

MT DPHHS State-Run Health Care Facilities

November 2022

ALVAREZ & MARSAL
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Monthly Status Update



Facility Scorecard | Overview – November 30, 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 November 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 changed from green to yellow due to higher-than-expected projected expenses; EMVH changed from green to yellow due to decreasing census.

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	Yellow	N/A	Yellow
Eastern Montana Veterans’ Home ¹	Yellow	Yellow	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.

MSH | Scorecard – November 30, 2022

Traveler spend at MSH increased between October and November, and projected expenses in FY23 are significant compared to budget. MSH continues to make progress on its quality indicators and training compliance; a third quality indicator was added in November.

Census & Staffing¹

Status: ●

Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	84.1%	84.4%	
Admissions	61	75	
Discharges	50	72	
Waitlist	42 ●	61 ●	< 12
Employee Vacancy Rate	47.1% ●	45.2% ●	< 15%
Employee Turnover Rate	4.4% ●	1.4% ●	< 1.0%
Net Employee Hires	+2 ●	-1 ●	+6

Budget SFY23

Status: ●

Indicator	October 2022	November 2022	Goal
Starting Budget	\$2,775,188	\$2,775,188	
Actuals to Date	\$2,422,020	\$2,757,378	
Projected Expenses		\$8,360,079	
Variance – Budget to Projected Expenses		- \$5,584,891 ●	> \$0
Cost per Bed Day		\$2,290	
Revenue to Date	\$30,689	\$37,223	
Monthly Traveler Spend	\$495,783	\$393,558	
Percent change in Traveler Spend	+19% ●	-21% ●	< -5%

Quality & Training Metrics

Status: ●

Indicator	October 2022	November 2022	Goal
% of patients evaluated for Medicaid eligibility upon admission	100% ●	100% ●	95%
Patient attendance for group therapy sessions offered	71% ●	72% ●	75%
% of completed community re-entry form within 10 days of admission		50% ●	90%
Training Compliance	90% ●	94% ●	100%

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

MMHNCC | Scorecard – November 30, 2022

Employee vacancy rates at MMHNCC remain around 30 percent, though traveler spend decreased in November. Progress declined on the first two quality indicators between October and November. The facility has made continued progress on training compliance and added a third quality indicator for November.

Census & Staffing

Status: ●

Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	57.3% ●	57.3% ●	> 89.7%
Admissions	1	1	
Discharges	0	0	
Waitlist	3 ●	3 ●	< 1
Employee Vacancy Rate	29.8% ●	29.9% ●	< 15%
Employee Turnover Rate	4% ●	1% ●	< 1.0%
Net Employee Hires	+2 ●	+1 ●	+4

Budget SFY23

Status: ●

Indicator	October 2022	November 2022	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$4,033,390	\$4,644,391	
Projected Expenses		\$13,581,961	
Variance – Budget to Projected Expenses		-\$1,170,720 ●	> \$0
Cost per Bed Day		\$555	
Revenue to Date	\$1,463,201	\$2,102,129	
Monthly Traveler Spend	\$224,525	\$161,073	
Percent change in Traveler Spend	-28% ●	-28% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	October 2022	November 2022	Goal
Falls with major injuries (as % of residents)	0% ●	1.4% ●	0%
% of patients being weighed monthly per CMS guidelines	100% ●	95% ●	100%
% of residents with a UTI against the Montana state average		1% ●	< 2.9%
Training Compliance	87% ●	91% ●	100%

IBC | Scorecard – November 30, 2022

IBC continues to struggle with high employee vacancy rates, with a third of their positions vacant. Waitlist numbers increased significantly between October and November. There was no significant progress on quality indicators – and attendance at community outings dropped significantly.

Census & Staffing

Status: ●

Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	83.3% ●	83.3% ●	> 91.7
Admissions	0	1	
Discharges	0	1	
Waitlist	0 ●	14 ●	< 1
Employee Vacancy Rate	66.7% ●	66.7% ●	< 15%
Employee Turnover Rate	9.1% ●	0% ●	< 1.0%
Net Employee Hires	+1 ●	0 ●	+4

Budget SFY23

Status: ●

Indicator	October 2022	November 2022	Goal
Starting Budget	\$12,411,241	\$12,411,241	
Actuals to Date	\$4,033,390	\$4,644,391	
Projected Expenses		\$13,581,961	
Variance – Budget to Projected Expenses		-\$1,170,720 ●	> \$0
Cost per Bed Day		\$555	
Revenue to Date	\$1,463,201	\$2,102,129	
Monthly Traveler Spend	\$224,525	\$161,073	
Percent change in Traveler Spend	-28% ●	-28% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	October 2022	November 2022	Goal
Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	60% ●	60% ●	100%
Total attendance at community outings	20 ●	4 ●	12
Training Compliance	97% ●	98% ●	100%

MCDC | Scorecard – November 30, 2022

MCDC remained fully staffed in November, and as a result had no traveler spend for the month. However, census remains low, at 50 percent of the total licensed bed capacity. The facility reduced its number of discharges against medical advice (AMAs) significantly during the month, and added a third quality indicator.

Census & Staffing

Status: ●

Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	47.9% ●	50% ●	> 90%
Admissions	29	42	
Discharges	34	33	
Waitlist	0 ●	0 ●	< 1
Employee Vacancy Rate	0 ●	0 ●	< 15%
Employee Turnover Rate	0 ●	0 ●	< 1.0%
Net Employee Hires	0 ●	0 ●	0

Budget SFY23

Status: ●

Indicator	October 2022	November 2022	Goal
Starting Budget	\$6,000,763	\$6,000,763	
Actuals to Date	\$1,873,136	\$2,126,471	
Projected Expenses		\$6,239,593	
Variance – Budget to Projected Expenses		-\$238,830 ●	> \$0
Cost per Bed Day		\$743	
Revenue to Date	\$98,820	\$143,527	
Monthly Traveler Spend	\$38,530	\$0	
Percent change in Traveler Spend	-4% ●	-100% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	October 2022	November 2022	Goal
% of discharge follow-ups, or attempts, across all discharges	100% ●	100% ●	100%
Number of discharges against medical advice (AMA)	16 ●	10 ●	4
Number of complete referrals to number of actual patient admissions		80% ●	90%
Training Compliance	99.5% ●	88% ●	100%

CFMVH | Scorecard – November 30, 2022

Waitlist numbers remain high at CFMVH, though progress to reduce the number and admit new residents has been made. CFMVH is also on track with budget to expenses for the fiscal year thus far.

Census & Staffing

Status: ●

Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	52.1% ●	52.1% ●	> 89.7%
Admissions	1	3	
Discharges	3	2	
Waitlist	197 ●	162 ●	< 15
Employee Vacancy Rate	22.0% ●	21.5% ●	< 15%
Employee Turnover Rate	1.7% ●	1.2% ●	< 1.0%
Net Employee Hires	+1 ●	+1 ●	> +4

Budget SFY23

Status: ●

Indicator	October 2022	November 2022	Goal
Starting Budget	\$14,997,323	\$14,997,323	
Actuals to Date	\$3,421,644	\$4,223,154	
Projected Expenses		\$13,906,246	
Variance – Budget to Projected Expenses		+ \$1,091,077 ●	> \$0
Cost per Bed Day		\$625	
Revenue to Date	\$889,406	\$1,347,046	
Monthly Traveler Spend	\$94,264	\$287,097	
Percent change in Traveler Spend	+263% ●	+205% ●	< -10%

Quality & Training Metrics

Status: ●

Indicator	October 2022	November 2022	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	0 ●	0 ●	0
Use of antianxiety medications	37% ●	36% ●	25%
Training Compliance	78% ●	74% ●	100%

SWMVH & EMVH| Scorecard – November 30, 2022

Waitlist numbers increased between October and November for SWMVH, and budget remains a concern for the facility. Budget remains on track for EMVH, though census continued to decrease.

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: ●			
Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	71.7% ●	66.7% ●	> 90%
Admissions	4	0	
Discharges	4	1	
Waitlist	20 ●	27 ●	< 15
Budget SFY23 Status: ●			
Indicator	October 2022	November 2022	Goal
Starting Budget	\$2,995,743	\$2,995,743	
Actuals to Date	\$599,508	\$960,360	
Projected Expenses		\$4,257,932	
Variance – Budget to Projected Expenses		-\$1,262,189 ●	

EMVH Scorecard			
Census Status: ●			
Indicator	October 2022	November 2022	Goal
Average Daily Census (%)	70.0% ●	67.5% ●	> 90%
Admissions	1	3	
Discharges	3	4	
Waitlist	0 ●	0 ●	< 15
Budget SFY23 Status: ●			
Indicator	October 2022	November 2022	Goal
\$4,511,074	\$4,511,074	\$4,511,074	
Actuals to Date	\$1,296,045	\$1,646,074	
Projected Expenses		\$3,983,471	
Variance – Budget to Projected Expenses		+\$527,603 ●	

Wins & Challenges | November 30, 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"> 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 94% in November due to improved recordkeeping and training efforts. Updated training policy to include orientation and refresher which has restarted. Additional orientation dates have been added throughout the upcoming months. 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.
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. <i>Climate and Culture Survey:</i> Employees reported low satisfaction with workload, recognition, support, development, and salary. 	<ul style="list-style-type: none"> MSH and MMHNCC coordination is improving. Held several resident events, including bowling, a concert at the facility, and other recreational events. New Facility Administrator started on November 7th. Held a focus group with CNAs to hear thoughts and feedback on recruitment process and retention initiatives. Held mandatory meetings with staff to have a “culture reset” and get feedback directly from staff on changes that can be made, have heard positive comments back from those meetings.

Wins & Challenges | November 30, 2022

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Facility	Operations Status	Current Operational Challenges	Wins this Month
IBC	Red	<ul style="list-style-type: none"> Continued high staff vacancy rates, slow hiring, and travel staff to cover. 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. 	<ul style="list-style-type: none"> 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. Two new Direct Service Professionals have been hired, bringing the total now to 9. Two others are starting new hire orientation in December. IBC clients and staff put on a Thanksgiving event, with a special meal and activities. Job descriptions have been revised and a new organizational chart developed to align with more common practices in an ICF/IID. The Community of Boulder Committee has formed and are planning ways to support the facility and clients who live there.
MCDC	Yellow	<ul style="list-style-type: none"> While census increased slightly in November, 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. Admissions were disrupted due to inclement weather, resulting in cancelled bus transportation and private transportation. 	<ul style="list-style-type: none"> 100% staffed across the facility with direct care staff – as a result, there was no traveler spend for the month of November. There a slight increase in average daily census between October and November (from 23 to 24, or 48% to 50% occupancy). The rate of discharges against medical advice (AMAs) decreased for the month by 37.5 percent – from 16 in October to 10 in November. 39 biopsychosocial assessments were completed internally. A COVID-19 outbreak was contained and no patients left AMA during isolation/quarantine.
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"> Facility was identified by US News & World Report as a high performing facility, and in the top 16 percent of nursing homes nationwide. Residents had a large Thanksgiving meal event on November 22, and a smaller Thanksgiving meal on the 24th. The “Wish of a Lifetime” trip to Texas for our 95-year-old World War II veteran was completed, and was a great, unforgettable event for him.

Wins & Challenges | November 30, 2022

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Facility	Operations Status	Current Operational Challenges	Wins this Month
SWMVH	Yellow	<ul style="list-style-type: none"> Cottage 5 of 5 have been turned over from the state to Eduro Healthcare. Only Cottage 3 of 5 are certified by the Department of Veteran Affairs. Dishwashers in Cottage 1 and 2 are having issues (neither are under warranty) Hobart is the sole source for working on them. (they are Hobart dishwashers) Cottage 4 is 75% full Unknown when Cottage 5 will open Walk-Way Project is underway. Estimated projected completion date is June 2023. 	<ul style="list-style-type: none"> Adopt of Veteran for Christmas was a success, all Veterans plus 2 admissions were adopted to ensure all Veterans have a great Christmas. Various Activities were completed with the Veterans. Including weekly outing to Walmart and other locations. Thanksgiving was a HUGE success many families visited for the holiday and enjoyed a meal with their family member. Radio add on local radio stations seems to be getting the word out about our facility. Veterans Day was a success. 3 Montana Tech student groups came to the facility with a news crew to give the Veterans gifts for Veterans Day. The Honor Guard came to the facility on Veterans Day to present flags to all the Veterans. Many other outside agency's came to the facility to visit with the Veterans and bring treat to the staff and Veterans.
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. 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. Hired a new facility administrator, who is currently being mentored by GMC's VP of Clinical Services.
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 published in early December.

Appendix

Appendix | MSH – Detailed Scorecard (1 of 2)

Traveler spend at MSH increased between October and November, and projected expenses in FY23 are significant compared to budget. MSH continues to make progress on its quality indicators and training compliance; a third quality indicator was added in November.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
MSH - Main Hospital	Delivery of Care	Licensed Beds (Main Hospital)	174	174	174	174	174	174	N/A	N/A
MSH - Forensic Facility	Delivery of Care	Licensed Beds (Forensic)	54	54	54	54	54	54	N/A	N/A
MSH - Group Homes	Delivery of Care	Licensed Beds (Group Homes)	42	42	42	42	42	42	N/A	N/A
MSH - Main Hospital	Delivery of Care	Census (Main Hospital)	128	120	117	122	146	145	N/A	N/A
MSH - Forensic Facility	Delivery of Care	Census (Forensic)	48	48	46	45	46	49	N/A	N/A
MSH - Group Homes	Delivery of Care	Census (Group Homes)	30	32	33	34	35	34	N/A	N/A
MSH - Main Hospital	Delivery of Care	Admissions (Main Hospital)	N/A	51	41	65	53	65	N/A	N/A
MSH - Forensic Facility	Delivery of Care	Admissions (Forensic)	N/A	7	9	11	8	10	N/A	N/A
MSH - Group Homes	Delivery of Care	Admissions (Group Homes)	N/A	0	0	0	0	0	N/A	N/A
MSH - Main Hospital	Delivery of Care	Discharges (Main Hospital)	N/A	40	49	45	49	66	N/A	N/A
MSH - Forensic Facility	Delivery of Care	Discharges (Forensic)	N/A	4	10	5	1	5	N/A	N/A
MSH - Group Homes	Delivery of Care	Discharges (Group Homes)	N/A	0	1	0	0	1	N/A	N/A
MSH - Main Hospital	Delivery of Care	Waitlist for Admission (Main Hospital)	N/A	● 0	● 0	● 0	● 0	● 0	<1	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist
MSH - Forensic Facility	Delivery of Care	Waitlist for Admission (Forensic)	N/A	◆ 44	▲ 39	◆ 42	◆ 42	◆ 61	<10	Green is <10 waitlist; yellow is <40 waitlist; red is >40 waitlist
MSH - Group Homes	Delivery of Care	Waitlist for Admission (Group Homes)	N/A	● 0	● 0	● 0	● 0	● 0	<1	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist
MSH	Operations	Employee Vacancy Rate	N/A	◆ 45.0%	◆ 45.4%	◆ 45.0%	◆ 47.1%	◆ 45.2%	<15%	Green is <15% vacant; yellow is <30% vacant; red is >30% vacant
MSH	Operations	Employee Turnover Rate	N/A	◆ 4.1%	▲ 2.1%	▲ 2.4%	◆ 4.4%	▲ 1.4%	<1.0%	Green is <1.0% turnover; yellow is <3.0% turnover; red is >3.0% turnover
MSH	Operations	Net Employee Hires	N/A	◆ (4)	▲ 3	◆ 1	◆ 2	◆ (1)	>6	Green is +6 net hires; yellow is +3 net hires; red is <3 net hires

Appendix | MSH – Detailed Scorecard (2 of 2)

Traveler spend at MSH increased between October and November, and projected expenses in FY23 are significant compared to budget. MSH continues to make progress on its quality indicators and training compliance; a third quality indicator was added in November.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
MSH	Finances	Starting Budget - Current SFY	\$ 47,053,251	\$ 48,873,226	\$ 48,873,226	\$ 48,873,226	\$ 48,873,226	\$ 48,873,226	N/A	N/A
MSH	Finances	Actuals - Current SFY to Date	\$ 64,115,929	\$ 1,892,667	\$ 9,753,815	\$ 17,531,434	\$ 25,158,151	\$ 30,055,580	N/A	N/A
MSH	Finances	Projected Expenses - Current SFY	\$ 64,115,929	N/A	N/A	N/A	N/A	\$ 87,172,320	N/A	N/A
MSH	Finances	Variance - Budget to Projected Expenses	\$ (17,062,678)	N/A	N/A	N/A	N/A	◆ \$ (38,299,094)	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget
MSH	Finances	Cost per Bed Day	\$ 855	N/A	N/A	N/A	N/A	\$ 1,052	N/A	N/A
MSH	Finances	Revenue - Current SFY to Date	\$ 10,749,282	\$ 158,291	\$ 349,823	\$ 598,321	\$ 789,083	\$ 999,441	N/A	N/A
MSH	Finances	Traveler Spend	\$ 29,547,198	\$ 4,039,455	\$ 4,306,559	\$ 3,864,455	\$ 3,950,271	\$ 4,124,597	N/A	N/A
MSH	Finances	Monthly Reduction in Traveler Spend	N/A	● -23%	◆ +7%	● -10%	◆ +2%	◆ +4%	>-5%	Green is >5% monthly reduction; yellow is >5% monthly reduction; red is <3% monthly reduction.
MSH	Quality of Care	Quality Indicator #1	N/A	◆ 0%	◆ 34%	● 100%	● 100%	● 100%	95%	Percent of Patients evaluated for Medicaid eligibility upon admission. Green is >95%; yellow is >80%; red is <80%
MSH	Quality of Care	Quality Indicator #2	N/A	▲ 68%	▲ 72%	● 78%	▲ 71%	▲ 72%	75%	Patient attendance is 100% for group therapy sessions offered. Green is >75%; yellow is >60%; red is <60%
MSH	Quality of Care	Quality Indicator #3	N/A	N/A	N/A	N/A	N/A	50%	90%	Completion of Community Reentry form within 10 days of admission. Green is >90%; yellow is 75-89%, and red is <74%
MSH	Quality of Care	Training Compliance	N/A	◆ 70%	◆ 77%	◆ 89%	▲ 90%	▲ 94%	100%	Green is 100% compliance; yellow is >90% compliance; red is <90% compliance.

Appendix | MMHNCC – Detailed Scorecard

Employee vacancy rates at MMHNCC remain around 30 percent, though traveler spend decreased in November. The facility has made continued progress on training compliance and added a third quality indicator for November.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
MMHNCC	Delivery of Care	Licensed Beds	117	117	117	117	117	117	N/A	N/A
MMHNCC	Delivery of Care	Census	◆ 73	◆ 67	◆ 68	◆ 67	◆ 67	◆ 67	>105	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy
MMHNCC	Delivery of Care	Admissions	N/A	3	0	2	1	1	N/A	N/A
MMHNCC	Delivery of Care	Discharges	N/A	1	2	0	0	0	N/A	N/A
MMHNCC	Delivery of Care	Waitlist for Admission	N/A	▲ 3	▲ 4	▲ 3	▲ 3	▲ 3	<1	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist
MMHNCC	Operations	Employee Vacancy Rate	N/A	▲ 25.0%	▲ 28.5%	▲ 29.9%	▲ 29.8%	▲ 29.9%	<15%	Green is <15% vacant; yellow is <30% vacant; red is >30% vacant
MMHNCC	Operations	Employee Turnover Rate	N/A	● 0.0%	▲ 1.9%	◆ 3.0%	◆ 4.0%	▲ 1.0%	<1.0%	Green is <1.0% turnover; yellow is <3.0% turnover; red is >3.0% turnover
MMHNCC	Operations	Net Employee Hires	N/A	◆ 1	◆ (1)	◆ (1)	▲ 2	◆ 1	>4	Green is +4 net hires; yellow is +2 net hires; red is <2 net hires
MMHNCC	Finances	Starting Budget - Current SFY	\$ 12,194,405	\$ 12,411,241	\$ 12,411,241	\$ 12,411,241	\$ 12,411,241	\$ 12,411,241	N/A	N/A
MMHNCC	Finances	Actuals - Current SFY to Date	\$ 11,574,171	\$ 543,464	\$ 1,676,039	\$ 2,921,826	\$ 4,033,390	\$ 4,644,391	N/A	N/A
MMHNCC	Finances	Projected Expenses - Current SFY	\$ 11,574,171	N/A	N/A	N/A	N/A	\$ 13,581,961	N/A	N/A
MMHNCC	Finances	Variance - Budget to Projected Expenses	\$ 620,234	N/A	N/A	N/A	N/A	▲ \$ (1,170,720)	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget
MMHNCC	Finances	Cost per Bed Day	\$ 434	N/A	N/A	N/A	N/A	\$ 555	N/A	N/A
MMHNCC	Finances	Revenue - Current SFY to Date	\$ 6,747,160	\$ 59,297	\$ 754,784	\$ 1,398,669	\$ 1,463,201	\$ 2,102,129	N/A	N/A
MMHNCC	Finances	Traveler Spend	\$ 632,173	\$ 166,466	\$ 189,942	\$ 233,362	\$ 224,525	\$161,073	N/A	N/A
MMHNCC	Finances	Monthly Reduction in Traveler Spend	N/A	◆ +13%	◆ +14%	◆ +23%	● -28%	● -28%	<-10%	Green is >10% monthly reduction; yellow is >5% monthly reduction; red is <5% monthly reduction
MMHNCC	Quality of Care	Quality Indicator #1	N/A	◆ 4%	▲ 1%	● 0%	● 0%	▲ 1.40%	<1%	Falls with major injuries will be reduced to zero per month. Green is <1%; yellow is <3%; red is >3%
MMHNCC	Quality of Care	Quality Indicator #2	N/A	▲ 97%	▲ 99%	● 100%	● 100%	▲ 95%	100%	All patients will be weighed on a monthly basis per the CMS guidelines. Green is 100%; yellow is >80%; red is <80%
MMHNCC	Quality of Care	Quality Indicator #3	N/A	N/A	N/A	N/A	N/A	● 1%	3%	UTIs will remain below the Montana state average. Green is <2.9%; yellow is <4%; red is >4%
MMHNCC	Quality of Care	Training Compliance	N/A	◆ 74%	◆ 72%	◆ 88%	◆ 87%	▲ 91%	100%	Green is 100% compliance; yellow is >90% compliance; red is <90% compliance

Appendix | IBC – Detailed Scorecard

IBC continues to struggle with high employee vacancy rates, with a third of their positions vacant. There was no significant progress on quality indicators – and attendance at community outings dropped significantly.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
IBC	Delivery of Care	Licensed Beds	12	12	12	12	12	12	N/A	N/A
IBC	Delivery of Care	Census	▲ 10	▲ 9	▲ 9	▲ 10	▲ 10	▲ 10	>11	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy
IBC	Delivery of Care	Admissions	N/A	0	0	1	0	1	N/A	N/A
IBC	Delivery of Care	Discharges	N/A	0	0	0	0	1	N/A	N/A
IBC	Delivery of Care	Waitlist for Admission	N/A	● 0	▲ 2	▲ 3	● 0	◆ 14	<1	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist
IBC	Operations	Employee Vacancy Rate	N/A	◆ 59.1%	◆ 59.1%	◆ 66.7%	◆ 66.7%	◆ 66.7%	<15%	Green is <15% vacant; yellow is <30% vacant; red is >30% vacant
IBC	Operations	Employee Turnover Rate	N/A	◆ 11.1%	◆ 3.7%	◆ 18.2%	◆ 9.1%	● 0.0%	<1.0%	Green is <1.0% turnover; yellow is <3.0% turnover; red is >3.0% turnover
IBC	Operations	Net Employee Hires	N/A	◆ (2)	◆ (1)	◆ (4)	◆ 1	◆ 0	>4	Green is +4 net hires; yellow is +2 net hires; red is <2 net hires
IBC	Finances	Starting Budget - Current SFY	\$ 2,621,850	\$ 2,775,188	\$ 2,775,188	\$ 2,775,188	\$ 2,775,188	\$ 2,775,188	N/A	N/A
IBC	Finances	Actuals - Current SFY to Date	\$ 5,911,803	\$ 106,947	\$ 1,059,798	\$ 1,614,541	\$ 2,422,020	\$ 2,757,378	N/A	N/A
IBC	Finances	Projected Expenses - Current SFY	\$ 5,911,803	N/A	N/A	N/A	N/A	\$ 8,360,079	N/A	N/A
IBC	Finances	Variance - Budget to Projected Expenses	\$ (3,289,953)	N/A	N/A	N/A	N/A	● \$ (5,584,891)	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget
IBC	Finances	Cost per Bed Day	\$ 1,645	N/A	N/A	N/A	N/A	\$ 2,290	N/A	N/A
IBC	Finances	Revenue - Current SFY to Date	\$ 91,851	\$ 9,678	\$ 10,754	\$ 17,565	\$ 30,689	\$ 37,223	N/A	N/A
IBC	Finances	Traveler Spend	\$ 2,515,933	\$ 507,963	\$ 359,439	\$ 415,861	\$ 495,783	\$ 393,558	N/A	N/A
IBC	Finances	Monthly Reduction in Traveler Spend	N/A	● -14%	● -29%	◆ +16%	◆ +19%	● -21%	<-10%	Green is >10% monthly reduction; yellow is >5% monthly reduction; red is <5% monthly reduction
IBC	Quality of Care	Quality Indicator #1	N/A	◆ 67%	◆ 67%	◆ 40%	◆ 60%	◆ 60%	100%	Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes. Green is 100%; yellow is >80%; red is <80%
IBC	Quality of Care	Quality Indicator #2	N/A	● 14	● 14	● 14	● 20	◆ 4	12	Total attendance at community outings. Green is >12 outings; yellow is >8 outings; red is <8 outings
IBC	Quality of Care	Training Compliance	N/A	◆ 80%	◆ 79%	▲ 97%	▲ 97%	▲ 98%	100%	Green is 100% compliance; yellow is >90% compliance; red is <90% compliance

Appendix | MCDC – Detailed Scorecard

MCDC remained fully staffed in November, and as a result had no traveler spend for the month. However, census remains at 50 percent capacity. The facility reduced its number of discharges against medical advice (AMAs) significantly during the month, and added a third quality indicator.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
MCDC	Delivery of Care	Licensed Beds	48	48	48	48	48	48	N/A	N/A
MCDC	Delivery of Care	Census	◆ 21	◆ 22	◆ 18	◆ 15	◆ 23	◆ 24	>43	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy
MCDC	Delivery of Care	Admissions	N/A	23	33	29	29	42	N/A	N/A
MCDC	Delivery of Care	Discharges	N/A	36	28	25	34	33	N/A	N/A
MCDC	Delivery of Care	Waitlist for Admission	N/A	● 0	● 0	● 0	● 0	● 0	<1	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist
MCDC	Operations	Employee Vacancy Rate	N/A	● 5.2%	● 7.0%	● 3.5%	● 0.0%	● 0.0%	<15%	Green is <15% vacant; yellow is <30% vacant; red is >30% vacant
MCDC	Operations	Employee Turnover Rate	N/A	● 0.0%	◆ 5.7%	● 0.0%	● 0.0%	● 0.0%	<1.0%	Green is <1.0% turnover; yellow is <3.0% turnover; red is >3.0% turnover
MCDC	Operations	Net Employee Hires	N/A	● 2	▲ (2)	● 0	● 4	● 0	0	Goal is to maintain no position vacancies; currently fully staffed in November 2022
MCDC	Finances	Starting Budget - Current SFY	\$ 5,971,627	\$ 6,000,763	\$ 6,000,763	\$ 6,000,763	\$ 6,000,763	\$ 6,000,763	N/A	N/A
MCDC	Finances	Actuals - Current SFY to Date	\$ 5,470,553	\$ 295,932	\$ 789,100	\$ 1,362,408	\$ 1,873,136	\$ 2,126,471	N/A	N/A
MCDC	Finances	Projected Expenses - Current SFY	\$ 5,470,553	N/A	N/A	N/A	N/A	\$ 6,239,593	N/A	N/A
MCDC	Finances	Variance - Budget to Projected Expenses	\$ 501,074	N/A	N/A	N/A	N/A	▲ \$ (238,830)	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget
MCDC	Finances	Cost per Bed Day	\$ 730	N/A	N/A	N/A	N/A	\$ 743	N/A	N/A
MCDC	Finances	Revenue - Current SFY to Date	\$ 1,899,207	\$ 5,903	\$ 75,193	\$ 81,367	\$ 98,820	\$ 143,527	N/A	N/A
MCDC	Finances	Traveler Spend	\$ 88,134	\$ 36,443	\$ 42,971	\$ 40,061	\$ 38,530	\$ -	N/A	N/A
MCDC	Finances	Monthly Reduction in Traveler Spend	N/A	● -15%	◆ +18%	▲ -7%	◆ -4%	● -100%	<-10%	Green is >10% monthly reduction; yellow is >5% monthly reduction; red is <5% monthly reduction
MCDC	Quality of Care	Quality Indicator #1	N/A	◆ 0%	● 100%	● 100%	● 100%	● 100%	100%	Discharge follow-ups, or attempts, will be conducted for 100% of discharges. Green is 100%; yellow is >80%; red is <80%
MCDC	Quality of Care	Quality Indicator #2	N/A	◆ 11	◆ 8	◆ 11	◆ 16	◆ 10	4	Number of discharges against medical advice per month will be reduced. Green is <4 AMAs; yellow is <8 AMAs; red is >8 AMAs
MCDC	Quality of Care	Quality Indicator #3	N/A	N/A	N/A	N/A	N/A	80%	90%	Number of complete referrals to number of actual patient admissions. Green is >90%; yellow is 75-89%, and red is <74%
MCDC	Quality of Care	Training Compliance	N/A	▲ 91%	▲ 91%	▲ 97%	▲ 99.5%	◆ 88%	100	

Appendix | CFMVH – Detailed Scorecard

Waitlist numbers remain high at CFMVH, though progress to reduce the number and admit new residents has been made. CFMVH is also on track with budget to expenses for the fiscal year thus far.

Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion
CFMVH	Delivery of Care	Licensed Beds	117	117	117	117	117	117	N/A	N/A
CFMVH	Delivery of Care	Census	◆ 72	◆ 64	◆ 62	◆ 62	◆ 61	◆ 61	>105	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy
CFMVH	Delivery of Care	Admissions	N/A	◆ 0	◆ 0	◆ 2	◆ 1	◆ 3	Net +2	Goal is for net 2 admissions per month
CFMVH	Delivery of Care	Discharges	N/A	1	0	2	3	2	N/A	N/A
CFMVH	Delivery of Care	Waitlist for Admission	N/A	◆ 196	◆ 196	◆ 204	◆ 197	◆ 162	<100	Green is <100 waitlist; yellow is <150 waitlist; red is >150 waitlist
CFMVH	Operations	Employee Vacancy Rate	N/A	▲ 21.5%	▲ 22.8%	▲ 20.8%	▲ 22.0%	▲ 21.5%	<15%	Green is <15% vacant; yellow is <30% vacant; red is >30% vacant
CFMVH	Operations	Employee Turnover Rate	N/A	◆ 5.1%	▲ 2.6%	● 0.8%	▲ 1.7%	▲ 1.2%	<1.0%	Green is <1.0% turnover; yellow is <3.0% turnover; red is >3.0% turnover
CFMVH	Operations	Net Employee Hires	N/A	◆ (6)	◆ (2)	▲ 2	◆ 1	◆ 1	>4	Green is +4 net hires; yellow is +2 net hires; red is <2 net hires
CFMVH	Finances	Starting Budget - Current SFY	\$ 14,495,459	\$ 14,997,323	\$ 14,997,323	\$ 14,997,323	\$ 14,997,323	\$ 14,997,323	N/A	N/A
CFMVH	Finances	Actuals - Current SFY to Date	\$ 11,744,638	\$ 471,938	\$ 1,389,119	\$ 2,397,635	\$ 3,421,644	\$ 4,223,154	N/A	N/A
CFMVH	Finances	Projected Expenses - Current SFY	\$ 11,744,638	N/A	N/A	N/A	N/A	\$ 13,906,246	N/A	N/A
CFMVH	Finances	Variance - Budget to Projected Expenses	\$ 2,750,821	N/A	N/A	N/A	N/A	● \$ 1,091,077	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget
CFMVH	Finances	Cost per Bed Day	\$ 445	N/A	N/A	N/A	N/A	\$ 625	N/A	N/A
CFMVH	Finances	Revenue - Current SFY to Date	\$ 7,926,017	\$ 163,137	\$ 444,447	\$ 811,319	\$ 889,406	\$ 1,347,046	N/A	N/A
CFMVH	Finances	Traveler Spend	\$ 52,634	\$ 73,297	\$ 59,715	\$ 25,960	\$ 94,264	\$ 287,097	N/A	N/A
CFMVH	Finances	Monthly Reduction in Traveler Spend	N/A	◆ 123%	● -19%	● -57%	◆ 263%	◆ 205%	<-10%	Green is >10% monthly reduction; yellow is >5% monthly reduction; red is <5% monthly reduction
CFMVH	Quality of Care	Quality Indicator #1	N/A	● 100%	● 100%	● 100%	● 100%	● 100%	100%	All patients that have a risk of falls are identified and risk interventions are put in place. Green is 100%; yellow is >80%; red is <80%
CFMVH	Quality of Care	Quality Indicator #2	N/A	◆ 20%	● 0%	● 0%	● 0%	● 0%	0%	The number of UTIs (CAUTI) per month will be reduced by 20% per month until zero. Green is <1%; yellow is <10%; red is >10%
CFMVH	Quality of Care	Quality Indicator #3	N/A	N/A	N/A	◆ 39%	◆ 37%	◆ 36%	25%	Use of antianxiety medications will be reduced to 25 percent of residents. Green is <25%; yellow is <35%; red is >35%
CFMVH	Quality of Care	Training Compliance	N/A	◆ 74%	◆ 68%	◆ 76%	◆ 78%	◆ 74%	100	

Appendix | EMVH & SWMVH – Detailed Scorecard

At EMVH, facility finances for the fiscal year thus far remain on track. Waitlist numbers increased between October and November for SWMVH, and budget remains a concern for the facility. Because EMVH and SWMVH are run by state contractors, we do not track data on staffing, quality measures, or training compliance.

EMVH												
Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion		
EMVH	Delivery of Care	Licensed Beds	80	80	80	80	80	80	N/A	N/A		
EMVH	Delivery of Care	Census	◆ 53	◆ 58	◆ 58	◆ 57	◆ 56	◆ 54	>72	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy		
EMVH	Delivery of Care	Admissions	N/A	3	4	4	1	3	N/A	N/A		
EMVH	Delivery of Care	Discharges	N/A	2	3	6	3	4	N/A	N/A		
EMVH	Delivery of Care	Waitlist for Admission	N/A	● 0	● 0	● 0	● 0	● 0	0	Green is <1 waitlist; yellow is <5 waitlist; red is >5 waitlist		
EMVH	Finances	Starting Budget - Current SFY	\$ 4,428,807	\$ 4,511,074	\$ 4,511,074	\$ 4,511,074	\$ 4,511,074	\$ 4,511,074	N/A	N/A		
EMVH	Finances	Actuals - Current SFY to Date	\$ 4,936,089	\$ 133,308	\$ 512,755	\$ 938,627	\$ 1,296,045	\$ 1,646,074	N/A	N/A		
EMVH	Finances	Projected Expenses - Current SFY	\$ 4,936,089	N/A	N/A	N/A	N/A	\$ 3,983,471	N/A	N/A		
EMVH	Finances	Variance - Budget to Projected Expenses	\$ (507,282)	N/A	N/A	N/A	N/A	\$ 527,603	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget		
EMVH	Finances	Revenue - Current SFY to Date	\$ 3,672,165	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

SWMVH												
Facility	Dimension	Performance Indicator	SFY22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Goal	Goal Discussion		
SWMVH	Delivery of Care	Licensed Beds	36	48	56	60	60	60	N/A	N/A		
SWMVH	Delivery of Care	Census	◆ 28	◆ 37	◆ 42	◆ 43	◆ 43	◆ 40	>54	Green is >90% occupancy; yellow is 75-89% occupancy, and red is <74% occupancy		
SWMVH	Delivery of Care	Admissions	N/A	6	8	3	4	0	N/A	N/A		
SWMVH	Delivery of Care	Discharges	N/A	3	4	1	4	1	N/A	N/A		
SWMVH	Delivery of Care	Waitlist for Admission	N/A	◆ 32	◆ 32	◆ 32	▲ 20	▲ 27	<15	Green is <15 waitlist; yellow is <30 waitlist; red is >30 waitlist		
SWMVH	Finances	Starting Budget - Current SFY	\$ 1,798,748	\$ 2,995,743	\$ 2,995,743	\$ 2,995,743	\$ 2,995,743	\$ 2,995,743	N/A	N/A		
SWMVH	Finances	Actuals - Current SFY to Date	\$ 2,841,776	\$ 253,481	\$ 281,236	\$ 584,258	\$ 599,508	\$ 960,360	N/A	N/A		
SWMVH	Finances	Projected Expenses - Current SFY	\$ 2,841,776	N/A	N/A	N/A	N/A	\$ 4,257,932	N/A	N/A		
SWMVH	Finances	Variance - Budget to Projected Expenses	\$ (1,043,028)	N/A	N/A	N/A	N/A	◆ \$ (1,262,189)	>\$0	Green is under budget; yellow is <10% over budget; red is >10% over budget		
SWMVH	Finances	Revenue - Current SFY to Date	\$ 1,546,258	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

