

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 12, 2019

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Wagoner, Representatives Vander Woude, Gibbs, Blanksma, Kingsley, Zollinger, Christensen, Green(2), Lickley, Chew, Rubel, Davis

**ABSENT/
EXCUSED:** Representative(s) Gibbs, Christensen

GUESTS: Monica Young, C. Libby, Tamie Newton, Niki Forbing-Orr, Dave Taylor, Cameron Gilliland, Lori Wolff, and Dave Jeppesen, DHW; Christine Pisani, ICDD; Chelsea Wilson, PPA; Miren Unsworth, IDHW; Jim Baugh, DRI

Chairman Wood called the meeting to order at 9:02 a.m.

MOTION: **Rep. Green(2)** made a motion to approve the minutes of the February 5 and 7, 2019, meetings. **Motion carried by voice vote.**

Rakesh Mohan, presented the Office of Performance Evaluation (OPE) report on the South West Idaho Treatment Center (SWITC). The report concludes the current operational model is no longer tenable and the necessary repairs require a long-term solution needing developed by the Department of Health and Welfare (DHW), the governor's office, the legislature, and the staff at SWITC.

Ryan Langrill, Senior Performance Evaluator detailed the report's findings. Established as the Idaho State Sanitarium in 1913, it opened in 1918, and was known under various names, the latest being SWITC. The facility mission changed from a long-term to a short-term crisis center as residents were successfully transitioned into the community. The 2018 client population was down to seventeen individuals. In 2011 admission became limited to individuals who were either committed to DHW custody or had failed all community options.

The remaining clients have complex behavioral or medical issues. As staff was reduced, a significant amount of institutional and specialized knowledge was lost.

The residential buildings were not designed for the current mission, do not have great lines of sight, and are not safe for current staff or clients. SWITC is too small to provide the necessary model-of-care and a community setting for client community transition.

In the 2015 DHW strategic plan, the facility's obsolescence was acknowledged and a new facility was proposed. However, the new facility was abandoned in 2017 after the current location's acreage was not sold.

OPE Recommendation Number One: The legislature must provide long-term crisis care policy guidance, direct the DHW to develop a long-term crisis care vision, and specify SWITC's place in that vision.

OPE Recommendation Number Two: Assure accusations of abuse of vulnerable adults are investigated and perpetrators are excluded from employment with vulnerable adults. The current background check process fails individuals with findings of abuse, but there is no registry.

Staffing issues of retention, trauma, injury, and client impact must be a priority. The staff must receive engaged supervision, strong hands-on training, participation encouragement, and a direct-care career path. OPE Recommendation Number Three: Legislative consideration of extending early retirement to the staff at the same high risk of injury level used for fire fighters.

The report noted providing the staff with the right tools to correct the lack of daily structure or activities for clients is a priority. Existing clinical, supervisory, and management staff training gaps also need to be addressed.

The stigma of admission is a part of the discharge process. Clearly identifying and focusing on what is keeping the client out of the community and including the community in the process will be of help. Remaining a resource for the client and community after discharge can include developing a formal process of the current staff practice to go clients to their new settings.

Attempting to make improvements, SWITC has held investigator trainings, increased salaries, hired both an out-of-state board-certified behavior analyst and speech language pathologist, implemented a staff career ladder, improved adult protection relationships through standing meetings, and added a stakeholder advisory committee developed by the DHW.

SWITC is a traumatized organization, which impacts its problem solving approach. This has contributed to the sense of immediate moment survival, a demoralizing of the direct care staff, a sense of shame regarding where they work, mistrust of outsiders, stress, anxiety contagion, and loss of both hope and faith. The constant crisis atmosphere does not focus on long-term improvements, staff buy in, follow through, measurement processes, and provides no system perspectives.

OPE Recommendation Number Four: Development by the DHW of a SWITC strategic plan to be presented to the Health and Welfare committees at the start of the 2020 legislative session.

OPE Recommendation Number Five: Development of a formal quality improvement process at SWITC. People who work at SWITC care deeply for their clients. Efforts to address issues need to be constructive, acknowledge how the staff feels about their clients, and assure accountability.

Answering questions, **Mr. Langrill** explained SWITC, as an intermediate care facility, is not able to lock client area doors. A new secure treatment building has been modified to include locked doors, but is not yet open. Although **Dr. Julie F. Brown**, the developer of informed emotion regulation skills training, has provided staff training, there is no organizational push for training follow up or continued access to her.

Other states have turned similar facilities into central locations with specialists providing services to outside community recipients and providers. The downsize included the concept of using outside specialists; however, this population needs specialists when the need arises, which cannot be scheduled.

The original building construction did not include operation stakeholders. There are layout issues, including blind walls and corners. Although mirrors have been installed, there is still a risk to clients and staff. Other planned changes are improvements, but not solutions.

Dave Jeppesen, Director, DHW, said the report is accepted as accurate and he is committed to make action happen to solve the problems. The facility needs to be a safe place with the best treatment possible for these vulnerable adults. It also needs to be a safe place for the staff.

The current operating model is stable and safe enough for the immediate future while they develop the long-term solution. Should this change, they will take immediate action.

Director Jeppesen stated he will bring the full resources of the department to solve this large problem and maintain the goal to get these clients living as close to the community as possible. An advisory committee, with a variety of stakeholders, has been established and charged to make recommendations by June, 2019, for presentation during the next legislative session. Because of the deadline, they are meeting monthly and moving with committed urgency.

Chairman Wood said the advisory committee report needs to indicate any legislation required to help the DHW accomplish long-term strategic goals and budget priorities, which would include a possible new facility.

Asked about supplement staffing recommendations, **Director Jeppesen** said the allocated staffing number is good, with the need to fill the positions currently open. Discussion includes the possibility of hiring a consultant specializing in treatment, facility, and operating models. Because this is a nationwide issue, there are other state programs they can review. All this can be done with the existing appropriation.

Director Jeppesen invited the committee to tour the facility. Invitations to join the advisory committee have been extended to a variety of stakeholders. Although some have expressed conflicts of interest and decided not to join the committee, they have expressed their support and desire to be included in the process.

Brian Whitlock, Idaho Hospital Association, appeared before the committee to discuss advance care planning directives. The current process allows posting of the directives on the Secretary of State's website. This method requires a card to retrieve the information. Stakeholders are requesting a robust statewide bidirectional directory with access through the DHW. This will save millions of dollars in end-of-healthcare costs and relieve the anguish for families making choices for their loved ones.

The Joint Finance and Appropriations Committee (JFAC) asked why this funding was not included in the DHW budget. The governor's no new budget line items directive meant the DHW budget could not add this program, which would be a new line item. The program would cost \$860,000 to move the current information into a DHW repository. **Mr. Whitlock** is asking for committee and JFAC funding approval, at which time they would follow with enabling legislation.

The committee then discussed the DHW 2020 budget request, with input for **Chairman Wood's** JFAC committee recommendations.

ADJOURN:

There being no further business to come before the committee, the meeting adjourned at 10:31 a.m.

Representative Wood
Chair

Irene Moore
Secretary