

MT DPHHS State-Run Health Care Facilities

January 2023

ALVAREZ & MARSAL
LEADERSHIP. ACTION. RESULTS.™

Monthly Status Update



Facility Scorecard | Overview – January 31, 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 January 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 December 2022 and January 2023.

Table 1: Summary of Facility Scorecards, January 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	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 ¹	Yellow	Yellow	Red	N/A	Yellow
Eastern Montana Veterans’ Home ¹	Yellow	Yellow	Yellow	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 – January 31, 2023

MSH had 21 net hires in January – the highest number in the last three years. MSH is working to identify the reason or the decrease in completion of community re-entry forms, and is working on a plan to improve this metric.

Census & Staffing¹

Status: ● Red

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 270 beds)	86.7%	83.3%	
Admissions	57	70	
Discharges	66	50	
Waitlist	60 ●	61 ●	< 12
Employee Vacancy Rate	44.6% ●	40.9% ●	< 15%
Employee Turnover Rate	1.4% ●	0.6% ●	< 1.0%
Net Employee Hires	+5 ●	+21 ●	+6

Budget SFY23

Status: ● Red

Indicator	December 2022	January 2023	Goal
Starting Budget	\$48,873,226	\$48,873,226	
Actuals to Date	\$34,669,901	\$44,317,113	
Projected Expenses	\$87,434,103	\$87,434,103	
Variance – Budget to Projected Expenses	-\$38,560,877 ●	-\$38,560,877 ●	> \$0
Cost per Bed Day	\$1,004	\$1,045	
Revenue to Date	\$1,526,351	\$1,729,650	
Monthly Traveler Spend ²	\$4,795,973	\$3,968,876	
Percent change in Traveler Spend ²	+1% ●	-17% ●	< -5%

Quality & Training Metrics

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
% of patients evaluated for Medicaid eligibility upon admission	98% ●	100% ●	95%
Patient attendance for group therapy sessions offered	72% ●	74% ●	75%
% of completed community re-entry form within 10 days of admission	68% ●	33% ●	90%
Training Compliance	94% ●	95% ●	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.

MMHNCC | Scorecard – January 31, 2023

Training compliance moved back up to 84 percent after a drop in compliance in December due to an audit of the data. Census remains steady at 56 percent, and about one-third of staffing positions are vacant. A fourth quality metric was added for January.

Census & Staffing

Status: ● Red

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 117 beds)	56% ●	56% ●	> 89.7%
Admissions	2	0	
Discharges	4	0	
Waitlist	3 ●	3 ●	< 1
Employee Vacancy Rate ²	31.3% ●	34% ●	< 15%
Employee Turnover Rate	8.1% ●	1.1% ●	< 1.0%
Net Employee Hires	-6 ●	+3 ●	+4

Budget SFY23

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$5,841,382	\$7,328,190	
Projected Expenses	\$12,536,095	\$12,536,095	
Variance – Budget to Projected Expenses	-\$124,854 ●	-\$124,854 ●	> \$0
Cost per Bed Day	\$511	\$511	
Revenue to Date	\$2,429,573	\$2,769,787	
Monthly Traveler Spend ¹	\$120,885	\$148,753	
Percent change in Traveler Spend ¹	-14% ●	23% ●	< -10%

Quality & Training Metrics

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
Falls with major injuries (as % of residents)	0% ●	1% ●	0%
% of patients being weighed monthly per CMS guidelines	95% ●	92% ●	100%
% of residents with a UTI against the Montana state average	3% ●	1% ●	< 2.9%
Monthly gradual dose reduction (GDR) attempts in residents who are using antipsychotic medications		3.1% ●	> 10%
Training Compliance	73% ●	84% ●	100%

¹ Due to delays in invoices from vendors, this is an estimate of the hours billed in January – these estimates will be updated with accurate invoices as soon as those are provided.

² Vacancy rate data may reflect a slight delay in processing hires and separations in SABHRS due to system limitations.

IBC | Scorecard – January 31, 2023

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

Census & Staffing

Status: ●

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 12 beds)	83.3% ●	75% ●	> 91.7
Admissions	0	0	
Discharges	1	0	
Waitlist	14 ●	7 ●	< 1
Employee Vacancy Rate	66.7% ●	63.6% ●	< 15%
Employee Turnover Rate	4.5% ●	4.2% ●	< 1.0%
Net Employee Hires	0 ●	+2 ●	+4

Budget SFY23

Status: ●

Indicator	December 2022	January 2023	Goal
Starting Budget	\$2,775,188	\$2,775,188	
Actuals to Date	\$3,441,824	\$4,386,012	
Projected Expenses	\$8,360,079	\$8,360,079	
Variance – Budget to Projected Expenses	-\$5,584,891 ●	-\$5,584,891 ●	> \$0
Cost per Bed Day	\$2,290	\$2,497	
Revenue to Date	\$38,299	\$50,030	
Monthly Traveler Spend ¹	\$344,909	\$335,420	
Percent change in Traveler Spend ¹	-12% ●	-3% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	December 2022	January 2023	Goal
Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	67% ●	67% ●	100%
Total attendance at community outings	16 ●	20 ●	12
Percent of clients meeting individual Enrichment Center attendance goals		28% ●	50%
Training Compliance	96% ●	91% ●	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.

MCDC | Scorecard – January 31, 2023

MCDC remained fully staffed across direct patient care positions in January, and as a result had no traveler spend for the month. However, census continued to decrease to 44% in January. A fourth quality metric will be added for February.

Census & Staffing

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 48 beds)	48% ●	44% ●	> 90%
Admissions	32	36	
Discharges	40	26	
Waitlist	0 ●	0 ●	< 1
Employee Vacancy Rate	5.0% ●	3.5% ●	< 15%
Employee Turnover Rate	3.7% ●	0.0% ●	< 1.0%
Net Employee Hires	-1 ●	+1 ●	0

Budget SFY23

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
Starting Budget	\$6,000,763	\$6,000,763	
Actuals to Date	\$2,795,536	\$3,488,777	
Projected Expenses	\$6,426,031	\$6,426,031	
Variance – Budget to Projected Expenses	-\$425,268 ●	-\$425,268 ●	> \$0
Cost per Bed Day	\$751	\$823	
Revenue to Date	\$143,352	\$161,628	
Monthly Traveler Spend ¹	\$0	\$0	
Percent change in Traveler Spend ¹	n/a ●	n/a ●	< -10% (unless spend is \$0)

Quality & Training Metrics

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
% of discharge follow-ups, or attempts, across all discharges	100% ●	100% ●	100%
Number of discharges against medical advice (AMA)	13 ●	12 ●	4
Number of complete referrals to number of actual patient admissions ²	91% ●	90% ●	85%
Training Compliance	96% ●	98% ●	100%

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

²Because 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.

CFMVH | Scorecard – January 31, 2023

CFMVH waitlist numbers remain high and increased between December and January. Increasing census remains primary focus of facility. Additional progress was made on increasing training compliance in January. A fourth quality metric will be added in February.

Census & Staffing

Status: ● Yellow

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 117 beds)	52.1% ●	52.1% ●	> 89.7%
Admissions	2	3	
Discharges	2	1	
Waitlist	138 ●	142 ●	< 15
Employee Vacancy Rate	24.0% ●	25.5% ●	< 15%
Employee Turnover Rate	2.7% ●	0.9% ●	< 1.0%
Net Employee Hires	-2 ●	-1 ●	> +4

Budget SFY23

Status: ● Green

Indicator	December 2022	January 2023	Goal
Starting Budget	\$14,997,323	\$14,997,323	
Actuals to Date	\$5,319,150	\$7,220,142	
Projected Expenses	\$14,023,958	\$14,023,958	
Variance – Budget to Projected Expenses	\$973,365 ●	\$973,365 ●	> \$0
Cost per Bed Day	\$618	\$618	
Revenue to Date	\$1,475,399	\$1,955,160	
Monthly Traveler Spend ¹	\$217,229	\$413,930	
Percent change in Traveler Spend ¹	-24% ●	+91% ●	< -10%

Quality & Training Metrics

Status: ● Yellow

Indicator	December 2022	January 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	11% ●	25% ●	0
Use of antianxiety medications	37% ●	40% ●	25%
Training Compliance	82% ●	85% ●	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.

SWMVH & EMVH | Scorecard – January 31, 2023

SWMVH decreased its waitlist to 1 in January as census increased. There was no change in status for census or budget at either facility.

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	December 2022	January 2023	Goal
Average Daily Census (% of 60 beds)	68.3% ●	75.0% ●	> 90%
Admissions	7	3	
Discharges	4	3	
Waitlist	10 ●	1 ●	< 15

Budget SFY23

Status: **Red** ●

Indicator	December 2022	January 2023	Goal
Starting Budget	\$2,995,743	\$2,995,743	
Actuals to Date	\$977,293	\$2,032,873	
Projected Expenses	\$6,443,475	\$6,443,475	
Variance – Budget to Projected Expenses	-\$3,447,732 ●	-\$3,447,732 ●	> \$0

EMVH Scorecard

Census

Status: **Yellow** ●

Indicator	December 2022	January 2023	Goal
Average Daily Census (% of 80 beds)	66.3% ●	66.3% ●	> 90%
Admissions	1	3	
Discharges	2	2	
Waitlist	0 ●	3 ●	< 15

Budget SFY23

Status: **Yellow** ●

Indicator	December 2022	January 2023	Goal
Starting Budget	\$4,511,074	\$4,511,074	
Actuals to Date	\$1,677,100	\$2,266,840	
Projected Expenses	\$4,600,067	\$4,600,067	
Variance – Budget to Projected Expenses	-\$88,993 ●	-\$88,993 ●	> \$0

Wins & Challenges (1 of 3) | January 31, 2023

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

Facility	Operations Status	Current Operational Challenges	Wins this Month
MSH		<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 the largest number of net monthly staff hires (21) in the last three years. 11 Psychiatric Technicians were hired. MSH training compliance continued to increase this month, from 77% in August to 95% in January due to improved recordkeeping and training efforts. 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 Montana Tech 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. The facility faced a severe COVID outbreak in January. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<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. There are many applications for ancillary and support positions, as well as additional direct care positions. A new shift supervisor for nursing started, and a new Infection Prevention nurse was hired. The facility added a fourth quality metric related to antipsychotic medication use for the month of January. Training compliance increased from 73% in December to 84% in January.

Wins & Challenges (2 of 3) | January 31, 2023

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

Facility	Operations Status	Current Operational Challenges	Wins this Month
IBC	Red	<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. Lost 2 additional DSPs in January. Physical plant needs upgrades. Continued challenges with delivery of active treatment. Decrease in community outings, need to develop an enhanced schedule that includes those. Environment continues to have an institutional feel. Difficulties with discharge and community placement. Difficulty with follow through on data collection. Difficulty with quality food delivery. 	<ul style="list-style-type: none"> Increased participation in our Enrichment Center thus far in January. 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. Community outings increased to 20 in January. Participated in a career fair at Montana Tech to advertise positions at the facility, particularly direct patient care positions. Determined a new vendor for food services to provide more reliable and higher quality food at the facility. Therap trainings have begun at the facility. A project is underway to restructure the chemical supply room to build a safer, more efficient way of storing and taking inventory of items.
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 in November, December, and January. Training compliance increased to 98 percent in January. Increased networking with the community, and working with DPHHS on increasing supports for Montana’s native populations. Had a 92.3 percent arrival rate for January with only 3 no-shows.
CFMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions. Vacancies are hard to fill due to local health care competition. Had a severe COVID outbreak in the facility during the month, the largest since the start of the pandemic – it has now resolved with no residents currently positive. 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. Scheduled a CNA training course to begin in February, with many applicants. Training compliance continues to steadily increase and is currently at 85 percent. Despite challenges with staffing and COVID, employee turnover for January was under 1%.

Wins & Challenges (3 of 3) | January 31, 2023

Facility	Operations Status	Current Operational Challenges	Wins this Month
SWMVH	Yellow	<ul style="list-style-type: none"> Staffing is a challenge, and three travelers had to be brought on in January to meet the staffing needs of the facility. 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. 	<ul style="list-style-type: none"> Waitlist numbers decreased from 10 in December to 1 in January, and census increased to 75%. Hired a new Director of Nursing (DON) and are adding a staff developer to assist with training. Cottage 4 was filled to capacity in January. Partnered with Frontier Psychiatry to assist with mental health treatment for veterans.
EMVH	Yellow	<ul style="list-style-type: none"> Difficulty filling vacant positions, currently staffed with >80% travel staff. Contract has been signed with Eduro Healthcare to takeover operations from GMC on March 1, 2023 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"> EMVH qualified for a Pinnacle Customer Experience Award in several areas, including Nursing Care and Communication. These awards are awarded to care providers who have achieved best-in-class customer satisfaction standards. Overall fall numbers dropped by 30%. Improved adherence to transportation policy has resulted in increased reimbursement for facility provided transportation ensuring the viability of the program. The facility received equipment for and is planning its own CPR/AED training program. DPHHS and GMC signed a contract extension for GMC to manage EMVH through June 2023. Two employees gain commissions as public notaries in order to improve service for the needs of residents and staff.
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'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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