SWITC Plan of Action

February 2019

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Background Information

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- Surveys
- Reports
- Media Coverage
- Legislative Hearings

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HCBS Services
4,750 Adults
Residing in a community home or apartment

Services:

- Certified Family Homes (in a family home)
- Supportive Living Homes and Apartments (Client rents or owns with rotating support staff)

Services integrated within the community

Funding: Medicaid (FMAP rate ~30% state $)

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Crisis Beds: 11 Beds

Short term intervention for stabilization

Goal is to return to the community

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Southwest Idaho	20 Beds

Treatment Center(SWITC) a licensed (public) ICF

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Southwest Idaho Treatment Center(SWITC) a licensed (public) ICF

20 Beds

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Population Comparison		
Community (4,750 + 492)	5,242	99.4%
Non-Community (11 + 20)	31	0.6%

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Resident Profile

Type of Admission, Age, Diagnosis, Management Priorities, Discharge Placement

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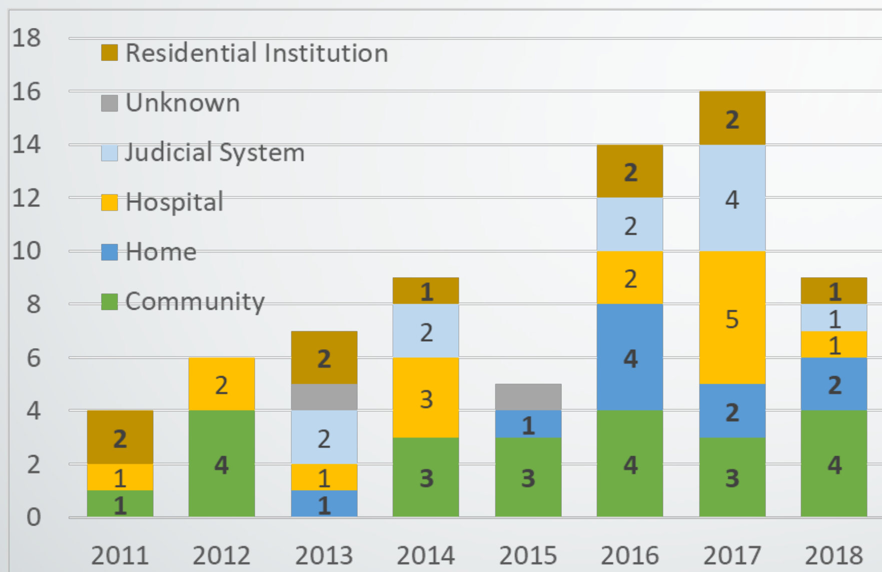
Admissions Per Year – Client Origin



SWITC received between 4 and 16 admissions per fiscal year since 2011.

- The community contributes the largest proportion of the population.
- Residential institutions are contributing declining proportions.
- Home has been a more important source since 2016 than before

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Residents' Challenges

SWITC clients experience a combination of intellectual, mental health, and behavioral concerns, which together require a high level of clinical management.

Intellectual Disability
(mild, moderate, severe or profound impairment)

Mental Health Diagnosis
(bipolar, psychosis, major depression, anxiety)

Dangerous Behavior
(physical aggression or self injurious behavior)

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Current Diagnosis Co-morbidity

Each client presents a unique overlay of complex and varied diagnoses.

Client	Aggression or Self Injury	Serious Mental Illness	Charged or Convicted of Crime	Intellectual Disability			Autism	Medically Fragile
				Mild	Moderate	Severe		
Client 1	●	●	●	●				
Client 2	●	●	●	●				
Client 3	●	●	●	●				
Client 4	●	●	●	●				
Client 5	●	●	●	●				
Client 6	●	●	●	●				
Client 7	●	●	●		●			●
Client 8	●	●	●		●			
Client 9	●	●	●		●			
Client 10	●	●	●		●			
Client 11	●	●		●				●
Client 12	●	●		●				●
Client 13	●		●	●			●	
Client 14	●			●			●	
Client 15	●				●		●	
Client 16	●	●			●			●
Client 17	●	●				●		
Client 18	●					●	●	
Prevalence	100%	78%	61%	56%	33%	11%	22%	22%

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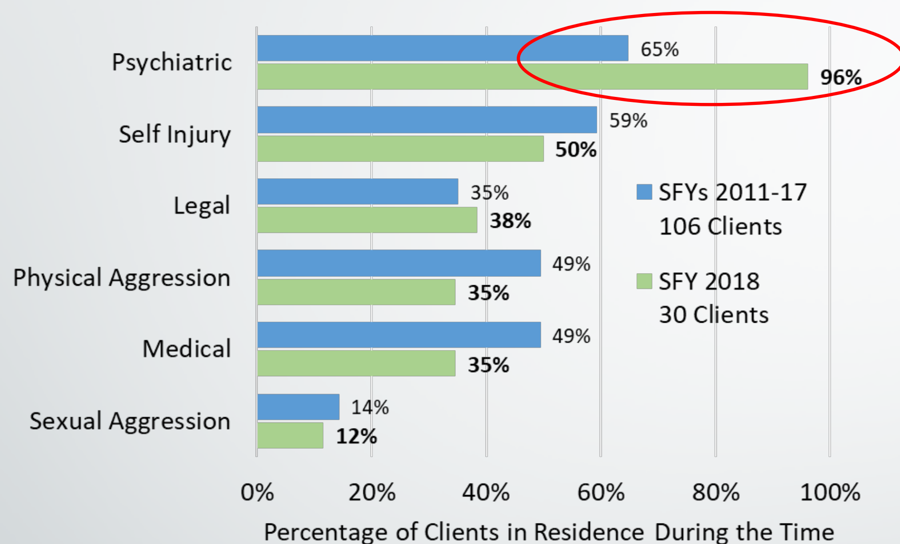
Issues of Focus in Clinical Management



Psychiatric issues became a far more prevalent concern in clinical management among 2018 clients than among those the prior seven years.

SOUTHWEST IDAHO TREATMENT CENTER

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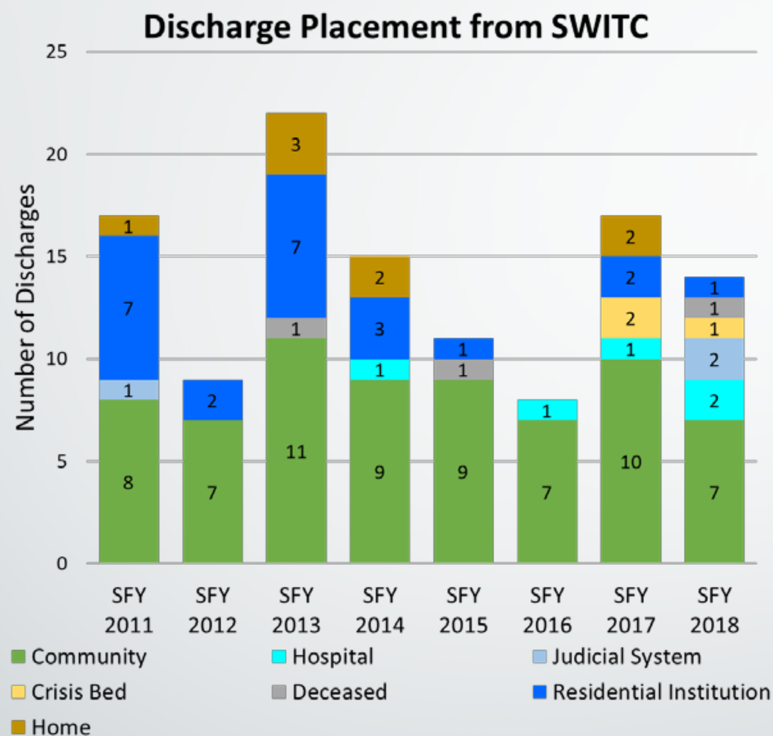
Discharge Placement - Location



SWITC placed between 8 and 22 clients per fiscal year since 2011.

- Community placements were most common across the years.
- Residential institution placements were decreasingly common.
- Discharges to hospital and jail became increasingly common.

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Staffing Issues

Worker's Compensation
Staff Turnover

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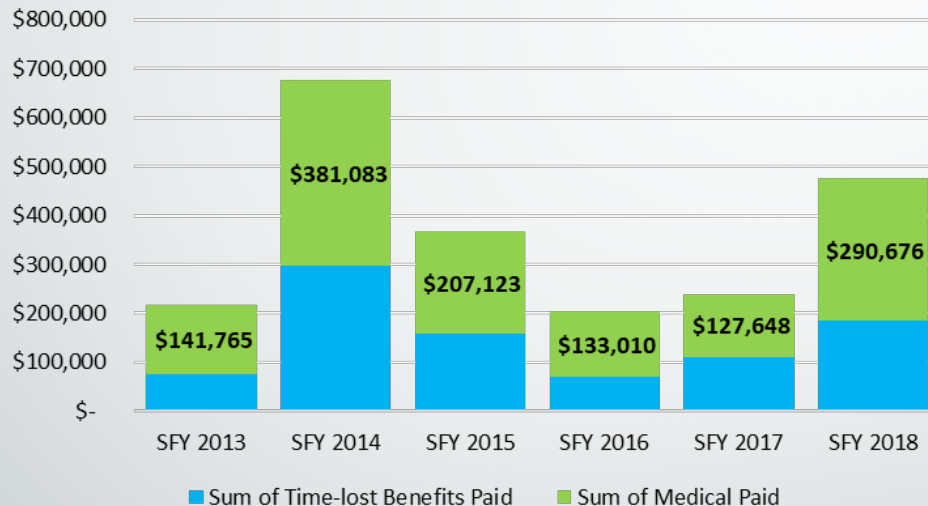
Worker Compensation



Incidents from 2013-18 cost SWITC $1,281,000 in medical claims and another $895,000 in time off, for a total of $2.2 million.

The majority of those costs ($1.9M) resulted from incidents involving a client.

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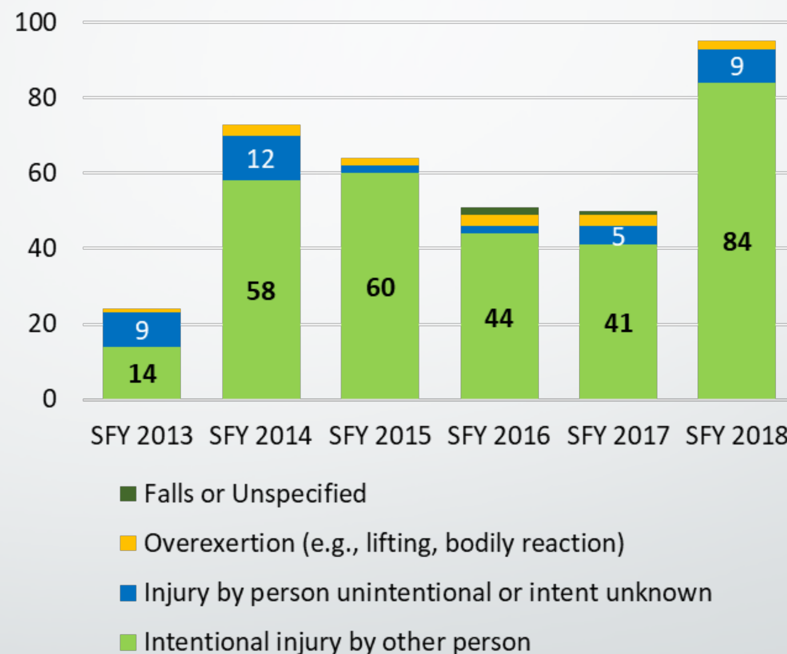
Types of Worker Compensation Injuries

The annual number of injuries involving a client ranged from 24 to 95, with spikes in 2014 and 2018.

Proportionally, the number of client-involved injuries that were intentionally-caused by clients rose after 2013.



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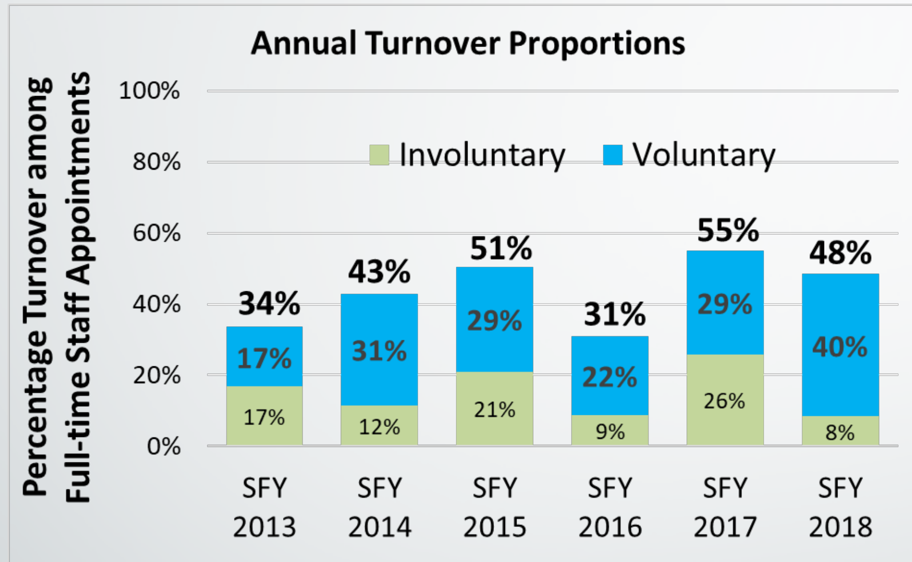
Staff Turnover



Overall turnover averaged 42% annually from 2013 through 2018, and ranged from 31% to 55%.

The voluntary turnover proportion was highest in 2018 at 40%.

Turnover counts departures from full-time staff positions. The census counts full-time staff appointments on a single day in December each year.

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Facility Focus and Improvements in 2018

Priority Issue #1
Active Treatment plans were not updated to address emerging behaviors and health issues

1. Hired a Board Certified Behavior Analyst (BCBA)
2. Hired a Counselor
3. Hired a Speech and Language Pathologist (SLP)
4. Structured new Treatment Teams
5. Coordination with Crisis Prevention and Court Services Team

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Priority Issue #2
Ongoing Safety of Clients

1. Focus on Quality Assurance
2. Installation of Security Cameras
3. Improved Investigation Practices
4. Improved Coordination with Adult Protection

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Priority Issue #3
Staff Development and Retention

1. Development of New Worker Training
2. Implemented Career Ladder for Direct Care Staff
3. Salary Increases
4. Improved Scheduling

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Planned Facility Focus and Improvements for 2019

Priority Issue #1
Improve Staff Safety

1. Building Improvements
2. Engage a Safety Workgroup
3. Continue to pursue strategies to address turnover
4. Additional Training for Staff

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Priority Issue #2
Explore Additional Improvements Through Outside Consultation

1. Explore additional models based on what other states are doing
2. Identify possible consulting services

Priority Issue #3
Continue to Improve Management and Professional Development

1. Improve day to day client activities and learning
2. Improve expertise and informed care models for Active Treatment planning
3. Improve therapeutic treatment to improve quality of live in daily activities
4. Improve process to investigate allegations of abuse or neglect
5. Improve management engagement of crisis management

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Long Term Questions

Advisory Board to explore:

What population should the Department serve?

Voluntary Clients?

Committed Clients?

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Advisory Board to explore:

What is the right treatment model for clients in crisis?

Is ICF-ID the correct model?

What models may be more appropriate?

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Advisory Board to Explore:

What service venue is appropriate for clients in crisis?

Are community or facility placements appropriate for clients in crisis?

Safety?

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Advisory Board to explore:

Should the Department provide services to individuals in crisis or should a private provider be developed?

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Department to determine in coordination with policymakers and the Governor's office:

If a facility is to be used is the current facility at SWTIC the right building and Location?

If the current facility is not conducive to treatment what is the appropriate model and facility?

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Department to determine in coordination with policymakers and the Governor's office:

Should the state sell the land? What about proceeds if sold?

If sold what becomes of current tenants?

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Department to determine in coordination with policymakers and the Governor's office:

How to fund treatment model for crisis population?

What type of licensure and oversight is appropriate?

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Questions?

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