

## PRESENTATION TO THE 2022 INTERIM BUDGET COMMITTEE

# Healthcare Facilities Division

### Healthcare Services

Department of Public Health and Human Services

#### THE FOLLOWING TOPICS ARE COVERED IN THIS REPORT:

- **Overview**
- **Summary of Major Functions**
- **Highlights and Accomplishments during the 2023 Biennium**
- **Efficiencies and Cost Savings**
- **Funding and FTE Information**
- **Change Packages**

# OVERVIEW

## MISSION

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To create a high quality, person-centered system of care in service of individuals living with mental illness, intellectual and developmental disabilities, aging related health conditions, including veterans, and substance use disorders.

## REGIONAL APPROACH TO HEALTHCARE SERVICES

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The Healthcare Facilities Division (HFD) manages seven healthcare facilities across the Montana region each serving populations with unique needs and challenges. The facilities include Montana State Hospital (MSH) in Warm Springs, Intensive Behavior Center (IBC) in Boulder, Montana Mental Health Nursing Care Center (MMHNCC) in Lewistown, Montana Chemical Dependency Center (MCDC) in Butte, Montana Veterans Home (MVH) in Columbia Falls, Southwest Montana Veterans Home (SWMVH) in Butte and Eastern Montana Veterans Home (EMVH) in Glendive.

## A NEW DIVISION WITHIN DPHHS

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The Division, which is the newest division within DPHHS, was created in the 2023 Biennium to allow for more focus on and critical centralized support to the facilities. The Division employs 1,087.76 FTEs working across Montana.

# SUMMARY OF MAJOR FUNCTIONS

## MONTANA STATE HOSPITAL (MSH)

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The Montana State Hospital (MSH) originally opened in 1877 with thirteen patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20<sup>th</sup> century. Today the hospital maintains two-hundred and seventy licensed beds of which two-hundred and sixteen are situated on the main campus and fifty-four are located at the Galen / F-Wing satellite campus. The main campus contains one-hundred and seventy-four beds within the hospital while the remaining forty-two beds are distributed in several group homes spread about the Warm Springs grounds.

MSH serves Montana via civil commitments, involuntary commitments, emergency detentions, or court ordered placements. The hospital also aids the Montana legal system by providing forensic evaluations to the courts of Montana.

- MSH is the only adult psychiatric hospital in the state.
- MSH designs treatment planning around the individual needs of each patient, combining medical, mental health, and substance use disorder (SUD) treatment with personal life skills training.
- MSH has a staff of licensed addiction counselors in addition to physicians, psychologists, nurses, mental health counselors, and direct care staff.

MSH has the following Guiding Principles:

- To provide a safe and healing environment.
- Treat people with respect, trust, and dignity.
- To provide a safe and healing environment.
- Utilize a holistic approach in the provision of care.
- Help patients achieve greater levels of self-sufficiency and autonomy.
- Support informed patient choice and decision making.
- Advance the mission of the hospital through teamwork.
- Foster public trust through personal and professional integrity.

## INTENSIVE BEHAVIOR CENTER (IBC)

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During the 2015 legislative session, Senate Bill 411 was passed which mandated downsizing and closure of the Montana Developmental Center (MDC). Since 1893, the MDC existed to provide an environment for building healthy, effective, and fulfilling lives for people with serious developmental disabilities who were determined by a court to meet commitment requirements. DPHHS worked with providers on successfully preparing to transition clients into the community. After the last MDC client transferred out, MDC officially closed on November 1, 2018.

Despite the closure of MDC, the Development Disabilities Program (DDP) community recognized the need for intensive therapeutic placement for individuals with developmental disabilities. HB 387 addressed this need through the development of the Intensive Behavior Center (IBC); a twelve-bed facility that would serve as an option for individuals who are not able to be safely served in the community.

Today, IBC functions as an intensive, short-term treatment facility for individuals with developmental disabilities who have been determined by a court to pose an imminent risk of serious harm to themselves or others. Many individuals served by IBC are exhibiting severe and persistent challenging behaviors such as physical aggression and self-injurious behaviors as well as increased rates of mental health issues, compared to the general population of individuals diagnosed with intellectual and developmental disabilities.

Prior to admission to the IBC, all referrals are reviewed by the Residential Facility Screening Team (RFST). RFST reviews the person's information and makes the determination on approving the civil commitment to the IBC or recommending an enhanced community treatment program. The commitments to IBC are for period of ninety days at which point a petition for recommitment is filed with the appropriate county court.

This twelve-bed facility provides an environment for stabilizing and building healthy, effective, and fulfilling lives while preparing clients for discharge to appropriate community services. IBC is a critical component in the continuum of care for persons with developmental disabilities.

Development of IBC is an ongoing process. In addition to maintaining the existing functions of MDC, staff made time to work on changes necessary for when IBC was the only secure treatment center available. This ongoing work has resulted in significant accomplishments including the following:

- Policy and procedure for the facility have been reviewed and are currently being revised by a group led by the DDP Medical Director.
- Functional Assessments have been completed on current clients, with the goal of generating current Behavioral Support Plans.
- Work is currently underway to enhance the discharge planning process by incorporating aspects of Charting the LifeCourse (CtLC), including use select tools to identify and support individuals to achieve their vision of a good life within the community.
- A sensory room was constructed and successfully utilized for physical activation and sensory integration activities. Individuals regularly utilize it with positive results.
- Regular staff training has been re-implemented and will include topics related to the target population.

## MONTANA MENTAL HEALTH NURSING CARE CENTER (MMHNCC)

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The Montana Mental Health Nursing Care Center (MMHNCC), opened in 1952, is a certified Long-Term Care Facility in Lewistown. To be served by the facility, residents must meet the requirements for a nursing home, have a severe and disabling mental illness (SDMI), and be denied entrance to at least three other nursing home facilities in the state. They may also be transferred due to need by another state facility. Usually, residents are committed to the facility by

a judge. Most of the residents at MMHNCC are over the age of 65 and have extremely high care needs as well as challenging behaviors.

The MMHNCC typically serves eighty to ninety-five residents who would not be accepted into any other facility in the state. The facility can serve up to one-hundred and seventeen through double occupancy, which is often not possible due to residents' behavioral disturbances.

- MMHNCC cares for those with schizophrenia, bipolar disorder, delusional disorder, and a few with traumatic brain injury, as well as many types of dementia with behavior disturbance.
- Staff who work at the MMHNCC are required to have annual training, which provides non-pharmacological methods to co-manage others from distressing events with the goal to prevent escalation. This training also provides tools to safely “hold” or “support” residents in the event the prior interventions were ineffective and aggression results.
- Staff are trained in dementia care to serve those in the memory care unit.
- Staff have provided complex care to thousands of aging Montanans with mental illness over the years.

## MONTANA CHEMICAL DEPENDENCY CENTER (MCDC)

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The Montana Chemical Dependency Center (MCDC) in Butte is the only state-run substance use disorder treatment center administered by the state of Montana for individuals eighteen and older. The treatment center has thirty-two active treatment beds, eight stabilization beds, and eight withdrawal management beds. MCDC uses a holistic approach to engage patients in a medical model of care that is patient-centered and outcome-informed. The treatment team includes a medical director, registered nursing staff, mental health therapists, substance abuse counselors, case managers, support staff, and administrative staff.

- The clinical programming uses a co-occurring approach that is evidenced based with a multi-theory foundation. The entire team, including treatment technicians, medical staff, and clinical staff, work from the notion of strength-based treatment approaches and skills-based learning.
- The clinical program has an established, consistent schedule that includes AA/NA/Al-anon, peer support, vocational rehabilitation services, spiritual services, behavioral health services, medical educational services, and recreation services offered to the patients.
- Stakeholder partnerships have been a priority with MCDC management staff working closely with Butte community perinatal providers on the Meadowlark Initiative, which provides third trimester pregnant women with inpatient treatment services.
- Partnerships with Silver Bow County Health Department, Butte Cares Coalition, the Community Health Center, St. James Healthcare, and the Community Hospital of Anaconda have established linkage that provides direct lines of service when critical intervention is needed.

## MONTANA VETERANS HOME (MVH)

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The Montana Veterans' Home is a Medicare/Medicaid and Veterans' Administration certified facility with one-hundred and five intermediate/skilled-care beds and twelve domiciliary beds. The nursing facility includes a fifteen-bed Alzheimer's unit. MVH has provided services to Veterans since 1896. Most rooms are double occupancy including bath and shower facilities. Construction of the current facility began in 1970 with additions in 1974, 1984, 2002 and a remodel in 2009.

The Montana Veterans' Home is located next to the Flathead River in Columbia Falls just minutes away from Glacier National Park. A large pavilion, walking paths, and protected courtyards provide ample opportunities for outdoor access. The facility offers individual and group activities, spiritual services, support group services and social services. The skilled and rehabilitative services include physical therapy, occupational therapy, speech therapy and dietitian services. Physician services are provided on site by North Valley Hospital of Whitefish.

Admission to MVH nursing program is for honorably discharged veterans who have served in the armed forces of the United States and who qualify for skilled/intermediate nursing care or domiciliary self-care living. Spouses of veterans are admitted on a space-available basis. A veteran and spouse may be admitted together if they both qualify for nursing-home care or domiciliary living. MVH has an open admission policy regardless of race, color, creed, age, national origin, medical diagnosis, or handicap.

Residents pay based on their ability. The Veterans' Administration contributes toward the cost of care for each veteran, but spouses do not qualify for this benefit.

## SOUTHWEST MONTANA VETERANS HOME (SWMVH)

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The Southwest Montana Veterans Home (SWMVH) is a skilled nursing facility located in Butte Montana at the bottom of the beautiful East Ridge, with the Lady of the Rockies overlooking the property. It sits on a ten-acre plot that was generously donated by the Don Harrington family. SWMVH welcomed their first resident March 8th, 2021. Five Cottages have been built in a neighborhood setting, with twelve residents per cottage, along with a community center referred to as the "The Heart of the Facility," which includes a large multi-purpose room, barber/beauty shop, physical therapy gym, reception area, medical exam room, and administrative offices. SWMVH is State-owned and contractor operated by Eduro Healthcare, a Salt Lake based corporation who manages three other facilities in Montana.

SWMVH remains under construction with the walk-way project currently underway. It has forty-two residents with plans for sixty when construction is fully complete and an on-going waitlist. Every cottage includes private sleeping rooms with full private bathrooms, an open-format community kitchen, living-room, dining room, spa, and Hoyer lifts in every room. Nursing care is 24/7 with one Nurse and one Certified Nurse's Assistant in each cottage. Residents are encouraged to participate in recreational activities including fishing, bingo at the Belmont center, religion practices (on-site), cribbage club, shopping trip, along with many other activities.

In 2022 the Art Selection Council for SWMVH selected the artwork for the facility. The process of installing all the artwork on the walls has begun. Each piece of artwork was selected specifically for the facility to meet the visual needs of the residents living at SWMVH.

## EASTERN MONTANA VETERANS HOME (EMVH)

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Eastern Montana Veterans Home (EMVH), in Glendive, is an eighty-bed intermediate/skilled-care facility. EMVH has certification from the Center for Medicaid and Medicare Services (CMS) and the Veterans' Administration and is surveyed by both entities yearly.

Multiple citizens of Glendive and other Eastern Montana communities traveled to Helena several times in the early 90s to communicate the need to provide long term care services for veterans in Eastern Montana. After lengthy and passionate statewide discussions regarding where to place Montana's second veterans' home, Glendive was chosen for the build. EMVH opened its doors for admission in July 1995. EMVH was built by the state of Montana with the assistance of the Federal Veterans' Administration and has been managed by the local medical center, Glendive Medical Center (GMC), ever since.

The building has undergone two major renovations since opening: one to insert the Special Care Unit with necessary resident monitoring systems, and one to accommodate inclusion of the VA Community Based Outpatient Clinic. The Special Care Unit, which provides memory care services for those living with advanced dementia, has sixteen beds and is the most needed service among the applications for admission. The clinic, which is operated by the Veterans Administration, occupies 2,570.78 square feet of the building, and provides both in office and telehealth services to veterans in the region.

Admissions to the nursing facility include honorably discharged veterans typically from Eastern Montana and Western North Dakota, but due to wait lists in Western Montana many veterans from that area have also come to EMVH. The facility cares for veterans, with a broad range of needs, with services that include therapies and restorative care, medication management, assistance with basic activities of daily living, and management of multisystem medical concerns. An ever-growing need met by the facility is for those living with mental illness coupled with inabilities caused by the aging process. Many of these admissions are veterans of the Vietnam Era. The home is also proudly serving another very important component of the veteran support system: the spouses of veterans who find themselves in need of these same services.

The most utilized payor sources for residents at EMVH are Medicaid and the Veterans Administration. To a lesser degree, services are also funded by veterans privately paying for services and some limited Medicare stays. The facility will undergo two major projects to update the interior and address physical plant issues such as fascia, roof, and grounds work.

# HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

## DIVISION STRATEGIC ASSESSMENT

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Montana's state-run health care facilities are in need of significant reform to address longstanding, systemic issues. As part of the State's competitive Request for Proposal (RFP) process, Alvarez & Marsal (A&M) was selected to provide a comprehensive assessment and establish long-term sustainable operational plans for DPHHS facilities. A&M works closely with HFD leadership and operates under the authority of DPHHS while partnering with the facilities and key stakeholders (e.g., labor unions, advocacy groups, patients, and their families). A&M's primary focus has been on improving facility operations while aligning efforts with best practices and the Division's mission: to create a high quality, person-centered system of care in service of individuals living with mental illness, intellectual and developmental disabilities, and aging related health conditions, including veterans and substance use disorders.

For the past twenty years, A&M has provided delivery systems, program transformation, and performance improvement services specifically to federal, state, and local governments. The firm's work has included the execution of multiple transformation projects for public and private healthcare institutions and state health and human services agencies. To successfully execute this important effort in Montana, A&M has dedicated an onsite team of healthcare and public sector professionals who are supported by additional organizational resources.

A&M's local team focuses on concurrent tracks of assessment alongside supporting daily transactional and operational activities. This team also has been working to identify short term improvement opportunities while formulating a long-term plan for the Division. They serve as mentors and coaches to facility managers and staff by providing timely, proactive, actionable, and direct performance feedback to achieve optimum team dynamics.

As part of this effort, A&M lead and nurture an environment of continuous learning and improvement. In each facility, A&M has a physical presence, meets with facility leaders, clearly communicates expectations and directions, conducts interviews with current and former staff, patients, and family members, and performs culture and climate reviews.

The scope of their review includes the following: licensing reports; audits and other key reports and findings; key patient data, including critical incident reports; treatment and outcomes; and assessing information on admissions and discharges, administration and management controls, staffing structure, ratios, scheduling, and job descriptions. Additionally, A&M is supporting an assessment of physical plant operations with the intent of identifying capital needs, particularly at MSH.

Additionally, A&M reviews, refines, and supports the implementation of standards and policies for facility workforces that promote operational efficiency and positive patient outcomes. In partnership with HFD leadership, A&M will continue to share Monthly Status Reports on the DPHHS Facilities website.

## EMPLOYEE ENGAGEMENT

In May of 2022, HFD partnered with A&M to develop, distribute, and analyze a Culture and Climate Survey. The goal was to identify opportunities that facilities can invest in to improve employee satisfaction, engagement, and retention. The approach was conducted in three steps, the first of which included a design phase. This included use of an evidenced-based tool developed and tested by Western Kentucky University, input from HFD and facility leadership and was published using the Qualtrics platform.

The survey opened in the second phase on May 13, 2022, and closed on June 10, 2022, with links and QR codes distributed to employees via email blasts and breakroom posters, allowing employees to provide feedback via smartphone, computer, and paper forms. In the last phase, analysis, steps were taken to anonymize responses where demographic information was separated from open-ended responses summarized by themes; and no analysis occurred for groups with less than five responses. Quantitative analysis was conducted using Python, and SPSS with various statistical methods, and qualitative analysis was conducted using python, Manual review, and thematic content analysis.

Survey Response Rate by Facility - Closing Results: The below table provides a summary of the total number of responses to the DPHHS Facilities Climate and Culture Survey.

Facility	Licensed Beds	Total # of Possible Responses	Total # of Responses Received	% Responses Rate
Montana State Hospital	270	586	155	26%
Montana Mental Health Nursing Care Center	117	163	62	38%
Intensive Behavior Center	12	76	17	22%
Montana Chemical Dependency Center	48	68	46	68%
Columbia Falls Montana Veterans' Home	117	196	81	41%
SW Montana Veterans' Home	36	70	22	31%
Eastern Montana Veterans' Home	80	100	23	23%
Other	N/A	N/A	4	N/A
<b>Total</b>	<b>680</b>	<b>1100</b>	<b>410</b>	<b>33%</b>

**Employee Satisfaction Level:** MCDC and SWMVH have the highest overall employee satisfaction levels. MMHNCC and MSH had the lowest overall employee satisfaction levels. Across all facilities, employees reported the highest satisfaction with accomplishment and lowest satisfaction with salary. This is particularly the case for CFMVH where the local median home cost is over \$450,000.

**Methodology:** Employees responded to survey questions within each dimension using a 1 (strongly disagree) to 5 (strongly agree) 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.

Average Satisfaction Level								
Dimension	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

**Employee Satisfaction Level Comparison by Primary Job Duty:** When breaking down satisfaction by job duty, Psychiatric Technicians, who are mostly employed at MSH, had the lowest satisfaction levels. Additional interviews with this group are needed to identify opportunities to increase satisfaction. Similar investigation is also needed for Quality and Admin Support. Of note, nursing staff at all levels (e.g., LPN, CAN, RN and APRN) were found to have relatively lower satisfaction when compared to other positions. As these positions are in high demand, steps should be taken to address those areas identified to be of primary concern (e.g., development, support).

Average Satisfaction Level																
Dimension	Average	Direct Service Provider	Facility Mgmt	Rehab & Vocational Services	Treatment Tech	Custodial	Physician	Recreation & Activity Services	LPN	CNA	Other	RN	APRN	Admin Support	Quality	Psych Tech
Accomplishment	3.7	4.0	4.0	3.9	3.9	3.7	4.0	3.9	3.8	3.8	3.6	3.8	3.4	3.4	3.9	3.5
Supervision	3.5	4.1	4.0	3.4	3.9	3.9	3.4	3.6	3.5	3.5	3.5	3.5	3.6	3.3	3.6	3.0
Workload	3.1	3.8	3.3	3.5	3.8	3.1	3.4	3.1	3.4	2.9	3.2	3.0	3.2	3.2	2.8	2.9
Recognition	3.1	3.5	3.4	3.5	3.5	3.6	3.0	3.3	3.0	3.1	3.1	2.9	2.8	2.9	2.9	2.6
Support	3.0	3.6	3.6	3.4	3.7	3.2	3.2	3.2	3.3	2.8	2.9	2.9	2.8	2.8	2.5	2.4
Development	2.9	3.3	3.2	3.3	3.0	3.4	2.8	3.0	2.7	3.0	2.9	2.8	2.4	2.7	2.5	2.7
Salary	2.5	3.5	3.0	3.3	2.5	2.3	3.2	2.9	2.7	2.3	2.5	2.7	2.4	2.0	2.1	2.6
<b>Overall</b>	<b>3.1</b>	<b>3.7</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.3</b>	<b>3.3</b>	<b>3.3</b>	<b>3.2</b>	<b>3.1</b>	<b>3.1</b>	<b>3.1</b>	<b>2.9</b>	<b>2.9</b>	<b>2.9</b>	<b>2.8</b>
<i>Count</i>	399	11	19	10	16	17	6	16	10	69	84	71	7	34	5	24

**Intent to Leave by Facility:** Across all facilities, less than eighteen percent of staff, including some contract staff, said they intend to leave the facility within the next twelve months. A third of employees at MMHNCC said they plan on leaving within the next twelve months. Over half of employees said they intend to stay. The Department also reviewed written responses to this question in the qualitative analysis section of the report.

Facility	"I plan on leaving this facility within the next 12 months"					Intent to Leave (Agree + Strongly Agree)
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
MMHNCC	24%	18%	24%	29%	6%	35%
MCDC	16%	31%	29%	11%	13%	24%
MSH	17%	26%	37%	8%	12%	20%
EMVH	13%	48%	26%	4%	9%	13%
CFMVH	26%	27%	36%	7%	4%	11%
IBC	39%	37%	15%	2%	7%	9%
SWMVH	14%	45%	32%	9%	0%	9%
<b>Overall</b>	<b>21%</b>	<b>30%</b>	<b>31%</b>	<b>9%</b>	<b>9%</b>	<b>18%</b>

**Main Reason for Leaving their Job by Primary Job Duty:** More than half of employees who identified their primary job duty as “APRN” or “Facility Management” indicated an intent to leave within the next twelve months. Although satisfaction levels were low among Psych Techs, this group did not indicate they are planning to leave their jobs. group did not indicate they are planning to leave their jobs.

Primary Job Duty	Intent to Leave (Agree + Strongly Agree)	Too high expectations	Too low a salary for the level of work	Lack of constructive supervision	Dislike of my co-workers	Difficulties with my supervisor	Feeling of not getting anywhere in this job	Unease about the ethics of day-to-day practice	Other
APRN	71%	0%	20%	5%	5%	5%	15%	20%	30%
Facility Management	50%	5%	32%	5%	0%	5%	0%	16%	37%
Other	30%	3%	22%	12%	5%	11%	14%	17%	18%
CNA	26%	5%	24%	14%	8%	8%	7%	13%	20%
RN	25%	6%	19%	15%	2%	7%	8%	20%	23%
Admin Support	21%	0%	26%	11%	2%	5%	18%	22%	17%
Physician	13%	25%	25%	0%	0%	0%	0%	0%	50%
Quality	12%	0%	21%	14%	7%	14%	14%	21%	7%
LPN	11%	7%	36%	7%	0%	7%	7%	7%	29%
Custodial	0%	11%	58%	0%	0%	0%	0%	16%	16%
Direct Service Provider	0%	0%	14%	0%	0%	14%	14%	29%	29%
Psych Tech	0%	2%	21%	16%	5%	9%	14%	16%	16%
Recreation & Activity Svcs	0%	15%	20%	10%	5%	10%	5%	10%	25%
Rehab & Vocational Svcs	0%	0%	10%	0%	0%	10%	0%	10%	70%
Treatment Tech	0%	7%	33%	7%	0%	7%	7%	13%	27%
Overall	18%	5%	23%	12%	4%	8%	10%	17%	21%

**Multivariate Linear Regression Analysis and Intention to Leave:** In predicting staff intentions of leaving, we have identified the strongest predictor variables in each facility. Focusing energy and resources on improving these key areas in each facility is expected to lower employees’ intentions of leaving.

- R squared is a measure of our model’s fit. Higher R squared values (closer to 1) imply that the model’s predictor variables explain more of the variance in employees’ intentions of leaving. Facilities with higher R squared values will benefit most from improving the listed variables.
- Work in the areas identified within the table below (i.e., predictor variables) should have the greatest positive impact on employee retention. This work should be done at the facility level as well as by the Department.

**Strongest predictors of intent to leave by facility, in order of contribution to R squared**

Facility	Predictor Variables	R squared
MSH	Perception of Making a Difference; Training; Burn Out	0.139
IBC	Promotion Opportunities; Work Distribution; Unrealistic Expectations; Peer Support	0.807
MCDC	Supervisor Support; Work Distribution; Training	0.397
MMHNCC	Perception of Making a Difference; Salary and Benefits; Employee Health Status	0.432
CFMVH	Reputation of Facility in Community; Job Impact on Health; Sense of Accomplishment; Commitment to Healthcare	0.319
SWMVH	Facility Administration Communication; Work Distribution; Peer Support; Professional Development; Opportunities to Transfer; Availability of Other Jobs; Promotion Opportunities	0.947
EMVH	Support from DPHHS; Commitment to Healthcare	0.614
Overall	Perception of Making a Difference; Training; Job Impact on Health; Promotion Opportunities; Commitment to Healthcare	0.244



**Main Reason for Leaving the Facility by Main Themes:** HFD has identified below the main themes which emerged from the employees' self-reported reasons for potentially leaving the agency.

Themes	Percent of Responses
Poor management	17%
Retirement	14%
Low morale, toxic environment	14%
Lack of accountability and poor ethics among staff	11%
Poor patient care	9%
Unqualified supervisors and managers	9%
Low salary	7%
No opportunity for advancement or development	7%
Retaliation (from Administration, Supervisors, Coworkers, etc.)	7%
Scheduling issues	6%
COVID restrictions and wearing masks	5%
Short staffed	4%
Unfair hiring practices	4%
Favoritism	4%
Physical safety	3%
Coworkers aren't willing to change	2%
Burn out	2%
No consistency in process or rules	1%

**Ideas to Retain and Recruit Employees Word Cloud:** We combined employees' responses to the open-ended question associated with the demographic question "Provide any ideas you have that might help retain and recruit employees, in terms of benefits, training, workload, supervision, support, and recognition," and created a word cloud for the most important words across all 305 responses, as shown below.



**Ideas to Retain and Recruit Employees by Main Themes:** We have identified below the main themes which appear to emerge from the employees' ideas to retain and recruit employees.

Themes	Percent of Responses
Increase wages and hiring/retention/longevity bonuses	32%
Better/more training, not one-size-fits-all	25%
Improve recognition and give kudos	17%
Treat employees with respect and support them	14%
Leadership/management change	12%
Improve performance management and accountability	8%
Conduct recruitment events and post advertisements	7%
Less workload / higher staffing ratios / more staff	6%
Promote open communication among management, departments, and shifts	5%
Make sure new/existing staff have appropriate qualifications	3%
Improve reputation via community engagement	3%
Stop hiring travelers	3%
Get rid of N95 masks	3%
Implement an electronic medical record system	3%
Assist with employee housing and transportation	2%
Improve workplace safety	2%
Update the facility's vision, mission, and values & create a strategic plan	1%

**HFD Employee Engagement Highlights:**

- Reorganization of HFD created more leadership support for facilities
- DPHHS increased wages for all bargaining unions within the past year
- DPHHS made key leadership changes at both MSH and IBC
- A&M hired to help improve facility operations via strategic assessment
- Conducted climate and culture survey for all people working at the facilities
- Held eleven townhalls for employees to discuss survey results and how the facilities will improve operations
- Improved training policies & planning to provide more training opportunities

## QUALITY IMPROVEMENT ACTIVITIES

To improve quality programs each facility identified two indicators that are measurable, can be benchmarked to national data, can be reported monthly for DPHHS, are relevant, and improve outcomes in their patient population. HFD, in partnership with A&M, will track and expand these quality indicators in addition to reporting of required incidents and existing quality efforts at each facility.

Facility	Indicators to Track
Montana State Hospital	<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>
Montana Mental Health Nursing Care Center	<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>
Montana Veterans' Home – Columbia Falls	<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 track infections (UTI) (goal: the number of UTIs (CAUTI) per month will be reduced by 20% per month until zero).</li> </ul>
Montana Chemical Dependency Center	<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>
Intensive Behavior Center	<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>

Regarding quality improvement activities specific to MSH, Mountain-Pacific Quality Health has engaged with the Montana State Hospital (MSH) to provide consultative clinical technical assistance (TA) to improve patient safety, staff safety, active treatment requirements and improved patient outcomes.

Mountain-Pacific Quality Health is a nonprofit health care improvement organization that partners within their communities to provide solutions for better health. They first opened their doors in Helena, Montana in 1973. Since that time, they have partnered with health care providers, practitioners, stakeholders, patients, and families on a variety of quality improvement initiatives to achieve better care, better population health, and lower health care costs.

### Technical assistance includes:

- A combination of remote and onsite engagement per a mutually agreed upon schedule.
- Continued support, development, and implementation of the established action plan to assist in the resolution of CMS areas of concern and quality improvement.
- Assess the current clinical management model and provide recommendations for changes in scope, coaching, training, competency requirements and support consistent policy implementation across units.
- Based on a gap assessment, provide recommendations for clinical and medical staff education, training, the need for subject-matter expertise with clinical policies, procedures, care planning, care management and documentation. Areas of emphasis include incidents of violence, fall prevention, infection prevention, medication management, restraints and seclusion, sentinel events, and patient abuse.

- Recommend and assist with enhancement of clinical documentation processes.
- Chart review and data collection to support an active Quality Assurance Performance Improvement program.
- Collaboration and alignment of activities with State of Montana Department of Public Health and Human Services (DPHHS), as well as the Governing Body and Quality Improvement Council at MSH.
- Collaboration and alignment of activities with other consultants and contractors such as A&M and Collaborative Safety.

Goals	Completed Tasks*
<b>Patient's Right to Safety, Fall Prevention: Revise fall prevention program and data monitoring</b>	
Consistent decrease in falls with injury	<ul style="list-style-type: none"> <li>✓ Program training refresher with existing staff (95%) and at new employee orientation</li> <li>✓ Baseline chart audit and preliminary program review</li> </ul>
Program performance feedback will be routinely provided to each unit, quality improvement (QI) council, medical staff and governing body	<ul style="list-style-type: none"> <li>✓ QI and nursing updated method of tracking patient falls with injury</li> <li>✓ Fall program huddles with redundancy in huddle leadership</li> <li>✓ Hand-off communication between shifts</li> </ul>
<b>Infection Prevention (IP) and Antibiotic Stewardship Program: Implement updated infection prevention and control program</b>	
Admin will review infection control (IC) resource benchmarking and implement a resource action plan in 6 months	<ul style="list-style-type: none"> <li>✓ Improved communication with routine updates on COVID status on display board</li> <li>✓ Added support staff to infection prevention (IP) program</li> <li>✓ Updated IP and antibiotic stewardship program and COVID plan</li> </ul>
Improve and maintain personal protective equipment (PPE) and hand hygiene compliance at > 95%	<ul style="list-style-type: none"> <li>✓ Proactive testing of staff and new patients per new protocols and guidelines</li> <li>✓ Trained existing staff on updated plans (94%) and at new employee orientation</li> <li>✓ Added quarterly antibiotic stewardship data monitoring to IP team agenda</li> </ul>
Contain COVID in staff and newly admitted patients to prevent outbreaks	<ul style="list-style-type: none"> <li>✓ Increased IP team meetings to monthly</li> <li>✓ Reviewed terminal room cleaning procedures with housekeeping</li> <li>✓ Improved PPE and hand hygiene compliance</li> </ul>
<b>Patient's Right to Freedom from Restraint: Develop and implement updated restraint and seclusion program to include utilization monitoring and improvement</b>	
Improve appropriate use of restraint/seclusion and eliminate use of <i>pro re nata</i> (PRN)/standing order for restraint	<ul style="list-style-type: none"> <li>✓ Completed review and update of all PRN orders by medical staff</li> <li>✓ Medical staff revised and updated medication order policy to include PRN psychotropic ordering guidelines</li> <li>✓ Medical staff revised and updated restraint/seclusion policy to clearly define all roles, define utilization of medications and update monitoring procedures</li> <li>✓ Revised data collection methodology for ongoing monitoring</li> </ul>
<b>Staff Training and Development: Revise staff training and development program</b>	
Provide consistency and clarification of training roles, responsibilities and processes in order to achieve compliance with staff training requirements	<ul style="list-style-type: none"> <li>✓ Updated tracking processes</li> <li>✓ Training policy in progress</li> <li>✓ Determined regulatory requirements (Centers for Medicare &amp; Medicaid Services [CMS], MCA/ARM and Occupational Safety and Health Administration [OSHA])</li> </ul>

## SAFETY SCIENCE

HFD has contracted with Collaborative Safety to support education and training in areas of evidence-based safety science principles within the Division. Collaborative Safety is dedicated to working with public and private agencies to embrace a systems approach to learning and improvement. With implementation proficiency and a national reputation, Collaborative Safety is uniquely qualified to provide tools, training, and ongoing support to HFD to enhance systemic learning and establish a culture of safety.

From April 2022 through July 2022, Collaborative Safety has done the following within HFD: Conducted and independent systemic review of a patient-on-patient assault that occurred at MSH. Human factors debriefings were conducted in April and May of 2022, along with a systemic mapping and final report shared with HFD in July of 2022. Collaborative Safety also conducted an Executive Safety Institute for HFD Facility Leadership, including all management roles. This program was conducted on both May 10, 2022, and June 23, 2022, with a total of fifty leaders participating.

Upcoming activities scheduled to occur September 2022 through December 2022 include: Development of a Systemic Critical Incident Review (SCIR) Process and support of an SCIR Institute for HFD and a Leadership for both administrative and clinical colleagues. They also plan to offer an orientation to safety science for local union Board Members.

## EFFICIENCIES AND COST SAVINGS

### EFFICIENCY THROUGH REORGANIZATION

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The mission of HFD is to create a high quality, person-centered system of care in service of individuals living with mental illness, intellectual or developmental disabilities, aging related health conditions, including veterans and substance use disorders.

In taking first steps towards that goal, HFD was created to allow for more focus and centralized support to the facilities, thus opening the door to more efficient processes. HFD continues to leverage the size and scale of DPHHS to create enterprise services for the facilities, particularly in areas such as legal affairs, human resources, and financial services. Consistent with the FY23 HFD Strategic Initiative of installing a new regional organizational structure, this will allow for harmonization of services and will work to eliminate duplicative processes and work.

### PANDEMIC STAFFING CHALLENGES

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Regarding cost savings, the healthcare facilities and newly created HFD faced significant challenges not unique to healthcare facilities across the nation. Due to the pandemic's impact on our workforce, we have been forced to rely on more expensive traveler staff to maintain safe and effective facility operations. The cost of traveler staff alone has resulted in a significant negative budget variance in the last fiscal year. To address this, immediate next steps include exploring an RFP for a Master Services Agreement (MSA) for HFD staffing with the goal of reducing cost while also giving the facilities the flexibility they need to support patient care with qualified staff. HFD will be reviewing staffing levels and comparing them to national benchmarks to make sure that we are stewarding resources appropriately.

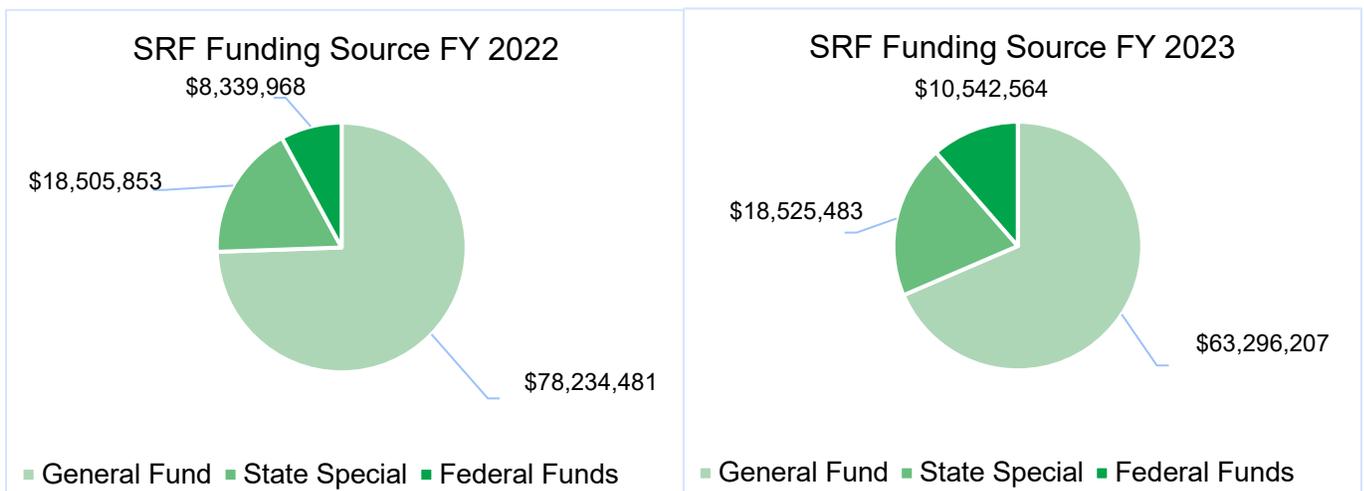
Two more initiatives undertaken during this period are intended to decrease the Division's reliance on contracted temporary staff. These include a contract with LC Staffing who are actively recruiting for licensed professionals (e.g., RN, APRN, Psychiatrist, LCSW, LCPC, LMFT, LCP) and efforts being undertaken by A&M to evaluate current recruitment practices across facilities to enhance efforts through a more centralized model.

There are a few takeaways on this topic that the Department would respectfully invite the Legislature to consider. Our vacancies (which are as high as forty-five percent in some HFD facilities), staffing, and workforce issues are not unique to Montana but are prevalent nationwide.

Montana currently ranks 5<sup>th</sup> in nation for shortages of nurses. Even when raising wages for permanent staff, many nurses still choose to be a traveler because they are offered free housing and the freedom and flexibility to choose when and where they want to work along with potentially months off between assignments. Traveler contracts continue to be more competitive as the national nurse turnover rate approaches sixty-four percent in some communities. As of the writing of this document, ninety-six percent of healthcare facilities hired temporary health professionals in the last twelve months to combat the shortage of permanent healthcare workers.

## FUNDING & FTE INFORMATION

State Run Facilities	FY 2022 Budget	FY 2023 Budget
FTE	914.46	914.46
Personal Services	\$57,903,902	\$2,144,091
Operating Expenses	\$45,889,339	\$660,353
Equipment	\$182,353	\$173,553
Benefits and Claims	\$339,999	\$89,999
Transfers	\$544,826	\$22,500
Debt Services	\$219,883	\$197,332
<b>TOTAL COSTS</b>	<b>\$105,080,302</b>	<b>\$92,364,254</b>
	FY 2022 Budget	FY 2023 Budget
General Fund	\$78,234,481	\$63,296,207
State Special	\$18,505,853	\$18,525,483
Federal Funds	\$8,339,968	\$10,542,564
<b>TOTAL FUNDS</b>	<b>\$105,080,302</b>	<b>\$92,364,254</b>





# CHANGE PACKAGES

## PRESENT LAW ADJUSTMENTS

### SWPL 1 – Personal Services

The budget includes a decrease of \$445,105 total funds in FY 2022 and \$359,610 total funds in FY 2023 to annualize various personal services costs including FY 2021 statewide pay plan, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

General Fund State Special Federal Funds Total Request  
 FY 2022 (\$40,551) \$37,699 (\$442,253) (\$445,105)  
 FY 2023 (\$10,499) \$40,777 (\$389,888) (\$359,610)  
 Biennium Total (\$51,050) \$78,476 (\$832,141) (\$804,715)

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$40,551)	\$37,699	(\$442,253)	(\$445,105)
FY 2023	(\$10,499)	\$40,777	(\$389,888)	(\$359,610)
<b>TOTAL COSTS</b>	<b>(\$51,050)</b>	<b>\$78,476</b>	<b>(\$832,141)</b>	<b>(\$804,715)</b>

### SPWL 3 – Inflation Deflation

The executive requests adjustments to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, gasoline, and others.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$40,551)	\$37,699	(\$442,253)	(\$445,105)
FY 2023	(\$10,499)	\$40,777	(\$389,888)	(\$359,610)
<b>TOTAL COSTS</b>	<b>(\$51,050)</b>	<b>\$78,476</b>	<b>(\$832,141)</b>	<b>(\$804,715)</b>

### PL – 2002 - IHSB Federal Authority

This present law adjustment requests an increase in federal funds of \$1,646,248 for the biennium. This change package maintains existing services for the Low-Income Home Energy Assistance Program (LIHEAP) and The Emergency Food Assistance Program (TEFAP) in the Human and Community Services Division.

	General Fund	State Special	Federal Funds	Total Request
FY 2022	(\$40,551)	\$37,699	(\$442,253)	(\$445,105)
FY 2023	(\$10,499)	\$40,777	(\$389,888)	(\$359,610)
<b>TOTAL COSTS</b>	<b>(\$51,050)</b>	<b>\$78,476</b>	<b>(\$832,141)</b>	<b>(\$804,715)</b>

## NEW PROPOSALS

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### NP- 5555 – Reduce GF Budget for State Share Holiday

Governor Gianforte has proposed legislation to impose a two-month state share holiday for employer contributions into the state health insurance fund. This change package removes the general fund portion of the savings generated by the contribution holiday. Savings from other funding sources will remain in the agency to be able to address ongoing functions of the agency. This change package is contingent on passage and approval of the proposed legislation.

	<b>General Fund</b>	<b>State Special</b>	<b>Federal Funds</b>	<b>Total Request</b>
FY 2022	(\$40,551)	\$37,699	(\$442,253)	(\$445,105)
FY 2023	(\$10,499)	\$40,777	(\$389,888)	(\$359,610)
<b>TOTAL COSTS</b>	<b>(\$51,050)</b>	<b>\$78,476</b>	<b>(\$832,141)</b>	<b>(\$804,715)</b>