

**Follow-up report
July 2023**

Southwest Idaho Treatment Center

**Office of Performance Evaluations
Idaho Legislature**





Senator Melissa Wintrow (D) and Representative David M. Cannon (R) cochair the committee.

Office of Performance Evaluations

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Representatives



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Follow-up report



In January 2019 we released the report *Southwest Idaho Treatment Center*. The report came after years of challenging incidents. In 2017 six employees left or were fired after findings of abuse and neglect, a client committed suicide, and failed surveys threatened SWITC's certification as an intermediate care facility.

Our report found that Idaho lacked a clear plan for how to serve individuals with intellectual disabilities who are in crisis. As part of Idaho's efforts to serve people at home and in the community, SWITC had been downsized from hundreds of clients to about a dozen. While this effort was successful at moving people into the community, it left SWITC a vestige of the old treatment model. Clients who could more easily succeed in the community moved out. SWITC remained home to some of the highest-need clients, many of whom could be a danger to themselves and others.

The Department of Health and Welfare did not adequately prepare SWITC to serve these highest need clients well. The lack of preparation contributed to the crises preceding our report. Attitudes and practices that had been developed in times of crisis became normalized and passed on to new staff.

In all, we made five recommendations or policy considerations meant to address both the immediate, operational concerns of the Southwest Idaho Treatment Center and Idaho's long-term vision for crisis care for individuals with disabilities.

For this follow-up review, we began fieldwork by requesting a status update from the Department of Health and Welfare on our recommendations and for supporting documentation. The team lead conducted a series of interviews with key staff, stakeholders, and former staff. After the interviews, we developed a survey to distribute to all current SWITC employees. We received 58 responses out of 93 active employees. The survey was open in September and October of 2022.

**Staffing remains
SWITC's most
urgent problem.**

Status report

We found that operations at SWITC have improved in the four years since the release of our report. As exhibit 1 shows, SWITC's improvement efforts were interrupted by the Covid-19 pandemic and subsequent strong labor market. As one employee shared, "I remember the first year here (2019) it was like Groundhog Day, seeing the same thing [every day]. But then there was a change and the clients [were] ready to go into the community. Playing a part to get those clients out there [was satisfying]."











One of the key changes noted by SWITC leadership was a change in admission practices. SWITC will only accept the number of clients supported by its current staffing level unless a client is in extreme crisis. Other clients needing this level of care are put on an informal waiting list. Previously, SWITC would admit clients based on whether it had enough licensed beds.

SWITC's most urgent problem remains staffing. The department and Legislature have done much to improve staff pay. These efforts have come up against a historically tight labor market, particularly for staff who work directly with clients. For additional context, our 2023 report, *Sustainability of Idaho's Direct Care Workforce*, discusses the problems with Idaho's direct care workforce statewide.

Life at SWITC remains much more restrictive than experienced by people in the community. As an intermediate care facility, SWITC must adhere to federal regulations concerning Covid 19. SWITC spent much of 2022 and the early part of 2023 in "Phase Red" or "Outbreak" status. At these status levels, family-style dining is suspended, activities may only be done with clients from the same unit, and client visitors and outings are limited.

Exhibit 1

Oversight activities at SWITC since 2019 reveal consistent improvement punctuated by serious challenges in 2021 caused by understaffing.

2019		January	OPE released its report, <i>Southwest Idaho Treatment Center</i> , to the Joint Legislative Oversight Committee.
		April	Consultant from DisAbility Rights Idaho noted several areas of concern but observed “evidence of teams working together to fix system issues... new activities... showed great positive outcomes for both clients and staff.”
2020		September	Federal surveyors cited several deficiencies during the annual survey but commented that SWITC was “overwhelmingly headed in the right direction.”
		March	First case of Covid-19 in Idaho. As an intermediate care facility, SWITC is subject to federal regulations. Visits and community outings for clients were curtailed well into 2023 depending on infection rates at SWITC and in the surrounding community.
2021		January	Federal surveyors found serious deficiencies during the annual survey. SWITC was out of compliance in several areas, including client protections and facility staffing. Failing to be in compliance risked SWITC’s eligibility to receive 70%+ federal matching funds.
		March	An on-site follow up found SWITC still out of compliance.
		April	A second on-site follow up found SWITC still out of compliance. SWITC was given the rare opportunity for a third follow-up and was required to submit its plan of correction directly to the federal Centers for Medicaid and Medicare regional office.
2022		June	A third on-site follow up found SWITC in compliance.
		February	One federal surveyor and two state surveyors found SWITC in full compliance during the annual survey.
2023		May	DisAbility Rights Idaho (DRI) conducted a monitoring visit of SWITC. The monitoring report found largely positive developments and noted “SWITC corrected areas DRI had concerns with or supplied DRI with requested information after our visit.”
		April	State surveyors found SWITC in full compliance during the annual survey, marking back-to-back deficiency-free annual surveys for the first time in the 21st century.

Source: Survey reports from Idaho’s Bureau of Facility Standards and letters from DisAbility Rights Idaho.

Long-term Vision

2019 Recommendation

The Legislature should direct the department to develop a long-term vision for Idaho’s system of crisis care and its role as provider of last resort for those with intellectual disabilities. The Legislature should provide policy guidance for this vision. Stakeholders and other states should be included as appropriate.

Status: In Progress

We found that the Department of Health and Welfare has made concrete progress towards creating a long-term vision for Idaho’s system of crisis care.

The department adopted a strategic plan objective to “establish a long-term system of care for individuals with developmental disabilities who exhibit severe behaviors by July 1, 2022.” The department completed this objective and adopted a new one: to “implement three new crisis system components for adults with developmental disabilities so they can access a full continuum of crisis care... by July 1, 2026.” The primary initiative to address this long-term vision is the department’s Crisis System Improvement Project. The team leading this project contains staff from across Health and Welfare, including from the divisions of Family and Community Services, Behavioral Health, Medicaid, and Licensing and Certification.

The department has given the Legislature a great deal of information on the progress of these projects in its 2020, 2021, and 2022 updates. Exhibit 1 shows a timeline from the most recent update. We will briefly summarize some of the important components.

Exhibit 1

The department has regularly updated the Legislature on its process to fully implement a new crisis system of care.



A graphic from the Developmental Disabilities Crisis System Improvement Project’s 2023 executive summary.

Specialized clinical teams. The department will assign specialized clinical teams to individuals whose needs cannot be met using traditional community or crisis services. The teams will have advanced training and be able to provide more complex services. These teams will be available to all individuals regardless of whether they live at SWITC or in the community, allowing greater consistency in treatment.

Two-tiered treatment model at SWITC. The department proposes to replace SWITC's current model with two tiers of care:

1) an assessment, observation, and stabilization unit for individuals in crisis who need intensive and urgent psychiatric intervention and behavior analysis. The team has described this as a missing acute level of care with individuals staying for up to six months.

2) A step-down village for people who have stabilized. This level of care would model community living with residents in apartment-like units with the goal of transitioning the resident to the community within three years.

Residence study Based on the two-tiered treatment model, the department conducted an architectural study to assess what living environment would best serve the treatment model. SWITC staff were asked to participate in the study and those who participated believed the resulting plans reflected their input. This contrasts with the current residential buildings, completed in 2002, where individuals with knowledge about SWITC's operations were not consulted when the buildings were designed. The Legislature appropriated \$12.7 million in 2022 to pursue these plans.

The Crisis System Improvement Project contains many other important components. In our survey and interviews, SWITC staff viewed the project positively and believed the new treatment model would better serve clients in crisis and help clients better transition to the community.

SWITC staff participated in the residence study and the resulting plans reflected their input.

The Legislature appropriated \$12.7 million in 2022 to pursue these plans.

Strategic planning and quality improvement

2019 Recommendation

The Department of Health and Welfare should develop a strategic plan and a formal quality improvement process at SWITC. The department should present the strategic plan to the Health and Welfare committees at the start of the 2020 legislative session. We also outlined priorities for SWITC administration to focus on.

Status: In Progress

The department has made significant progress towards this recommendation. We consider this recommendation in progress, rather than complete. After a 2019 strategic plan and 2020 report to the Legislature, SWITC did not regularly update its priorities at a facility-management level.

The department created a strategic plan for SWITC in 2019. This document addressed internal management priorities and recommendations from DisAbility Rights Idaho and our office. It was meant to be the initial strategic plan; however, subsequent updates focused on the DD Crisis System of Care Improvement project. This project includes a long-term role for SWITC but does not address management priorities at SWITC.

The department also began a quality management program meant to ensure that SWITC complies with federal intermediate care facility regulations. The program works on two levels. The quality manager periodically collects and reports data on seven topics, including active treatment and client protections. SWITC's two investigators report to the quality manager. The investigators interact frequently with direct care staff and are heavily involved with training. This presence allows the quality management team to identify and report on emergent issues that may not fit into the standard review process. This program appears to have helped SWITC earn back-to-back deficiency-free surveys.

Exhibit 2 shows the gap between the long-term priorities and the quality management process.

While facility-management priorities are not included in a formal strategic plan, we found that SWITC management had improved its ability to identify, internally collect data on, and act on these priorities. Between the end of our staff survey in October 2022 and the release of this follow-up review, SWITC management independently identified and acted on concerns we found in our survey.

We still recommend formally reporting and updating strategic plan initiatives. As SWITC transitions to its new two-part treatment model, a record of management’s goals and efforts to create change would help keep stakeholders—internal and external—informed and bought in.

Exhibit 2

The department’s formal reports exclude **facility-management** level priorities.

Examples of priorities at each level

System-level priorities → Crisis System Improvement Project

- Identify and invest in gaps in community care
- Design new treatment model at SWITC
- Design and build new residential buildings

Facility-management level priorities not formally addressed

- Explore a contract with an on-site mental health professional for staff
- Address hiring and turnover
- Improve staff safety

Operations-level priorities → quality management program

- Ensure staff-client ratios meet regulatory standards
- Review client person-centered plans on schedule and as needed
- Ensure clients are given medications on-time and in line with doctor’s orders

Update on specific priorities

Strategic planning and quality improvement are not ends in themselves, but tools to identify problems and opportunities and to effectively change operations. While our recommendation was focused on developing these tools, we also identified several priorities for improvement in SWITC's day-to-day operations. This section will briefly review progress in some of the key priorities. Additional information is available in the survey summary on our website.

Hiring and turnover

Hiring and turnover of direct care staff remain a problem at SWITC despite efforts to make working at SWITC more attractive. Only 1 respondent, of 60 staff who responded to our survey, reported that direct care staff was adequately staffed.

In fiscal year 2022, SWITC offered both hiring and retention bonuses of \$1,000-\$3,000 for direct care staff. In addition, the department asked for, and the Legislature approved, a 7 percent pay increase for key positions in addition to the merit pay increases approved by the Legislature each year. As of April 2023, SWITC is hiring employees with some experience as psychiatric technicians at just under \$20 per hour with full state benefits. Employees with no experience can be hired as trainees for almost \$17 per hour, increasing to almost \$20 after six months.

SWITC created a position dedicated to hiring and turnover. Management reported that this position has been helpful; however, turnover at this position has been a problem.

These efforts have come at a time of historic labor market tightness, as discussed earlier. Other than the labor market, staff reported that most barriers to sufficient staffing were the same as in 2019. Low pay relative to risk, insufficient job expectations and training, injuries, and burnout were all cited. As one respondent summarized, "the job is hard and not for everyone."

While SWITC cannot control the labor market, it does have areas of possible improvement.

A sizable minority of newly hired staff described a prolonged hiring process. One respondent noted that "it took two months

before I was contacted after applying, and at that point I had forgotten I even applied.”

Staff reported that difficulty taking vacations or time off was a significant workplace issue. One staff noted “How do staff recover from burnout if they can't even get a day off approved?” Another said, “I've seen multiple staff have to quit due to scheduling conflicts with life and work and get ignored when requesting schedule changes.” Many staff expressed frustration that covering days off was the responsibility of individual staff members, not leadership.

Staff trauma and injury

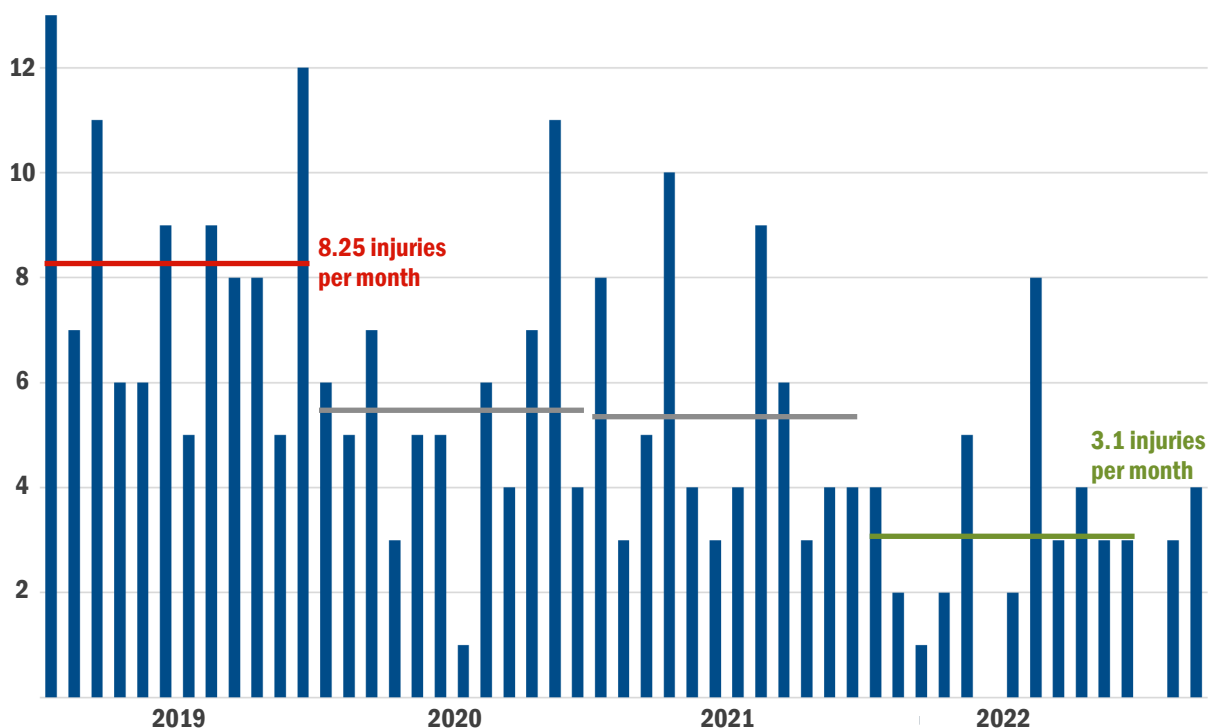
SWITC has succeeded in reducing injuries to staff.

In 2019 we found that, in the first half of 2018, staff spent almost one in ten of their workdays out on injury. For one shift, almost one in five workdays were out on injury. In January 2019, staff suffered three concussions, four neck strains, and six other injuries leading to worker’s compensation claims.



Exhibit 3

Injuries to SWITC staff per month have declined by almost two thirds from 2019 to 2022.



Source: Department of Health and Welfare: injuries reported to workers compensation by month from January 2019 to March 2023.

**Worker's
compensation
costs declined by
nearly 63%
between 2019
and 2022.**

January 2019 was the high-water mark in terms of the number of injuries to staff. Exhibit 3 shows the number of injuries each month from January 2019 to March 2023. Between 2019 and 2022 injuries declined from an average of 8.25 per month to 3.08 per month. Worker's compensation costs shrank from \$439,000 in 2019 to \$163,000 in 2022

SWITC management implemented several changes intended to improve safety. First, they created a behavioral response team composed of psychiatric technicians certified as Registered Behavior Technicians. The response team reports directly to clinical staff and is available to intervene in the event of dangerous client behaviors and work with other staff to provide in-the-moment training. Second, onboarding and annual training in non-violent crisis intervention is more consistent, taught by the two investigators with considerable experience. Finally, SWITC offered a 'verbal judo' training to help staff to better interact with clients and avoid physical confrontations.

For staff dealing with burnout or trauma, SWITC has offered a training *From Burnout to Joy* to give staff tools to address their wellbeing.

Many staff report that the behavioral response team has been the biggest source of safety improvement, though some staff worry that the team can be a crutch and may lead staff not on the team to deprioritize their own training. Staff also reported that several long-term clients who injured staff the most have been discharged from SWITC.

In addition to citing many positive improvements, staff reported several specific areas they would like to see improved. While most staff (70 percent) agreed that their supervisor seriously considered staff suggestions for improving safety, only 50 percent agreed that clinical staff and 46 percent that SWITC leadership seriously considered staff suggestions. This perception appears to be driven by direct care staff who do not believe clinicians listen to staff feedback about treatment plans that are not working.

Some staff reported problems receiving care after injuries, though these problems are related to the worker's compensation program not administered by SWITC. One staff noted "Due to the wait times in seeing doctors for follow ups, many staff do not even get seen when they are injured." Another noted that they would benefit from "more availability to choose different doctors. Only going to the approved list of worker's comp doctors is not as

good as going to a doctor you know and who knows your history... We should also be supported by the administration if we want to have a second opinion..."

A greater share of staff reported problems in recovering from psychological trauma or burnout, with only 30 percent reporting they have access to the necessary supports. Many staff reported not knowing that any resources were available. Others reported that counseling through the employee assistance program, offered through the Office of Group Insurance, was too limited. Several suggested that SWITC offer some type of peer support or a list of mental health professionals who know about the types of experiences that SWITC staff go through.

Several staff shared a sentiment that "...one of the biggest things we can do is acknowledge the impact this job has on mental health of staff and have genuine compassion for staff."



A display in a common area. Clients and staff wrote about their favorite springtime activity on an egg and posted the result in a tree.

Only 30% of respondents reported having sufficient resources to recover from trauma or burnout.

Active treatment

Active treatment refers to the constant process of helping clients build or maintain skills, such as communication, social interaction, and daily living tasks, so the client can live in the community as independently as possible. Active treatment is customized for each person based on their unique needs and goals. Ideally, staff are proactive in finding opportunities to give clients positive reinforcement and that each staff is consistent in how they implement a client’s treatment plan.

SWITC hired additional clinicians, each of whom is a board-certified behavior analyst. The behavior response team reports to



The Jitterbug, which was formerly a hospital-style waiting room, now is a community gathering place with engaging activities.

clinicians and serve as an intermediary between direct care staff and clinicians. The team helps train direct care staff on client programs and brings feedback from staff to clinicians.

Additionally, SWITC hired a recreational therapist who has spearheaded efforts to bring additional activities to campus. A main room in the administration building has been transformed from a hospital-style waiting room into the Jitterbug, a social space with equipment and engaging activities.

We reported in 2019 that staff did not have the tools they needed to give clients a full day of activities. The result was that clients were bored and agitated—which staff believed contributed to client assaults—and fewer opportunities for clients to receive therapeutically-important positive reinforcement.

Clients have much more to do on SWITC’s campus than they did four years ago. The campus looks more like a place where people live. Bare walls have been replaced by posters featuring client pictures and their descriptions of some of their favorite things. The Jitterbug hosts a weekly coffee social every Wednesday as well as campus-wide events for holidays and client birthdays.

Our survey found that staff were largely positive about client schedules. Staff found client programs and activities adequately customized to the client’s goals, interests, and needs. However, even with the increased activities, staff reported that clients would benefit from additional outdoor equipment such as a splash pad, a greenhouse, or swings. Others suggested additional gym equipment, money management activities, making the decommissioned pool available again, and additional equipment or tutors for clients who cannot speak or read.

Regardless of available tools, many staff noted that understaffing causes treatment to suffer—clients have a lot less flexibility if they don’t have enough staff to go on a walk or to the gym with them.

A key area for continued improvement is ongoing training about changes in client programs. Only 11 percent of respondents agreed that “each psychiatric technician implements individual client programs the same way.” Client programs can change as the client adopts new goals, meets learning targets, or does not respond well to a program. These changes must be taught to and adopted by direct care staff to ensure clients receive consistent feedback.

Clients now have much more to do on SWITC’s campus than they did four years ago.

SWITC now fully investigates all allegations of abuse.

Oversight and caregiver misconduct

2019 Recommendation

SWITC should work with adult and child protective services to ensure its policy and practices involving preinvestigations meet the requirements to report possible abuse and neglect to adult and child protective services.

Status: Complete

SWITC discontinued its practice of preinvestigations and now investigates all allegations. SWITC now has two employees whose primary duties are investigations. Before, investigations had not been anyone's primary duty. The new employees, both of whom had experience with Adult Protective Services, report that they have streamlined and standardized investigations.

2019 Recommendation

The Legislature should explore steps to ensure that unlicensed caregivers who are accused of abuse or neglect of vulnerable adults are investigated to substantiate the accusation. The Legislature should also consider options to ensure that Idaho's background check process can exclude perpetrators of abuse or neglect from employment as an unlicensed caregiver of vulnerable adults.

Status: No Change

The Legislature has taken no action on this recommendation.

Idaho has processes to investigate allegations of misconduct involving children and involving vulnerable adults residing in nursing homes. These investigations can lead to a perpetrator being placed on the child protection registry or the nurse aide registry. These investigations can substantiate misconduct using a "preponderance of evidence" standard rather than the higher, criminal "beyond a reasonable doubt" standard. Substantiated misconduct shows up on background checks and prevents the perpetrator from working with children or vulnerable adults.

Idaho does not have a process to investigate perpetrators of misconduct involving vulnerable adults outside of nursing homes. Idaho's Adult Protection system focuses on supporting victims of abuse and does not serve as a registry of substantiated misconduct. People who work at intermediate care facilities, like SWITC, or who work at home and community-based settings such as an assisted living, cannot be investigated for misconduct involving vulnerable adults and placed on a registry.

In 2019, an inter-agency workgroup met to address the potential for a caregiver misconduct registry. The workgroup identified options for such a registry within the state, but because no agency has statutory authority over caregiver misconduct there has been no further progress.

Retirement

2019 Recommendation

The Legislature should consider supporting SWITC's efforts to improve staff recruitment and retention, and thereby improve overall operations, by extending early retirement to staff with a high risk of injury working in facilities at the Department of Health and Welfare. Other states, such as Oregon, recognize the demanding nature of working with high-risk clients and include staff who work in stabilization and crisis units on their early retirement plan.

Status: No change

No bill has been introduced that would include SWITC direct care staff for early retirement.

Idaho does not have a process to investigate perpetrators of misconduct working with vulnerable adults.



Response to the evaluation



“We are committed to working closely with participants, advocates, providers, legislators, and other key stakeholders to assure developmental disabilities services, both in the community and at SWITC, continue to improve and better support Idahoans with developmental disabilities.”

**Dave Jeppesen, Director
Idaho Department of Health and Welfare**



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Brad Little - Governor
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May 23, 2023

Sent Via Email to: rmohan@ope.idaho.gov

Rakesh Mohan, Director
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954 W. Jefferson St., Suite 202
Boise, Idaho 83702

Dear Director Mohan,

I want to thank you and your staff for the time and energy spent on the 2023 follow-up report to the 2019 OPE report on the Southwest Idaho Treatment Center (SWITC). I value the analysis and insight that OPE brings. In the 2019 OPE report, it was clear that the Department needed to make significant improvements to services at the Southwest Idaho Treatment Center. The 2023 OPE report confirms that we have made progress in addressing many of the concerns identified in the original report, and in particular:

- I am pleased to see that the report validates many of the specific improvements we have made at SWITC for residents and staff. Since the original report, we have made progress toward establishing a clear vision for a developmental disabilities crisis system of care, we have seen a reduction of injuries to SWITC staff, and SWITC has received two consecutive citation-free surveys from the Division of Licensing and Certification. I am proud to see the hard work of our employees resulting in such concrete progress.
- I agree that the recruitment and retention of staff at SWITC remains one of our biggest continuing challenges, particularly with direct support professionals. Our work with the Idaho Legislature to improve pay for SWITC staff was a key accomplishment to begin addressing SWITC employee separation rates. We also acknowledge there is more work to be done given the larger challenge the state is facing with a shortage of direct support professionals across a variety of care settings.
- I appreciate that the report highlights the Department's Developmental Disabilities Crisis System Improvement Project. When complete, this project will bring additional improvements to the SWITC campus, including new care settings, improved clinical services that are focused on meeting the needs of individuals with developmental disabilities with co-occurring mental health needs, and more effective community-based crisis services to help individuals with developmental disabilities remain in their homes in the community.

Rakesh Mohan

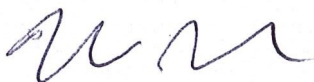
May 23, 2023

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The Department of Health and Welfare remains focused on our ongoing efforts to improve the quality of services at the SWITC. We are committed to working closely with participants, advocates, providers, legislators and other key stakeholder to assure developmental disabilities services, both in the community and at SWITC, continue to improve and better support Idahoans with developmental disabilities.

Thank you again for your time and attention in completing this valuable report. We will take all the recommendations in this report into careful consideration as we continue to evaluate ways to further improves services at SWITC and in the community developmental disabilities program.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Jeppesen', with a stylized, cursive script.

DAVE JEPPESEN

Director

cc: Cameron Gilliland

