Individuals served

1955: 990

2008: 75

2018: 17
SWITC’s population, staff, and budget have shrunk 60–80% from 2008 to 2018.

- 75 clients
- 375.53 FTE
- $28,748,400

- 17 clients
- 130.75 FTE
- $11,053,900

Census
Staff
Appropriation
SWITC’s transformation occurred without a coherent long-term vision for crisis care.
Recommendation

The Legislature should provide policy guidance for a long-term vision for crisis care in Idaho, and direct the Department of Health and Welfare to develop a long-term vision and SWITC’s place in that vision.
Unlicensed individuals who abuse, neglect, or exploit vulnerable adults are not excluded from employment as a caregiver.
Recommendation

The Legislature should consider steps to ensure that accusations of abuse of vulnerable adults are investigated and that perpetrators of abuse are excluded from employment with vulnerable adults.
Priorities for Program Improvement
1 workday in 10 lost to injury.

Medical layoffs, turnover from fear of injury.

Unaddressed psychological trauma.
SWTC lost more employees than it hired in six of the first nine months of 2018.
By September 2018, few direct care staff hired in 2017 and early 2018 were still employed by SWTC.
Importance of direct care staff

The subject matter expert on clients’ daily life.

Unaddressed stress and trauma leads to co- 
dysregulation with clients.

Understaffing can lead to a downward spiral.
The Legislature should consider extending early retirement to staff at high risk of injury.
Lack of activities leaves clients without daily structure.

Lack of tools reinforces lack of activities.

Lack of tools and activities reduce opportunities for positive reinforcement.
Improvements reported from a 12-15 day new-hire training.

Trainings don’t match desired format of staff.

Knowledge retention not assessed.
Training and communication with clinical staff and direct care supervisors

Some in supervisory or clinical positions ‘winging it.’

Supervisors well regarded by staff.

Concerns with communication from management.
Overcome stigma of admission by:

Clearly identify needs keeping client out of community and focus on those.

Be a resource for client and community provider during and after discharge.
SWITC Management and Leadership

Lack of long-term vision and haphazard downsizing contributed to operational issues.

Concerns with management and leadership must not be subsumed under long-term vision.
SWITC Management and Leadership

Efforts over the past year and a half to address

Training
Pay
Expertise
Career ladder
Relationship with adult protection
Advisory Board
Organizational trauma

Symptoms:

- Closed boundaries between the organization and external environment
- Focus on insider relationships and a mistrust of outsiders
- Loss of faith in organizational identity and purpose
- Stress and anxiety contagion
- Depression expressed through fear or anger
- Despair and loss of hope
A flawed approach to problem solving

- Constant sense of crisis
- Chronic nature of problems
- Staff mistrust and lack of buy-in
- Insufficient ownership and follow-through
- Unclear responsibilities and inexperienced leadership
- Lack of measurement and systems perspective
The department should develop a strategic plan for SWITC and present the plan to the Health and Welfare committees at the start of the 2020 legislative session.
The department should develop a formal quality improvement process at SWITC.