

MT DPHHS State-Run Health Care Facilities

May 2022

ALVAREZ & MARSAL
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Monthly Status Update



Introduction & Overview

DPHHS has engaged Alvarez & Marsal to conduct a comprehensive assessment and establish long-term sustainable operation plans for Montana's seven state-run health care facilities.

Assessment

Strategic Plans for Improvement

Key Activities

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

Operational Support

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

Facility Scorecard – May 31, 2022

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

The May 2022 performance scorecard for Montana's state-run health care facilities is below. Performance is discussed in weekly meetings with A&M, facility administrators, and DPHHS leadership. This is the first scorecard and is a starting point for what needs to be improved. Vacancy rate

Facility	Status	Lic. Beds	Census	Admit (in May)	DC (in May)	Waitlist ¹	FY22 Budget	Actuals (thru 4/30/22)	Projected Expenses (thru 6/30/22)	Variance (Projected Less Budget)	Avg Cost per Bed Day	Staff Vacancy Rate	Staff Turnover Rate ²
MSH	Main Hospital	174	114 (66%)	41	48	0	\$47,053,251	\$45,038,784	\$53,196,338	(\$7,743,087)	\$763	44.9%	1.4%
	Forensic Facility	54	48 (89%)	13	11	40							
	Group Homes	42	29 (69%)	0	0	0							
MMHNCC		117	69 (59%)	2	1	0	\$12,194,405	\$8,680,081	\$11,825,930	\$368,475	\$470	25.0%	0.9%
IBC		12	9 (75%)	0	0	0	\$2,601,850	\$2,499,486	\$3,819,806	(\$1,217,956)	\$1,163	59.1%	0%
MCDC		48	13 (27%)	21	30	15	\$5,671,627	\$4,005,232	\$5,369,808	\$301,819	\$1,132	3.5%	3.6%
Columbia Falls MVH		117	64 (55%)	0	1	203	\$14,295,459	\$8,329,243	\$11,441,500	\$2,853,959	\$490	15.4%	0.8%
SW MVH ³		36	31 (86%)	2	3	31	\$1,998,748	\$1,850,021	\$2,198,550	(\$199,802)	N/A	N/A	N/A
E MVH ³		80	57 (71%)	9	3	0	\$4,428,807	\$2,205,636	\$3,731,904	\$696,903	N/A	N/A	N/A
Overall		680	433 (64%)	89	97	289	\$88,244,147	\$72,608,482	\$91,583,836	(\$4,939,689)	\$525	35.8%	1.3%

¹ Work underway to evaluate and standardize definition of waiting list.

² Facilities are addressing high vacancy rates by using contracted traveler staff. An appropriate level of staffing is being maintained.

³ DPHHS contracts out the operations of SW MVH and E MVH.

Source: Census data provided by each facility, budget to actuals data provided by SABHRS, and staffing data provided by DPHHS HR.

Methodology: Staff Vacancy Rate is a percentage of the number of vacant positions out of total budgeted positions. Staff Turnover Rate is a percentage of the number of separations in May out of total filled positions.

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Facility	Status	Current Operational Challenges	Wins this Month
MSH		- Limited access to training compliance. Currently working to determine required trainings. - Limited use of existing data for quality improvement initiatives. Need to collect additional information and improve reporting capabilities. - High vacancy rate continues, over-reliance on contracted staff.	- A&M is supporting Mountain Pacific Quality Health to implement a quality program, including updates to MSH policies. - Improvements in cleanliness and active treatment observed during this monthly period. - Investment in quality resources and improvement in electronic access to restraint data. - Increase in staff application and hires when compared to previous month. - Work underway to re-open campus back up. Including the Therapeutic Learning Center (TLC), gym and canteen. - Purchased a new program developed by the Dartmouth Psychiatric Research Center (PRC) to be implemented on D-Wing. Includes focus on integrated dual disorders treatment, illness management and recovery, and recovery life skills program. Will be initiated in June.
MMHNCC		- Limited active treatment, opportunities during the day to increase patient engagement. - There appears to be over-reliance on particular treatment modalities. Need to integrate alternate strategies within the facility's care model. - Collaboration between MMHNCC and MSH has room for improvement. Opportunity for education and collaboration. More admission and discharge criteria to smooth out the process.	- Able to increase activities that were previously restricted due to COVID. Increased activities in May included scenic drives, weekly movie outings, additional Native American group with smudging, and weekly fishing trips. - Recreation Manager obtained additional continuing education, focusing on new activities to engage residents post COVID. - Two transfers from MSH in process (started in May, will occur in June).
IBC		- Physical plant needs upgrades. - Active treatment is limited. - Environment continues to have an institutional feel.	- New administrator (transfer from MSH). - All restraints going back to January 2022 are now entered in case management system. - IBC taking steps to increase active treatment. Developed a plan to provide participants access to the treatment mall to 7 days a week. Plan to roll this out by July. - Work underway to update training policy. - Staff are evaluating environment to determine enhancements needed to deliver active treatment in a more home-like environment. - Five new hires in May.

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MCDC	Yellow	- Low census with an existing waiting list; 15 individuals are in admissions process. - Three nursing staff left in May (to new VA).	- Plans underway to develop annual training program. - Reviewing waitlist, census, and ability to admit. - Started a new service quality program (for staff, to increase moral and engagement). - Continued the enhancement of vocational rehabilitation program, focusing on recovery-based skills. Includes having outside speakers coming into the facility.
Columbia Falls MVH	Yellow	- Vacancies are hard to fill due to local health care competition. - Difficulty filling vacant positions. - Lack of affordable housing.	- A&M site visit planned for 7/11. - Reviewing alternate staffing models. - Finalizing contracts with additional companies, to temporarily access additional staff for difficult to fill positions. - Memorial Day celebration, posted flags and did several outings. Red, white and blue pancakes for breakfast.
SW MVH	Yellow	Three of five 12-bed cottages are licensed; of the two unlicensed, one cottage is still in construction, and one cottage failed VA survey for minor life safety physical plant deficiencies.	- Submitted corrective action plan to address survey findings (4/19-4/22) related to physical plant deficiencies and medication management. - Admitted first female veteran. Beautification projects ongoing. - Moving forward with using fourth cottage for short term rehab and respite care while waiting for VA certification. - Moving forward with walkway construction project. - Memorial Day celebration with honor guard who presented honors.
E MVH	Yellow	- Difficulty filling vacant positions. - Low census. - Transitioning management to a new vendor.	- New vendor selected, currently working with DPHHS on contract. - Increased admissions during month of May. - Quilts of valor ceremony presented by local chapter. - Memorial Day celebration with local service organizations & visit by VFW member about what it means to be a veteran.
Overall	Red	- Immature HR, Finance, and IT services across all facilities. - Lack of quality improvement programs. - Lack of ability to recruit experienced full-time employees.	New deputy executive facilities director.

Assessment Updates

Component	Activities to Date	Next Steps
General	MSH visits on 4/26, 4/27, 5/2, 5/26; IBC visits on 5/4, 5/24; MCDC visit on 5/9; SWMVH visit on 5/10; EMVH visit on 5/17; MMHNCC visit on 5/18	CFMVH visit on 7/11
Administrative and Management Control	Onboarding and transition support to Administrators at MSH, IBC, and to Deputy Executive Facilities Director.	Support development of facility key performance indicators (common across the facilities, and some unique to each facility).
Staffing, Climate, and Culture	- Training assessment distributed to facilities to understand compliance with required trainings and remediation plan. Partial results received. - Interviewed IBC, MCDC, SWMVH, EMVH, MMHNCC facility staff, reviewed organizational chart and spans of control, job descriptions and qualifications. - Distributed climate/culture survey to all people working at facilities. Extended deadline to June 3 to accommodate paper responses.	- Review training assessment findings and develop remediation plans for required trainings. - Review and recommend updates to job descriptions alignment with expected qualifications. - Review climate/culture survey qualitative and quantitative findings with DPHHS and facility leadership, distribute findings to employees and public.
Finances	- Consolidated all facilities FY23 budget, met with finance team to review current state finances. - Reviewed revenue recovery process and identified gaps and opportunities. Outstanding data request for aged AR. - Reviewed and finalized FY24-25 biennial budget submissions for SRFD. - Reviewed traveler contracts to recommend strategy for consolidated MSA.	Identify opportunities to consolidate contracts across Facilities, support RFP process and assist in contract re-competes for traveler contracts and other areas.
Continuum of Care	- Met with Guidehouse to align on scope for provider rate study and difficult placements. - Documented existing BH service delivery settings.	- Provide recommendations on BH system investment needs. - Continue discovery around alternate service delivery settings and providers by population type at each facility.
Regulatory and Quality	- Met with Collaborative Safety, Mountain Pacific Quality Health to align on scope and training programs. - Reviewed current regulatory and quality processes at all facilities visited and identified at each facility the person responsible for quality.	Assess facility compliance with regulatory bodies and identify reporting requirements and practices.
Communications	- Monthly meetings with Board of Visitors, Unions, and Disability Rights Montana. - Met with Montana Hospital Association to discuss BH provider challenges.	With Stakeholders, finalize State-run Facilities Communication Plan.

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