

**BOARD OF THE SOUTHWEST IDAHO TREATMENT CENTER
MINUTES
August 23, 2019**

Board of the Southwest Idaho Treatment Center convened at:
Southwest Idaho Treatment Center
1660 11th Avenue North
Nampa, Idaho 83687-3199

BOARD MEMBERS PRESENT

Miren Unsworth, Chairman
Ashley Dowell, Vice-Chair
Jamie Newton
Captain Curt Shankel
Blake Brumfield
Amanda Hanson
Michael Sandvig
Senator David Nelson via video conference
Representative Jarom Wagoner
Courtney Holthus
Sheriff Kieran Donahue until 2:43 PM
Sara Stover

Absent were Shirley Beale, Chris Topmiller, Branden Smalley, & Honorable Dayo O. Onanubosi.

OTHERS PRESENT

Alana Minton, Deputy Attorney General
Cameron Gilliland, Family and Community Services (FACS) Deputy Administrator
Lori Wolff, Department of Health and Welfare Deputy Director
Joshua Ortiz, Liaison to the Board
Brittany Tubbs, Liaison to the Board
Stephanie Perry, FACS Project Manager
Neva Resendez, Adult Protection Services
Emily Lowe, Idaho Press
Matthew Wimmer, Medicaid Division Administrator
TJ Barr, SWITC
Josie Murray May, Canyon County Sheriff's Office
Lieutenant Harold Patchett, Canyon County Sheriff's Office
Ryan Langrill, Office of Performance Evaluations

CALL TO ORDER

Following proper notice in accordance with Idaho Code, Section 67-2343, and pursuant to call by the Chairman, the meeting of Advisory Board of the Southwest Idaho Treatment Center was called to order by Miren Unsworth, Chairman, at 1:34 PM, August 23, 2019, at the Southwest Idaho Treatment Center, 1660 11th Avenue North, Nampa, Idaho.

WELCOME AND INTRODUCTIONS

Miren Unsworth, Chairperson

APPROVAL OF MINUTES – Action Item

Ashley Dowell motioned for the minutes from the 06/11/19 meeting to be approved. *Michael Sandvig* seconded the motion. Motion passed unanimously, see attached motion form.

SWITC IMPROVEMENTS

Jamie Newton, SWITC Administrator

Priority areas for improvement are as follows:

- Ongoing improvements for staff (and client) safety at the facility
 - Have created a safety workgroup made up of staff from all areas of the facility that meet to review staff injuries and other safety issues in order to reduce injuries and risks of injury
 - Have installed a new camera system at Whitehall and paired it with a new visitor registration system
 - Have developed sensory rooms on each unit – these are areas where clients can calm and work on identified sensory processing needs
 - Have had one of our Nonviolent Crisis Intervention (NCI) trainers certified in advanced physical skills to improve the safety of everyone involved in a situation – partly accomplished through mindful verbal de-escalation (more info about NCI on their website: <https://www.crisisprevention.com/>)
 - Have increased training in many areas including Trauma Informed services, compassion fatigue, mindfulness, stress management, happiness assessment, active listening, etc.
 - Are moving towards national certification of all direct care staff as Registered Behavior Technicians (RBTs)
- Additional improvements based on reviewing other facilities (in-state and out-of-state)
 - The team has visited 7 different facilities in-state to explore the various types of facilities and to see how they each address issues that SWITC faces
 - The team visited a facility in Colorado last week and are continuing to look at other states to determine if their systems should be reviewed
 - From the Colorado trip, several improvements are in the works including: how team meetings are conducted, how team huddles can be improved, and introducing a staff mentoring program
- Continuing improvement of management and professional development
 - Have implemented a new Quality Management Program that analyzes all areas of the facility and will allow the team to review current processes and set goals for improvement
 - The team anticipates having some usable data points by the end of the first quarter of reviews
 - Have hired a Recreation Specialist who has built on the daily activity schedule that was developed in March – daily activities now include things like: arts & crafts, bingo, kickball, gardening, frisbee golf, etc.

- The Recreation Specialist is attending the American Therapeutic Recreation Association (ATRA) national conference next month – some of the topics that he will receive training on are: holistic modalities for recreational therapy to pain management, anxiety, and other symptoms; how recreational therapy can impact trauma on the brain; tips and tricks for implementing yoga for people with IDD; etc.
- Have employed 3 Board Certified Behavioral Analysts (BCBAs) – and 2 more clinicians will be sitting for their exams later this year
 - These BCBAs will be training and supervising staff in their certifications as RBTs
- Have employed a full-time investigator who came from a background in Adult Protection and has extensive training in investigations
- Have employed 4 RNs at the facility
- Sent the QIDP to The National Association of QIDPs summer conference (QIDP: Qualified Intellectual Disabilities Professional; required by licensure)
 - Plan to have him enroll in their 9-month certification course this fall which will cover topics such as supporting individuals with disabilities, person centered planning, implementing PCPs, working with families, designing and implementing positive behavioral supports, prevention of abuse and neglect, a variety of elective credits
- Prospective improvements
 - Looking into installing key card access to the units to increase safety (does not prevent egress from the buildings, only limits who can enter)
 - Recruiting to fill positions to have an Occupational Therapist and a Speech Therapist on staff

REVIEW OF RECOMMENDED MODEL

Cameron Gilliland, FACS Deputy Administrator

Revisited the previously proposed treatment model components and reiterated the essential components

LICENSING & CERTIFICATION OPTIONS

Stephanie Perry, FACS Project Manager

Licensure vs. Certification

- Licensure is done to ensure that a facility is following the state and federal guidelines for the license
- Certification is voluntary and is more of a sign that a facility is committed to excellence and progress

Four basic option categories – the first three seek to maintain federal match dollars through Medicaid reimbursement while the fourth likely would not qualify for federal match dollars

1. Utilize existing Idaho licensure
2. Create licensure that is new to Idaho, but exists in other states
3. Create licensure that is unique to Idaho (would have to seek federal approval)
4. Create an Independent Certified Facility that is not licensed by the state

Reviewed existing Idaho licensure options for the Assessment & Observation, Stabilization, and Step Down Treatments

- Examples of each were visited
- There were some good observations and many of the licensure options met the majority of components required
- None of the existing licensure options met every component goal in a satisfactory manner

Reviewed licensure that would be new to Idaho

- Two possibilities were identified for the Step Down Treatment
 1. Provider-owned supported living
 2. Group homes
- Both require additional exploration
- Oregon and California deliver services to individuals with DD and complex needs through these options, but it may not be feasible for Idaho at this time because both licensure types are typically funded through Home & Community Based Services.

Reviewed licensure that would be unique to Idaho

- 1115 Waiver Program
 - Centers for Medicare and Medicaid Services (federal) allows states to pilot and evaluate innovative approaches – develop and test a hypothesis
 - Through this authority, Idaho could request to alter current federal requirements and create a specialized licensure or service for this population in Idaho
 - The approval process is lengthy, federal reporting can be burdensome, and waivers are typically only granted for a limited period of time

Reviewed Independently Certified Facilities

- Paid for using state general funds – not funded under a license
- Facility requirements are tailored to treatment needed
- Allows for flexibility for a changing population
- Could seek a national certification such as CARF for health and human services
- This option would most likely impact the ability to seek Medicaid reimbursement

Services Currently Offered at State and/or Federal Level				
	Medical	Mental Health	Corrections	DD
Acute	Hospital / ICU	IMD / psychiatric hospital	Jail / prison	No current structure at federal or state level
Subacute (transitional)	Rehab hospital / therapy	PRTF / intensive	Supervised probation	
Crisis Services, ER, 911, Crisis & Court				
Long-term Services & Supports	Nursing homes / family doctor	Outpatient care	Unsupervised probation	ICF-ID

Home & Community	Home health persons	Counseling	Community policing	Supported living / group homes
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MANGEMENT & OPERATION OF RECOMMENDED MODEL

Cameron Gilliland, FACS Deputy Administrator

Do we run services through state entities or contract out for provision of services?

- Some other states have private contractors providing these services

The department sent out a Request For Information (RFI) to private providers to gauge interest and gather recommendations

- Interest in running the new model?
- What license would be best?
- How to properly staff?
- Restrictions?
- Admission and discharge processes?
- Costs?
- Facility?

Received two responses back: Westcare Healthcare Management & Benchmark Human Services

- Westcare
 - Runs smaller community ICF-IDs and nursing homes for veterans
 - Provides services at a national level
 - Interested in providing the “Step Down Treatment”
 - Interested in joint state and private arrangements
 - Interested in providing consultation
- Benchmark
 - Runs ICF-IDs and group home services
 - Provides services at a national level
 - Failed to address the proposed stabilization unit
 - Assisted in licensing Montana Assessment and Stabilization Unit as an ICF-ID
 - Assisted Oregon’s SACU community group homes

Advantages of using a contracted provider

- Some advantages of scale with a large provider; more difficult to maintain expertise in a state organization
- More flexibility in changing employees
- Can more easily change models
- State is not directly responsible

Disadvantages of using a contracted provider

- Services may be disjointed
- Private entities have the right to refuse clients – though this right can be forfeited by contractual agreement

- Loss of state expertise
- Adds a year to implementation timeline
- Contract remediation can be difficult
- Providers who responded to the RFI did not provide any new licensing options or ideas

Advantages of state-run services

- Cooperation and flow between other state services
- Responsible party can act quickly
- Emergency resources can be obtained as needed
- Clear responsibility and control

Disadvantages of state-run services

- Staff and management accountability
- Difficult to change culture
- Large target for media and lawsuits

Concerns

- Neither provider who responded to the RFI appears to want to run the Assessment & Observation Units
- Neither provider presented new or different licensure options – both seem to favor ICF-ID licensure
- Incentivizing the “flow” of clients through services
- State has the responsibility to be the safety net and has no right to refuse services

Proposed Timelines

- Option 1: Utilize existing Idaho licensure/services
 - Legislative session not needed
 - Implement Assessment & Observation Units and Step-Down – July 2021
 - If operated by a contracted provider – February 2021
 - If building new facilities is required – January 2022
- Option 2: Create licensure/services that are new to Idaho but exist in other states
 - Legislative session – January 2021
 - Implement Assessment & Observation Units and Step-Down – July 2021
 - If operated by a contracted provider – February 2022
 - If building new facilities is required – August 2022
- Option 3: Create licensure/services that are unique to Idaho
 - Legislative session – January 2022
 - Implement Assessment & Observation Units and Step-Down – July 2022
 - If operated by a contracted provider – February 2023
 - If building new facilities is required – August 2023
- Option 4: Independently certify facilities – unlicensed by state/national entities
 - Legislative session not needed
 - Implement Assessment & Observation Units and Step-Down – July 2021

- If operated by a contracted provider – February 2021
- If building new facilities is required – January 2022


BOARD DISCUSSION – NEXT STEPS

Research into logistics must continue – update to come in November at next Advisory Board meeting


ADJOURNMENT

The next meeting of the Board of Southwest Idaho Treatment Center is scheduled to be held November 1, 2019 1:30 - 4:30 PM. There being no further business to come before the Board, Chairman Unsworth adjourned the meeting at 3:18 PM.

Respectfully signed and submitted by:



Miren Unsworth, Chairman



Ashley Dowell, Vice-Chair



Joshua Ortiz, Liaison to the Board

MOTIONS

By

BOARD OF SOUTHWEST IDAHO TREATMENT CENTER

MEETING DATE: 08/23/2019

MOTION MADE: I move that the Board of The Southwest Idaho Treatment Center approve the minutes of the 06/11/2019 Board Meeting.

MOTION BY: ASHLEY DOWELL

SECONDED BY: MICHAEL SANDVIG

VOTE: Voice Vote: X Roll Call: _____

Table with 5 columns: Name, Aye, Nay, Absent, Abstain. Rows include Ms. Dowell, Rep. Wagoner, Hon. Onanubosi, Ms. Beale, Mr. Shankel, Mr. Donahue, Ms. Holthus, Ms. Stover, Mr. Brumfield, Ms. Unsworth, Mr. Smalley, Ms. Hanson, Mr. Topmiller, Mr. Sandvig, Sen. Nelson.