

**Stark County Board of Developmental Disabilities  
Board Meeting  
April 23, 2019  
Minutes**

**Call to Order:**

A meeting of the Stark County Board of Developmental Disabilities was held on Tuesday, April 23, 2019, at 2950 Whipple Avenue NW, Canton, Ohio. The meeting was called to order by President Dan Sutter at 6:05 p.m.

**Roll Call:**

**Present:**

**Absent:**

Board Members:

President Dan Sutter  
Recording Secretary Dr. Falvo Lang  
Jim Anderson  
Roger Gines  
Carlene Harmon

Vice President Maria Heege  
Carmelita Smith  
(both excused)

Also Attending:

Bill Green, Superintendent  
Amy Anderson, Director of Service & Support Administration  
Tim Beard, Buildings/Grounds Maintenance Manager  
Myrna Blosser, Principal, School Programs  
Tammy Maney, Early Childhood Director  
Leigh Page, CFO/Business Manager  
Lisa Parramore, Communications Manager  
Connie Poulton, Director of Human Resources  
Kristen Quicci, Manager of Nursing Services  
Diane Sidwell, Manager of Transportation

**In Memoriam:**

A moment of silence was observed for the following: John G. Weber, Jr., he received services from the SSA Department and worked at the Stark County Board of DD workshop program for many years before transferring to Echoing Connections; and Susie J. Sommers, she received services from the SSA Department and had been employed at Russ Uniform in Alliance and the Whipple-Dale Centre workshop program.

**Minutes of the Previous Board Meeting:**

President Dan Sutter requested a motion for approval of the Board meeting minutes of March 26, 2019.

Roger Gines moved for approval. Dr. Jessica Falvo Lang seconded.

The Board duly adopted.

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**Public Speaks:**

None

**President's Report:**

President Sutter appointed Jim Anderson, the newest board member, to the Ethics Council Committee. Those meetings take place typically 15 minutes before the board meeting when we are slated to approve a contract or approve an employee who would like to perform outside work. Mr. Anderson will be notified if there is any business to come before the Ethics Council Committee prior to each board meeting. He will serve with Carlene Harmon.

President Sutter reminded everyone about the Annual Citizens Who Care Golf Outing, which will take place on Friday, May 17<sup>th</sup>. If you know anyone who would like to golf or be a tee or green sponsor, please let Lisa Parramore or Brandon Haney know.

**Superintendent's Report:**

Superintendent Green opened by thanking the board members for being at the meeting and carrying out their governance responsibilities for the 3,900 people with developmental disabilities that we serve in Stark County.

When you look at Stark DD from the outside, we are serving 3,900 people; we just received a three year accreditation award; we are serving over 700 families in early intervention; we are serving 180 children both at Eastgate and Southgate; and we are funding lifetime services for 1,600 people and adding nearly 100 more people each year. These are huge commitments we are making but they are all in the service of our mission of supporting people with disabilities and their families and how we can be the greatest benefit to the greatest number of people is through that service of funding their services. We are also collaborating more with the provider community than we ever have before. We have 115 provider agencies and 200 independent providers and we are working to improve the services they provide everyday by offering all of our training for \$30.00. They can come and be trained by us and we are receiving an incredible amount of positive feedback and participation. We are empowering them with the training we offer. We are also investigating and monitoring providers more than ever before and really coming alongside them in a coach and mentor way to ensure services are equal no matter which provider you go to. This is what we are doing every day. There is more work to be done. We do know that attitudinal barriers still exist for people with disabilities in our community. We are educating the public now more than we have ever done before in regards to breaking down those barriers that still exist. That is what our strategic plan is about. It is about education, advocacy, provider oversight and monitoring, and our sustainability. It has taken years to get where we are today and now going forward it is that creative tension of looking at all of our systems to ensure that we are continuously improving. Instead of having small groups of people working on big problems, we will have big groups of people working on small problems so that we are constantly improving so we can be the greatest benefit to the greatest amount of people.

Kristen Quicci, Manager of Nursing Services, presented an impact story. Last fall a Quality Assurance (QA) nurse from our team was going to a provider location and was very excited

about visiting this location because there were three individuals there that she had known from West Stark when she was a nurse there. These individuals had recently moved from another location so she was eager to see how they had settled in. During the assessment, the nurse quickly discovered there were several issues. By rule and law, it dictated to her specific actions she had to take immediately to protect the individuals. She returned back to the office to meet with all of us. She started by saying, "The individuals look better than they have in years." They were well cared for, they appeared healthy and happy. The nurse was determined, as we all were, to do what we needed to do immediately to take care of the safety of the individuals but we knew in our hearts they were in a good place and were being well taken care of. We immediately involved all of the other necessary Stark DD departments. So in collaboration with each of the individual's SSAs, the Provider and Compliance Support Department, and Investigative Services, we created an immediate action plan to protect their safety. We also developed a plan of improvement for the provider that would take several months to implement. An individual cannot have insulin delegated to them unless they are being overseen by an RN. Immediately that day, the nurse came back and found a delegating nurse so the individual could stay in the home. We walked them through the medication error process. MUIs are not always a bad thing, they are a learning tool and are there to protect individuals but also give us an opportunity to create strategies and make policies and procedures to protect individuals and prevent future errors. We provided resources and supports to assist the provider to teach them how to accurately and effectively document medications they were giving. We needed some supporting policies and procedures. We also did a lot of educating on the rules and regulations for medication administration and health related activities and we also recertified them. During this plan of improvement period, which took over four months, the nurse went into the home, at least once a month, to make sure they were moving forward with the plan and that the individuals were still thriving and happy. Every time she came back to the office, she said you cannot find a provider agency that cares so much about their individuals. After about four months, the nurse went back in and did a full QA. The takeaway from this is that the time and energy dedicated to this provider by all these departments, was a collaborative effort. We worked together to fortify the home, where the individuals were safe and their health and well-being were a priority. Stark DD's education, provider oversight, and our ability to advocate for our individuals is way more than our strategic plan, it literally is our passion.

Superintendent Green added that in regards to where we are, it is certainly a result of the management team here and those he is able to work with every day. He works with an incredible group of people that provide leadership, management, coaching and mentoring to ensure that the services and supports we provide are excellent.

**Committee/Department/Other Reports:**

- A. Finance Committee – Minutes in Board packet  
Next meeting: May 21, 2019, at 12:00 p.m.
- B. Personnel Committee – Minutes in Board packet  
Next meeting: May 24, 2019, at 3:00 p.m.
- C. Ethics Council – No Meeting in March  
Next meeting: May 28, 2019, at 5:45 p.m. (If needed)

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**Old Business:**

None

**New Business:**

None

**Presentation:**

Ed Lewis, Provider Compliance and Support Supervisor, gave a presentation on the Gold Star Collaborative. In August, it will be the two year anniversary of our Gold Star Collaborative. It is a collaborative made up of local private providers who have come together to hold themselves up to higher expectations and has recently matured to look at how they can be more active in our DD community and help influence the culture that we work in. For them, they get the distinction of being a member of the Gold Star Collaborative. They have created a logo, that they are able to put on all of their doors and publicity materials, so individuals, families, and guardians can recognize these providers as being someone committed to the mission of not only Stark DD but to the mission of improving the culture of the DD community at large. We currently have 11 collaborative members. All of these providers have to meet certain regulatory requirements in order to be able to participate. Regulatory compliance means they have not had any recent suspensions or revocations of their certification. They also need to provide customer satisfaction and show they are engaging with their customers. They attend the Stark DD provider meetings that are held every month. The provider must show that their organization's structure is stable. For employee retention and recruitment, the provider needs policies, procedures, and initiatives that engage their employees and try to increase and improve the relationship they have with their employees. They are asked to promote positive community culture and innovation. Incidents that adversely affect health and safety are our MUI. Safe and informative individual service transfers are needed from one provider to another. The collaborative is not about any one provider but about the people we serve. This group has matured from a group of just expectations to a group of expectations and action. We started out with monthly meetings but now meet quarterly. We have formed 6 sub-committees to address the following issues: policy review, internal review, transportation, retention, training, and engagement. The Policy Review Committee members participate in local and statewide workgroups, stay informed of DODD initiatives, and share emerging trends and changes with the collaborative. The Internal Review Committee reviews Gold Star Collaborative procedures and policies, is responsible for updating shared expectations as needed, and works on developing clear mission, vision, and core values. The Transportation Committee is working on developing a transportation network, which would be a collaborative effort between providers to meet non-traditional needs; and they are meeting with Sandusky County for further guidance on how they accomplished their network. The Retention Committee is currently working on developing an Employee Resource Network (ERN) to help retain staff, they are evaluating a possible shared staffing model, they are launching an All-Star Direct Support Professional (DSP) Pilot program, and they are exploring how Stark DD can help market job openings in the provider community. The Training Committee developed 3 one-hour long trainings that are available through the Relias Learning Management System and they are developing 3-4 more trainings this year. We also opened Relias to all the providers in our community. Stark DD offers CPR, Med

Delegation, and Mandt training for \$30.00 and provides all of their training needs. The Engagement Committee began as a group to mentor Gold Star Collaborative (GSC) applicants. When a provider applies to the GSC but is missing parts of the shared expectation, this group will come alongside them and assist in meeting their goals. They want to solicit to other providers to join the GSC and want to begin sharing policies and procedures with non-GSC members to encourage others to elevate their level of service delivery.

Board President Sutter asked what percentage of the county providers the 11 Gold Star Collaborative members represent. Mr. Lewis stated that agency-wise they represent 10%. There are 2 or 3 more providers that may join this year. The GSC is also open to independent providers.

**First Reading of Board Policies:**

Connie Poulton, Director of Human Resources, gave the first readings on the following policies. These policies will be presented during the May Board meeting for second reading and Board approval.

- Policy 2.05 Public Records Requests – Reviewed
- Policy 2.14 Delivering Necessary Residential Supports Via HCBS Waivers – Deletion
- Policy 4.04 Background Checks on Employees – Revised

**Financials and Board Resolutions:**

04-14-19: Operating Fund #071

<b>A. Two Payrolls for March</b>	<b>\$1,238,886.89</b>
<b>B. Bills for Payment in March</b>	<b><u>\$1,319,549.77</u></b>
<b>TOTAL</b>	<b><u>\$2,558,436.66</u></b>

Carlene Harmon moved for approval of Resolution 04-14-19. James Anderson seconded.

Discussion:

Leigh Page, CFO/Business Manager, reported that for the month of March we brought in local revenue of \$95,999, state revenue of \$274,510, and federal revenue of \$254,658. Total revenue received for the month was \$625,168.

Expenditures for March included: two payrolls totaling \$1.2 million; total benefits paid of \$703,914, and total other expenditures of \$615,635. Total expenditures were \$2.5 million. We spent \$1.9 million more than we brought in for the month.

Year to date revenue is \$2.19 million and year to date expenses are \$11.18 million. At the end of March, we are at a negative \$8.99 million.

Starting cash at the beginning of the year was \$43.7 million. We carried over \$676,950 in 2018 purchase orders. At the end of March, we have \$11.2 million in 2019 open purchase

orders. We have canceled \$180,699 in 2018 purchase orders. Factoring in our negative financial position, gives us \$23.03 million in unencumbered cash at the end of March.

Looking at the year to date budget versus actual, we have brought in \$2.19 million, which is 4.51% of the revenue we estimated to bring in. Total expenditures are \$11.18 million, which is 22.64% of what we expected to be spent. The total remaining budget at the end of March is \$26.98 million.

The 2018 purchase orders carried over were \$676,950. We paid off \$181,792 year to date. We closed \$180,699 and we still have \$314,458 open at the end of March.

We had two payrolls during the month of March totaling \$1.23 million. Total non-payroll expenses for March were \$1.31 million.

The Board duly adopted.

04-15-19: Resolution to approve additional appropriations to the 2019 Capital Fund #147 budget.

Roger Gines moved for approval of Resolution 04-15-19. Dr. Jessica Falvo Lang seconded.

Discussion:

Leigh Page, CFO/Business Manager, explained that this resolution requests that the board appropriate an additional \$150,000 to the 2019 Capital Fund budget. The board did approve an original Capital Fund budget back in December of \$355,000; however, only \$205,000 was appropriated through the County Auditor. We were not aware that we were receiving the grant when the budget was completed and the appropriations were submitted to the county. We are requesting this additional appropriation to cover the cost of capital vehicle expenditures that were originally included in the 2019 Capital Fund budget.

The Board duly adopted.

04-16-19: Resolution to approve the transfer of funds from Operating Fund #071 to Capital Fund #147

Carlene Harmon moved for approval of Resolution 04-16-19. James Anderson seconded.

Discussion:

Leigh Page, CFO/Business Manager, explained that this resolution is for approval to transfer up to \$275,000 from the Operating Fund to the Capital Fund for the purpose of capital vehicle purchases as contained in the 2019 Capital Fund budget.

The Board duly adopted.

04-17-19: Resolution authorizing the board to go out to bid to purchase three buses

Dr. Jessica Falvo Lang moved for approval of Resolution 04-17-19. Roger Gines seconded.

Discussion:

Diane Sidwell, Manager of Transportation, explained that the board currently maintains 35 yellow buses for our preschool and school age programs. The board intends to continue its efforts over the past several years to upgrade the fleet of buses by retiring the older higher mileage and higher maintenance cost buses. The board would like to accept bids for 3 new buses, not to exceed \$315,000, and scrap 3 of the current fleet per the Environmental Protection Agency's (EPA) rebate terms and conditions. Upon completion of the terms in the EPA's National Clean Diesel Rebate Program, \$60,000 will be reimbursed to the board.

The Board duly adopted.

04-18-19: Resolution to approve the agreement with Stark County Family Council

Roger Gines moved for approval of Resolution 04-18-19. Carlene Harmon seconded.

Discussion:

Superintendent Green explained that this resolution approves our funding of the Stark County Family Council. It is one of our mandated responsibilities in regards to funding collaboratively our services to multi-system youth and the provision of wraparound services. Stark DD's contribution has gone up \$1,000 this year and is determined by the percentage of people with disabilities served in the multi-system service. This agreement is for the time period of July 1, 2019 – June 30, 2020, at a cost not to exceed \$37,000.

Dr. Jessica Falvo Lang, Board Recording Secretary, asked what was meant by an in-kind contribution. Superintendent Green explained that one agency uses their computer system to assist with billing in addition to their cash contribution. The Educational Service Center is the administrative agent and their in-kind contribution represents a number of different costs including all fiscal administration and human resources management.

The Board duly adopted.

### **Second Reading of Board Policies:**

Connie Poulton, Director of Human Resources, gave a brief summary of the following policies that were presented for second reading:

- Policy 1.08 Board Policies and Procedures – Reviewed
- Policy 4.09 Employee Reasonable Accommodation – Reviewed
- Policy 4.41 Compensatory Time – Reviewed
- Policy 4.61 Summary of Benefits and Coverage – Revised

04-19-19: Resolution to approve the Board policies presented for second reading

Carlene Harmon moved for approval of Resolution 04-19-19. Dr. Jessica Falvo Lang seconded.

The Board duly adopted.

**Executive Session:**

President Sutter called for an executive session for the purpose of preparing for, conducting, or reviewing negotiations or bargaining sessions with public employees concerning their compensation or other terms and conditions of their employment.

Roger Gines moved for approval. James Anderson seconded.

A roll call vote was taken.

<u>Roll Call Vote</u>	<u>All in Favor</u>
James Anderson	Yes
Jessica Falvo Lang	Yes
Roger Gines	Yes
Carlene Harmon	Yes
Maria Heege	Absent
Carmelita Smith	Absent
Daniel Sutter	Yes

The Board went into executive session at 6:46 p.m.

The Board came out of executive session at 7:37 p.m. and no action was taken.

**Adjournment:**

Dan Sutter, Board President, requested a motion to adjourn. Roger Gines moved for approval. Dr. Jessica Falvo Lang seconded. The Board adjourned at 7:38 p.m.

The next Board meeting is scheduled for Tuesday, May 28, 2019, at 6:00 p.m. in the Ernest Cohen Room at Whipple-Dale Centre.