

PRESENTATION TO THE 2023 HEALTH AND HUMAN SERVICES JOINT APPROPRIATION SUBCOMMITTEE

Healthcare Facilities Division

Medicaid and Health Services Practice

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

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

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

HFD was created in the 2023 Biennium to allow for more focused and centralized support to the facilities and is currently the newest Division within DPHHS. In addition to overall operational management of all agency facilities, HFD is responsible for developing and implementing statewide public policy promoting comprehensive health, prevention methods, interventions, and systems of care for the Department’s patient/client population with a strong focus on safety science. The Division employs 1,087.76 FTEs working across Montana.

While the new Facilities Division is still in an early stage of operation, the impacts of its creation are evidenced by new administrators providing direction and support at four of the seven facilities, improvements in training compliance noted at all locations, and implementation of new quality initiatives with a focus on patient/client outcomes. While these improvements have been noted across facilities, others are specific to select facilities. For more information on select and noted improvements by facility, please see the table on **Page 9**.

SUMMARY OF MAJOR FUNCTIONS

MONTANA STATE HOSPITAL (MSH)

The Montana State Hospital (MSH) originally opened in 1877 with 13 patients. During the history of the hospital, the peak census reached 1,986 patients in the mid-20th century. Today, the hospital maintains 270 licensed beds, of which 216 are situated on the main campus, and 54 are located at the Galen / F-Wing satellite campus. The main campus contains 174 beds within the hospital while the remaining 42 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)

During the 2015 legislative session, Senate Bill 411 was passed, mandating 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 had been 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 12-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, located in Boulder MT, for

individuals with developmental disabilities that 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 90 days at which point a petition for recommitment is filed with the appropriate county court.

This 12-bed facility provides an environment for stabilizing and building healthy, effective, and fulfilling lives and prepares 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 that would need to take place once 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)

The Montana Mental Health Nursing Care Center (MMHNCC) was opened in 1952 and is a certified Long-Term Care Facility in Lewistown. To be served by the facility, residents must meet the requirement 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 80 to 95 residents who would not be accepted into any other facility in the state. The facility can serve up to 117 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 gives non-pharmacological ways to co-manage others from distressing events with the goal to prevent escalation. This training also gives ways 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)

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 18 and older. The treatment center has 32 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)

The Montana Veterans' Home is a Medicare/Medicaid and Veterans' Administration certified facility with 105 intermediate/skilled-care beds and 12 domiciliary beds. The nursing facility includes a 15-bed Alzheimer's unit. MVH has been providing 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 will be 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; spouses do not qualify for this benefit.

SOUTHWEST MONTANA VETERANS HOME (SWMVH)

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 10-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 12 residents per cottage, along with a community center that is 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 42 residents with plans for 60 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 1 Nurse and 1 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)

Eastern Montana Veterans Home (EMVH), in Glendive, is an 80-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 the chosen site for the build and EMVH opened its doors for admission in July of 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, once to insert the Special Care Unit with necessary resident monitoring systems, and next 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 16 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. Cared for in the facility are veterans of a broad range of needs which include therapies and restorative care, medication management, assistance with basic activities of daily living, as well as management of multisystem medical concerns. An ever-growing need being 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 and that is 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. Also, the facility will be undergoing two major projects to update the interior as well as address physical plant issues including fascia, roof, and grounds work.

HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2023 BIENNIUM

DIVISION STRATEGIC ASSESSMENT

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 operation 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 and 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, aging related health conditions, including veterans and substance use disorders.

For the past 20 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, they have a physical presence, meet with facility leaders, clearly communicate expectations and directions, conduct interviews with current and former staff, patients, and family members, and perform 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 information on admissions and discharges, administration and management controls, staffing structure, ratios, scheduling, and job descriptions.

Additionally, they review, refine, and support the implementation of standards and policies for facility workforce that promote operational efficiency and positive patient outcomes. In partnership with HFD leadership, they will continue to share Monthly Status Reports on the DPHHS Facilities website.

High-level Overview of Noted Improvements Across Facilities through November 2022:

We have seen noted improvements across all facilities with some common as a result of new initiatives (e.g., training, quality improvement) and others specific to select facilities (e.g., new person-centered planning process).

Facility	Select and Noted Improvement
MSH	• Fall Reductions on Spratt Unit: Q1 to Q3 (21.1% reduction in falls) • Pilot for new seclusion/restraints documentation successful and implementation facility wide initiated • Created new interdisciplinary Seclusion/Restraints Task Force that reports to Quality Improvement Council (QIC) • New employee orientation survey (+) Responses and over 75% completion rate (Actual = 77%); includes 332 surveys (from April to November 2022) • Increase in patient attendance in groups up to the current attendance of 71% • Resolution of COVID outbreak, allowing for visitations and additional on and off-campus activities to resume with appropriate precautions
IBC	• Implemented components of Charting the LifeCourse (CtLC), to enhance the service plan and discharge planning process • Increase in community outings and events
MMHNCC	• New Facility Administrator started in November • Falls with major injuries was reduced to 0 in September and October, and 100% of patients were weighed monthly in accordance with CMS guidelines in both months. • Increase in community and other offsite activities • Updated training policy to include all required orientation and refresher training
MCDC	• Training increased to 99.5% compliance. • Increased engagement with community providers to increase referrals
CFMVH	• Met goals associated with both quality indicators (falls and UTIs), and added a third quality indicator on the use of antianxiety medications with patients • Training policy updated to include all required orientation and refresher training • Increased training compliance from 68% to 78%
SWMVH	• Five of five 12-bed cottages are now licensed by the state, with three of five licensed by the Veterans' Administration (VA) • To increase census and reduce wait, VA qualified residents are being admitted to additional open beds • Activities are increasing both on and off grounds with strong resident participation • Cottage connectors currently under construction to facilitate interaction and movement among cottages
EMVH	• Contract negotiations have begun so that DPHHS can transition operations from GMC to another vendor in calendar year 2023.

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 5 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
Total	680	1100	410	33%

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 highest satisfaction with accomplishment and lowest satisfaction with salary. This is particularly the case for CFMVH where the 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.

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
Overall	3.1	3.0	2.8	3.1	3.6	3.2	3.6	3.5
Count	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 (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).

Dimension	Average Satisfaction Level															
	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
Overall	3.1	3.7	3.5	3.5	3.5	3.3	3.3	3.3	3.2	3.1	3.1	3.1	2.9	2.9	2.9	2.8
Count	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 18% of staff (including some contract staff) said they intend to leave the facility within the next 12 months. A third of employees at MMHNCC said they plan on leaving within the next 12 months. Over half of employees said they intend to stay. We 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%
Overall	21%	30%	31%	9%	9%	18%

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 12 months. Although satisfaction levels were low among Psych Techs, this group did not indicate they are planning to leave their job.

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 Word Cloud: We combined employees' responses to the open-ended question associated with the demographic question "Overall, if you left this facility, what would be the main reason for doing so?" and created a word cloud for the most important words across all 463 responses, as shown below. The smaller the font indicates less important words, and the larger the font indicates more important words across all responses.



Main Reason for Leaving the Facility by Main Themes: We have identified below the main themes which appear to emerge 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 for 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 11 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 initially 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. Moving forward, HFD in partnership with A&M, will track and expand these quality indicators to additional measures. This is in addition to reporting of required incidents and existing quality efforts at each facility.

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

Facility Scorecard | Quality & Training Measures – October 31, 2022

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 which is reported monthly to the Division. A&M will help expand these quality indicators. Training compliance is now tracked by the Division with significant improvement noted at several facilities.

Facility	Quality & Training Measures Status	Quality Measures				Training Compliance		
		Description	Goal	Sept	Oct	August	Sept	Oct
Montana State Hospital		Percent of patients evaluated for Medicaid eligibility upon admission¹	95%	100% ●	100% ●	77%	89%	90%
		Patient attendance is at least 60% for group therapy sessions offered	60%	78% ●	71% ●			
		New quality measure for November: Completion of Community Reentry Form within 10 days of admission.						
Montana Mental Health Nursing Care Center		Falls with major injuries will be reduced to zero per month	0%	0% ●	0% ●	72%	88%	TBD
		All patients will be weighed on a monthly basis per the CMS guidelines	100%	100% ●	100% ●			
		New quality measure for November: TBD						
Intensive Behavior Center		Comprehensive behavior support plans are updated at least quarterly or based on the individual's changing needs and expected outcomes	100%	40% ●	60% ●	79%	97%	97%
		Total attendance at community outings	12	14 ●	20 ●			

Facility	Quality & Training Measures Status	Quality Measures				Training Compliance		
		Description	Goal	Sept	Oct	August	Sept	Oct
Montana Chemical Dependency Center	●	Discharge follow-ups, or attempts, will be conducted for 100% of discharges	100%	100% ●	100% ●	91%	97%	99.5%
		Number of discharges against medical advice per month	4	11 ●	16 ●			
Columbia Falls Montana Veterans' Home	●	All patients that have a risk of falls are identified and risk interventions are put in place	100%	100% ●	100% ●	68%	76%	78%
		The number of UTIs (CAUTI) per month will be reduced by 20% per month until zero	0%	0% ●	0% ●			
		Use of anti-anxiety medications will be reduced to 25 percent of residents ²	25%	39% ●	37% ●			

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 and Completed Tasks through October 2022 are identified below:

Goals	Completed Tasks
Patient's Right to Safety, Fall Prevention: Revise fall prevention program and data monitoring	
Consistent decrease in falls with injury	✓ Comprehensive evaluation of fall program to include assessment tool and available safety devices and mechanisms
	✓ Program training refresher with existing staff (95%) and at new employee orientation
	✓ Baseline chart audit and preliminary program review
Program performance feedback will be routinely provided to each unit, quality improvement (QI) council, medical staff and governing body	✓ QI and nursing updated method of tracking patient falls with injury
	✓ Fall program huddles with redundancy in huddle leadership
	✓ Hand-off communication between shifts
Infection Prevention (IP) and Antibiotic Stewardship Program: Implement updated infection prevention and control program	
Admin will review infection control (IC) resource benchmarking and implement a resource action plan in 6 months	✓ Implementation of IC rounding and follow-up for corrective action*
	✓ Improved communication with routine updates on COVID-19 status on display board
	✓ Added support staff to infection prevention (IP) program
	✓ Updated IP and antibiotic stewardship program and COVID-19 plan
Improve and maintain personal protective equipment (PPE) and hand hygiene compliance at > 95%	✓ Proactive testing of staff and new patients per new protocols and guidelines
	✓ Trained existing staff on updated plans (94%) and at new employee orientation
	✓ Added quarterly antibiotic stewardship data monitoring to IP team agenda
Contain COVID-19 in staff and newly admitted patients to prevent outbreaks	✓ Increased IP team meetings to monthly
	✓ Reviewed terminal room cleaning procedures with housekeeping
	✓ Improved PPE and hand hygiene compliance
Patient's Right to Freedom from Restraint: Develop and implement updated restraint and seclusion program to include utilization monitoring and improvement	
Improve appropriate use of restraint/seclusion and eliminate use of <i>pro re nata</i> (PRN)/standing order for restraint	✓ Revisions to nursing documentation forms and provider order form*
	✓ Implement routine pharmacy monitoring and evaluation of PRN psychotropic medications
	✓ Completed review and update of all PRN orders by medical staff

Goals	Completed Tasks
	✓ Medical staff revised and updated medication order policy to include PRN psychotropic ordering guidelines
	✓ Medical staff revised and updated restraint/seclusion policy to clearly define all roles, define utilization of medications and update monitoring procedures
	✓ Revised data collection methodology for ongoing monitoring
Staff Training and Development: Revise staff training and development program	
Provide consistency and clarification of training roles, responsibilities and processes in order to achieve compliance with staff training requirements	✓ Training policy completed to include role-based training matrix, restarted annual orientation
	✓ Updated tracking processes
	✓ Determined regulatory requirements (CMS, applicable Montana Code Annotated [MCA] and Administrative Rules of Montana [ARM] and Occupational Safety and Health Administration [OSHA])

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 an 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 a final report shared with HFD in July of 2022. They 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 50 leaders who participated.

Upcoming activities planned to occur through December 2022 include the following: 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

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, opening the door for 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 to name a few. 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 duplicate process and work.

PANDEMIC STAFFING CHALLENGES

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 directly address this, in November of 2022 HFD released 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. The RFP process is scheduled to conclude with 10 vendors inside of calendar year 2022.

Additionally, we 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 we would respectfully invite the Legislature to consider. Our vacancies (which are as high as 45% in some HFD facilities), staffing and workforce issues are not unique to Montana, they are prevalent nation-wide. Montanan currently ranks 5th in nation for shortages of nurses. Even when raising wages for permanent staff, many nurses still choose to be a traveler; they are offered free housing and the freedom and flexibility to choose when and where they want to work along with months off between assignments. Traveler contracts continue to be more competitive as the national nurse turnover rate can approach 64% in some communities. As of the writing of this document, 96 percent of healthcare facilities hired temporary health professionals in the last 12 months to combat the shortage of permanent healthcare workers.

HIRING & REFERRAL INCENTIVES

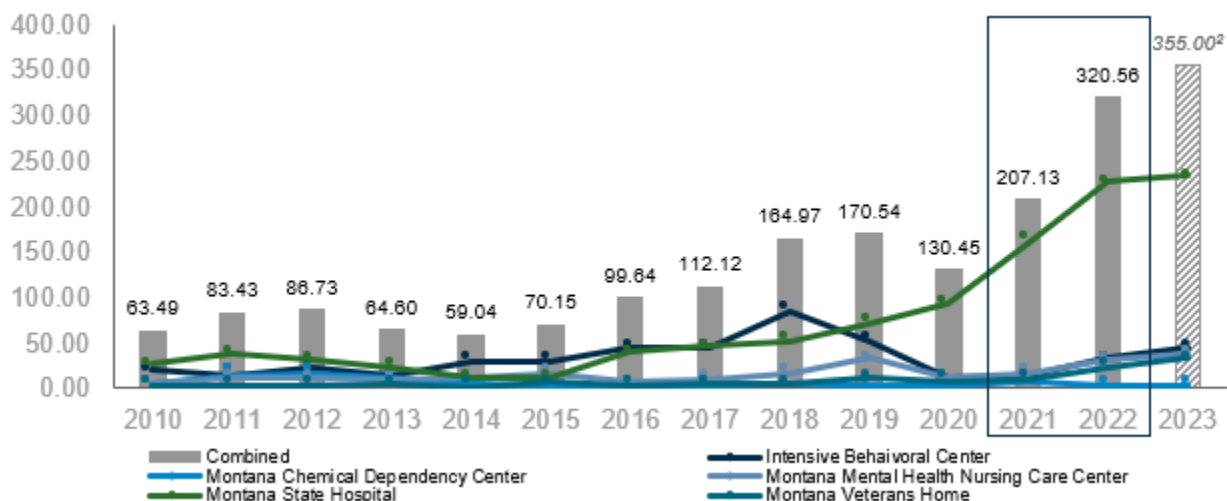
DPHHS competes with nonprofit and for-profit healthcare facilities for healthcare workers. Hiring and referral incentives have become industry standard for direct patient care roles, and major healthcare employers in Montana, such as Billings Clinic, Intermountain Healthcare, and Benefis, all offer similar hiring incentives.

Hiring at DPHHS' healthcare facilities has remained relatively stagnant over the past several years and is contributing to the usage of more expensive contract and traveler staff. DPHHS recently increased wages for direct patient care roles but these increases did not significantly impact hiring levels to the extent anticipated. High vacancies have contributed to significant cost overruns at the facilities and increase the risk of poor patient outcomes.

Vacancies within DPHHS' Healthcare Facilities Division (HFD) increased by 58.8 percent in 2021, partially fueled by the COVID-19 pandemic. Concurrently, there has been a 120 percent increase in Montana's average home value over the last decade, which poses challenges for attracting and recruiting talent to fill these vacancies.¹

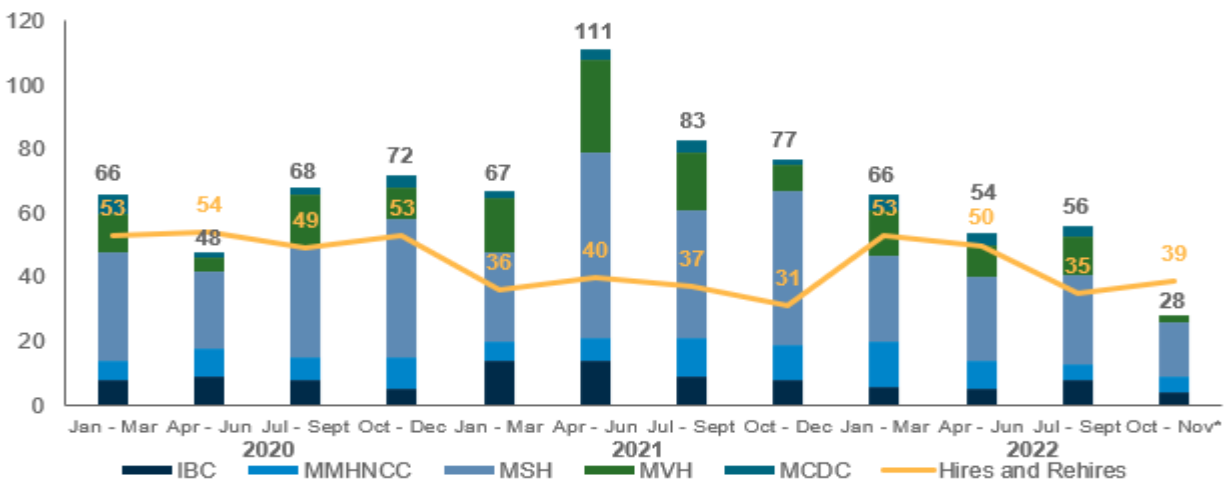
¹ Source: [Zillow Home Value Index](#), last retrieved September 9, 2022.

Chart 1: Vacancies at Montana State-Run Facilities: FY10 – FY23^{2,3}



It is also important to note that many of DPHHS' legacy healthcare facilities exist in rural and less populated geographic regions, which can exacerbate the challenges associated with recruiting and retaining direct patient care positions. Between January 2020 and November 2022, there were 796 separations at DPHHS' healthcare facilities. However, in that same period, there have only been 530 new hires or rehires – creating a net loss of 266 staff over the course of 35 months. While few of these separations cited pay as the reason for leaving, 54 percent instead cited “personal reasons” or a “career choice” as their rationale, which can include reasons related to low salaries or moving to a higher paying position. Separate from pay, DPHHS continues to invest in its healthcare facilities and improve culture and morale, as well as patient outcomes, quality, and safety.

Chart 2: Separations & Hires from January 2020 to November 2022



² Vacancies for each fiscal year are a point-in-time count from June of each year, with the exception of FY23 (see note below).

³ FY23 counts are as of December 12, 2022.

As of December 12, 2022, there were 355 vacancies at the state-run facilities. The top five vacant positions across the facilities were all in direct patient care roles, accounting for nearly 75 percent of facility-wide vacancies (see Table 1 below).

Table 1: Top 5 Vacancies at Montana State-Run Facilities

Position	# of Vacancies	% of Total Vacancies
Psychiatric Techs	106	30%
Registered Nurse	52	15%
Certified Nurse Aide	46	13%
Direct Support Professional	34	10%
Psychiatric Techs FMHT ⁴	23	6%

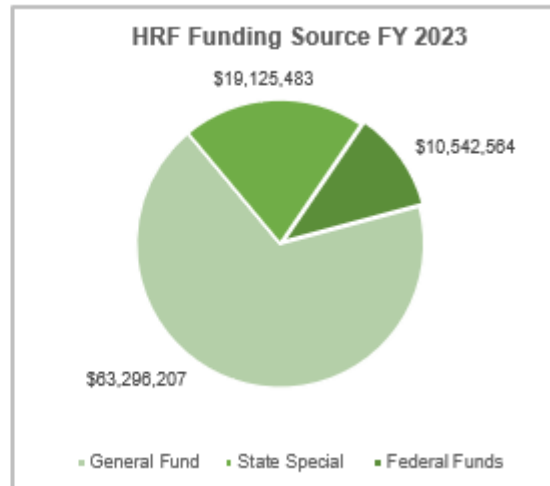
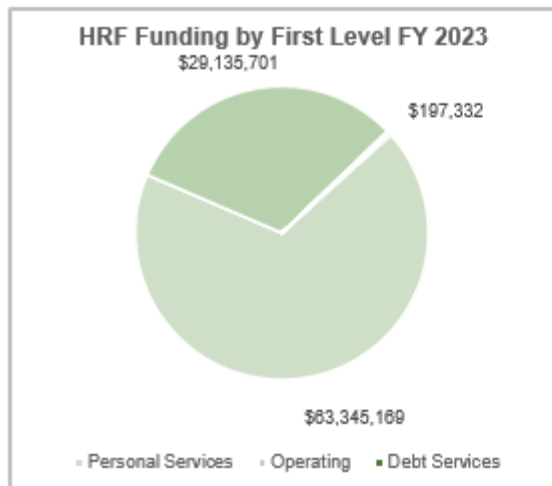
To improve healthcare workforce recruitment outcomes, HFD has received approval from the *Economic Transformation and Stabilization, and Workforce Development Advisory Commission* to allocate \$500,000 of ARPA funds to support **hiring and referral incentives** for all Registered Nurses, Certified Nurse Aides, Direct Support Professionals, and Psychiatric Techs FMHT positions at the healthcare facilities.

A candidate hired into a full-time position at one of the state-run facilities will qualify for a hiring incentive and will receive \$7,500 upon successful completion of twelve months of consecutive, full-time, permanent employment, with the initial \$3,750 disbursed following six months of employment and the remaining \$3,750 disbursed following 12 months of employment. Existing permanent state employees will be eligible for a referral incentive if they directly recommend an individual who is hired into an eligible, permanent, full-time position and will receive \$1,500 after the new hire successfully completes 12 months of employment. State employees who are still within their probationary period may refer candidates but can only receive the referral incentive after both their own and the referral's probationary periods have been successfully completed. DPHHS, DOA, and OBPP will develop and implement the processes, policies, and procedures for both incentive initiatives.

⁴ FMHT stands for Forensic Mental Health Technician – these psychiatric aides only work at the forensic facility at the state hospital.

FUNDING & FTE INFORMATION

HEALTHCARE FACILITIES DIVISION	FY 2023 Budget	FY 2024 Request	FY 2025 Request
FTE	914.46	864.86	864.86
Personal Services	\$63,345,169	\$65,778,164	\$66,093,632
Operating	\$29,135,701	\$36,282,180	\$37,158,979
Equipment	\$173,553	\$173,553	\$173,553
Benefits and Claims	\$89,999	\$89,999	\$89,999
Transfers	\$22,500	\$22,500	\$22,500
Debt Services	\$197,332	\$197,332	\$197,332
TOTAL COSTS	\$92,964,254	\$102,543,728	\$103,735,995
	FY 2023 Budget	FY 2024 Request	FY 2025 Request
General Fund	\$63,296,207	\$64,876,600	\$65,274,493
State Special Fund	\$19,125,483	\$20,727,791	\$20,891,106
Federal Fund	\$10,542,564	\$16,939,337	\$17,570,396
TOTAL FUNDS	\$92,964,254	\$102,543,728	\$103,735,995



CHANGE PACKAGES

PRESENT LAW ADJUSTMENTS

SWPL 1 – Personal Services

The request includes \$3,900,323 in FY 2024 and \$4,210,425 in FY 2025 to annualize various personal services costs including FY 2023 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 2024	\$3,086,979	\$503,866	\$309,478	\$3,900,323
FY 2025	\$3,310,056	\$561,953	\$338,416	\$4,210,425
Biennium Total	\$6,397,035	\$1,065,819	\$647,894	\$8,110,748

SWPL 2 – Fixed Costs

The request includes reductions of \$1,059,498 in each year to provide the funding required in the budget to pay fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$791,381)	(\$204,851)	(\$63,266)	(\$1,059,498)
FY 2025	(\$791,381)	(\$204,851)	(\$63,266)	(\$1,059,498)
Biennium Total	(\$1,582,762)	(\$409,702)	(\$126,532)	(\$2,118,996)

SWPL 3 – Inflation Deflation

The request includes an increase of \$1,959,948 in FY 2024 and \$2,333,613 in FY 2025 to reflect budgetary changes generated from the application of inflation to specific expenditure accounts. Affected accounts include those associated with supplies & materials, communications, repair & maintenance, state motor pool, and other services.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$891,126	\$705,723	\$363,099	\$1,959,948
FY 2025	\$1,072,997	\$805,274	\$455,342	\$2,333,613
Biennium Total	\$1,964,123	\$1,510,997	\$818,441	\$4,293,561

PL 33001 – Fund Overtime MSH

This present law adjustment is necessary to restore zero-based authority for overtime for the Montana State Hospital Program in the Healthcare Facility Division. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1. This change package requests \$1,131,104 in the general fund for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$565,552	\$0	\$0	\$565,552
FY 2025	\$565,552	\$0	\$0	\$565,552
Biennium Total	\$1,131,104	\$0	\$0	\$1,131,104

PL 33002 – MVH Per Diem Request HFD

This present law adjustment is necessary to fund the increase in the Veterans Administration per diem rates at the Montana Veterans' Home in the Healthcare Facilities Division. This is based off of the number of nursing facility days of care and is adjusted on the first of October each year. This change package requests \$56,435 in total federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$8,521	\$8,521
FY 2025	\$0	\$0	\$47,914	\$47,914
Biennium Total	\$0	\$0	\$56,435	\$56,435

PL 33003 – EMVH Per Diem Request HFD

This present law adjustment is necessary to fund the increase in the Veterans Administration per diem rates at the Eastern Montana Veterans' Home in the Healthcare Facilities Division. This is based off of the number of nursing facility days of care and is adjusted on the first of October each year. This change package requests \$727,146 in total federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$276,890	\$276,890
FY 2025	\$0	\$0	\$450,256	\$450,256
Biennium Total	\$0	\$0	\$727,146	\$727,146

PL 33004 – Fund Overtime MVH HFD

This present law adjustment is necessary to restore zero-based authority for overtime for the Montana Veterans Home in the Healthcare Facility Division. The increase is necessary to fully fund overtime to maintain required staffing levels at this 24/7 acute services facility in addition to what is funded in SWPL 1. This change package requests \$805,204 in total funds for the biennium including \$402,602 in state special and \$402,602 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$197,947	\$197,947	\$395,894
FY 2025	\$0	\$204,655	\$204,655	\$409,310
Biennium Total	\$0	\$402,602	\$402,602	\$805,204

PL 33014 – SWMVH Per Diem Request HFD

This present law adjustment is necessary to fund the increase in the Veterans Administration per diem rates at the Southwest Montana Veterans' Home in the Healthcare Facilities Division. This is based off of the number of nursing facility days of care and is adjusted on the first of October each year. This change package requests \$10,498,937 in total federal funds for the biennium.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$0	\$5,102,631	\$5,102,631
FY 2025	\$0	\$0	\$5,396,306	\$5,396,306
Biennium Total	\$0	\$0	\$10,498,937	\$10,498,937

PL 33015 – Intensive Behavioral Center Budget Restoration

This present law adjustment is necessary to restore the Intensive Behavioral Center (IBC) budget in the Healthcare Facilities Division previously eliminated in the 2021 Session. The reduction in the 2021 Session reduced the budget for personal services and operating costs by \$2,000,000 per year in general fund. This change package requests \$704,260 in general fund for the biennium for the operating costs portion of the reduction.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$352,130	\$0	\$0	\$352,130
FY 2025	\$352,130	\$0	\$0	\$352,130
Biennium Total	\$704,260	\$0	\$0	\$704,260

NEW PROPOSALS

NP 33005 – Montana Veterans Home Infection Control Nurse FTE

This new proposal requests the transfer of 1.00 FTE from the Healthcare Facilities Division for an infection control nurse in the Montana Veterans Home in Columbia Falls. This position, required by the Centers for Medicare & Medicaid Services (CMS), includes \$197,897 in total funds over the biennium consisting of \$47,495 in state special and \$150,402 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$24,263	\$76,833	\$101,096
FY 2025	\$0	\$23,232	\$73,569	\$96,801
Biennium Total	\$0	\$47,495	\$150,402	\$197,897

NP 33013 – HFD Training Programs

This new proposal requests a division-wide training program to support state-run healthcare facilities. Historically, training has been managed within each facility but their recent and increased need for uniform and specialized curriculum at key points in the onboarding process, resulted in this request for funding to operate an existing or new learning management system to track training compliance. It would also establish funding to hire contractors to provide onsite and/or virtual training. The change package is \$1,000,000 in total funds for the biennium including \$750,720 in state special funds and \$249,280 in federal funds.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	\$0	\$375,360	\$124,640	\$500,000
FY 2025	\$0	\$375,360	\$124,640	\$500,000
Biennium Total	\$0	\$750,720	\$249,280	\$1,000,000

NP 33333 – Transfer of Existing FTE From HFD

This new proposal requests a transfer of 50.50 FTE from the Montana State Hospital and the Intensive Behavior Center in the Healthcare Facilities Division, to the Disability Employment and Transitions Division, the Child and Family Services Division, the Director's Office Division, the Business and Financial Services Division, the Office of the Inspector General Division, the Technology Services Division, and the Montana Veterans' Home in the Healthcare Facilities Division. Due to the extended position vacancies and staffing issues at the Montana State Hospital and the Intensive Behavior Center, these FTE are not needed in the Healthcare Facilities Division for the 2025 Biennium. This change package requests a reduction of \$5,055,082 in general funds over the biennium, including \$2,524,014 FY 2024 and \$2,531,068 in FY 2025.

	General Fund	State Special	Federal Funds	Total Request
FY 2024	(\$2,524,013)	\$0	\$0	(\$2,524,013)
FY 2025	(\$2,531,068)	\$0	\$0	(\$2,531,068)
Biennium Total	(\$5,055,081)	\$0	\$0	(\$5,055,081)