

# MT DPHHS State-Run Health Care Facilities

August 2022

ALVAREZ & MARSAL  
LEADERSHIP. ACTION. RESULTS.™

## CFHHS Committee Briefing



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# Assessment Status

DPHHS has engaged Alvarez & Marsal to conduct a comprehensive assessment and establish long-term sustainable operation plans for Montana's seven state-run health care facilities. **DPHHS will receive A&M's draft report in September and expects to socialize the findings in October.**

## Assessment

## Strategic Plans for Improvement

### **Key Activities**

- Assess compliance with regulations, quality standards, workers comp, and patient incidents
- Evaluate climate and culture
- Assess staffing structure, ratios, job descriptions, and scheduling
- Review organizational structure and back-office support functions
- Review key patient data, outcomes, and information on admissions and discharges
- Assess facility finances and rate structure
- Benchmark performance to peers
- Update facility missions and visions
- Develop strategic plans to optimize utility of facilities and outcomes for patient populations
- Improve quality measures for safe delivery of care
- Build division leadership structure and improve back-office functions

### **Operational Support**

- Report financial status, condition, and operation of facilities
- Support oversight of day-to-day operations
- Support communications and change management
- Support quality initiatives

# Key Initiatives & Results: Town Halls

A&M and DPHHS are partnering to improve employee satisfaction at the health care facilities. A culture and climate survey conducted in June 2022 identified areas for improvement. We reviewed the findings and discussed concrete next steps to improve employee satisfaction at a series of employee town halls at each facility in July.

## Climate and Culture Survey

- Survey conducted in June 2022 to understand employee satisfaction at the facilities.
- Results identified key areas for improvement in recognition, support, professional development and salary.
- Full report available online at [dphhs.mt.gov/facilities](https://dphhs.mt.gov/facilities)

Dimension	Average Satisfaction Level							
	Overall	MSH	MMHNCC	IBC	MCDC	CFMVH	SWMVH*	EMVH*
Accomplishment	3.7	3.5	3.4	3.6	4.1	4.0	4.1	3.8
Supervision	3.5	3.4	3.2	3.7	3.8	3.6	3.9	3.9
Workload	3.1	3.1	2.8	3.1	3.8	2.8	3.7	3.6
Recognition	3.1	2.7	2.6	2.9	3.5	3.6	3.8	3.5
Support	3.0	2.7	2.5	2.9	3.7	3.2	3.5	3.2
Development	2.9	2.7	2.8	2.8	3.1	3.1	3.2	3.3
Salary	2.5	2.7	2.4	2.6	2.8	1.9	3.3	3.0
<b>Overall</b>	<b>3.1</b>	<b>3.0</b>	<b>2.8</b>	<b>3.1</b>	<b>3.6</b>	<b>3.2</b>	<b>3.6</b>	<b>3.5</b>
<i>Count</i>	410	155	62	17	46	81	22	23

**Methodology:** Employees responded to survey questions within each dimension using a 1 (Very Dissatisfied) to 5 (Very Satisfied) scale. A satisfaction level was created for each employee by averaging the scores for each survey question response. This represents each respondent's satisfaction level regarding the corresponding dimension.

\*Southwestern Montana Vets Home (SWMVH) and Eastern Montana Vets Home (EMVH) are run by contractors.

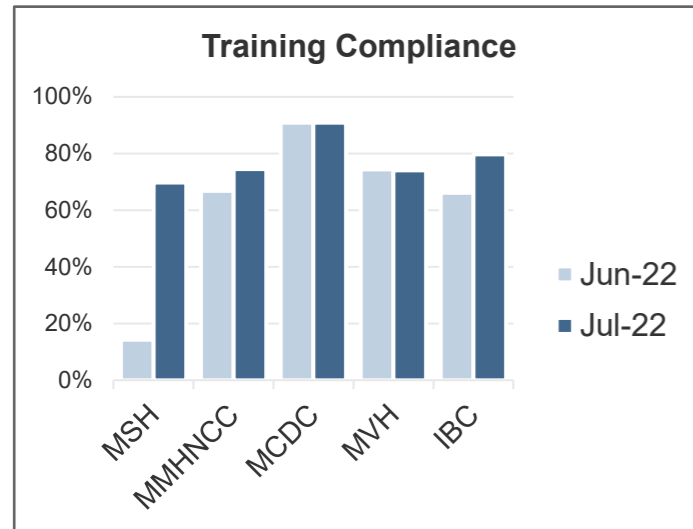
## Employee Town Halls

- Held 11 town halls throughout July (3x at MSH and 2x at MMHNCC, IBC, MCDC, and MVH).
- 100+ questions were collected beforehand and answered during the town halls.
- Administrators discussed tactics and how they would incorporate employee feedback to improve culture and morale at their facility.
- Each facility's town hall presentation is available online at [dphhs.mt.gov/facilities](https://dphhs.mt.gov/facilities)



# Key Initiatives & Results: Training

In the June 2022 Climate and Culture Survey, employees reported low satisfaction with professional development. An audit of training compliance and course offerings revealed deficiencies at all facilities. **A&M is working with facilities to develop new training policies and initiate new practices to improve compliance.**



**Montana State Hospital Training Notes:**

- MSH's training program was significantly impacted by COVID, and they stopped delivering refresher training.
- Employees hired after October 2021 received onboarding training, but MSH was unable to provide documentation. The increase in training compliance from June to July is because documentation was created.
- Refresher training is planned to restart in late August.

Component	Maturity	Findings	Best Practices
People	Yellow	<ul style="list-style-type: none"> <li>1 of 5 facilities has dedicated training staff.</li> <li>5 of 5 facilities have staff assigned to deliver training on a part-time basis.</li> <li>New performance evaluation system (Talent) will include individual goals for each employee.</li> </ul>	<ul style="list-style-type: none"> <li>Facilities have a training program administrator and sufficient instructional resources.</li> <li>Each employee has an individual learning plan.</li> </ul>
Process	Yellow	<ul style="list-style-type: none"> <li>Onboarding training processes exist at all facilities.</li> <li>Refresher training processes exist at most facilities. 2 of 5 facilities are initiating refresher training.</li> </ul>	<ul style="list-style-type: none"> <li>New employees receive training during onboarding according to job duty.</li> <li>Employees receive annual training refreshers according to job duty.</li> <li>Training is delivered using multiple modalities including online, classroom, and on the job.</li> </ul>
Tools & Technology	Red	<ul style="list-style-type: none"> <li>There are no supporting systems to track training compliance outside of spreadsheets.</li> <li>Training records are inconsistently stored in employee files.</li> <li>DPHHS has a Learning Management System, but it is not being used at the facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Learning Management System tracks required trainings by job duty and individual employee compliance.</li> </ul>
Governance & Compliance	Red	<ul style="list-style-type: none"> <li>Most staff are up to date on training, but there is a lack of documentation</li> <li>2 of 5 facilities did not have training policies.</li> <li>2 of 5 facilities training policies did not document required trainings by job duty.</li> <li>There was no evidence that training compliance is being audited regularly.</li> </ul>	<ul style="list-style-type: none"> <li>Training policies outline required trainings by job duty, frequency of refresher training</li> </ul>

# Key Initiatives & Results: Quality

To improve quality programs, A&M and facilities identified two indicators that are measurable, benchmarked to national data, and can be reported monthly for DPHHS, that are relevant and improve outcomes in their patient population. **Facilities are collecting data to be reported in future reports and A&M will help expand these quality indicators.** *This is in addition to reporting of required incidents and existing quality efforts at each facility.*

Facility	Indicators to Track
<b>Montana State Hospital</b>	<ul style="list-style-type: none"> <li>▪ Percent of patients evaluated for Medicaid eligibility upon admission and enrolled if applicable.</li> <li>▪ Patient attendance at offered group therapy sessions (goal: 100%)</li> </ul>
<b>Montana Mental Health Nursing Care Center</b>	<ul style="list-style-type: none"> <li>▪ Falls with major injuries (goal: reduced to zero per month).</li> <li>▪ Patient weights (goal: all patients will be weighed on a monthly basis per the CMS guidelines).</li> </ul>
<b>Montana Veterans' Home – Columbia Falls</b>	<ul style="list-style-type: none"> <li>▪ Fall risk identification and interventions (goal: all patients that have a risk of falls are identified and risk interventions are put in place).</li> <li>▪ Urinary tract infections (UTI) (goal: the number of UTIs (CAUTI) per month will be reduced by 20% per month until zero).</li> </ul>
<b>Montana Chemical Dependency Center</b>	<ul style="list-style-type: none"> <li>▪ Discharge follow-ups (goal: follow-ups, or attempts, will be conducted for 100% of discharges).</li> <li>▪ Number of early discharges against medical advice per month.</li> </ul>
<b>Intensive Behavior Center</b>	<ul style="list-style-type: none"> <li>▪ Medication errors (goal: errors will be reduced by 25% per month until zero).</li> <li>▪ Comprehensive behavior support plans (goal: plans are updated for each individual at least quarterly or based on the individual's changing needs and expected outcomes).</li> </ul>

# Facility Scorecard – July 31, 2022

**Legend:**  
 Status indicates performance, as assessed by financial status, condition, and operations  
**Green:** Acceptable Performance  
**Yellow:** Challenges Exist  
**Red:** Significant Deficiencies  
 %: Trends compared to last status report

The July 2022 performance scorecard for Montana’s state-run health care facilities is below. Trend percentages are in comparison to last month’s report. There is no change in performance status from the June report. Vacancy rates and turnover rates were higher in July compared to June. **A&M is currently assessing recruitment efforts at each facility to make recommendations that will enhance recruitment and retention.**

Facility	Status	Total Beds	Average Daily Census				Admit (July)	DC (July)	Waitlist	Vacancy Rate <sup>1</sup>	Turnover Rate	# of Employee Hires	# of Employee Separations
Montana State Hospital	Main Hospital	174	120	(69%)	+3.4%	51	40	0	45.0%	4.1%	8	12	
	Forensic Facility	54	48	(89%)	-	7	4	44					
	Group Homes	42	32	(76%)	-	0	0	0					
Montana Mental Health Nursing Care Center		117	67	(57%)	-1.5%	3	1	3	25.0%	0%	1	0	
Intensive Behavior Center		12	9	(75%)	-	0	0	0	59.1%	11.1%	1	3	
Montana Chemical Dependency Center		48	22	(46%)	+4.8%	23	36	0	5.2%	0.0%	2	0	
Columbia Falls Montana Veterans’ Home		117	64	(55%)	-1.5%	0	1	196	21.5%	5.1%	0	6	
Southwestern Montana Veterans’ Home <sup>2</sup>		48	37	(77%)	+8.8%	6	3	32	N/A	N/A	N/A	N/A	
Eastern Montana Veterans’ Home <sup>2</sup>		80	58	(73%)	-	3	2	0	N/A	N/A	N/A	N/A	
<b>Overall</b>		<b>692</b>	<b>457</b>	<b>(66%)</b>	<b>+1.3%</b>	<b>93</b>	<b>87</b>	<b>275</b>	<b>36.9%</b>	<b>3.5%</b>	<b>12</b>	<b>21</b>	

<sup>1</sup> Facilities are addressing high vacancy rates by using contracted traveler staff.

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

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

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A review of the facilities financial position at the end of fiscal year 2022 is below. MSH and IBC were overbudget because of increased spend on traveler staff to cover high vacancy rates.

Facility	Status	Fiscal Year 2022 (July 2021 to June 2022)					Fiscal Year 2023 (July 2022 to June 2023)		
		Budget <sup>1</sup>	Expenses	Variance	Cost per Bed Day	Revenue	Budget	Expenses	Variance
Montana State Hospital	Main Hospital								
	Forensic Facility	\$47,053,251	\$64,115,929	(\$17,062,678)	\$855	\$10,749,282	\$50,922,230	\$410,715	\$50,511,515
	Group Homes								
Montana Mental Health Nursing Care Center		\$12,194,405	\$11,574,171	\$620,234	\$434	\$6,747,160	\$12,505,424	\$203,281	\$12,302,143
Intensive Behavior Center <sup>2</sup>		\$2,621,850	\$5,911,803	(\$3,289,953)	\$1,645	\$91,851	\$2,804,444	\$19,231	\$2,785,213
Montana Chemical Dependency Center		\$5,971,627	\$5,470,553	\$501,074	\$730	\$1,899,207	\$6,037,651	\$112,446	\$5,925,205
Columbia Falls Montana Veterans' Home		\$14,495,459	\$11,744,638	\$2,750,821	\$445	\$7,926,017	\$14,957,818	\$111,158	\$14,846,660
Southwestern Montana Veterans' Home		\$1,798,748	\$2,841,776	(\$1,043,028)	N/A	\$1,546,258	\$1,796,468	\$767	\$1,795,701
Eastern Montana Veterans' Home		\$4,428,807	\$4,936,089	(\$507,282)	N/A	\$3,672,165	\$4,511,612	\$629	\$4,510,983
Overall		\$88,564,147	\$106,594,959	(\$18,030,812)	\$713	\$32,631,939	\$93,535,647	\$858,227	\$92,677,420

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

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

**Source:** Financial data from SABHRS.



# Appendix

# Improvement Opportunities Discussed During Town Halls

In the town halls, facilities identified next steps to address opportunities for improvement uncovered by the climate and culture survey. Some work is underway already to make improvements.

Opportunity	Next Steps
<i>Staff reported they are emotionally exhausted from their job and burned out.</i>	<ul style="list-style-type: none"> <li>▪ Revised infection control practices to reduce PPE levels that are least cumbersome and uncomfortable, but still meet regulation and guidance from CMS/CDC to protect the residents and each other.</li> <li>▪ Reviewing and adjusting schedules to improve work/life balance.</li> <li>▪ Advertise Employee Assistance Program.</li> </ul>
<i>Staff reported they are emotionally exhausted from their job.</i>	<ul style="list-style-type: none"> <li>▪ Improvements to shift hand off process.</li> <li>▪ Debriefing of critical incidents &amp; working with the Collaborative Safety Program to look at systemic issues to improve the Quality of Programing and reduce future incidents.</li> </ul>
<i>Staff reported they wanted better professional development opportunities.</i>	<ul style="list-style-type: none"> <li>▪ Review training opportunities to identify areas where we can make more resources available to staff looking for professional development.</li> </ul>
<i>Staff reported their facility is not held in high regard within the community.</i>	<ul style="list-style-type: none"> <li>▪ Restart community engagement and volunteer visits.</li> </ul>
<i>Staff report they are not satisfied with the communications and level of information they receive from administration. They also indicated that they don't receive timely, accurate, and understandable communication.</i>	<ul style="list-style-type: none"> <li>▪ Add new communication channels and continue monthly employee forums, fliers, posters, and signs.</li> <li>▪ Work with supervisors to have daily huddles with their staff.</li> </ul>

# Average Daily Census by Facility in Fiscal Year 2022

Average daily census across all facilities was relatively stable from July 2021 to June 2022 with less than 5% variation throughout the year. Census at MSH remained stable, while census at MMHNCC, MVH, and IBC went down throughout the year. IBC had the highest occupancy rate and MCDC had the lowest occupancy rate.

Facility	Lic. Beds	Average Daily Census												Total Average Daily Census	
		Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	FY22	Occupancy
MSH	270	197	197	190	210	222	216	215	218	212	204	191	196	206	76%
MMHNCC	117	76	75	77	76	76	76	76	73	69	66	69	68	73	62%
MVH	117	80	80	78	76	76	76	72	70	66	65	64	65	72	62%
EMVH	80	55	58	51	52	52	49	47	50	52	52	58	59	53	66%
SWMVH*	36	18	17	22	22	27	29	32	36	35	35	34	34	28	79%
MCDC	48	21	18	20	21	23	22	18	20	23	22	17	21	21	43%
IBC	12	11	11	10	10	10	10	10	10	10	9	9	9	10	82%
<b>Total</b>	<b>680</b>	<b>458</b>	<b>455</b>	<b>449</b>	<b>466</b>	<b>485</b>	<b>478</b>	<b>469</b>	<b>477</b>	<b>467</b>	<b>453</b>	<b>442</b>	<b>452</b>	<b>463</b>	<b>68%</b>

\*SWMVH opened an additional 12 beds in July and plans to open another 12 beds in October for a total of 60 licensed beds.

# Assessment of Spending on Temporary Contractor Staff (Travel Nursing)

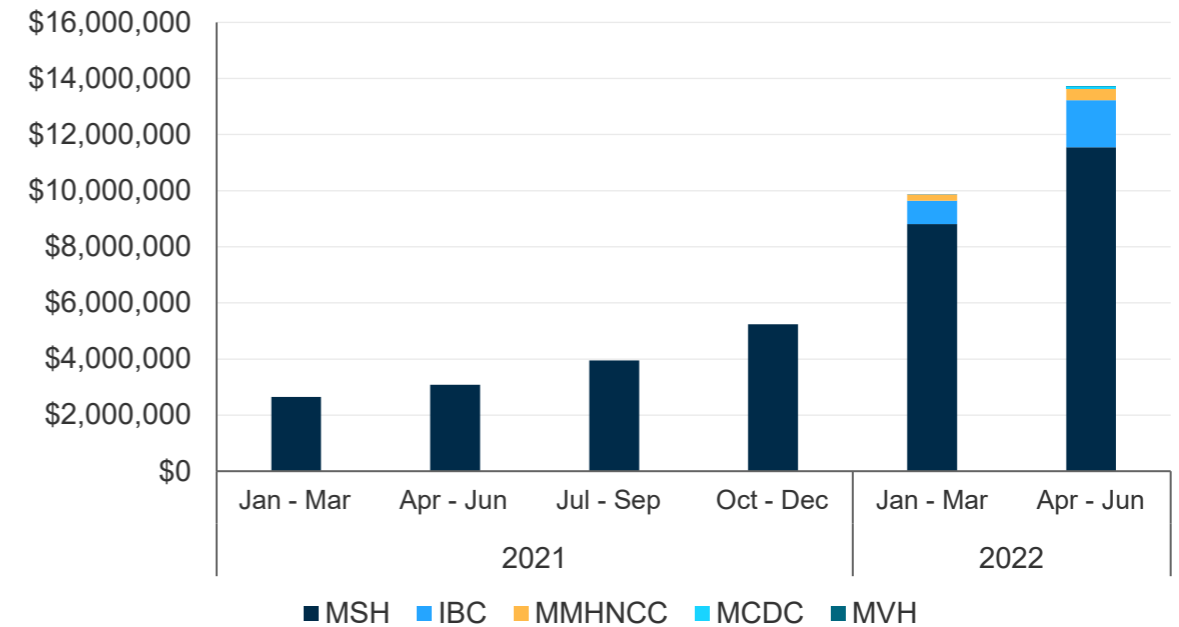
A&M has been working with facilities to analyze travel nursing spend and average traveler hourly wages. Overall traveler spend in calendar year 2022 is higher than in 2021. Facilities continue to face high vacancy rates and are using travel nursing to cover gaps in care. **A&M is working with DPHHS to recomplete these contracts, consolidate spend across facilities, and reduce costs.**

	Traveler Hourly Wage <sup>2</sup>			Employee Base Wage + Benefits <sup>3</sup>		
	RN	LPN	CNA	RN	LPN	CNA
<b>MSH</b>	\$ 118.54	\$ 75.19	\$ 71.39	\$ 51.10	\$ 33.75	\$ 27.46
<b>IBC</b>	\$ 131.15		\$ 85.58	\$ 47.91		\$ 27.49
<b>MCDC</b>	\$ 121.00			\$ 47.03		\$ 25.68
<b>MMHNCC</b>	\$ 79.55	\$ 61.60	\$ 43.25	\$ 46.89		\$ 27.27
<b>MVH</b>	\$ 80.00	\$ 55.41	\$ 45.00	\$ 47.12	\$ 33.58	\$ 27.14
<b>Facility Average</b>	<b>\$ 109.90</b>	<b>\$ 70.65</b>	<b>\$ 62.21</b>	<b>\$ 47.92</b>	<b>\$ 33.66</b>	<b>\$ 27.20</b>
Behavioral Health Facility Benchmark <sup>4</sup>				\$ 50.74	\$ 35.03	\$ 20.42
Nursing Home Facility Benchmark <sup>5</sup>				\$ 44.41	\$ 33.68	\$ 21.01
State of Montana 2022 Market Analysis <sup>6</sup>				\$ 47.27	\$ 33.45	\$ 26.69


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

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

Total Traveler Spend by Facility over Time<sup>1</sup>



Facility	CY22 Traveler Spend	Vacancy Rate
MSH	\$ 20,353,019	45%
IBC	\$ 2,515,933	59%
MMHNCC	\$ 632,173	25%
MCDC	\$ 74,653	5%
MVH	\$ 29,945	22%

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