

ATTACHMENT 3
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Southwest Idaho Treatment Center

Legislative Report 2020



JANUARY 21, 2020

Idaho Department of Health and Welfare
Division of Family and Community Services



DIVISION OF
FAMILY &
COMMUNITY
SERVICES

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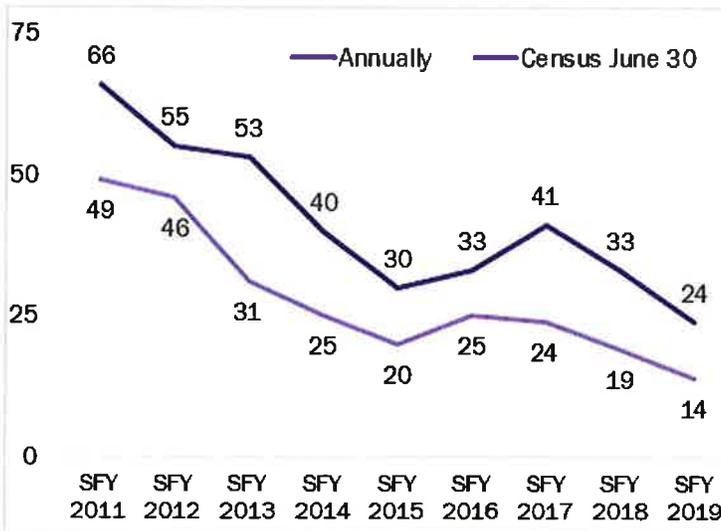
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Introduction/Historical Reminder

Transition of Mission and Goals: In 2009, the Southwest Idaho Treatment Center (SWITC), was directed by the legislature to reduce the population at SWITC. This direction resulted in SWITC downsizing 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. At that time, the mission of SWITC also changed from being a long-term home for clients to a short-term stabilization and treatment center for individuals in crisis.

SWITC fulfills its mission of a short-term treatment center. The population at SWITC continues to decrease.



The state was effective in reducing placements at SWITC, however, with that reduction, the profile of the population that remained and their treatment needs also changed. Residents at SWITC are individuals with developmental disabilities who have the most complex, behavioral needs in the state.

All of SWITC's residents have significant developmental disabilities, often in combination with mental illness, and aggressive and/or self-abusive behaviors that preclude them from being supported in the community for extended periods of time. Residents only come to SWITC and remain at the facility when there are no community options or placements currently available to them.

The licensure and treatment at SWITC must address the changing behavioral and service needs of our clients. SWITC is licensed as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). The ICF/IID license is designed for the general population of people with developmental disabilities for long term residential care. Although this licensure is very effective in treating the general population with Development Disabilities, SWITC has "grown out" of this licensure as this type of license is not designed to effectively deal with the acute mental illness, aggressive behaviors, or significant self-abusive behaviors exhibited by the residents at SWITC.

The residents at SWITC all have unique and complex needs.

100%
of the residents
have the following:

- Intellectual Disability
(mild, moderate, severe or profound impairment)
- Mental Health Diagnosis
(bipolar, psychosis, major depression, anxiety)
- Dangerous Behavior
(physical aggression or self injurious behavior)

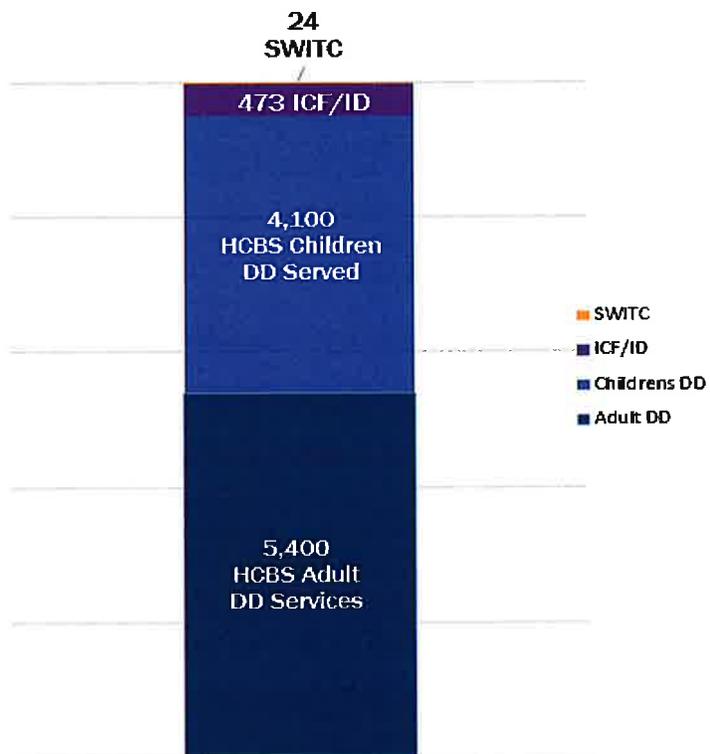
History of Facility Issues: In 2015, the department attempted to sell the land at SWITC and rebuild the facility in another location, but the land sale was not completed, and the project was abandoned. In 2017, SWITC administration discovered that a small group of SWITC staff had engaged in acts that were abusive to clients and corresponding 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 licensure investigations and findings requiring improvements over the next year and a half. In the fall of 2018, both Disability Rights Idaho (DRI) and the Office of Performance Evaluation (OPE) released reports and recommendations to address issues at the facility.

OPE Recommendations: The Office of Performance Evaluations made recommendations to address system-wide issues and issues with SWITC’s operations and treatment standards. The Office of Performance Evaluations believed the key to making long-term progress rested with two core recommendations. Those recommendations were for the Department of Health and Welfare to:

- Develop a strategic plan and a formal quality improvement process at SWITC.
- 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 Department Seeks Solutions: As reported in the OPE report, addressing the issues at SWITC ultimately comes down to finding an appropriate treatment model for the very small sub-set of individuals with developmental disabilities that have the complexity of treatment needs as the residents at SWITC.

Today 99.8 percent of DD clients in Idaho are effectively and successfully served in community placements or in their own homes with resources and services through Home and Community Based Services. Less than one percent of the population have not been successful in a long-term community setting because of the complex and difficult behaviors and trauma they have faced. This small group of individuals who would be well supported by a new model of care.



Over the past year, the department has had over **60 meetings** with stakeholders, experts, department leaders and community partners to develop a strategic plan and to identify a long-term vision for the population currently served at SWITC. The department welcomes this opportunity to provide you with our progress on our Strategic Plan, Quality Improvement, and Long-Term Vision for Individuals with Developmental Disabilities and Complex Needs.

Strategic Plan and Quality Improvement

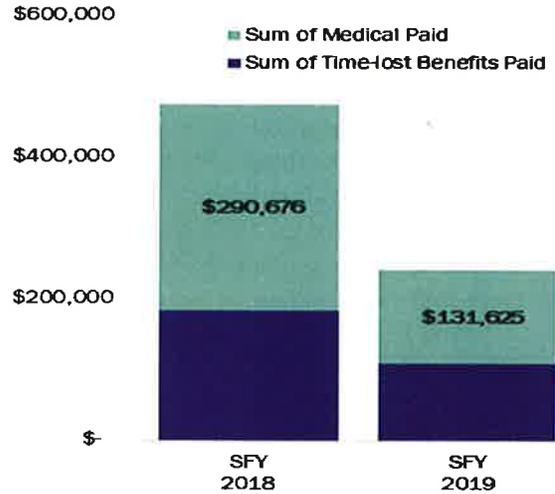
In 2019, the department developed a Strategic Plan to proactively address priority areas of improvement. These areas included staff safety, facility improvements and management and professional development. The department is pleased to report our successes in these areas.

Staff Safety

Staff trauma and Injury: SWITC has seen a decrease in Worker Compensation injuries and claims over the past two years. The following improvements related to staff trauma and injury have been made:

- SWITC formed a safety workgroup that includes direct care staff. This workgroup reviews staff injuries and safety issues to reduce injuries and threats at the facility.
- Self-Care and Employee Assistance Provider information is provided and promoted weekly
- A 24-hour Response Team has been hired and is being trained to react to and deescalate client behaviors and prevent injury. The team will be deployed in February 2020.

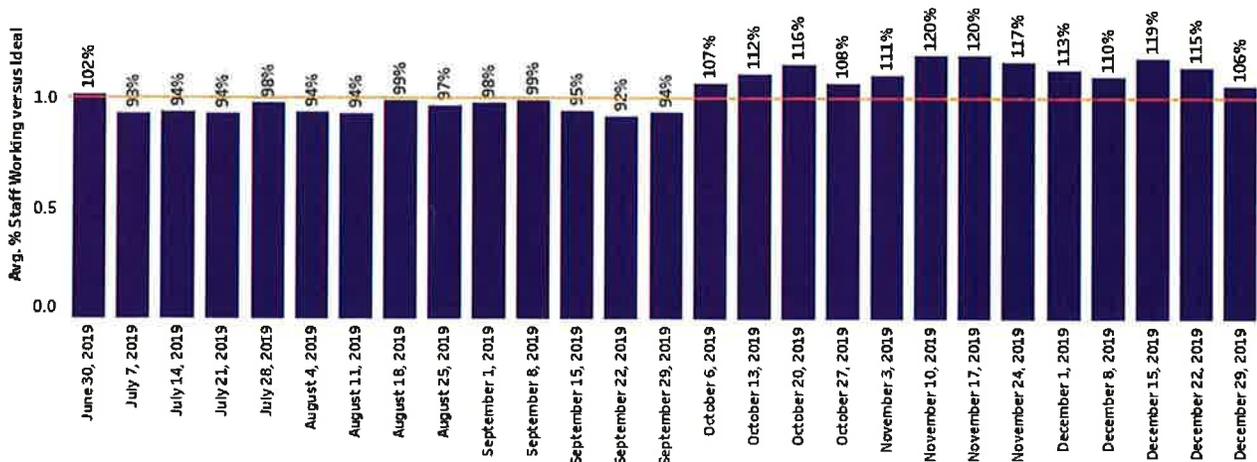
Workers Compensation claims are decreasing.



Understaffing: SWITC has improved staffing in both quality and quantity. SWITC is currently at or above our ideal staffing and over the last nine months, SWITC has hired more staff than it has lost. The following improvements related to understaffing have been made:

- Direct Care staff have moved to four ten-hour shifts which allows for flexibility in scheduling and better overall shift coverage. According to a recent staff survey, staff also like this schedule.
- A full-time recruiter was hired to help fill key direct care and supervisory positions.
- Pay schedule changes in 2018 provide incentives for staff to continue developing their skills through training and certifications and staff are rewarded for performance and longevity.
- SWITC hired more employees than it lost in five of the past nine months.

SWITC is currently at or above Ideal staffing.

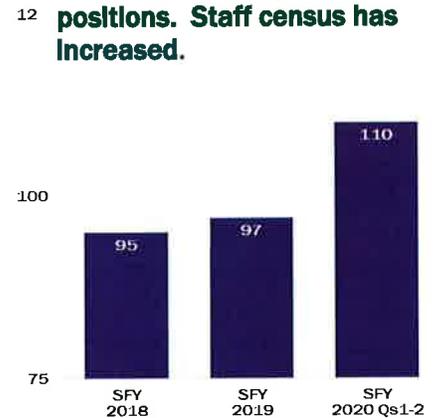


Facility and Staffing Improvements

Shift to proactive approach to treatment: SWITC has made strides to become less reactive to crisis and move towards more proactive, organized methods of improvements. In 2019, the following improvements related to a proactive approach to treatment have been made.

- A Sensory Room was created for each unit. These areas are places where residents can calm and work on sensory processing needs as identified by assessment.
- The department has approved the installation of key card access to the units. This safety measure will not prevent egress from the buildings but will limit who can enter.
- The department hired a Recreational Therapist to improve day to day client activities and learning. Additionally, a therapy dog is being trained to work with our clients as a new feature this spring.
- The department has hired additional Board Certified Applied Behavioral Analysts to improve expertise and informed care models for Active Treatment planning.
- Four Licensed Practical Nurse positions have been reclassified and filled with Registered Nurses to improve medical oversight and treatment.
- An Investigator was hired in May of 2019. He received certification training and pursuing certification as Certified Forensic Interviewer.
- A Licensed Clinical Social Worker was hired to provide counseling to families and clients.
- SWITC's Qualified Intellectual Disabilities Professional attended national certification training and is in the process of completing certification requirements.
- Two clinical staff were trained to teach advanced Crisis Prevention Interventions.
- Client to staff ration supports active treatment goals at an average of two direct care staff for every three residents.

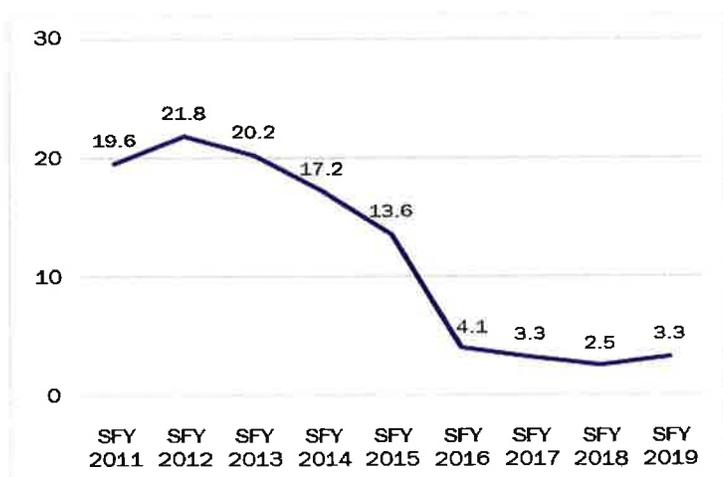
Improvements at the facility includes the hiring of key positions. Staff census has increased.



Discharge process: SWITC continues to fulfill its mission to transition individuals to effective community placements for long-term services as quickly as possible. The average number of residents serviced, and their average length of stay, has declined since 2011. In 2019, the department coordinated across programs to improve the discharge process for residents transitioning to the community. Coordination activities included:

- SWITC and the DD Crisis Prevention and Court Services Team worked together to develop outcome measures that will be used in post discharge plans of care.
- Improved availability of Crisis and SWITC staff to the residents and private providers after the resident has discharged from the facility.
- Meetings with the Division of Medicaid to develop a long-term plan on how to expediate discharge and access to community service once a client is ready to transition.

Improvements to the discharge process occurred as average lengths of stay (in years) continue to be low.



Management and Professional Development

Leadership and management: SWITC has made improvements to the leadership and management of staff at the facility. In 2019, the following improvements related to management have been made:

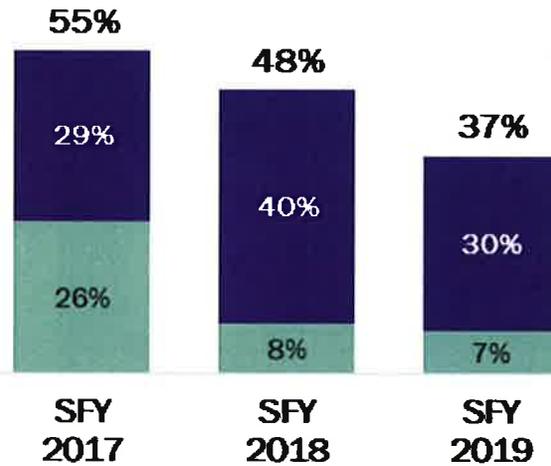
- The management team formed specialized workgroups with crisis teams and treatment teams to conduct individualized analysis of client population.
- An extensive Quality Management program was adopted with two staff assigned quality assurance/quality improvement as their primary duty.
- With the addition of five Board Certified Behavioral Analysts, SWITC is now able to offer direct care staff supervision, and national certification of direct care staff as Registered Behavioral Technicians.

Increased training and supervision

- Staff received additional training from the National Association of Dual Diagnosis around providing trauma informed services.
- All staff and clients are trained on abuse and neglect identification and prevention.
- New staff orientation training increased to two weeks of class time followed by a full week of job shadowing.

Staff turnover has reduced as improvements are made to management and professional development.

■ Involuntary Separations
■ Voluntary



Long-Term Vision for Individuals with Developmental Disabilities and Complex Needs

The director of the department convened a SWITC Advisory Board in the fall of 2018 and tasked it with making recommendations and exploring options for the right treatment model to serve SWITC's unique population. The Advisory Board membership is comprised of members of the Idaho Legislature, a representative of the Governor's office, a parent of an individual residing at SWITC, advocacy groups, law enforcement, corrections, and the courts.

This Board met several times throughout the past year to explore current systems and ideas related to individuals with disabilities and complex needs. Through this exploration, the Board identified that the developmental disability system in Idaho needs clearly identified services or structures for individuals with a developmental disability and acute or subacute needs.

	Corrections	Behavioral Health	Medical	Dev. Disabilities
Acute Limit movement, high staff credentials, precautionary levels, restrict visitors, food	Jail/Prison	IMD Psych. Hospital	Hospital	
Subacute Transitional, 24 hr monitoring, supervised movement, required treatment team	Supervised Probation	PRTF Partial Day	Rehab Hospital	
Crisis Services: Emergency Rooms, 911, Community Crisis Programs				
LTSS Least Restrictive Setting choice of provider, specific restrictions	Unsupervised Probation	Outpatient Sober Living	Nursing Home RALF	ICF/ID
Home/Community Full autonomy, restrictions based on need, paraprofessional staff	Police	Counseling	Home Health Doctor Visits	Supported Living

Based on this conclusion, the Board created a new treatment model for individuals with developmental disabilities and complex needs at SWITC. The new model includes a more robust continuum of care and will better serve the population of individuals who currently reside at SWITC.

New Treatment Model

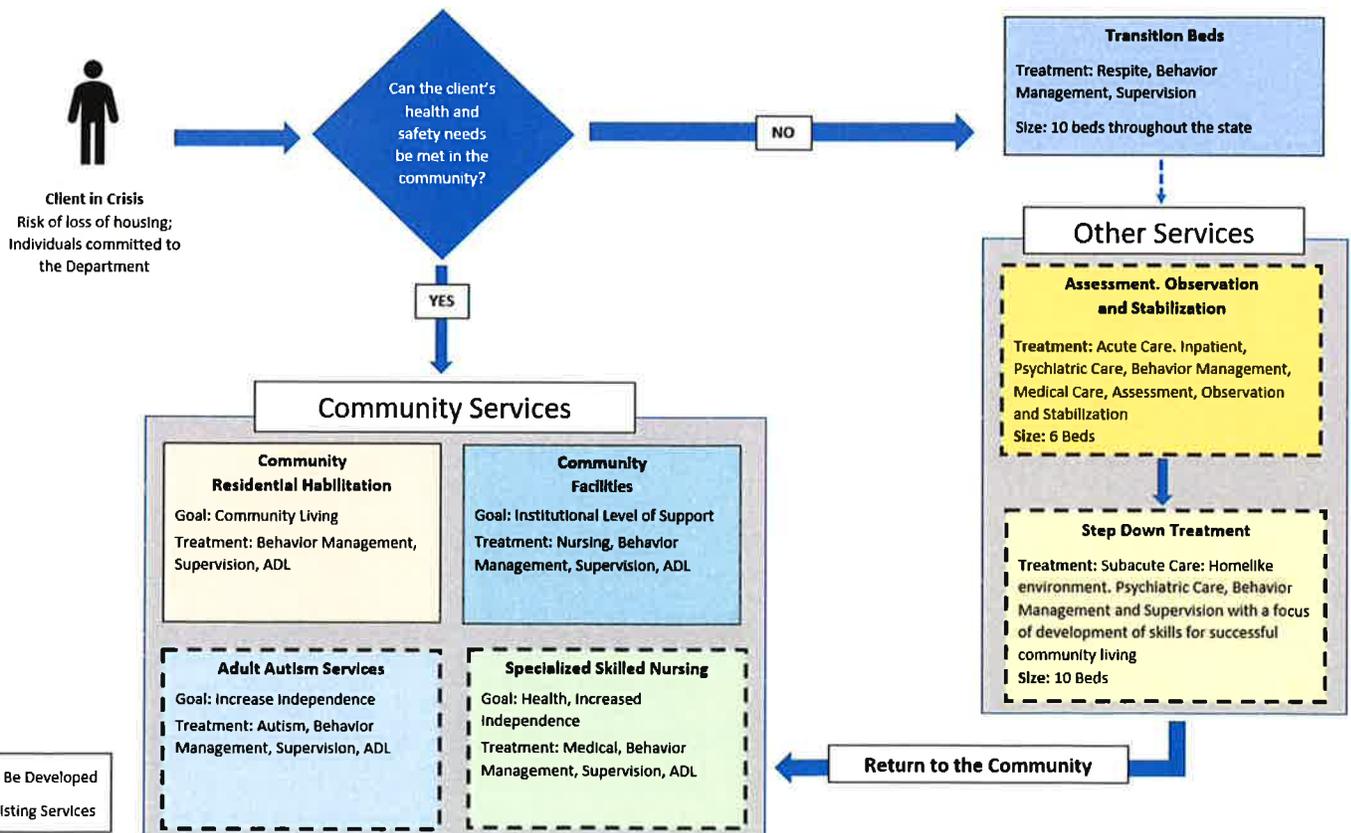
Three new components will be added to Idaho's continuum of care at SWITC; an assessment and observation unit, a step-down facility and enhanced community placements.

Assessment, Observation and Stabilization Unit: This unit will serve clients in crisis, often who need extensive and urgent psychiatric and behavioral intervention. This new acute level of care may feature some restrictive elements as determined individually by patient need. Clients may stay at this level of care until they can tolerate a lower level of services, but the length of stay is intended to last approximately three to six months.

Step Down Treatment: As a client's acute needs stabilize, they will move to this step-down facility. The step-down facility will model community living with residents living in small apartment like-units with one or two individuals per units. These units would be on a shared campus so that staff resources could be shared. Significant psychiatric and behavioral services will be available to residents, but the primary focus in this subacute level of care will be to assist residents in developing skills that are necessary to live in the community. Clients will stay in the step-down facility until they can safely move to the community, but the length of stay is intended to last less than three years.

Community Capacity Building: There are two subsets of residents currently living at SWITC that can be served in the community with the development of specialized providers. Currently, a few clients with significant communication limitations and behaviors often associated with autism, and clients who have specialized skilled nursing needs along with significant behaviors cannot be served safely in the community. The Advisory Board recommended capacity building of private providers to enable safe and effective care in the community. Capacity building efforts may include the development of new services with specially trained and resourced providers.

Below is a visual representation of the Advisory Board's recommended treatment model with the new components to Idaho's continuum of care represented by boxes with dashed lines.



Implementation Plan

Implementing an effective system of care for individuals with developmental disabilities and complex needs is one of the department's Strategic Objectives. Over the past year, the department has worked with the Advisory Board, stakeholders, department leaders, and community advocates to develop the proposed treatment model. Based on that work, we know what services should be added, but must now grapple with how to provide these services under new licenses, funding streams, possibly in new locations and with new staff expertise.

A cross-divisional department project team has been developed to address these needs. Sponsorship of the project comes from the Divisions of Behavioral Health, Medicaid, Family and Community Services, and Licensing and Certification. Under their direction, the implementation of the new treatment model will require significant policy and operational work such as stakeholder engagement, provider negotiations, construction of buildings and communication with federal partners. This work will occur within each of the three prongs of development:

1. Assessment Observation and Stabilization Unit
2. Step-Down Treatment
3. Community Capacity Development

The department's goal is to bring a plan and foundation that establishes the new treatment model to the 2021 Legislative Session. With legislative approval, the department can move forward with its plan to transition to the new model of care. Many factors will affect future timelines including:

- The possible use of private providers
- The building of facilities
- Whether solutions will require federal approval

Southwest Idaho Treatment Center Report Highlights

The Southwest Idaho Treatment Center is a short-term stabilization and treatment center for individuals with developmental disabilities who are in crisis.

Residents at SWITC have unique and complex needs.

100%
of the residents
have the following:



In 2019, the Department developed a Strategic Plan to proactively address priority areas of improvement.

Plan implementation has resulted in the following:

- Workers Compensation claims are decreasing.
- SWITC is currently at or above ideal staffing.
- SWITC hired more employees than it lost.
- Key positions were filled. Staff census increased.
- Staff turnover has reduced.
- Client to staff ratio supports active treatment.
- Resident census continues to decline.
- Resident length of stay continues to be low.

Over the past year, the Department worked with:

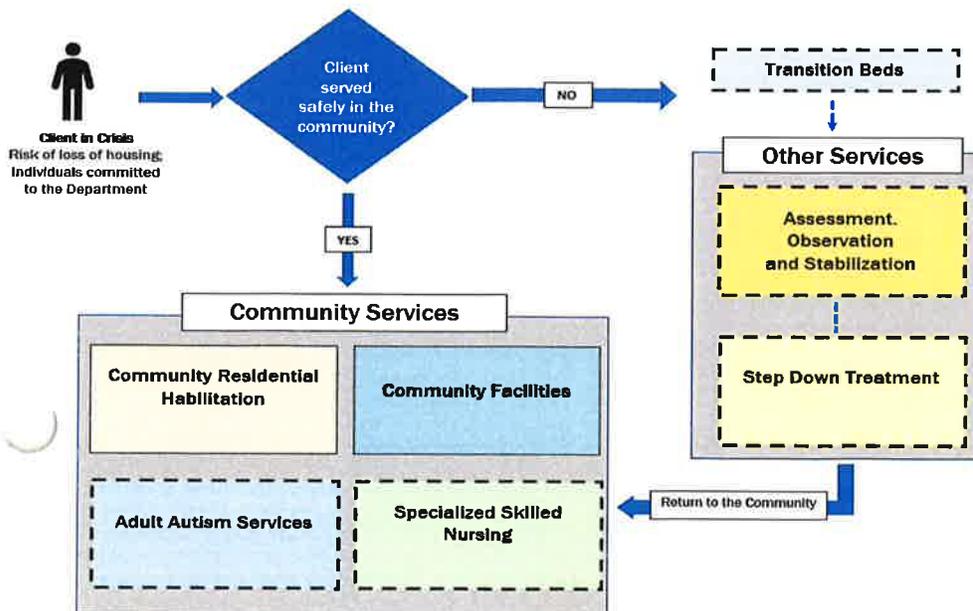
- An Advisory Board,
- Community Stakeholders,
- Department Leaders, and
- Disability Advocates

to develop a new treatment model for individuals with developmental disabilities and complex needs.

Residents at SWITC represent less than 1% of individuals who receive DD services in Idaho.



Treatment Model Components



More than....

60

meetings were held
to identify a
long-term vision.

