

Southwest Idaho Treatment Center

Improvement Plan



Background: As directed by the 2009 Idaho State School and Hospital (ISSH) Transition Project, the facility now known as Southwest Idaho Treatment Center (SWITC), downsized rapidly from a population of 75 clients in 2008 to 17 clients in 2018. The purpose for this transition was to support individuals with developmental disabilities in their communities whenever possible. Although the state has been effective in reducing placements at SWITC, we have not adjusted to the changing behavioral and treatment needs of our clients. SWITC is licensed as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). The ICF/ID license is designed for the general population of people with developmental disabilities. There are over 60 ICF-ID's privately owned and operated in our communities today. Although this licensure is very effective in treating the general population with development disabilities, SWITC has "out grown" this licensure, as this type of license is not designed to effectively deal with mental illness, aggressive behaviors, or significant self-abusive behaviors.

Transition of Mission and Goals: The clients who remain at SWITC are there because there are no community options or placements available to them. SWITC clients have significant developmental disabilities, mental illness, and aggressive and/or self-abusive behaviors to the extent that no community provider has been able to support them for an extended period. The current mission and vision at SWITC has transitioned from a long-term home for clients to a stabilization and treatment center for individuals in crisis with the most complex and aggressive behaviors.

History of Facility Issues: In 2015, the Department of Health and Welfare (Department) acknowledged the facility was no longer able to adequately serve the population and attempted to sell the land and rebuild the facility in another location, but the land sale was unable to be completed and the project was abandoned.

In 2017 SWITC administration found that a small group of SWITC staff were abusive to clients and subsequent investigations resulted in six staff either being terminated for cause or resigning from the facility. The investigations brought scrutiny to the facility in the form of several licensure investigations and significant findings over the next year and a half.

Disability Rights Idaho (DRI) and the Office of Performance Evaluations (OPE) released reports and recommendations (in October 2018 and January 2019, respectively) to address issues at the facility.

Facility Issues Identified: The Department takes seriously the issues identified through internal investigations, licensing surveys, and reports and analysis conducted by others. DHW is fully engaged in improving the problems at SWITC.

After investigations and analysis at SWITC, three main facility issues were identified:

1. Active Treatment plans were insufficient and not updated regularly, making treatment for some clients ineffective.
2. The facility lacked critical expertise to address the complex behaviors at SWITC.
3. Staff turnover made it impossible to provide daily, active, and effective treatment and staff training was insufficient.

Facility Focus and Improvements in 2018: The focus in the last year has been to directly address these failures and issues at the facility to ensure effective treatment of clients, reduce turnover, and improve critical staffing at the facility. There has also been a focus on improved management and quality assurance practices. Following is a summary of the critical problems addressed and strategies implemented to make immediate improvements at the facility.

Priority Issue #1: Active Treatment plans were not updated regularly to address emerging behaviors and health issues. The Department lacked expertise and professional staff to lead these efforts and develop effective treatment plans on an ongoing basis and provide direction to direct care staff in how to adequately treat and assist patients on a regular basis.

Strategies Implemented to Resolve Issue:

1. *Hired a Board Certified Behavioral Analyst (BCBA):* The BCBA is a national certification that includes a master's level education as well as supervised training, testing, and continuing education. It is the cornerstone of Applied Behavior Analysis, an evidenced based practice for serving individuals who have developmental disabilities and behavioral issues. This individual immediately took lead on active treatment plans and coordination of regular professional treatment meetings to ensure all client files and plans are reviewed and updated regularly.
2. *Hired a Counselor:* The Department hired a Licensed Clinical Social Worker with experience in dual-diagnosis (mental health and developmental disabilities) as well as trauma informed therapy to assist SWITC clients, all of whom have experienced trauma throughout their lives. This individual meets regularly with clients to enhance treatment planning and engaging in Trauma Informed Care approaches for ongoing needs.
3. *Hired a Speech and Language Pathologist (SLP):* In addition to the other significant issues, many SWITC clients have difficulties in communicating their needs. In the spring of 2018 a SLP was hired and all SWITC clients now have communication assessments and programs have been developed to address this need.

4. *Structured new Treatment Teams:* With a new team of experts, the treatment teams meet weekly to assess and determine active treatment plans for each individual at SWITC, continuing to address behaviors with the goal of stabilizing individuals, so they can move to community placements when possible.
5. *Coordination with Crisis Team:* Members of the Crisis Prevention Team meet twice monthly with the SWITC treatment team regarding the court committed clients they oversee. Most of the clients at SWITC are under court commitment. Crisis Team members provide input regarding treatment with an emphasis on stabilization and eventual safe placement in the community.

Results: SWITC has seen significant improvements in active treatment of clients with the addition of additional professional expertise and coordination of treatment teams. The BCBA now directly supervises all direct care staff which provides both insight and accountability to day to day operations and client treatment. Professional services aimed at addressing trauma and behavior related to trauma has now fully engaged in treatment plans.

Priority Issue #2: Ongoing Safety of Clients. After investigations and surveys during the 2017 incident, it was paramount that the safety of clients was SWITC's top priority. In addition to improvements in active treatment plans and improved expertise to help address risky behaviors, the Department implemented strategies to ensure all allegations of abuse or neglect were immediately reviewed, put safety precautions in place to better monitor clients, and improved policies and procedures related to allegations and investigations.

Strategies Implemented to Resolve Issue:

1. *Focus on Quality Assurance:* Management reorganized and assigned a Quality Commitment Supervisor to fully investigate allegations of abuse as well as provide regular feedback to management for areas of concern or risk.
2. *Installation of Security Cameras:* New security cameras were installed throughout campus to provide constant monitoring of client to client and staff to client interactions for review and immediate resolution.
3. *Improved Investigation Practices:* Policies were rewritten following input from DRI and OPE reports as well as in response to 2018 licensure surveys. Policies were reviewed and approved by the November 2018 licensure survey. SWITC investigators were re-trained and certified by an independent provider recommended by Licensing and Certification.
4. *Improved Coordination with Adult Protection:* SWITC Staff meet with Adult Protection staff every four to six weeks to review any reports and to improve investigations and safety at SWITC.

Results: SWITC has experienced significant improvements in the safety of clients with careful attention to any incidents of abuse or neglect with staff now in the habit of self-reporting any issues. Investigations are more

complete and less time-consuming with improved cameras, software, and clarity of imaging. Oversight of allegations and investigations by advocates has improved with frequent meetings between SWITC and Adult Protection.

Priority Issue #3: Staff Development and Retention. One of the biggest challenges we have faced at SWITC has been our turnover. In 2017, voluntary turnover was approximately 29% and 40% in 2018. Keeping well trained, competent staff employed at SWITC is critical to improving day to day operations. SWITC developed new training for staff and implemented a career ladder and salary increases in efforts to improve in this area.

Strategies implemented to resolve issue:

1. *Development of New Worker Training:* In January 2018, SWITC new employee training added two weeks of classroom time and one week of job shadowing prior to staff independently overseeing a client to improve direct care and treatment of clients.
2. *Implemented a Career Ladder for Direct Care Staff:* New training has become available for existing staff as well as a career ladder that includes the required oversight and supervision for staff to become nationally certified as Registered Behavioral Technicians.
3. *Salary Increases:* In the fall of 2018 direct care staff starting salaries were increased from \$15.53 per hour to \$16.56, with existing direct care staff and nursing salaries also seeing a substantial increase.
4. *Improved Scheduling:* In the fall of 2018, in response to a staff survey direct care staff schedules were changed from five eight-hour days to four ten-hour days.

Results: Upon implementation of the 2018 improvement strategies, SWITC passed its annual licensure survey in October 2018, a successful annual licensure survey found only one citation related to a dental visit. This was the best survey results at SWITC in over ten years.

Facility Improvements for 2019:

Although we celebrate the facility improvements that have been made over the past year, there are still critical issues that must be addressed. The 6-month road map at SWITC will address the following areas:

Priority Issue #1: Improve Staff Safety at the Facility: We continue to struggle with staff injuries and staff assaults. We must implement some safety measures to ensure we can protect the safety of our staff.

Strategies to address issues:

1. *Building Improvements:* SWITC has a list of building modifications including modifications to individual rooms around their specific challenges, development of sensory rooms to allow clients an area to calm, and key card access, that will help control where individuals can go on campus reducing risk for both clients and staff.

2. *Engage a Safety Workgroup:* SWITC has formed a safety workgroup that includes direct care staff to review staff injuries and safety issues in order to analyze and reduce injuries and threats at the facility.
3. *Continue to Pursue Strategies to Address Turnover:* Direct Care staff are critical at SWITC and further work in retention and recruitment efforts will be addressed.
4. *Additional Training for Staff:* Additional training from the National Association of Dual Diagnosis around providing trauma informed services; and training, supervision, and national certification of direct care staff as Registered Behavioral Technicians.

Priority Issue #2: Explore additional facility improvements through outside consultation.

Strategies to address issues:

1. *Explore Additional Models Based on What Other States Are Doing:* The Department is currently researching models used in other states to address this very complex and unique population. Options and models will be used to inform longer term strategic plans for the future of SWITC.
2. *Identify Possible Consulting Services:* SWITC is engaged in discussion with several national organizations that consult with SWITC-like facilities working with this level of clients. SWITC will work on options to engage expertise in areas of staff and client safety, quality assurance, and staff retention as well as other issues to ensure facility risks and issues are addressed and sustainable improvements are made.

Priority Issue #3: Continue to improve management and professional development

1. *Improve Day to Day Client Activities and Learning:* The Department is looking to hire a Recreational Therapist to improve activities that allow them to be engaged and learn socializing behaviors.
2. *Improve Expertise and Informed Care Models for Active Treatment Planning:* The Department will hire an additional Board Certified Applied Behavioral Analyst to improve therapy and treatment and oversee direct care staff and quality outcomes. Efforts to secure this expertise last year has been tremendously successful, but the workload is too much for one individual to be effective on a continuous basis with changing clients and needs.
3. *Improve Therapeutic Treatment to Improve Quality of Life in Daily Activities:* The Department would like to hire an Occupational Therapist to help clients develop, recover, improve, and maintain skills needed for daily living.
4. *Improve Process to Investigate Allegations of Abuse or Neglect:* The Department will improve the quality assurance and investigation processes to ensure that allegations or incidence of injury, abuse, or

violence is immediately investigated and causes of incidents are reviewed and addressed by management.

5. *Improve Management Engagement of Crisis Management:* The management team has formed specialized workgroups with crisis teams and treatment teams to conduct individualized analysis of client population and coordination with crisis team to identify best placement options for individuals so that community placements and options are identified once clients are stabilized.

Long Term Strategy and Problem Solving: As reported in the OPE report, the cause of these issues at SWITC are systemic in nature and ultimately come down to finding an appropriate treatment model for this very small subset of our developmentally disabled population. Today 99.3% of developmentally disabled clients are effectively and successfully served in community placements or in their own homes with resources and services through Home and Community Based Services (HCBS). Under 1% of the population has not and likely will not be successful in a long-term community setting because of the complex and difficult behaviors and trauma they have faced. The Department is committed to working with stakeholders, experts, and community partners to identify a long-term solution to the population currently served at SWITC.

The 17 clients in the facility, as well as several clients who are at risk in the community, touch multiple state systems from the courts; to corrections; the mental health system; developmental disability community providers; advocates; and families of past, current, and future clients. SWITC, as well as the Developmental Disability System and the larger systems, have been unable to meet the needs of these clients. In response to this larger issue the Department of Health and Welfare convened the SWITC Advisory Board in November 2018. The Advisory Board includes membership from the Governor's Office; the Legislature; the courts; Canyon County Sheriff's office; Idaho Department of Corrections; Adult Protection; a private provider; parents of a SWITC client; and a member of Idaho's Branch of NAMI (National Alliance on Mentally Illness).

The Advisory Board will be tasked with making recommendations and exploring options for the right treatment model to serve this unique population. It will explore what systems can best address the needs of this population, what types of facilities and treatment models are appropriate, where the treatment should take place, and funding options. As the OPE Report notes, SWITC in its current facility and under its current license are not a long-term solution for these uniquely challenged clients.

Questions to Address for a Long Term Strategic Plan: Below are questions that must be answered to inform a long term strategic plan. Some of these questions must be addressed by the partners engaged in serving this population, other questions will be addressed through policy decisions, but they must all be clearly determined before effective long-term strategies can be determined.

- What population falls within the responsibility of the Department to provide treatment? (DHW recognizes that we provide services to a broader population through Medicaid payments, but when does the Department become the service "provider") Should the Department only provide treatment to individuals who are committed to the Department or also take voluntary placements? (compare to Child Welfare model)

Decisions/Time Frames: This question will be reviewed by the Advisory Committee based on information and options provided by DHW and other inputs. Recommendations will be provided by June to inform decisions that must be made by July.

- What is the right treatment model for the population we have defined? How does the current SWITC and crisis model fit into that, if at all? Is the ICF-ID the correct licensure and treatment model for these individuals? If not, what is more appropriate?

Decisions/Time Frames: This question will be addressed by the Advisory Committee based on information and options provided by DHW. Recommendations from the Advisory Committee will be provided by June to inform decisions that must be made by July.

- If these individuals are to be treated in a facility and cannot be successful in current community placements, should the facility be State ran or privately ran? If the Department is not responsible for voluntary placements, who is?

Decisions/Time Frames: Once the decisions about population and treatment models have been determined, the Advisory Committee will make a recommendation as to whether DHW is still the best agency to support this population or if the identified needs are best met through a different agency or model. This decision must be made by July to inform planning on facility issues. Final decisions will be made by policymakers.

- If the State is going to operate the facility to treat these individuals, is the current facility an appropriate building and location? If the current facility is not conducive to treat the defined population, what is the appropriate model and facility?

Decisions/Time Frames: Once decisions have been made about who will be served and who will serve them, the Department of Health and Welfare will have to determine if the current facility is effective to serve the population. This is a DHW decision in coordination with policymakers and the Governor's office. Recommendations for moving forward should be expected by early fall.

- What will the Department of Health and Welfare do with the land (600 acres) where the current SWITC campus sits? Should the State sell that land? Should we create an endowment fund? What will be done with the Job Corps, Work Release Center, and Juvenile Corrections Center?

Decisions/Time Frames: The Lease Agreement with the city for the Golf Courses expires December 2019. Decisions on a long-term plan of land sell or lease agreements will be made by the Department of Health and Welfare in coordination with policy makers and the Governor's office. These decisions need to be made summer 2019.

- Based on the treatment model that is determined to be best for this population, what funding options are available? What type of license is appropriate? What is the oversight for the treatment or facility that will be used?

Decisions/Time Frames: Funding and licensure options will be researched by the Department of Health and Welfare and reviewed with federal agencies, policy makers, and the Governor's office to determine the most cost effective and appropriate model to serve the identified population ongoing. Funding requests, policy changes, and waiver options will vary based on decisions made above. The Department will continue to provide information to policy makers and the Advisory Board as appropriate to guide decisions.

Facility Specific Recommendations: Between October 2018 and March 2019, SWITC had three different sets of recommendations submitted for improving services at the current facility as it is licensed as an ICF/ID. The October DRI report listed issues from the period of 2017 through February of 2018. Many of those issues were at least partially addressed during 2018. The OPE report was completed in January 2019 and covered dates from February of 2018 through fall 2018. Some of the issues mentioned by the OPE report were addressed early in 2019 as the Department received the recommendations. A significant amount of the recommendations from the OPE report are beyond the scope of the internal workings of the facility under its current licensure, and those recommendations are addressed in the Southwest Idaho Treatment Plan, rather than in the following table. Finally, the Department received verbal recommendations from a Disability Rights of Idaho consultant on March 7, 2019. SWITC received dozens of recommendations from these reports some of which are outside the scope of this section, addressing plans surrounding recommendations around running the facility as an ICF/ID. Suggestions regarding systemic, licensure, or treatment model changes are addressed in the main report.

Table 1: Facility Specific Recommendations

Investigation and Prevention of Abuse and Neglect		
Recommendation	Plan	Timeline
Clients, Staff, and families of clients at SWITC can identify and report abuse, neglect, and maltreatment.	New staff training on abuse increased. Clients retrained on identification. Client abuse documents reformatted to increase comprehension. Families sent information on identifying and reporting on abuse. Current staff retrained on identifying abuse and neglect.	Complete
Investigators appropriately identify and investigate abuse including identifying ancillary or related issues in investigations.	Investigators received Labor Relations Certification in Investigations. Specific Investigator Position is being created increased qualifications and training. Quality Assurance/Process Improvement program is being developed to better identify related issues surrounding investigations.	May-July 2019
Pre-investigation processes reviewed with child and adult protection to assure they meet requirements of the Law.	SWITC administration and stakeholders met and all pre-investigations will now be submitted to adult and child protection.	Complete
Allegations should all be investigated in the same manner. Pre-investigations should not be performed.	Pre-investigations reviewed. Found pre-investigations were to establish if an allegation were credible according to law. Practice will be re-reviewed.	May 2019.
Administrator to meet with guardians and clients regarding the result of investigations.	Administrator contacts both guardians and clients regarding investigation results.	Complete
Record all interviews of investigations as was previously practiced.	This practice was discontinued at the advice of DHW Deputy Attorney General. The practice will be re-reviewed.	May 2019
If an employee resigns while under investigation for abuse and neglect personnel documentation should note that they "resigned while under investigation."	This recommendation was given on March 7, 2019. It will be considered by DWH personnel for legality and if possible implemented.	April 2019
Treatment at SWITC		
Recommendation	Plan	Timeline
All SWITC Clients should have a communication Evaluation.	A Speech and Language Pathologist was hired in 2018 to provide speech therapy and to develop a communication evaluation for each client. As of 2019 each client had a communication evaluation.	Complete
Review treatment plans on an ongoing basis.	Treatment plans are reviewed according to regulation and were not criticized in the October full survey of SWITC. The new Quality Assurance	June 2019

	Performance Improvement plan will involve checks to assure that plans are being updated as needed. SWITC treatment teams meet weekly to update plans.	
Improve discharge planning by determining discharge goals at admission and more involvement of the Community Crisis Team.	The Community Crisis Team meets bi-monthly with SWITC staff regarding each client and discharge is reviewed. All clients have been assigned a team member who is to explore discharge. Planning will be updated to include discharge from the meeting.	June 2019
Hire a consultant to eliminate non-approved restraints and reduce or eliminate physical restraints.	SWITC has a history of attempting to limit restraints and most significant restraints are no longer employed or are rarely used such as mechanical restraints. Non-violent crisis intervention is employed and utilized by all staff which is the standard set for restraint that is as limited in nature as possible. Restraint must be used occasionally to prevent injury to staff and clients. SWITC will explore a consultant to further reduce restraint in a safe manner. Restraints will be part of the Quality Assurance Process Improvement program with efforts to limit as much as possible.	July 2019
SWITC should be a trauma informed facility.	SWITC policy has been rewritten to incorporate trauma informed principles. SWITC staff have been trained by a national expert in trauma informed services. Direct care staff will take the National Association of Dual Diagnosis (NADD) trauma-informed course for direct care staff. Administration will continue to pursue trauma informed principles.	Ongoing
SWITC Policy Changes		
Recommendation	Plan	Timeline
SWITC should make zero tolerance of abuse and neglect part of policy.	SWITC practice has been to terminate employees upon substantiated abuse, neglect, or mistreatment. The policy was updated to reflect a zero-tolerance standard.	Complete
Nondisclosure Forms prevent SWITC clients from talking to their parents and advocates about abuse investigations.	The forms were intended to prevent investigations from being contaminated by discussion with staff who may be accused. The verbiage of not speaking to anyone about the abuse was wrong and is taken off the form. Clients are now encouraged to talk to family and advocates.	Complete
Documents should not be altered after events have occurred. Policy should reflect that documents should not be falsified.	The document in question has been reformatted to allow completion of incomplete documentation to occur without appearing to be falsifying documents. Policy will be reviewed and changed if needed to assure falsification is forbidden.	June 2019

Hire a consultant to review policies, practices and procedures for resident care treatment and safety.	Policies have been reviewed by SWITC staff, Licensing and Certification Surveyors. Policies have been approved by licensure surveys.	Complete
SWITC Management Practices		
Recommendation	Plan	Timeline
SWITC should adopt a Quality Assurance program that allows decisions to be data driven.	A formal Quality Assurance Process Improvement Plan (QAPI) is being developed specific to SWITC and ICF/ID requirements. The plan and materials will be developed in Spring of 2019 to be implemented in Summer of 2019. The QAPI Plan will cover investigations, treatment, documentation, and other parts of the SWITC.	July 2019
Qualified Intellectual Disability Professional (QIDP) needs to have additional training in the role.	This recommendation was received on March 7, 2019. Training will be sought both locally and resources will be sought outside of Idaho. Training for this position will be sought as it relates to clients similar to those served at SWITC.	April-June 2019
Suggestion boxes should be made available for both staff and clients.	This recommendation was received on March 7, 2019. Boxes have been ordered. Suggestions will be collected weekly, reviewed by management team and a response to suggestions will be delivered via email to staff and during Home meetings to clients on a weekly basis.	April 2019
A strategic plan should be developed for SWITC.	This document will serve as the initial strategic plan for SWITC. A further plan will be developed after the SWITC Advisory Board completes its work as defined in the SWITC Improvement Plan.	March 2019, Fall 2019
Address organizational and staff trauma at SWITC.	Staff buy in will be sought through addressing staff needs through: <ul style="list-style-type: none"> • Weekly self-care and Employee Assistance Provider promotion and information (January 2019). • Creation of a staff safety committee (February 2019). • Inclusion of direct care staff representation at leadership team (February 2019). • Exploration of a contract for a mental health counselor to be available at SWITC in a routine basis for staff (April 2019). Staff safety will be improved through: <ul style="list-style-type: none"> • Increased staffing at SWITC (November 2018-current SWITC minimum staffing policy has been met). • Retraining staff utilizing New Employee Training curriculum annually for all staff. 	Ongoing

	<ul style="list-style-type: none"> Continued use of Non-violent Crisis Intervention Training and restraint for all staff at SWITC. 	
Clinical Staff and Administration should do "rounds" at SWITC Residences. Rounds should consist of two types. Informal rounds will involve being present on at the residences and "chatting" with staff and clients. Checklist rounds will consist of specific reviews of actions on the floor as part of Quality Assurance.	This recommendation was received on March 7, 2019. DD Program Manager and other administrative staff currently visit the floor daily. This good practice will be built upon with rounds becoming part of clinical and administrative job descriptions, rounds being recorded, and formal checklists acquired or developed to support rounds and the Quality Assurance Process Improvement Program.	June 2019
SWITC should fully implement the data program Therap.	SWITC has partially utilized the data system Therap for several years. Full implementation has been delayed first by technical difficulties then by crisis response to the many surveys, reports, and other issues at SWITC. A plan for full implementation will be developed in April of 2019 with a target for implementation in the fall of 2019. Utilization of Therap will streamline SWITC processes and provide data for the Quality Assurance Process Improvement Program.	November 2019
Staffing at SWITC		
Recommendation	Plan	Timeline
Improve staff turnover	<p>Efforts to impact staff turnover have been ongoing:</p> <ul style="list-style-type: none"> New staff orientation training increased to 2 weeks of class time followed by a full week of job shadowing. (February 2018). Nursing and direct care staff salaries increased (October 2018). Career ladder implemented (Fall 2018). Employee requested weekly schedule of four 10-hour days implemented (Fall 2018). Employee suggested staggered daily schedules implemented (Fall 2018). Employee safety committee initiated (February 2019) <p>Future Steps:</p> <ul style="list-style-type: none"> Employee suggestion process to be implemented (April 2019). Institution of annual training for established staff (May 2019). <p>Efforts have proven fruitful with SWITC staffing meeting policy levels consistently since November 2018. Ideal staffing levels are being met over 80% of the time during the first weeks of March 2018. Direct care staff to</p>	Ongoing

	client ratios are averaging between 1 staff to 1.6 clients and 1 staff to 1.8 clients routinely. More direct care staff are needed but the number of staff entering SWITC is promising with seven new staff in February and five new staff in March.	
Increase new worker training and re-train current staff.	New staff orientation training increased to 2 weeks of class time followed by a full week of job shadowing. (February 2018). Annual training for established staff is being developed. Established staff will begin annual training in May of 2019 to be completed by October of 2019. Annual training will be a modified version of the initial training provided to new staff. Established direct care staff will have the opportunity to become Registered Behavioral Technicians (RBT). RBT training consists of oversight by a Board Certified Behavioral Analyst, coursework, and passing a nationally standardized test. SWITC currently has one Board Certified Behavioral Analyst but is training a second and will seek to hire two more to direct clinical programs and support direct care staff.	Ongoing
Every SWITC employee should have clear job description and performance management.	All employees at SWITC will have completed job descriptions by May 2019. All employees at SWITC will have a completed performance evaluation by June 2019.	June 2019
SWITC should buy and utilize a staff scheduling program.	As shift changes were changed from three shifts to staggered shifts in the fall of 2018 a review of scheduling software was performed. No software that would accommodate the new scheduling was found. Utilization of a software program to develop the complex schedules would likely create efficiencies. Another review of available scheduling software will be performed.	July 2019
Communication between workers at shift change should be improved to better prepare to workers starting their shifts.	This recommendation was received on March 7, 2019. SWITC leadership will explore methods to better communicate between workers changing shifts. Leadership will explore utilizing Therap features, adding another lead worker to overlap between lead worker shifts, scheduling staff for brief double coverage to enhance communication, and sending shift reports to all staff.	April 2019
Promoting Client Engagement		
Recommendation	Plan	Timeline
Client and each residence should have schedules that create a structured and busy	This recommendation was received on March 7, 2019. Clients have individual schedules to promote active treatment. Clients have a right to refuse scheduled items and often do. It is hoped through this	April 2019

environment that creates a natural flow for the day.	recommendation that clients will react to group scheduling with enthusiasm and will be more active in pursuing skill building and therapeutic outcomes. It is also recommended that client behaviors will decrease with increased commitment and activities. As staffing has reached levels where this is possible SWITC began campus wide activities in March of 2019. Structured residence wide schedules are being implemented with full scheduling to be implemented with the hiring of a Therapeutic Recreational Specialist.	
Hold "house meetings" for the different residences on the SWITC campus where clients will jointly determine activities and discuss rules and issues for each residence.	This recommendation was received on March 7, 2019. Some of this type of discussion has happened with the newly established "coffee hour" during March of 2019. House meetings will be formally introduced and held weekly.	April 2019
Add a current or former client to the SWITC advisory board.	This recommendation was received on March 7, 2019. The advisory board has wide ranging membership and all positions are currently filled. Adding a client to the board will be discussed and outreach efforts for client attendance will be pursued.	September 2019
Clients should personalize their rooms at SWITC.	This recommendation was received on March 7, 2019. Clients are currently able to decorate their rooms as they desire, and many do. Efforts to help clients personalize their rooms will be increased, such as allowing clients to choose colors and participate in the painting of their rooms. Other ways to safely personalize rooms will be discussed with clients as part of their programming.	June 2019

Stakeholder Outreach: Family and Community and SWITC Administration have reached out to many stakeholders to develop plans for the system of services as well as to support the improvement of services at SWITC.

Table 2: Stakeholder Outreach

Stakeholder	Date	Discussion
SWITC Advisory Board	11/16/2019	Introductory meeting of SWITC Advisory Board
Medicaid	11/26/2019	Introduced discussion on exploring new residential options for people with complex needs or who are in crisis.
Idaho Council on Developmental Disabilities	12/10/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Medicaid/Licensing and Certification/Court Prevention and Crisis Services	12/14/2019	Brainstorm on possible residential options for people with complex needs.
Medicaid	12/18/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
Disability Rights Idaho (DRI)	12/19/2019	Discussed potential work related to the exploration of new residential options for people with complex.
SWITC Staff	1/7/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Medicaid	1/15/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
SWITC Staff	1/17/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
State Independent Living Council	1/28/2019	Discussed potential work related to the exploration of new residential options for people with complex needs.
Court Prevention and Crisis Service Supervisors	1/29/2019	Discussed improvements to admit and discharge process at SWITC and how the state can improve coordination.
Disability Rights Idaho (DRI)	2/6/2019	Discussed recommendations identified in the DRI Report
Idaho Council on Developmental Disabilities	2/8/2019	Discussed potential work related to the exploration of new residential options for people with complex. Facilitated a small group discussion on qualities of new options.

Stakeholder	Date	Discussion
SWITC Advisory Board	2/8/2019	Standing SWITC Advisory Board meeting
Idaho State Senate	3/15/2019	Provided tour of SWITC facility to interested Idaho State Senators
Medicaid Coordination Meeting	2/19/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
Idaho Council on Developmental Disabilities	2/21/2019	Provided presentation on Department's response to Office of Performance Evaluation and DRI reports
Disability Rights Idaho	3/7/2019	Discussed recommendations identified by DRI consultant
SWITC Advisory Board	3/11/2019	Standing SWITC Advisory Board meeting
Centers on Disabilities and Human Development	3/12/2019	Discussed potential work around the exploration of new Residential Options for people with complex needs.
Medicaid	3/19/2019	Monthly strategy meeting with Medicaid that includes progress updates on SWITC related initiatives including new residential options.
National Association of State Directors of Developmental Disability Services	3/20/2019	Meeting to discuss treatment models and Medicaid authorities used by other states to support individuals with complex needs or who are in crisis
SWITC Advisory Board	4/16/2019	Standing SWITC Advisory Board meeting