



BOARD OF DIRECTORS MEETING – SEPTEMBER 24, 2019

PRESENT FROM BOARD:

Steve Ammentorp, Joe Warner, Dave Hayden, Tawny Espinoza, Terry Pickens Marna Lake, Kevin Fitzgerald (via conference phone), Stephanie Keller, Scott Coleman, Justin Ward, Krista Ubersox

EXCUSED ABSENCE(S):

Mike Nordine, Jim Grisier

SPECIAL GUEST:

Peggy Jennings, Eide Bailly

PRESENT FROM STRIVE:

Grant Jackson, Mary Anne Lawrie, Chris Bergquist, Doug Sorter, Sarah Bonnell, Katherine Waterman

OVERVIEW OF MEETING
The minutes from the previous meeting were approved
Eide Bailly reviewed the outcome of the annual audit and it was approved by the Board
The nomination of Tracey Garchar as a new Board director was approved.
Grant provided state and organizational updates.
Financials were presented and accepted.
Katherine reported on MANE Allegations and the Quality Management Plan (QMP)
Sarah reviewed the annual Family Support Services Report along with the slate of the Family Support Council. These items were approved by the Board.

A quorum was achieved and the meeting was called to order at 12:03 p.m. Steve Ammentorp presided.

MINUTES FROM 8/27/2019 MEETING

The minutes from the meeting on 8/27/2019 were reviewed and approved.

It was M/S/P (Pickens/Ubersox) to approve the 8/27/2019 minutes as presented.

OUTCOME OF FY2018-2019 FINANCIAL AUDIT

Peggy Jennings with Eide Bailly met with the Finance Committee prior to the meeting and provided a more in-depth overview of the audit outcome for FY2018-2019. Peggy referred to the comparative financial results over the past 5 years. On the financial position, Peggy will focus on cash position and receivable.

Attention turned to 2016 where there was a drop due to the state holding back Medicare monies that were expected. This jumped back up in 2017 because the monies were received within the appropriate time. 2019 receivables are slightly higher in comparison to 2018. Total assets are at \$15 million due to the sale of 950 and the purchase of 790. Net assets are broken down by restricted and unrestricted and reflect a bottom line of over \$9 million. Income statement reflects services from governmental entities, expense and operations. There was a reduction in 2019 due to funding for the Crisis Pilot ended. Expenses are pretty consistent over the years. Program and personnel expenses have increased due to outsourcing, staff shortages and increase in vendors due to individuals moving to a host home setting. Operations varies from year to year with 2019 ending at \$119K. Public support is donations of \$1.2 million raised for the Capital Campaign. Non-recurring revenue is at \$356K due to the sale of real property. Change in Net Assets for 2019 is standing at \$1.3 million. Last page reflects the cash flow of the organization.

Overall, the audit went very well with no findings, and no modifications. Board members expressed their appreciation and gratitude to Peggy for the overview of the audit.

It was M/S/P (Coleman/Ubersox) to approve the Outcome of the Financial Audit for FY2018-2019.

NOMINATION OF NEW MEMBER

Steve and Tawny recently met with Tracey Garchar who is very interested on serving on the Board. Tracey is currently the Executive Director with the Department of Human Services. He has lived in the valley for over 20 years and is very committed to the community. After members shared their experiences and interactions with Tracey, it was the consensus of the members present that he would be a great asset to the Board.

It was recommended by unanimous vote of the Board members present to approve the nomination of Tracey Garchar as new Board director. M/S/P (Fitzgerald/Espinoza)

PRESIDENT/CEO REPORT

We are still in the processing of hiring a new Vocational Director. In the interim, Doug continues to oversee the programs. We are looking for the right person who has the same vision of in creating more community inclusion opportunities for our individuals.

The contract for Alida's was signed today. We are very excited to start this new venture but a lot of planning needs to be done. Grant will be meeting with Chris and Doug on planning the next steps of getting the business up and running and getting the right people in there.

Audyssey will be transitioning over to Family Health West effective October 1. Since FHW is still remodeling their new building, it was mutually agreed to do a joint press release in December. Notifications of the change has been completed to families and physicians involved with the program.

We continue to work with Colorado Canyon on therapies in meeting our needs. We are also working with them to resolve some of their billing issues with Early Intervention. Sal knows

an OT Therapist who would like to volunteer her time and assist with training staff to fill some of the gaps that we are experiencing. A Board member expressed liability concerns if the therapist is practicing we may need to look into malpractice insurance. Grant will follow-up will take this under advisement.

We are still struggling with recruitment of new staff and are also looking at alternative ways to increase our retention. We celebrated DSP week by ordering and delivering food to all sites, daily gift card giveaways and ordering STRiVE merchandise for them. We also do Recognition for the Mission, concert ticket giveaway and are looking at other incentives to show staff appreciation.

As far as Botanical Gardens, the City has a new management team at Parks and Recreation and we are working on rebuilding our relationship with them. They sent a letter over changing some of the terms of the original contract which we don't agree. We have requested a meeting to discuss this further in hopes of a resolution to some of the issues that we are experiencing at the Gardens.

On a final note, the Regional Center may be interested in purchasing one of our group homes instead of building a new one.

FINANCIALS

Chris provided an overview of August financials which reflects a net income of \$137K with donations, ignoring donations shows a net income of \$29K. Year-to-date net income is \$131K, ignoring donations shows a net income of \$11K.

Attention turned towards the various graphs presented:

- Revenue is running slightly under what was forecasted.
- Personnel expenses are also running close to forecast. Chris continues to delve further into this due to the fact that we have outsourced all therapies and the closure of group homes which should reflect a decrease. Chris is also reviewing the staffing schedules to check to see what programs are showing more staff than budgeted.
- Operating expenses are slightly under forecast. This category is a catchall and does not include the personnel expenses. Again, we continue to look at ways to decrease these.
- Operating income shows a decrease from the actual forecast.
- Net income is just about break even.

Chris then reviewed the metric analysis for August highlighting the following areas:

- Total residency occupancy, inclusive of group homes and host homes, is at 93.5% which is slightly over the target goal of 93%.
- Group home residential occupancy is at 84.59% and is below the target goal of 93%.
- Case Management billing units were slightly over target.
- Behavior billing units were slightly under the target amount.
- Total vocational units billed were slightly under the target amount.
- Staffing is below the targeted goal.
- Operating costs is below the targeted goal by \$29K.

Balance sheet reflects nothing new. All ratios are down. Net assets went up due to the new building. Accounts receivables are down due to timing issues of the payments.

It was M/S/P (Ubersox/Lake) to accept the financials as presented.

**QUALITY ASSURANCE REPORT
QMP (QUALITY MANAGEMENT PLAN) REPORT**

In reviewing the data, Katherine highlighted on the high deficiencies at each group home that were cited by the State Auditors. Many of the tags have been cleared but we continue to work on some of the heavy hitters which include med errors and OT training. In regards to the med errors, we have contracted with a new pharmacy wherein all an individual's medication is in a daily pill packet and the appropriate dosage is disbursed at one time. This system is being implemented in two of the homes and we should see a decline with the med errors.

At 680, there was an issue with tracking of individuals' weights and their inconsistencies with eating protocols. Staff are now diligent in taking the individuals' weights on a daily basis along with OT addressing other issues in addition to assisting host home providers with tracking an individual's weight.

At 1444, falls were occurring more frequently. After an assessment was done, items causing these were identified as fixing loose rugs, doing various maintenance repairs in all rooms in addition to equipment repairs. We are now showing a decrease in falls.

Olson had quite a few issues surrounding kitchen management, i.e., cleanliness, temperature of refrigerator and logging of information, labeling of food and appropriate food handling. A dietician came in and did an assessment and provided the necessary training to be in compliance. Food handling certifications are now implemented in the CORE training. This house also had some staff issues and a new house manager was hired. Staff are now receiving the support that they had once lacked. In addition, house managers have been hired for the other homes. This has been very positive and great improvements are being made within them.

Victoria is undergoing a lot of changes as Olson. Upon the recommendation by the State, we have moved from a 24/7 Nursing model to a Nurse Case Management model wherein the nurses have delegated some of their duties to the DSPs in order for them to provide more quality of care to the individuals.

Moving forward, we will continue with our current QMP plans until satisfactory conditions have all been met and remain in compliance with the rules and regulations.

INCIDENT REPORTING

Katherine provided an in-depth explanation of the incident report process. Incident reports are filed and these are reviewed by house managers and supervisors within a 48 hour period to determine if all the elements are there or if additional information is needed to assure pertinent information is received. A committee was formed and meets on a weekly basis to review the alleged allegations to see if additional follow-up is needed, personnel action to be taken and/or if report can be approved and closed out. Katherine tracks all reports and identifies any trends occurring when noted in an attempt to prevent the same issues from happening again. A question arose if some of them occur due to the staff turnover and if this is being tracked. Katherine responded that she was not sure if there is

a correlation between the two. At one time, turnover was tracked but not sure if it is still being done since we have been through three different payroll systems over the past 5 years. Grant will follow-up with HR to see if this could be done with the new system.

A question arose in regards to if there were any legal issues at this point. Katherine responded that there were none at this time.

In reviewing the Mistreatment, Abuse, Neglect and Exploitation (MANE) summary there was concern over the high number of allegations over the past 3 months. Katherine reported that it is a little higher than average in comparison to last year due to some investigation changes that were made. There were two investigators reporting and some of the incidents did not meet the criteria for reporting. It appeared that they were making their own allegations. This problem has been corrected and we now only have one investigator. Adult protection was also concerned over the number of incidents that were being reported and a meeting was conducted with them to address the issues along with informing them that the problem had been resolved and we should now be more consistent with accurate and reasonable reports. Katherine then proceeded to provide an in-depth recap on the reporting process, rules and regulations surrounding investigations, appropriate reporting to adult protection and law enforcement, etc.

Attention then turned to the MANE summary wherein 39 allegations were reported. Six (6) allegations were substantiated, 17 allegations were found unsubstantiated, 6 incomplete investigations due to follow-up from the CCB and 10 investigations that were unable to be investigated due to not having the authority to do so, i.e. two exploitation allegations involved individuals that resided with family members. These types of incidents are turned over to adult protection and law enforcement for further follow-up.

The Board expressed their appreciation to Katherine for her report.

FY2018-2019 FAMILY SUPPORT REPORT & APPOINTMENT OF FAMILY SUPPORT COUNCIL

It was another successful year for FSS this last year. A total of 158 families were served through the program with only 113 families actively funded within the program and the remainder received Case Management services. The primary purpose of FSS is to reduce caregiver stress, ease the burden of care and support children with disabilities in remaining with their own nurturing family home. Total funds expended for 2018-2019 was over \$162K. These monies were allocated to families for respite, professional services, assistive technology, home modification, medical/dental expenses, transportation, parent/sibling support and other areas that families may need assisted with.

Out of all services offered, Respite is the one that is mostly utilized with 56% of the FSS budget being used for this resource. The whole intent of this program is to improve the quality of life for everyone in the family.

FSS Advisory Committee's objectives met for FY2018-2019 were:

- Created a smoother transition process and provided support to families whose children are turning 5 and in need of the developmental disability determination by the FSS Coordinator requesting constant updates from the Intake Placement Manager on the status of the applicants.
- Continue to provide educational materials for families to help them better understand the available services by consistently updating the FSS handbook with the most current

rules and regulations in addition to providing them with other community resources that are available.

- Continue to prevent out-of-home replacement by ensuring our highest needs children receive funding priority by categorizing needs as “high”, “moderate” and “low” in order that funding is allocated appropriately.

FSS Advisory Committee’s objectives for FY2019-2020 are:

- To continue supporting families in all areas of transition.
- To increase outreach efforts to families.
- To continue to prevent unwanted out-of-home placement by ensuring our highest needs children receive funding priority.

Budgetary recommendations from FSS Allocation Committee for FY 2019-2020 are:

- The average respite for a family in a six month period is \$750.
- Families should be placed into the appropriate programs as quickly as possible to utilize the correct available funding sources.
- \$2500 has been put aside for an emergency fund to address short-term crisis or emergency situations that may arise.


Sarah then reviewed the slate for the FSS Council and Allocation Committee and requested approval of the FSS report and appointment of the FSS Council and Allocation Committee.

It was M/S/P (Coleman/Hayden) to approve the FSS Annual Report along with the appointment of the FSS Council and Allocation Committee.

It was M/S/P (Espinoza/Ubersox) to adjourn the meeting at 1:34 p.m.



Secretary



Date