

Southwest Idaho Treatment Center

OPE Survey Summary

May 2023

Contents

Summary

- **Survey open September-October 2022**
- **63 of 98 employees responded**
- **Questions tailored based on an employee's tenure, department, or role**

Summary

What department do you work for?

Administration	5
Administrative support	4
Client services	29
Clinical and program support	12
Nursing	12

How long have you worked at SWITC?

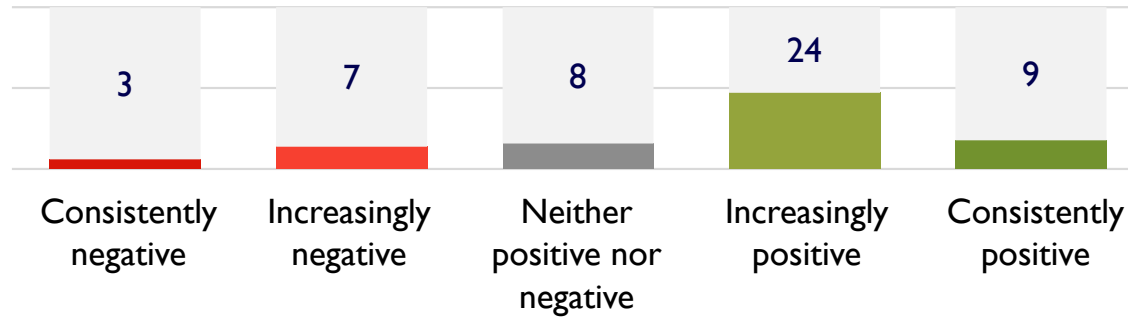
Less than a year	11
1-3 years	19
More than 3 years	32

Are you, or have you ever been, a supervisor?

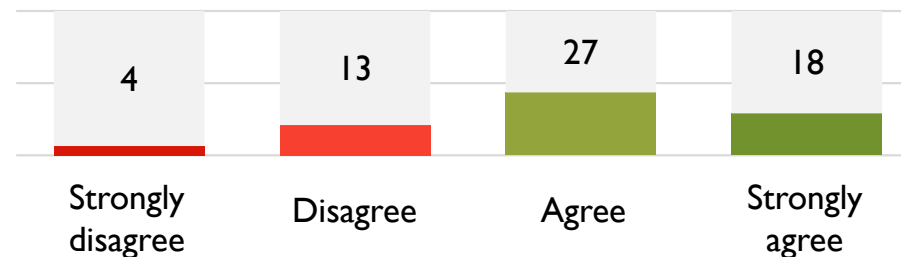
Yes	29
No	33

SWITC operations

Which best describes your view of the operations at the Southwest Idaho Treatment Center over the past three years?



The Southwest Idaho Treatment Center is headed in the right direction



SWITC operations

What are the primary reasons for these answers?

Negative themes

Lack of direct care staff

“We're always short staffed which has increased the staff being injured nearly everyday.”

Communication with and appreciation of direct care staff

“Staff are unappreciated by professionals. Staff have nothing to look forward to in regard to advancement or staying long term. Continuously short staffed. Burning out is at an all-time high.”

Reporting structure

“The chain of command needs to be flattened out more and managers need to be under the administrator only.”

Positive themes

General improvement

“I have watched SWITC transform from the terrible environment it used to be during the investigations of summer 2017 to the great facility it is now.”

“Since my employment started [about 3 years ago], the overall operations have continued to grow and make positive changes to better client treatment and staff”

Improved active treatment

Expanded group time

Improved discharge process

OPE analysis of open-ended questions. Themes and quotes are selected for being notable or representative and do not represent the full set of answers.

Staffing

For each of the following areas, please rate your perception of current staffing levels

	Dramatically understaffed	Understaffed	Adequately staffed	Overstaffed	I don't know
Client services	21	37	1	0	1
Administrative support	1	2	37	10	9
Clinical and program support	2	6	37	6	8
Nursing	2	26	25	1	5

Staffing

Describe the hiring process, including how long it took between applying for your job and starting work,

Negative hiring experience

“The hiring process takes between 60 to 45 days from date of hire to being on the floor. This is too long. We often lose people due to the length of the hiring process.”

“After I applied for this position it took 3 months for me to hear back from anybody. I persistently reached out monthly, stating that I was still interested.”

“The hiring process was smooth once it was initiated. It took two months before I was contacted after applying, and at that point I had forgotten I even applied.”

Positive hiring experience

“Was able to give my previous work plenty of notice when I would be leaving for a new job. Hiring process was great, fairly simple and straight forward.”

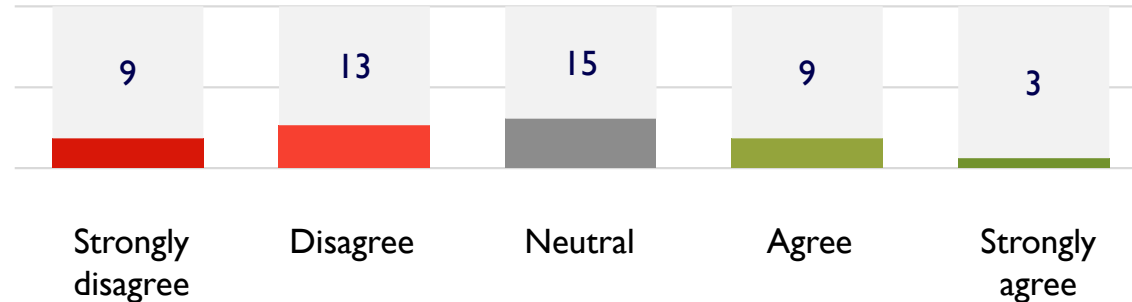
“The process was fairly smooth. It took a couple weeks before I started.”

“The hiring process was very simple. As I applied and was emailed back within a few days and hired once my references were verified. I was able to start shortly after as they were starting the process.”

Question given to employees who had worked at SWITC for less than 3 years. Quotes are selected for being notable or representative and do not represent the full set of answers.

Staffing

SWITC does
enough to retain
staff



What are the main barriers to sufficient staffing?

Pay and labor market

“Wages are low for all of the aggression and assaults they deal with.”

“Easier jobs are available that pay more.”

Safety and injuries

Training

“...if a new hire could see past footage of behaviors, this would help in preparing for what could happen.”

“I felt training didn't prepare me for how it really is on the floor

“Barriers to sufficient staffing are the high turnover rate due to level of abuse caused to staff, injury due to that abuse, lack of support/teamwork with administration, lack of compassion for staff, and all those contribute to burnout. When we have high levels of burnout we see a higher turnover, injury, and call outs. The overall mental destruction of staff and an often-toxic work environment is high contributors to our continuous problem.”

Staffing

What, if anything, could SWITC do to better retain staff?

Increase pay

Ensure sufficient staffing

“I think the only thing that can be done right now is to get more staff so that current staff don't get overwhelmed and burnt out. I think staff retention would be better if staff had the chance to take more time off and step away from their work lives, but right now because of low staffing requests for time off can't always be honored.”

Training

“Have a team that backs the staff, does hands on training instead of "your expected to read this" (team meetings or info on Therap) and agree that you understand how to run this program.”

“Clinicians and program writers coming to the floor to train their programs”

Respect direct care staff

“Make sure that people feel valued and not treated like a body. Maybe have better activities for employees to build comradery and create a better working environment in a high stress environment.”

“Actually treat Psych Techs with Respect and Dignity.”

“Staff don't feel that they have basic human rights when they walk through the door. They don't feel genuinely appreciated by members of administration.”

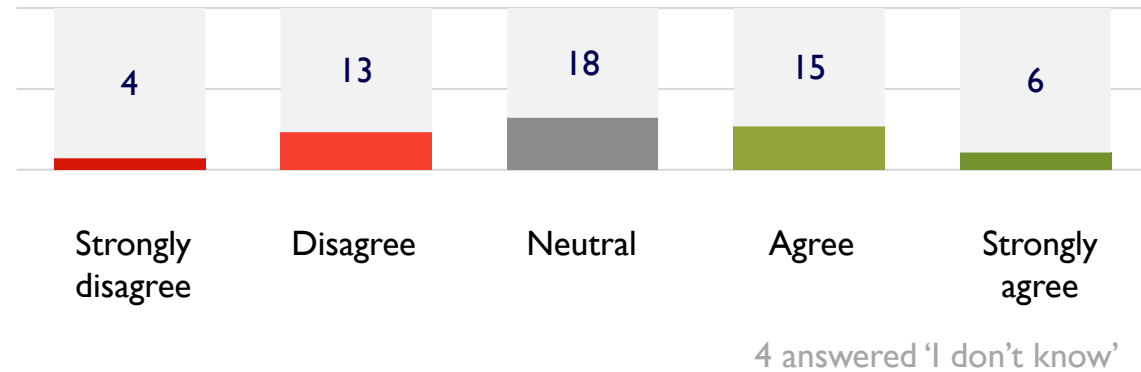
More flexible scheduling and vacations

“I've seen multiple staff have to quit due to scheduling conflicts with life and work and get ignored when requesting schedule changes.”

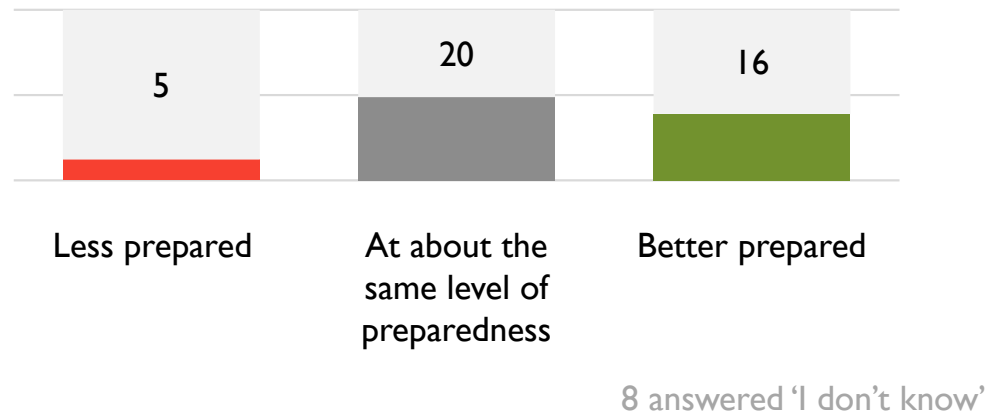
“[don't] guilt trip staff when they want time off.”

Training

SWITC's current initial training for psychiatric technicians adequately prepares them for their job



Over the past 3 years, new psychiatric technicians are:



Training

Do you have any comments about initial psychiatric training?

More time working with clients

“Staff need to begin developing rapport with clients while they are in NEO, not when they first hit the floor and are responsible for supervision, programming, and all other responsibilities for multiple clients.”

“I felt like a lot of the initial training was lost since we didn't get opportunities to apply what we were learning until we were on the floor.”

“Needing much more time shadowing on ALL units. Personally, I was truly only training with 3 clients when the expectation of me is to work with all.”

More time shadowing

“I wish there was some shadowing in the beginning as well, it would help me to remember some stuff if I had some context to apply the information.”

Positive comments about changes

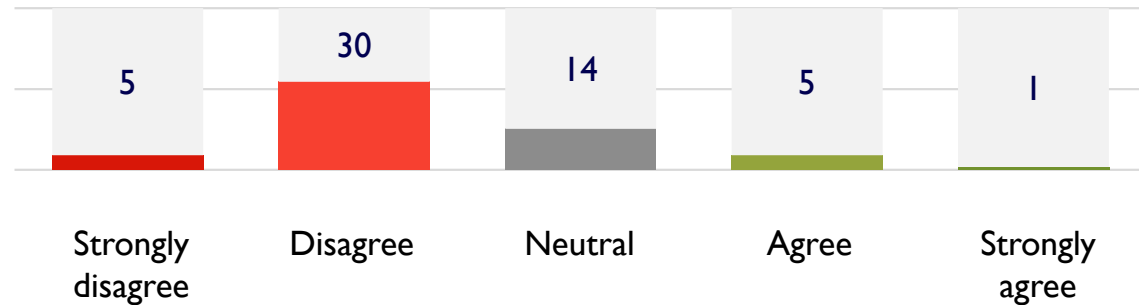
“There has been times where we had zero training or limited training for new employees so i think the fact that SWITC has 3 weeks of training/Shadowing is huge.”

Make mentoring and teaching a priority for staff who have shadows.

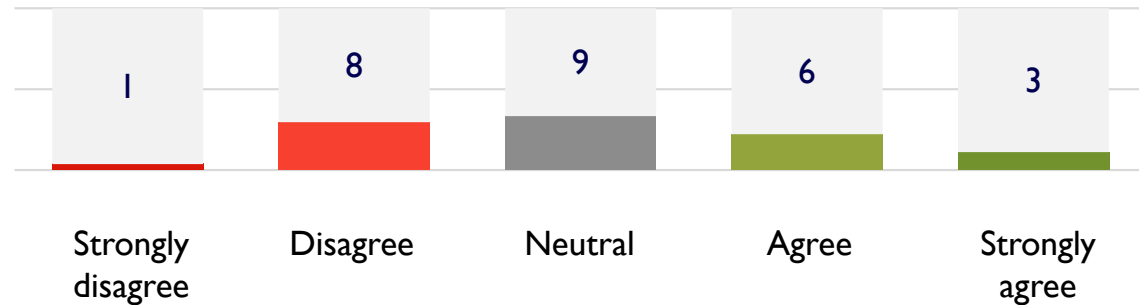
“Most hands-on training is given by people who are less than excited to be doing so, communication of when shadows are coming or who they are with are sometimes not relayed... since there is no formal training for those [training] individuals some checklists don't even get used which leads to training points being missed.”

Training

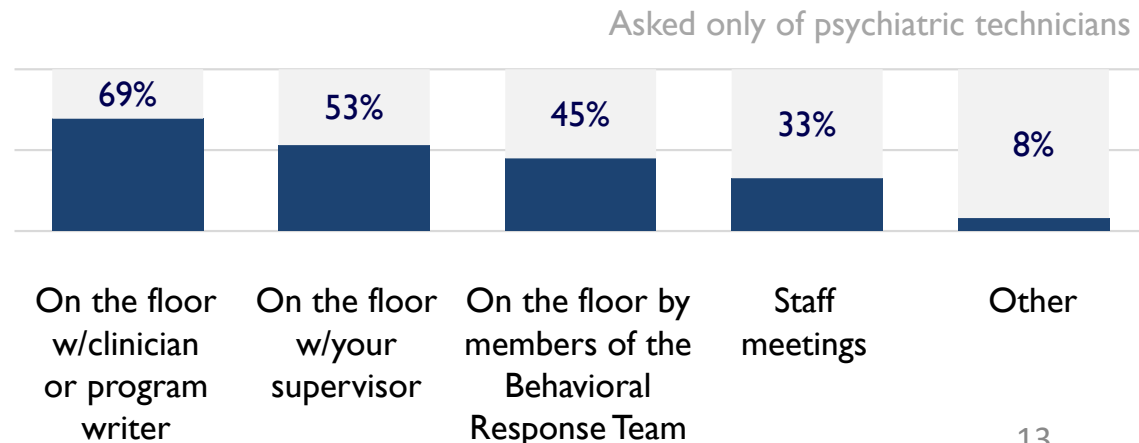
Each psychiatric technician implements individual client programs the same way.



When client programs change, I receive adequate training to implement the programs



What type of training would you find most helpful when client programs change? (multiple selections)



Asked only of psychiatric technicians

Training

Is there a way you would improve the training you receive to work with specific clients?

More time working with clients

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Training

Are there topics you would like to receive additional training on?

More training on client-specifics

Supervisor training

“Having enough staff to even allow for the state required supervisor training would be amazing.”

Verbal skills

“More training on how to handle situations and the different ways to talk through situations specific to each client. I do understand there will be times that you won't know how to handle it until it comes up, but specific ways if we already know what could help calm or redirect a client's attention.”

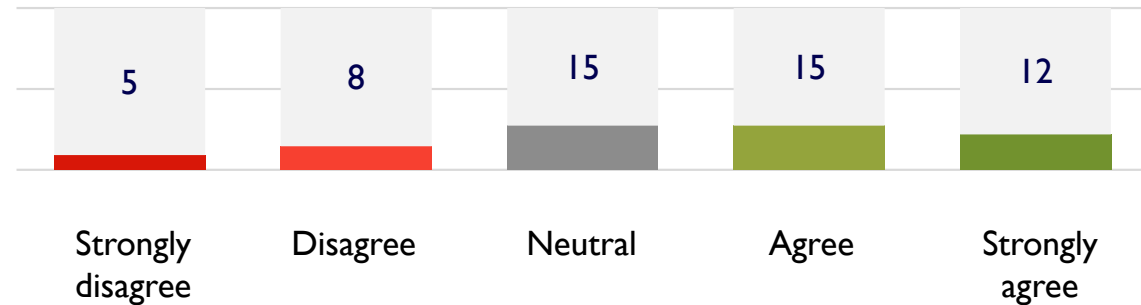
Specific tools

“Would like more training on Therap and finding client information on the shared drives.”

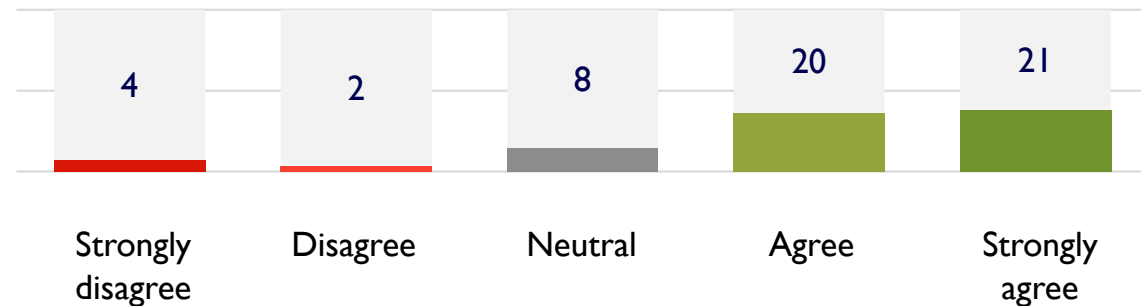
Medical and psychiatric training for the population

Safety and injuries

When *staff* are injured, management and clinical staff investigate the injury and work to address the root cause



When *clients* are injured, management and clinical staff investigate the injury and work to address the root cause



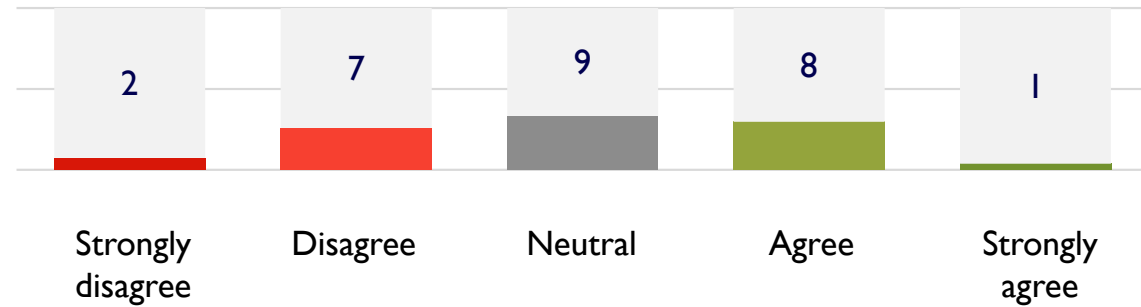
Safety and injuries

Do you feel that each of the following seriously considers staff suggestions for improving safety?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My supervisor	5	3	7	18	17
Clinical staff	5	11	9	14	11
SWITC leadership	8	8	11	16	7

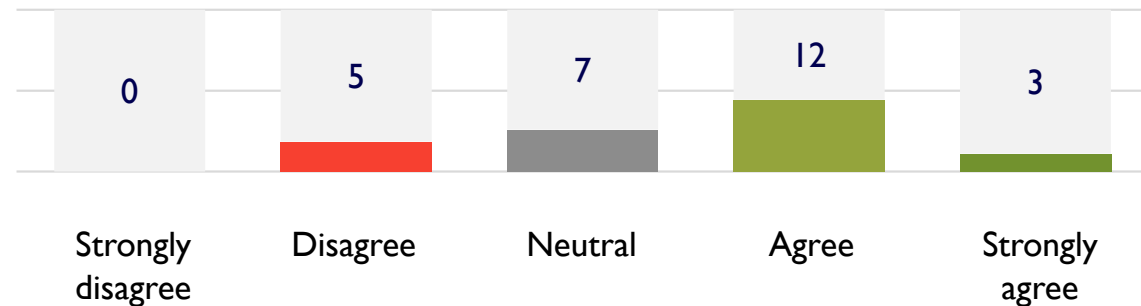
Safety and injuries

I have access to adequate resources to protect myself and other staff from injury



Asked only of psychiatric technicians

I have access to adequate resources to protect clients from injury



Asked only of psychiatric technicians

Safety and injuries

What have been the biggest changes in the past three years or so that have affected safety?

The Behavioral Response Team

“The BRTs are a huge positive to client and staff safety”

Improved treatment

Improved staffing

Continued understaffing

“Very short staffed, we have run the floor on unsafe numbers.”

Lack of client accountability

“We have clients that we have had to call the police out here to help us with because the "team" mostly DD program manager, Administrator & QIDP, will not allow us to administer chemical restraints since they say we aren't allowed to even though they still are allowed per regulations.”

OPE analysis of open-ended questions. Themes and quotes are selected for being notable or representative and do not represent the full set of answers.

Safety and injuries

Do you have any additional comments about how SWITC could improve staff and client safety?

Hire more staff

Ensure everyone is trained

“Everyone should have the opportunity to feel adequate in behavioral intervention. I work on a schedule where BRT is not around about half the time.”

Improve medication management

Equipment

“Making sure radios work. I have switched mine out several times because due to behaviors/ running, my radio falls off my person and is constantly breaking, and not allowing the connection from the call button to the radio to work properly.”

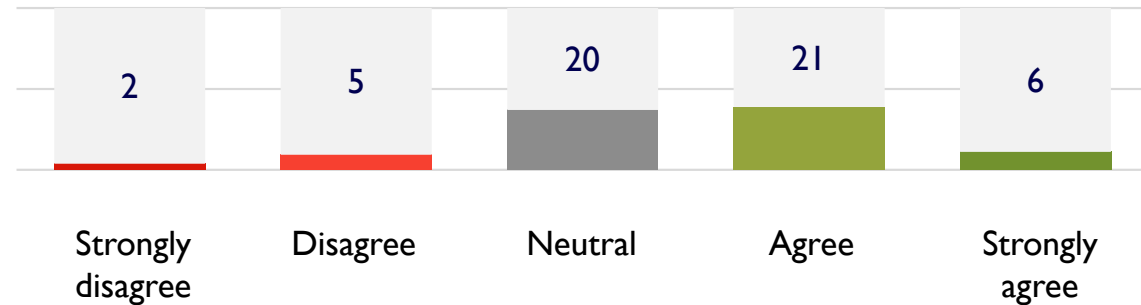
“More protective gear for BRT, and floor staff.”

“Create high performance groups to meet weekly to address staff safety. Take staff safety seriously.”

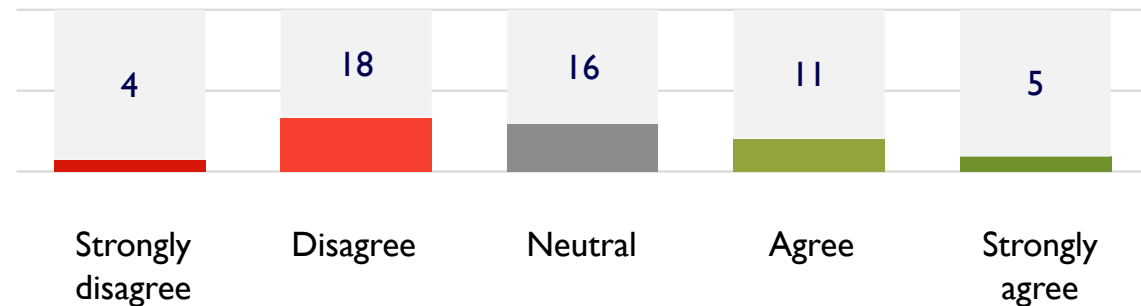
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Safety and injuries

When staff experience an injury on the job, they have access to the supports they need to recover from the injury.



When staff experience extreme stress on the job or experience psychological trauma, they have access to the supports they need to recover.



Safety and injuries

Are there additional resources SWITC could provide to help recover from injury? If so, what?

Quicker treatment/more options

“Due to the wait times in seeing doctors for follow ups, many staff do not even get seen when they are injured. Due to the inconsistency on when staff will be allowed to work with restrictions, many staff just choose to not be evaluated for injuries.”

“It takes too long to get into see a specialist causing most staff to exhaust all sick leave.”

Need for light duty options

“When staff get injured and doctors put them on light duty I feel SWITC should develop an alternate job where they can still work but have time to heal.”

Allowing nursing to help

“Allow staff nurses to render advance first aid to staff that have been injured. This is not currently allowed.”

More paid time

“I have heard from some floor staff that they had to use up all of their sick and vacation time to cover their time off from a client injury”

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Safety and injuries

Are there additional resources SWITC could provide to handle stress or psychological trauma? If so, what?

On-site support

Breaks during the day

Peer support

“I would like to see a peer person or counselor available for staff.”

“Referrals to support groups.”

More support from leadership

“A lot of stress could be eliminated if the employees knew they were valued, that their jobs were not in jeopardy and that their voices were being heard by those making the decisions who do not work everyday on the floor.”

More staff

“More Staff. When we're always short staffed we aren't able to take the time away from the floor or on our days off to feel like we've had enough time to recover”

Better insurance/benefits

“more EAP counseling sessions, I think the allotted amount is not nearly enough before it becomes out of pocket cost.”

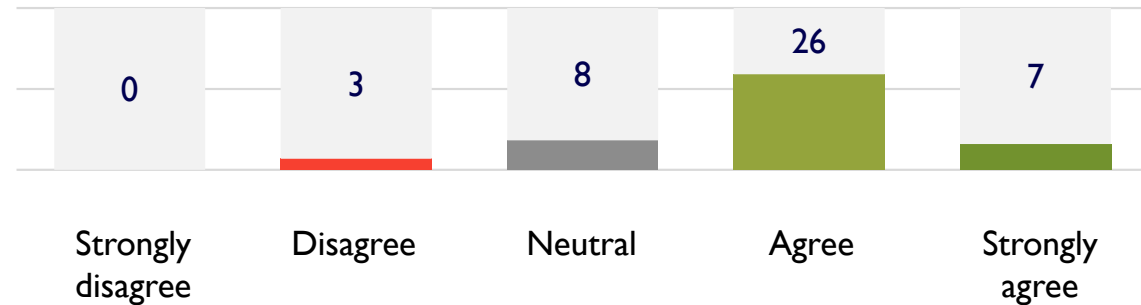
“Yes. Better insurance that covers better mental health wellness visits.”

Unclear what resources are available

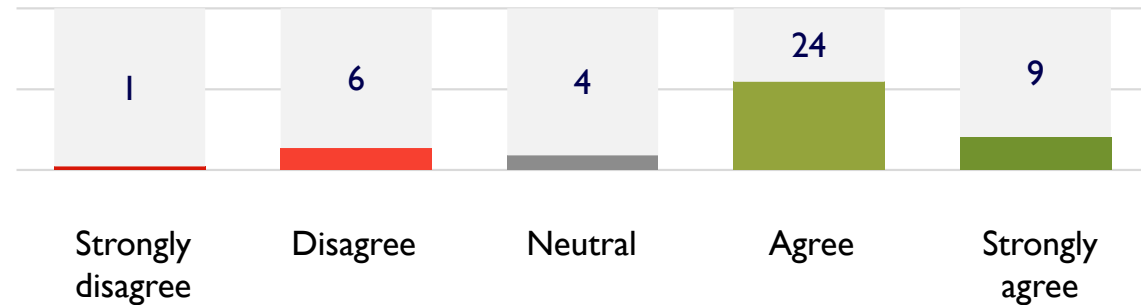
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Active treatment

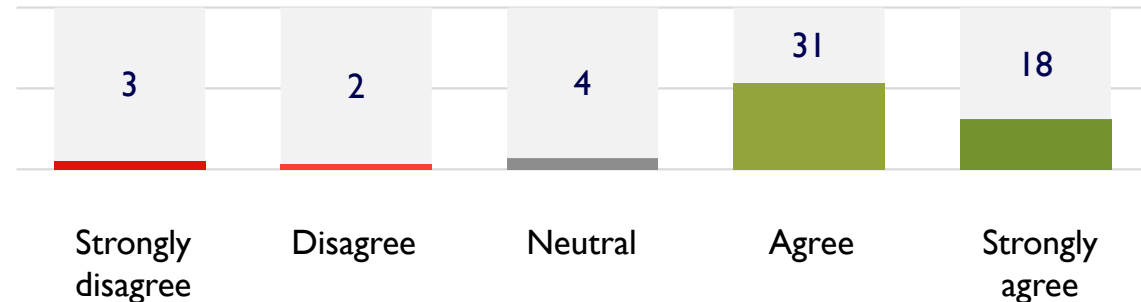
Client schedules provide sufficient guidance for staff to help clients lead active lives.



Client schedules are person-centered, customized to the client's goals and interests, rather than being generic.

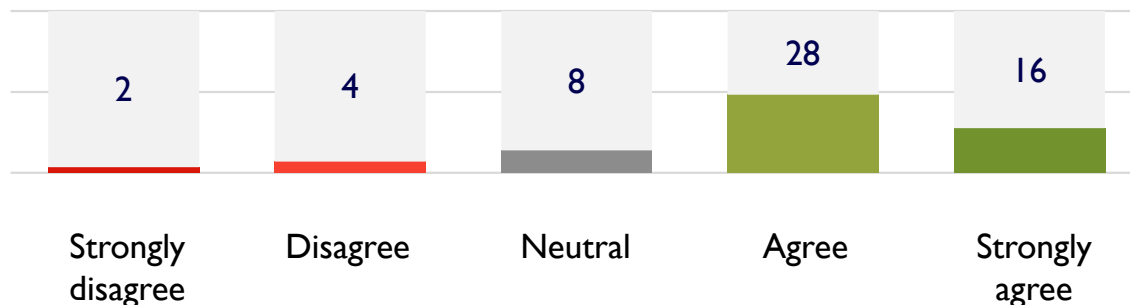


Clients have scheduled activities they look forward to.

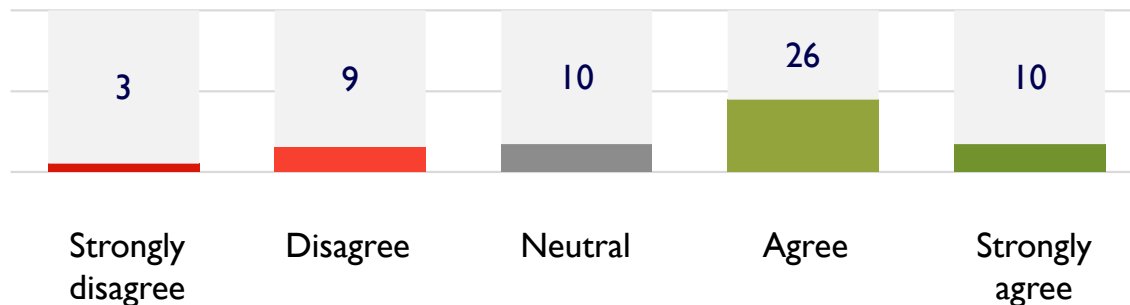


Active treatment

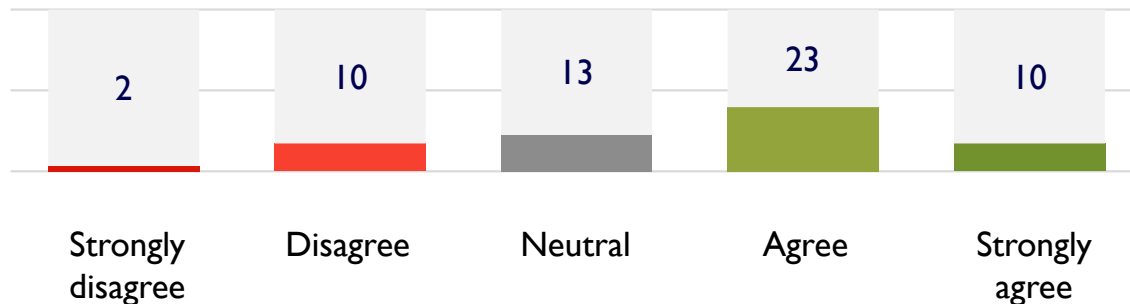
Client programs and activities are person-centered, customized to the individual's goals, interests, and needs.



Clients are learning the skills the need to move out of SWITC and into the community.



SWITC has sufficient equipment and activities on campus to provide clients with opportunities for recreation, socialization, and productivity when they are unable to go into the community.



Active treatment

What other activities, equipment, or resources could be brought to campus to give clients more to do and look forward to?

Outdoor equipment

e.g., Splash pad
Greenhouse
Swings
Walking track

Gym equipment

Money management

Sufficient staff

Remove Covid restrictions

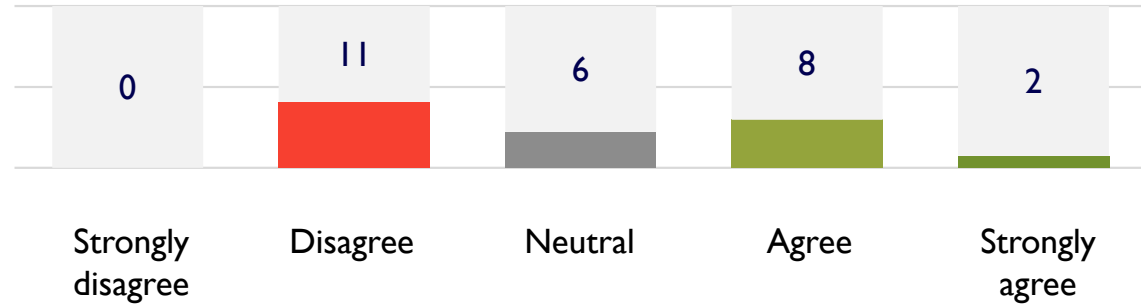
Concerns

“That is where some of the issue lies with certain clients. SWITC provides more than they will receive in the community in a lot of cases, which adds a complication to transitioning.”

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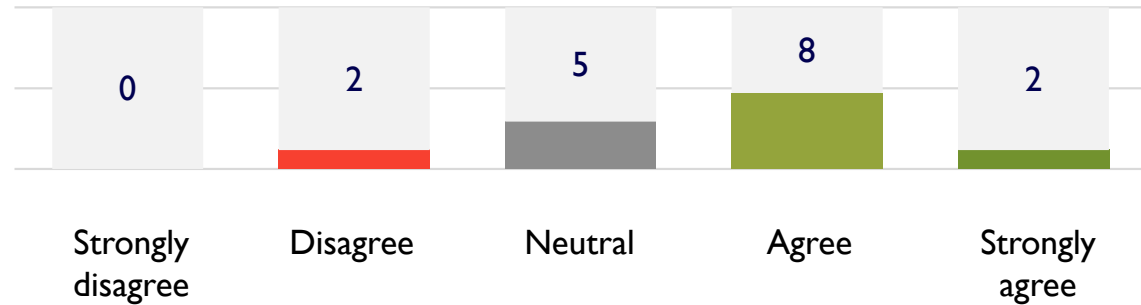
Active treatment

I have received adequate training about each client's trauma history and how that history should affect how I provide care.



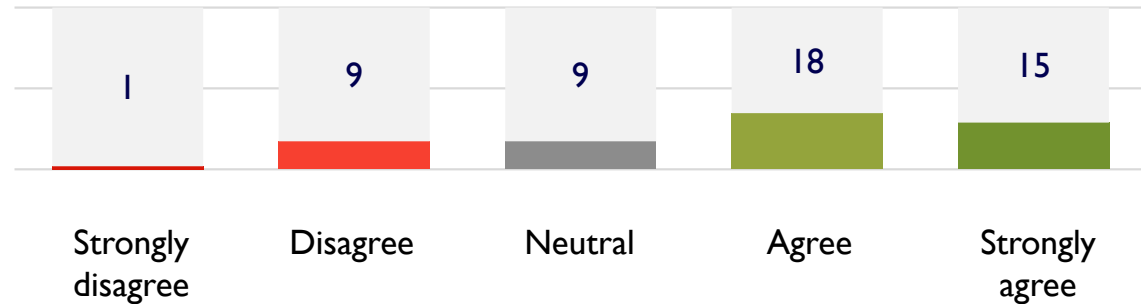
Asked only of psychiatric technicians

Psychiatric technicians learn about each client's trauma history and how that history should affect client care.



Asked only of supervisors and clinical team

Clients with psychiatric needs are able to receive the appropriate treatment.



I answered "I don't know"

Active treatment

Do you have any additional comments about trauma-informed care or psychiatric treatment?

Need more appropriate license

More access to client-specific information

“I had learned about each client's trauma history long ago by pulling their history books, but I don't think that is available anymore. I do believe that their past history helps greatly in their care structure and that we should have more access to that type of information.”

“I think we should put together videos about our specific clients for new employees to see the trauma history of each individual that lives here.”

“I do not know a lot of past history, and was even told by a previous supervisor that it was none of my business to know about the client.”

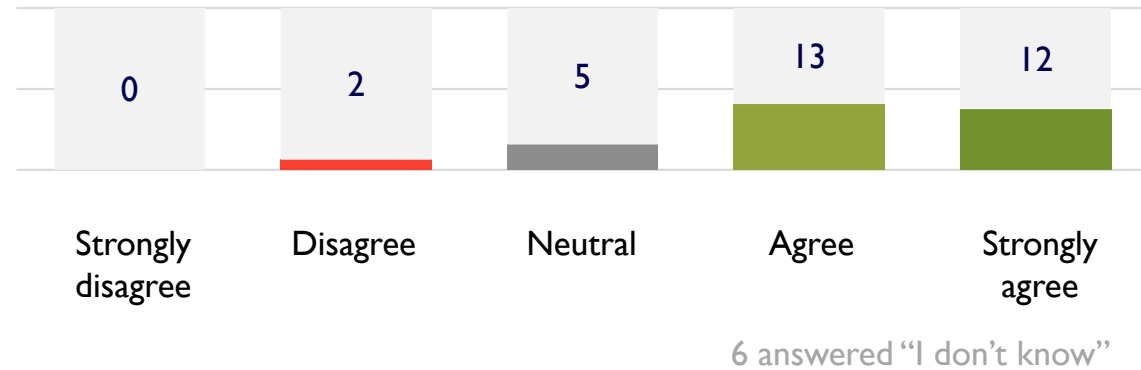
More staff

Better medication management

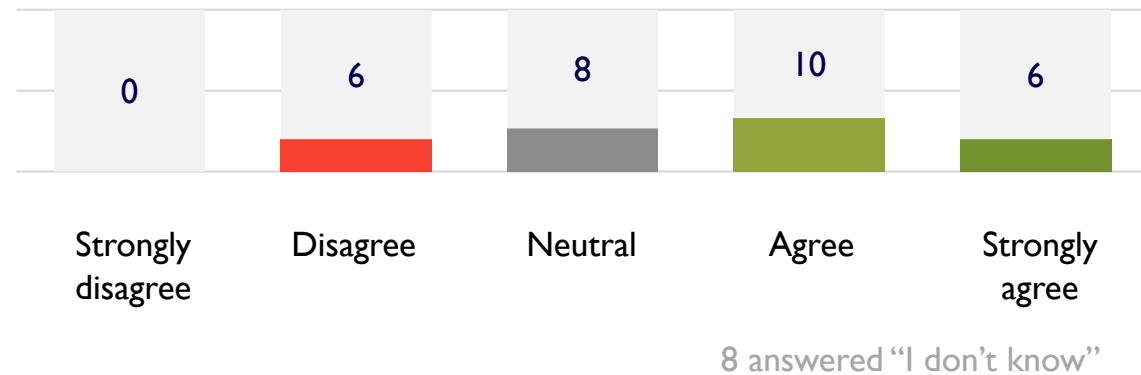
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Discharge

Clients are able to receive support from people at SWITC after they have moved into the community, when appropriate.



SWITC staff are able to provide adequate training to the community provider to help the provider best meet the client's needs.



Discharge

How has the client discharge process changed over the past 3 years (or since you started)?

SWITC is more of a resource

“Staff at SWITC do a great job of providing support to clients who have transitioned back into the community.”

“The fact that staff are encouraged to stay in contact if they wish is a huge change and very supportive to the success our clients have when they are discharged.”

Difficulties with Covid

Discharge involves more training of family and community provider

“We now have extensive communication and support with community agency prior to discharge and have a substantial transition support post discharge.”

“For example, prior to a client discharge, staff completed training with guardian, caregivers for several hours. Observation with clients at SWITC occur. In addition, clients are able to seek support from SWITC post discharge. Often arranging visitations in the community and offering support if needed. Companies reach out to the clinical team for support pre and post discharge. This has all improved since the first discharge I observed at SWITC.”

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