

**Stark County Board of Developmental Disabilities
Board Meeting
February 28, 2023
Minutes**

Ethics Council:

Prior to the Regular Board Meeting, the Ethics Council met at 5:48 p.m. The Council adjourned at 5:50 p.m.

Oath of Office

Ketrina Sabean, Notary Public, administered an Oath of Office to reappoint Board Vice President, Carmelita Smith.

Call to Order

A meeting of the Stark County Board of Developmental Disabilities was held on Tuesday, February 28, 2023, at 2950 Whipple Avenue NW, Canton, Ohio. President Dan Sutter called the meeting to order at 6:03 p.m.

Roll Call:

Board Members:

Present:

President Dan Sutter
Vice President Carmelita Smith
Recording Secretary Dr. Jessica Falvo Lang
James Anderson
Maria Heege
Jennifer Moff
Cindi Sutter

Also Attending:

Tim Beard, Manager of Maintenance and Food Services
Leigh Donatella, CFO/Business Manager
Bill Green, Superintendent
Lisa Parramore, Communications Manager
Connie Poulton, Director of Human Resources
Kristen Quicci, Director of Early Intervention and Nursing

In Memoriam:

A moment of silence was observed for the following: Mary Masterson, age 62, passed away on Tuesday, February 7, 2023. She received services from our SSA Department; Allen R. Beckett, age 60, passed away on Wednesday, January 25, 2023. Allen participated in Special Olympics, and received services from our SSA Department.

Minutes of the Previous Board Meeting:

President Dan Sutter requested a motion for approval of the Annual Organizational and Regular Board Meetings held on January 24, 2023.

Dr. Jessica Falvo Lang moved for approval. Jim Anderson seconded.

The Board duly adopted.

Public Speaks:

None.

President's Report:

President Sutter started his report welcoming everyone to the meeting. He shared that he attended his first statewide Trustee meeting, and received important updates on the State Budget and Legislative Campaign. The Ohio Department of Developmental Disabilities proposed language to be included in the Budget Bill that would mandate the next Commissioner's Board Appointment, which as it stands now, is my seat that will open in January 2025, to have a person we serve appointed. This language is being monitored closely.

On another note, I would encourage the Board Members to check out www.ohioddcrisis.com, and suggest you and your families to put your own personal stories on how the workforce crisis is affecting our lives. If you have not seen the webinar, I would encourage you to view it. It also counts for one hour of our board training this year.

Bill and I will be meeting with Rick Armon, Managing Editor of the Canton Repository, tomorrow to share the work of the Board and its impact on the Stark County community. This lunch meeting is about relationship building at a time when newspapers are under such a transition. Rick is interested in simply knowing more about our mission and us.

With no questions, this concluded the President's Report.

Superintendent's Report:

Superintendent Green welcomed everyone again to the meeting. On August 22 through August 24, we will have our Ohio Department of Developmental Disabilities Accreditation Survey. We are notified by May 22, 90 days in advance, who will make up the sample. We have two months to assemble all the required information that must be provided to them by July 22, which is 30 days before the review.

We continue making numerous improvements within our SSA department, though compliance matters, it is about our mission and fulfilling it. Ensuring people are living the life that they want to live; a life that is safe; a life that is healthy and one that is happy, and fulfilled.

There is tireless work that continues to ensure the over 1,830 people who have an Individual Service Plans have meaningful outcomes, accurate self-medication assessments, and accurate identification and addressing of risks. With the Board's assistance, we have been successful in reducing waiver caseloads to near 30. This lower average caseload permits SSAs to spend more time with each person, which is resulting in the writing of better plans. We have seen progress in the quality of plans over the last three months and we expect these improvements to continue.

Our mission of supporting choices and creating opportunities for people with developmental disabilities and their families all centers on how well we know each person, that we identify what is important to and important for them. To date, we have converted 481 plans into the Ohio Individual Service Plan. In doing so, processes have been streamlined, extensive trainings and re-trainings have occurred on ensuring we are capturing the vital elements needed within each plan, which continues to be one of our focus areas.

We continue with the solid systems and quality measures in place to ensure our services and supports within early intervention, investigative services, RNQA, and within human resources, are working.

As I conclude, we see victories everyday – some are life and death. Like when we collaborated on the removal of a preschool child from a home where she suffered severe burns, neglect beyond imagination, and the conditions in the home unsafe. This required the cooperative work of school staff, nurses, the SSA, Child Protective Services, and law enforcement. Other victories occur when we would never imagine that John would get a job, and he decides one day he wants to work and goes out and gets a job. Other successes may seem small, but in reality they are huge, like when this young girl that has multiple and significant disabilities raises her painted finger nails to show her doctor, leaving him speechless once he understood what she was doing. The person has been tube fed, and permitted to have a Popsicle for the first time and the utter joy it brought. The young man that is quite aggressive, talking himself down and not striking his roommate by saying, "No, I will not hit. I want to hit. No, I will not hit. I want to hit", but then does not and practices what he has been learning on counting to 10.

What our success looks like differs 4,106 times, because that is the number of people we support. Within that, is 4,106 people all with different potentials, gifts, and abilities. Although we serve over 4,000 people,

for us to be effective, for us to have an impact, we need to do it one person at a time. For us to do that, each day we must get a little better than the day before. In this second month of 2023, this is exactly what we are trying to do.

This concluded the Superintendent's report.

Committee/Department/Other Reports:

- A. Finance Committee – Minutes in Board packet
Next Meeting: March 20, 2023, at 4:00 p.m.
- B. Personnel Committee – Minutes in Board packet
Next Meeting: March 23, 2023, at 3:00 p.m.
- C. Ethics Council – Minutes in Board packet
Next Meeting: March 28, 2023, at 5:45 p.m., if needed

Old/New Business:

None.

RNQA Presentation

Kristen Quicci, Director of Early Intervention and Nursing, started her presentation with a video about Alex Meyers, an individual who passed away due to an unintentional Medication Administration error, which reflects why properly trained staff is important for the population we serve, as their lives are in the hands of DSPs and staff to keep them safe and healthy. This evening, I have the pleasure of talking to you about our Registered Nurse Quality Assessment Team and the activities they do to safeguard the health and safety of the individuals we serve.

Safe medication administration is a complex and important process; proper training of our DD personnel is key, and we are very fortunate to have a fantastic nurse educator and a county board who believes in the importance of this training, that we provide these trainings to our provider community at no charge to them. We know providers who have been to one of Cindy's classes have been taught Medication Administration to fidelity. This process continues in the provider community with supervision by house managers and management. RNQA provides the regular oversight for safe medication administration; we are a small piece of this process, which is the responsibility of the county board, which I will discuss in a bit.

To get started, I would like to introduce our RNQA Team: Ellen Bossart, Holly Reed, and Shellee Finch-Cedeno function primarily as QA nurses. Cindy Swanson is our nurse educator who provides our quality medication certification courses. In order to be a certified QA nurse, you first have to be a certified RN Trainer, which means you completed formal training and can teach medication certification classes.

A quality assessment review conducted in settings where DD personnel approved in medication certification provide medication or treatment. This can include health-related activities (HRA) such as vital signs, applying dressings, oral suctioning, measuring input and output, emptying and replacing a colostomy bag. It could also be that the personnel are able to administer prescribed medications; these can be oral, topical, inhaled, or over-the-counter. They can also administer oxygen.

The QA process begins by identifying settings where a QA is required by rule. These include residential settings with five (5) or less individuals; Adult Service location with up to 16 people; other locations are covered by the State; and a QA is required at a location where an individual is unable to self-administer their medications. QA's are required at each eligible location a minimum of every three (3) years, or more often as necessary.

Kristen shared a PowerPoint slide highlighting the RNQA Process, and offered a brief overview. The process begins at determining if a location requires a QA, then is comprised of many steps that provide oversight to ensure that Medication Administration is occurring properly and legally. Our RNQA team is here to help build a strong Medication Administration system, and are here to guide providers and others towards a healthy and safe environment.

I would like to highlight some the areas where our QA team contributes to the health and safety of our individuals. Our QA team participated in 94 Technical Assists in 2022. A Technical Assist could be helping

a provider with complex medication administration needs, assisting an SSA with a complex issue or situation, or working with investigative services on issues of health and safety of our individuals. In 2022, we completed 118 RNQAs, which affected 203 individuals. In 2022, our team trained 276 providers in Medication Administration. This means that we know 276 Direct Service Personnel received quality Medication Certification education and training from our Agency. We also trained 90 providers in CPR in 2022.

As our Agency works to correct our citations from our recent Accreditation Review, the QA nurses have contributed by reviewing all Self Administration Assessments (SAA) for completeness and accuracy. In 2022, we reviewed over 850 SAAs. As needed, we communicated with the SSA when we identified errors, and corrections were needed. The QA nurses provided a very intensive training in the summer of 2022, on how to complete and interpret the SAA. With these activities, we have seen a dramatic improvement in the SAA and their interpretation in the ISP. I believe last stats were an improvement of nearly 85% of the SAA's were correct which was up from below 50% this summer. Again, this is a team effort by all departments at the board and RNQA is happy to help.

Kristen shared a graphic of gears to demonstrate how RNQA is a small part of a very important process. Investigative Services, Provider Compliance and Support, and RNQA and Nurse Education all work in synchrony to do our part to keep our individuals safe. If Provider Compliance finds areas where they feel there is a root cause for a citation in the area of medication administration, they reach out to us to work with the provider. If Investigative Services has an incident where they need guidance on the details of medication administration, RNQA is happy to offer of knowledge, because this area is so broad. Investigative Services may be concerned about the health or safety of an individual, and our nurses will go out with the SSA or deputy Betz to assess the individual. This is not a QA activity per se, just the right thing to do.

Kristen closed her presentation stating that her team is here to help and support the safe administration of medications to our individuals. We are here for providers, our SSAs, and anyone else who needs their support.

First Reading of Board Policies:

Connie Poulton, Director of Human Resources, presented the policies slated for first reading. These policies will be presented during the March Board meeting for second reading and Board approval.

- Policy 4.15 Attendance, Tardiness and Sick Leave – Reviewed
- Policy 4.05 Volunteers, Interns and Practicum Students – Reviewed

Financials and Board Resolutions:

02-08-23: Operating Fund #071 (page 38)

A. Two Payrolls for January	\$1,206,945.19
B. Bills for Payment in January	<u>\$5,319,119.03</u>
TOTAL:	<u>\$6,526,064.22</u>

Maria Heege motioned for approval of Resolution 02-08-23. James Anderson seconded.

Discussion:

Leigh Donatella, CFO/Business Manager, reported that for January 2023, total local revenue was \$216,237; total state revenue was \$271,278; and total federal revenue was \$619,744. Total revenue received for January was \$1.11 million. For January 2023 expenditures, there were two payrolls totaling \$1.21 million; total benefits paid of \$656,239; and total other expenditures of \$4.67 million. Total expenditures for the month were \$6.53 million. Expenses exceeded revenue by \$5.42 million.

Unencumbered cash as of January 1, 2023, we began 2023 with \$61.17 million. There is currently open purchase orders for 2023 of \$16.89 million, plus our canceled purchase orders from 2022 in the amount of \$95,837, and taking our net change in financial position of negative \$5.42 million, the month ended with unencumbered cash of \$38.69 million. Leigh noted that this cash balance also includes our reserve balance account, for \$10 million.

The January budget versus actual statement shows year-to-date revenues are \$1.12 million, which is 2.23% of what we expect to receive; total expenses of \$6.53 million, which is 10.9% of what we expect to spend. The available budget at the end of January was \$36.3 million, consisting of mostly unspent waiver match, and personnel services.

In review of prior year encumbrances, there was \$558,089 in encumbrances carried over from 2022, \$287,115 was paid in January, cancelled \$95,837 in January, and there is a remaining balance of \$175,136.

For Resolution 02-08-23, there were two January payrolls of \$1.21 million, with nothing out of the ordinary to note, and other non-payroll expenses of \$5.32 million, which was broken down week-to-week in the Board packets.

The Board duly adopted.

Resolution 02-09-23 approves the purchase of a Forklift.

James Anderson moved for approval of Resolution 02-09-23. Carmelita Smith seconded.

Discussion:

Tim Beard, Manager of Maintenance and Food Services explained that Resolution 02-09-23 identifies that the Board has appropriated funds in the 2023 Budget to replace a Forklift at Whipple-Dale Centre, at a cost not to exceed \$35,000. The Board has reviewed quotes for the price of a new forklift, and will trade in three (3) forklifts during this transaction including one (1) 1991 Clark TM20 Forklift, one (1) 1992 Hyster H80XL Forklift, and one (1) 1998 Toyota Forklift.

Carmelita Smith inquired as to what the forklift is used for. Tim explained that Whipple-Dale uses the forklift to move items from the lower level of Whipple-Dale to the upper level, as well as unloading trucks that are delivering supplies/etc., for both Whipple-Dale and the schools.

The Board duly adopted.

Resolution 02-10-23 approves an agreement between Hope Homes Foundation and DODD for State Capital Assistance Funds

Maria Heege moved for approval of Resolution 02-10-23. Jennifer Moff seconded.

Discussion:

Leigh Donatella, CFO/Business Manager explained that Resolution 02-10-23 authorizes the Superintendent/designee to enter into an agreement with Hope Homes Foundation, Inc., and the Ohio Department of Developmental Disabilities (DODD), for the purchase of a home at 125 25th St. Massillon, Oh 44646, using State Community Capital Assistance Funds, in the amount of \$152,520.00. This Resolution authorizes the distribution of County Board funds held at the North East Ohio Network (NEON), to pay the purchase cost of \$152,520, reimbursed by DODD upon the closing of the property and submission of a reimbursement request. Finally, be it resolved that the Board approve the transfer from DODD to NEON to recompense County Board dollars expended for the purchase of the residence at a total reimbursement of \$152,520.

The Capital Assistance Funds provide the equivalent of a loan, forgiven over a period of 15 years (180 months). Capital Community Housing projects are cost neutral to the Board. Leigh shared that this is an exciting endeavor, as we have worked with agreements like this before, but that this agreement is specifically to create an environment that is a technology-based home. Individuals and families will be able to visit the home to get ideas of how supportive technology can help support them in their daily lives.

After the application process is complete, typically DODD sends the funds to the Board, who then passes them through to the nonprofit housing corporation. In this case, the Hope Homes Foundation Inc. did not provide the capital outlay, so the Board receives the reimbursement and transfers the money to the North East Ohio Network and the Stark DD account where the capital outlay originated. Upon completion of the project, Hope Homes Foundation, Inc. becomes the property owner and owner of records. The Board holds a promissory note on the property for the 15-year term.

The Board duly adopted.

Second Reading of Board Policies:

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

Policy 1.06 Superintendent Performance Evaluation and Compensation – Reviewed
Policy 1.07 Superintendent Succession Plan – Reviewed
Policy 1.08 Board Policies and Procedures – Reviewed
Policy 5.09 Preschool Typical Peer Program – Reviewed
Policy 5.17 Do Not Resuscitate – Reviewed

02-11-23: Resolution to approve the Board policies presented for second reading.

Jennifer Moff moved for approval of Resolution 02-11-23. Carmelita Smith seconded.

The Board duly adopted.

Adjournment:

Dan Sutter, Board President, requested a motion to adjourn. James Anderson moved for approval. Maria Heege seconded. The Board adjourned at 6:42 p.m.

The next Board meeting is scheduled for Tuesday, March 28, 2023, at 6:00 p.m. in the Ernest Cohen Room at Whipple-Dale Centre.