow-ups, or attempts, will be conducted for 100% of discharges	100%	100% ●	100% ●	91%	97%	99.5%
		Number of discharges against medical advice per month	4	11 ●	16 ●			
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% ●	68%	76%	78%
		The number of UTIs (CAUTI) per month will be reduced by 20% per month until zero	0%	0% ●	0% ●			
		Use of antianxiety medications will be reduced to 25 percent of residents ²	25%	39% ●	37% ●			

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Facility Scorecard | Operations – October 31, 2022

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. 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"> MSH training compliance continued to increase this month, from 77% in August to 90% in October due to improved recordkeeping and training efforts. Updated training policy to include orientation and refresher which has restarted. Conducted the Systemic Critical Incident Review (SCIR) Institute to improve incident tracking and review. Have also continued the process design for the incident review process. Program development is underway in order to improve glycemic control MSH. New training for all staff to prepare for increased use of other buildings.
IBC		<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. Physical plant needs upgrades. Active treatment is limited, but slowly improving. Environment continues to have an institutional feel. 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"> Commitment process mapped out to differentiate conditions and steps associated with emergency and non-emergency commitments. This is a collaborative effort with DDP. Individualized Treatment Plans (ITPs) have been updated to embed Charting the LifeCourse (CtLC) tools which are now being used to inform goal selection. IBC welcomed Susan DePasquale, a psychiatric nurse practitioner who will be working at the facility, supporting clients' behavioral health needs. Staff at IBC met with Therap during an in-person meeting. During the meeting, additional functionality was turned on, allowing electronic completion of the Charting the LifeCourse tools. They also activated new business intelligence functions which will help to identify patterns and trends among reported incidents. A new Direct Support Professional was hired, with an additional three applicants currently under review. IBC clients and staff put on a very successful Halloween party.

Facility Scorecard | Operations – October 31, 2022

Facility	Operations Status	Current Operational Challenges	Wins this Month
MMHNCC	Red	<ul style="list-style-type: none"> Facility Administrator retired on October 5th. Continues to be overseen by Interim Administrator through the end of the month. Limited active behavioral health treatment. There appears to be over-reliance on particular treatment modalities. Lack of practice guidelines for psychotropic medication use. <i>Climate and Culture Survey</i>: Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<ul style="list-style-type: none"> Hired permanent facility administrator, with a start date of November 7th. Training policy updated to include detailed list of courses for orientation and refresher training. MSH and MMHNCC coordination is improving. Held several resident events, including a movie outing, bowling, and other recreational events. Safety committee is working through emergency preparedness plans as a result of a recent power outage. Nursing staff attended an annual competency fair for skills and training.
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. Continuing to work on ways to improve census. Patients leaving Against Medical Advice (AMAs) increased further from 11 to 16 in October. 	<ul style="list-style-type: none"> 100% staffed across the facility with direct care staff. Training increased to 99.5% compliance. Expanded services at MCDC to complete biopsychosocial assessments prior to admissions, and began providing bus transportation to treatment. Developed a Detox partnership and roll out plan with St. James ER in Butte and Community Hospital of Anaconda. Director of Nursing (DON), Clinical Director, and Assistant Director of Nursing (ADON) attended conferences and events to network, advertise services, and develop additional community partnerships. Administrator, DON, ADON & Clinical Director attended Governor Gianforte's Announcement of \$2.7 Million HEART Fund Investment in Butte Partnered with Montana Tech Nursing students on community education presentation.
CFMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Difficulty training PRN and off-shift employees. Lack of affordable housing. Low census. 	<ul style="list-style-type: none"> Wrapping up the VA annual survey. Residents had a Halloween event on October 31. Had a resident granted a wish through "Wish of a Lifetime", was able to visit a loved one in Texas. Held staff appreciation events in the last week of October, including a staff BBQ, ice cream event, etc.

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SWMVH	Yellow	<ul style="list-style-type: none"> Five of five 12-bed cottages are licensed by the state, and three of five 12-bed cottages are licensed by the VA. Walkway project must be completed for VA to certify remaining cottages – estimated completion in June 2023 if no significant delays. The last cottage was turned over to the State on Oct 1 (completed construction). Plan to start admitting in November. One cottage failed VA survey for minor life safety physical plant deficiencies. VA survey challenge was unsuccessful. Some supply chain delays on construction materials – other activities will continue while waiting on specific supplies. 	<ul style="list-style-type: none"> Residents continue participating in offsite events, including bingo at the local senior center in town three times a week, and visiting the archives each week. Onsite events include monthly musician performance, religious studies on a weekly/bi-weekly basis, events for football season, podiatry services, and hair cuts onsite. Weekly rotating visits to grocery stores has made it easier for residents to plan for what they need. Halloween event was a success – about 5,000 people attended.
EMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Contract has been signed through June 2023 with GMC – will need to address issues surrounding a contract extension early next year. Falls remained high in October. To address building infrastructure concerns due to the age of the facility, there is an interior remodeling project underway using ARPA funds. 	<ul style="list-style-type: none"> DPHHS and GMC signed a contract extension for GMC to manage EMVH through June 2023. Implemented ongoing safety policy trainings through the month. Hired a new facility administrator, who is currently being mentored by GMC's VP of Clinical Services. Added Bible Study every Tuesday at 1 pm, at resident request. Had a successful community Halloween trick-or-treating event for the residents.
Overall	Yellow	<ul style="list-style-type: none"> Lack of electronic health records system makes it difficult to track patient quality and safety measures. Immature HR, Finance, and IT services across all facilities. Lack of quality improvement programs. Lack of ability to recruit experienced full-time employees. Lack of clinical leadership, and other human resources at the Division level. 	<ul style="list-style-type: none"> Alvarez & Marsal completed its assessment of the healthcare facilities, and the report will be made available in late November.

