

# MT DPHHS State-Run Health Care Facilities

December 2022

ALVAREZ & MARSAL  
LEADERSHIP. ACTION. RESULTS.™

## Monthly Status Update



# Facility Scorecard | Overview – December 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 December 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). SWMVH’s budget status changed from yellow to red and EMVH’s budget status changed from green to yellow due to higher projected FY23 expenses.

**Table 1: Summary of Facility Scorecards, December 2022**

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	Red	Red
Montana Chemical Dependency Center	Yellow	Yellow	Yellow	Yellow	Yellow
Columbia Falls Montana Veterans’ Home	Yellow	Yellow	Green	Yellow	Yellow
Southwestern Montana Veterans’ Home <sup>1</sup>	Yellow	Yellow	Red	N/A	Yellow
Eastern Montana Veterans’ Home <sup>1</sup>	Yellow	Yellow	Yellow	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.

# MSH | Scorecard – December 31, 2022

Traveler spend at MSH continues to rise at MSH, and projected expenses in FY23 are significant compared to budget. There were a net five new employees at the facility and a slight decrease in the employee vacancy rate. Quality & training metrics remained steady between November and December. There was no change in status for census & staffing, budget, and quality & training metrics between November and December.

## Census & Staffing<sup>1</sup>

Status: ● Red

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	84.4%	86.7%	
Admissions	75	57	
Discharges	72	66	
Waitlist	61 <span style="color: red;">●</span>	60 <span style="color: red;">●</span>	< 12
Employee Vacancy Rate	45.2% <span style="color: red;">●</span>	44.6% <span style="color: red;">●</span>	< 15%
Employee Turnover Rate	1.4% <span style="color: yellow;">●</span>	1.4% <span style="color: yellow;">●</span>	< 1.0%
Net Employee Hires	-1 <span style="color: red;">●</span>	5 <span style="color: yellow;">●</span>	+6

## Budget SFY23

Status: ● Red

Indicator	November 2022	December 2022	Goal
Starting Budget	\$48,873,226	\$48,873,226	
Actuals to Date	\$30,055,580	\$34,669,901	
Projected Expenses	\$87,172,320	\$87,434,103	
Variance – Budget to Projected Expenses	-\$38,299,094 <span style="color: red;">●</span>	-\$38,560,877 <span style="color: red;">●</span>	> \$0
Cost per Bed Day	\$1,052	\$1,004	
Revenue to Date	\$999,441	\$1,526,351	
Monthly Traveler Spend <sup>2</sup>	\$4,759,978	\$4,795,973	
Percent change in Traveler Spend <sup>2</sup>	+8% <span style="color: red;">●</span>	+1% <span style="color: red;">●</span>	< -5%

## Quality & Training Metrics

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
% of patients evaluated for Medicaid eligibility upon admission	100% <span style="color: green;">●</span>	98% <span style="color: green;">●</span>	95%
Patient attendance for group therapy sessions offered	72% <span style="color: yellow;">●</span>	72% <span style="color: yellow;">●</span>	75%
% of completed community re-entry form within 10 days of admission	50% <span style="color: red;">●</span>	68% <span style="color: red;">●</span>	90%
Training Compliance	94% <span style="color: yellow;">●</span>	94% <span style="color: yellow;">●</span>	100%

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

<sup>2</sup>Traveler 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.

# MMHNCC | Scorecard – December 31, 2022

Employee vacancy rates at MMHNCC remain around 30 percent, though traveler spend continued to decrease in December. Training compliance dropped significantly – from 91% to 73% in December, due to staff turnover and an audit of the training data. Training courses are planned to fill the gap in compliance. There was no change in status between November and December.

## Census & Staffing

Status: **Red** ●

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	57.3% ●	56% ●	> 89.7%
Admissions	1	2	
Discharges	0	4	
Waitlist	3 ●	3 ●	< 1
Employee Vacancy Rate	29.9% ●	31.3% ●	< 15%
Employee Turnover Rate	1% ●	8.1% ●	< 1.0%
Net Employee Hires	+1 ●	-6 ●	+4

## Budget SFY23

Status: **Yellow** ●

Indicator	November 2022	December 2022	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$4,644,391	\$5,841,382	
Projected Expenses	\$13,581,961	\$12,536,095	
Variance – Budget to Projected Expenses	-\$1,170,720 ●	-\$124,854 ●	> \$0
Cost per Bed Day	\$555	\$551	
Revenue to Date	\$2,102,129	\$2,429,573	
Monthly Traveler Spend <sup>1</sup>	\$141,231	\$120,885	
Percent change in Traveler Spend <sup>1</sup>	-37% ●	-14% ●	< -10%

## Quality & Training Metrics

Status: **Yellow** ●

Indicator	November 2022	December 2022	Goal
Falls with major injuries (as % of residents)	1.4% ●	0% ●	0%
% of patients being weighed monthly per CMS guidelines	95% ●	95% ●	100%
% of residents with a UTI against the Montana state average	1% ●	3% ●	< 2.9%
Training Compliance	91% ●	73% ●	100%

<sup>1</sup>Traveler 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.

# IBC | Scorecard – December 31, 2022

IBC continues to struggle with high employee vacancy rates, with two-thirds of their positions vacant. Attendance at community outings increased, but there was not significant progress on behavior support plans or training compliance. A third quality metric will be added for January.

## Census & Staffing

Status: ●

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	83.3% <span style="color: yellow;">●</span>	83.3% <span style="color: yellow;">●</span>	> 91.7
Admissions	1	0	
Discharges	1	1	
Waitlist	14 <span style="color: red;">●</span>	14 <span style="color: red;">●</span>	< 1
Employee Vacancy Rate	66.7% <span style="color: red;">●</span>	66.7% <span style="color: red;">●</span>	< 15%
Employee Turnover Rate	0% <span style="color: green;">●</span>	4.5% <span style="color: red;">●</span>	< 1.0%
Net Employee Hires	0 <span style="color: red;">●</span>	0 <span style="color: red;">●</span>	+4

## Budget SFY23

Status: ●

Indicator	November 2022	December 2022	Goal
Starting Budget	\$2,775,188	\$2,775,188	
Actuals to Date	\$2,757,378	\$3,441,824	
Projected Expenses	\$8,360,079	\$8,360,079	
Variance – Budget to Projected Expenses	-\$5,584,891 <span style="color: red;">●</span>	-\$5,584,891 <span style="color: red;">●</span>	> \$0
Cost per Bed Day	\$2,290	\$2,290	
Revenue to Date	\$37,223	\$38,299	
Monthly Traveler Spend <sup>1</sup>	\$393,558	\$344,909	
Percent change in Traveler Spend <sup>1</sup>	-21% <span style="color: green;">●</span>	-12% <span style="color: green;">●</span>	< -10%

## Quality & Training Metrics

Status: ●

Indicator	November 2022	December 2022	Goal
Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	60% <span style="color: red;">●</span>	67% <span style="color: red;">●</span>	100%
Total attendance at community outings	4 <span style="color: red;">●</span>	16 <span style="color: green;">●</span>	12
Training Compliance	98% <span style="color: yellow;">●</span>	96% <span style="color: yellow;">●</span>	100%

<sup>1</sup>Traveler 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.

# MCDC | Scorecard – December 31, 2022

MCDC remained fully staffed across direct patient care positions in December, and as a result had no traveler spend for the month. However, census remains low, at 50 percent of the total licensed bed capacity.

## Census & Staffing

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	50% <span style="color: red;">●</span>	48% <span style="color: red;">●</span>	> 90%
Admissions	42	32	
Discharges	33	40	
Waitlist	0 <span style="color: green;">●</span>	0 <span style="color: green;">●</span>	< 1
Employee Vacancy Rate	0 <span style="color: green;">●</span>	5.0% <span style="color: green;">●</span>	< 15%
Employee Turnover Rate	0% <span style="color: green;">●</span>	3.7% <span style="color: red;">●</span>	< 1.0%
Net Employee Hires	0 <span style="color: green;">●</span>	-1 <span style="color: yellow;">●</span>	0

## Budget SFY23

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
Starting Budget	\$6,000,763	\$6,000,763	
Actuals to Date	\$2,126,471	\$2,795,536	
Projected Expenses	\$6,239,593	\$6,426,031	
Variance – Budget to Projected Expenses	-\$238,830 <span style="color: yellow;">●</span>	-\$425,268 <span style="color: yellow;">●</span>	> \$0
Cost per Bed Day	\$743	\$751	
Revenue to Date	\$143,527	\$143,352	
Monthly Traveler Spend <sup>1</sup>	\$0	\$0	
Percent change in Traveler Spend <sup>1</sup>	-100% <span style="color: green;">●</span>	n/a <span style="color: green;">●</span>	< -10% (unless spend is \$0)

## Quality & Training Metrics

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
% of discharge follow-ups, or attempts, across all discharges	100% <span style="color: green;">●</span>	100% <span style="color: green;">●</span>	100%
Number of discharges against medical advice (AMA)	10 <span style="color: red;">●</span>	13 <span style="color: red;">●</span>	4
Number of complete referrals to number of actual patient admissions	80% <span style="color: yellow;">●</span>	61% <span style="color: red;">●</span>	85%
Training Compliance	88% <span style="color: red;">●</span>	96% <span style="color: yellow;">●</span>	100%

<sup>1</sup>Traveler 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.



# CFMVH | Scorecard – December 31, 2022

Waitlist numbers remain high at CFMVH, though progress to reduce the number and admit new residents has been made. Additional progress was made on increasing training compliance in December.

## Census & Staffing

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	52.1% <span style="color: red;">●</span>	52.1% <span style="color: red;">●</span>	> 89.7%
Admissions	3	2	
Discharges	2	2	
Waitlist	162 <span style="color: red;">●</span>	138 <span style="color: yellow;">●</span>	< 15
Employee Vacancy Rate	21.5% <span style="color: yellow;">●</span>	24.0% <span style="color: yellow;">●</span>	< 15%
Employee Turnover Rate	1.2% <span style="color: yellow;">●</span>	2.7% <span style="color: yellow;">●</span>	< 1.0%
Net Employee Hires	+1 <span style="color: red;">●</span>	-2 <span style="color: red;">●</span>	> +4

## Budget SFY23

Status: ● Green

Indicator	November 2022	December 2022	Goal
Starting Budget	\$14,997,323	\$14,997,323	
Actuals to Date	\$4,223,154	\$5,319,150	
Projected Expenses	\$13,906,246	\$14,023,958	
Variance – Budget to Projected Expenses	+ \$1,091,077 <span style="color: green;">●</span>	\$973,365 <span style="color: green;">●</span>	> \$0
Cost per Bed Day	\$625	\$618	
Revenue to Date	\$1,347,046	\$1,475,399	
Monthly Traveler Spend <sup>1</sup>	\$287,097	\$217,229	
Percent change in Traveler Spend <sup>1</sup>	+205% <span style="color: red;">●</span>	-24% <span style="color: green;">●</span>	< -10%

## Quality & Training Metrics

Status: ● Yellow

Indicator	November 2022	December 2022	Goal
All patients that have a risk of falls are identified and risk interventions are put in place	100% <span style="color: green;">●</span>	100% <span style="color: green;">●</span>	100%
Number of UTIs per month	0 <span style="color: green;">●</span>	11 <span style="color: red;">●</span>	0
Use of antianxiety medications	36% <span style="color: red;">●</span>	37% <span style="color: red;">●</span>	25%
Training Compliance	74% <span style="color: red;">●</span>	82% <span style="color: red;">●</span>	100%

<sup>1</sup>Traveler 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.

# SWMVH & EMVH | Scorecard – December 31, 2022

Waitlist numbers decreased in December at SWMVH. Projected expenses increased significantly at both SWMVH and EMVH – as a result, the budget status at SWMVH changed from yellow to red for December, and at EMVH from green to yellow.

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	November 2022	December 2022	Goal
Average Daily Census (%)	66.7% ●	68.3% ●	> 90%
Admissions	0	7	
Discharges	1	4	
Waitlist	27 ●	10 ●	< 15

### Budget SFY23

Status: **Red** ●

Indicator	November 2022	December 2022	Goal
Starting Budget	\$2,995,743	\$2,995,743	
Actuals to Date	\$960,360	\$977,293	
Projected Expenses	\$4,257,932	\$6,443,475	
Variance – Budget to Projected Expenses	-\$1,262,189 ●	-\$3,447,732 ●	> \$0

## EMVH Scorecard

### Census

Status: **Yellow** ●

Indicator	November 2022	December 2022	Goal
Average Daily Census (%)	67.5% ●	66.3% ●	> 90%
Admissions	3	1	
Discharges	4	2	
Waitlist	0 ●	0 ●	< 15

### Budget SFY23

Status: **Yellow** ●

Indicator	November 2022	December 2022	Goal
Starting Budget	\$4,511,074	\$4,511,074	
Actuals to Date	\$1,646,074	\$1,677,100	
Projected Expenses	\$3,983,471	\$4,600,067	
Variance – Budget to Projected Expenses	+\$527,603 ●	-\$88,993 ●	> \$0



# Wins & Challenges (1 of 3) | December 31, 2022

**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		<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>Contract staff spend has continued to increase, and projected expenses for FY23 exceed the budget significantly</li> <li>There are opportunities to improve discharge planning and active treatment.</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>MSH training compliance continued to increase this month, from 77% in August to 94% in December due to improved recordkeeping and training efforts.</li> <li>The facility had the largest number of net staff hires (5) in the last 7 months.</li> <li>MSH added a third quality metric in an effort to make the quality measurement program more robust, and increased the percent of completed community re-entry forms within 10 days of admission from 50% in November to 68% in December.</li> </ul>
MMHNCC		<ul style="list-style-type: none"> <li>Limited active behavioral health treatment.</li> <li>There appears to be over-reliance on particular treatment modalities. Lack of practice guidelines for psychotropic medication use.</li> <li>The employee vacancy rate increased to 31.3% in December, with all social worker positions at the facility currently vacant – direct patient care staffing remains an issue for the facility.</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>CNA trainee classes have resumed, with a full class of four CNA trainees happening in January.</li> <li>Falls with major injuries were reduced to 0 in December.</li> <li>Hired a night shift supervisor RN to begin work in January.</li> </ul>

# Wins & Challenges (2 of 3) | December 31, 2022

**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
IBC	Red	<ul style="list-style-type: none"> <li>Continued high staff vacancy rates, slow hiring, and travel staff to cover.</li> <li>Physical plant needs upgrades.</li> <li>Continued challenges with delivery of active treatment.</li> <li>Decrease in community outings, need to develop an enhanced schedule that includes those.</li> <li>Environment continues to have an institutional feel.</li> <li>Difficulties with discharge and community placement.</li> <li>Difficulty with follow through on data collection.</li> <li>Difficulty with quality food delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Hired Interim Facility Administrator</li> <li>Two new Direct Service Professionals have been hired, bringing the total now to 11. One other will be starting new hire orientation in January.</li> <li>Initiated the mural project in the sensory room with client participation and have started painting our visitor's room.</li> <li>Increased participation in our Enrichment Center thus far in January.</li> <li>Two positions have been filled. Facility Services Manager is in orientation and the Client Service Manager will start 1/28/2023.</li> <li>The Community of Boulder Committee has formed and are planning ways to support the facility and clients who live there.</li> <li>Traveler staff spend continued to decrease (12% decrease in December).</li> <li>Individualized Treatment Plans (ITPs) have been updated to embed Charting the LifeCourse (CtLC) tools which are now being used to inform goal selection. This has now been completed for 100% of the clients.</li> </ul>
MCDC	Yellow	<ul style="list-style-type: none"> <li>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.</li> <li>Discharges against medical advice (AMAs) increased from 10 to 13 for the month of December.</li> <li>Admissions were disrupted due to inclement weather, resulting in cancelled bus transportation and private transportation.</li> </ul>	<ul style="list-style-type: none"> <li>100% staffed across the facility with direct care staff – as a result, there was no traveler spend for the month of November or December.</li> <li>Training compliance increased from 88 percent to 96 percent in December.</li> <li>Increased networking with the community, and are working with DPHHS on increasing supports for Montana's native populations.</li> <li>MCDC staff member was invited to be on the Substance Use Disorder Strategic Plan for the Butte Community Action Team, and is representing the facility in that group.</li> <li>Montana's Peer Network in Partnership with Southwest Montana Community Coalition for Pregnant and Parenting Persons came and presented to help partnership with the facility.</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 and high waitlist numbers.</li> </ul>	<ul style="list-style-type: none"> <li>Facility was identified by US News &amp; World Report as a high performing facility, and in the top 16 percent of nursing homes nationwide.</li> <li>Held a successful Wreaths Across America ceremony on 12/17 that was covered on local TV news.</li> <li>Had successful Christmas activities for the residents, including a Christmas meal and a gift opening event with each resident receiving a donated gift from the MVH Memorial board.</li> <li>Traveler staff spend reduced by 24% in December.</li> <li>Waitlist numbers decreased by 14.8%.</li> </ul>

# Wins & Challenges (3 of 3) | December 31, 2022

**Legend:**  
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Facility	Operations Status	Current Operational Challenges	Wins this Month
SWMVH	Yellow	<ul style="list-style-type: none"> <li>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.</li> <li>FY23 projected expenses currently exceed the budget for the year.</li> </ul>	<ul style="list-style-type: none"> <li>Waitlist numbers decreased from 27 to 10 in December – a 63% decrease.</li> <li>Adopt a Veteran for Christmas was a success, all Veterans plus 2 admissions were adopted to ensure residents have a great Christmas and the lunches were successful.</li> <li>Various activities were completed with the Veterans, including weekly outings to Walmart, haircuts, and other locations.</li> </ul>
EMVH	Yellow	<ul style="list-style-type: none"> <li>Difficulty filling vacant positions.</li> <li>Contract has been signed through June 2023 with GMC – will need to address issues surrounding a contract extension early next year.</li> <li>To address building infrastructure concerns due to the age of the facility, there is an interior remodeling project underway using ARPA funds.</li> </ul>	<ul style="list-style-type: none"> <li>DPHHS and GMC signed a contract extension for GMC to manage EMVH through June 2023.</li> <li>Hired a new facility administrator, who is currently being mentored by GMC’s VP of Clinical Services.</li> </ul>
Overall	Yellow	<ul style="list-style-type: none"> <li>Lack of electronic health records system makes it difficult to track patient quality and safety measures.</li> <li>Immature HR, Finance, and IT services across all facilities.</li> <li>Lack of quality improvement programs.</li> <li>Lack of ability to recruit experienced full-time employees.</li> <li>Lack of clinical leadership, and other human resources at the Division level.</li> </ul>	<ul style="list-style-type: none"> <li>Alvarez &amp; Marsal’s report was published in December and was shared with stakeholder groups, including non-profit partners, unions, and facilities staff.</li> <li>The recommendations of the A&amp;M report will be presented to the Montana State Legislature at the beginning of January once session begins.</li> </ul>

