**MT DPHHS State-Run Health Care Facilities**

**January 2023**

**Monthly Status Update**

**Facility Scorecard | Overview – January 31, 2023**

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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’ Home1 | Yellow | Yellow | Red | N/A | Yellow |
| Eastern Montana Veterans’ Home1 | Yellow | Yellow | Yellow | N/A | Yellow |

**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 & Staffing - Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 270 beds)** | 86.7% | 83.3% | n/a |
| **Admissions** | 57 | 70 | n/a |
| **Discharges** | 66 | 50 | n/a |
| **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 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Starting Budget** | $48,873,226 | $48,873,226 | n/a |
| **Actuals to Date** | $34,669,901  | $44,317,113  | n/a |
| **Projected Expenses** | $87,434,103 | $87,434,103 | n/a |
| **Variance – Budget to Projected Expenses** | - $38,560,877 | - $38,560,877 | > $0 |
| **Cost per Bed Day** | $1,004 | $1,045 | n/a |
| **Revenue to Date** | $1,526,351 | $1,729,650 | n/a |
| **Monthly Traveler Spend2** | $4,795,973 | $3,968,876 | n/a |
| **Percent change in Traveler Spend2** | +1% | -17% | < -5% |

Quality & Training Metrics – 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% |

**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 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | 56% | 56% | **> 89.7%** |
| **Admissions** | 2 | 0 | n/a |
| **Discharges** | 4 | 0 | n/a |
| **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 – Yellow

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

Quality & Training Metrics – 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 | N/A | 3.1% | > 10% |

**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 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 12 beds)** | 83.3% | 75% | **> 91.7** |
| **Admissions** | 0 | 0 | n/a |
| **Discharges** | 1 | 0 | n/a |
| **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 – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Starting Budget** | $2,775,188 | $2,775,188 | n/a |
| **Actuals to Date** | $3,441,824 | $4,386,012  | n/a |
| **Projected Expenses** | $8,360,079 | $8,360,079 | n/a |
| **Variance – Budget to Projected Expenses** | - $5,584,891 | - $5,584,891 | **> $0** |
| **Cost per Bed Day** | $2,290 | $2,497 | n/a |
| **Revenue to Date** | $38,299 | $50,030 | n/a |
| **Monthly Traveler Spend1** | $344,909 | $335,420 | n/a |
| **Percent change in Traveler Spend**1 | -12% | -3% | **< -10%** |

Quality & Training Metrics – Red

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | n/a | 28% | 50% |
| Training Compliance | 96% | 91% | 100% |

**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 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 48 beds)** | 48% | 44% | **> 90%** |
| **Admissions** | 32 | 36 | n/a |
| **Discharges** | 40 | 26 | n/a |
| **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 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Starting Budget** | $6,000,763 | $6,000,763 | n/a |
| **Actuals to Date** | $2,795,536 | $3,488,777  | n/a |
| **Projected Expenses** | $6,426,031 | $6,426,031 | n/a |
| **Variance – Budget to Projected Expenses** | - $425,268 | - $425,268 | **> $0** |
| **Cost per Bed Day** | $751 | $823 | n/a |
| **Revenue to Date** | $143,352 | $161,628 | n/a |
| **Monthly Traveler Spend1** | $0 | $0 | n/a |
| **Percent change in Traveler Spend**1 | n/a | n/a | **< -10% *(unless spend is $0)*** |

Quality & Training Metrics – 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 | 91% | 90% | 85% |
| Training Compliance | 96% | 98% | 100% |

**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 – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 117 beds)** | 52.1% | 52.1% | **> 89.7%** |
| **Admissions** | 2 | 3 | n/a |
| **Discharges** | 2 | 1 | n/a |
| **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 – Green

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Starting Budget** | $14,997,323 | $14,997,323 | n/a |
| **Actuals to Date** | $5,319,150 | $7,220,142 | n/a |
| **Projected Expenses** | $14,023,958 | $14,023,958 | n/a |
| **Variance – Budget to Projected Expenses** | $973,365 | $973,365 | **> $0** |
| **Cost per Bed Day** | $618 | $618 | n/a |
| **Revenue to Date** | $1,475,399 | $1,955,160 | n/a |
| **Monthly Traveler Spend1** | $217,229 | $413,930 | n/a |
| **Percent change in Traveler Spend**1 | -24% | +91% | **< -10%** |

Quality & Training Metrics – 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% |

**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.

SMVH Census & Staffing – Yellow

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| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 60 beds)** | 68.3% | 75.0% | **> 90%** |
| **Admissions** | 7 | 3 | n/a |
| **Discharges** | 4 | 3 | n/a |
| **Waitlist** | 10 | 1 | **< 15** |

SMVH Budget SFY23 – Red

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

EMVH Census & Staffing – Yellow

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **December 2022** | **January 2023** | **Goal** |
| **Average Daily Census (% of 80 beds)** | 66.3% | 66.3% | **> 90%** |
| **Admissions** | 1 | 3 | n/a |
| **Discharges** | 2 | 2 | n/a |
| **Waitlist** | 0 | 3 | **< 15** |

EMVH Budget SFY23 – Yellow

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins This Month** |
| MSH | Red | * 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.
* *Climate and Culture Survey*: Employees reported low satisfaction with recognition, support, development, and salary.
 | * 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 | Red | * 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.
* *Climate and Culture Survey*: Employees reported low satisfaction with workload, recognition, support, development, and salary.
 | * 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.
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**Wins & Challenges (2 of 3) | January 31, 2023**

**Fac**

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| --- | --- | --- | --- |
| **Facility** | **Operations Status** | **Current Operational Challenges** | **Wins This Month** |
| **IBC** | Red | * 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.
 | * 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 | * 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.
 | * 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 | * 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.
 | * 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 | * 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. | * 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 | * 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.
 | * 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** | * 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.  | * 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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