

**MINUTES OF MEETING**  
**BOARD OF DEVELOPMENTAL DISABILITIES SERVICES**  
**May 1, 2019**  
**Booneville Human Development Center**  
**Booneville, Arkansas**

The regular meeting of the Board of Developmental Disabilities Services (DDS) was held May 1, 2019 at the Booneville Human Development Center. The meeting convened at 10:31 a.m. pursuant to the call of the Board Chair.

MEMBERS PRESENT: Board Chair Darrell Pickney, Sally Hardin, Randy Laverty, Suzann McCommon, David Rosegrant and Linda Selman via conference call.

STAFF PRESENT: DDS Director Melissa Stone, Jeff Gonyea, Sarah Murphy, Johnathan Jones, Kerry Gambill, Steve Farmer, Mark Wargo, Avis Lane, Tammy Benbrook, Dale Woodall, Thomas Tarpley and Hannah Knight.

OTHERS PRESENT: Jan Fortney, Rita Hoover, Booneville HDC staff, parents and family members of HDC residents, and Attorney General Representative Sarah Farris.

Mr. Pickney called the meeting to order, welcomed everyone in attendance and thanked the Booneville HDC Superintendent, Jeff Gonyea, for hosting the Board meeting.

Mr. Pickney called for a motion to approve the minutes from the February 6, 2019 regular meeting of the DDS Board with one correction; the spelling of Representative Ladyman's name. Ms. McCommon made a motion that the minutes be approved. Mr. Rosegrant seconded the motion which passed unanimously.

Mr. Gonyea provided information regarding a proposal to clear pine trees on Booneville HDC property with a buffer remaining near the roadway. Proceeds are to be divided between the HDCs. The Arkansas Forestry Commission will collect bids and manage the project which is to be completed within one year of the start date. After discussion the Board opted to move forward with the proposal and elected to utilize the seed tree method as opposed to the clear cut and replant method. Once the contract is drafted it will be brought before the Board for review.

Mr. Gonyea also presented the report for the Human Development Centers and shared items of interest about each center. Conway HDC was commended for an innovative idea utilized during their Easter egg hunt. Balloons attached to the eggs allowed wheelchair clients to participate.

Ms. Benbrook, Mr. Woodall, Mr. Tarpley, and Mr. Gonyea are working with architects to design the buildings to be constructed at Booneville HDC. The plans are scheduled to go before Peer Committee on May 19<sup>th</sup>. The structures, modeled after the North Little Rock Veterans Home, includes windows which allow for an abundance of natural light, private baths, a wrap around porch and 16 residential beds.

DDS Director Melissa Stone began her report with the announcement that Mr. Pickney has been elected as the National President for VOR. Ms. Stone, Mr. Pickney, and Mr. Lavery will attend the VOR Conference in Washington, DC June 8<sup>th</sup> – 12<sup>th</sup> and Ms. Stone is scheduled to conduct a presentation on bridging the gap between human development centers and community-based settings.

PASSE (Provider-led Arkansas Shared Savings Entity) was launched on March 1<sup>st</sup> moving 43,000 Medicaid recipients into this managed care model. Questions and concerns with the model are being addressed and training is being provided to address any issues.

Mr. Lavery inquired about the CES Waiver waitlist. Ms. Stone advised that as of February there were 3137 on the waitlist and noted the premium tax from the PASSE will create new slots.

Arkadelphia HDC Superintendent Kerry Gambill and Conway HDC Superintendent Sarah Murphy shared recruitment plans (Attachment 1) they have developed to increase direct care staff. Jonesboro HDC Superintendent Steve Farmer noted higher wages and increased time off would be beneficial to retention. Southeast Arkansas HDC Superintendent Mark Wargo added that retraining supervisors is a valuable retention tool while Booneville HDC Superintendent Jeff Gonyea indicated appropriate training is key for direct care staff to be properly prepared for this type of work.

Jan Fortney, parent of a Conway HDC client, addressed the Board regarding direct care staff and shift coverage and provided written concerns and suggestions (Attachment 2). Ms. Hardin thanked Ms. Fortney for speaking on behalf of parents of HDC clients.

Rita Hoover, VOR Board Member and Arkansas State Coordinator, addressed the Board with additional suggestions for direct care staff. Those suggestions included common areas for lunch/breaks, providing childcare, and management training. Ms. Hardin also thanked Ms. Hoover for her suggestions.

There being no further business Mr. Pickney called for a motion for the meeting to be adjourned. Mr. Rosegrant made the motion. Mr. Lavery seconded the motion which passed unanimously. The meeting adjourned at 11:23 a.m.

ATTEST:

  
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Mr. Darrell Pickney, Chair, Board of DDS

  
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Executive Secretary

## **CHDC and AHDC 2019 Recruitment and Retention Projects**

### **Arkadelphia HDC**

- Connected with Career Connections departments at Henderson State and Ouachita Baptist campuses. Flyers were placed throughout their campuses.
- Met with Chad Hall of DHS Recruitment department and designed flyers that were distributed in nearby communities. Also designed newspaper advertisements which have run in the Benton, Malvern, Prescott and Hot Springs local newspapers.
- DHS Recruitment produces specialized AHDC advertisement posters which are placed on the DHS Facebook, Instagram, and Twitter accounts and can be shared.
- AHDC direct care openings are currently advertising on INDEED.com and are continuously advertised on the DHS website.
- Participated in Ouachita Baptist College Job Fair on March 26, 2019
- Teri Webb from DHS Recruitment and Sharon Mohammed met with AHDC Superintendent and staff to work on AHDC Recruitment Plan and SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis Strategic Plan on April 3, 2019. The Strategic Plan is a high level strategic planning model that helps businesses identify where they are doing well and where they can improve, both from an internal and external perspective. A follow-up meeting is scheduled for May 3, 2019.
- Placed AHDC Recruitment Banners (12) in different areas of Arkadelphia – NOW HIRING with website, telephone number and tagline, “More than a job, a family!”
- Participated in Job Fair at National Park College on April 9, 2019.
- Participated in Malvern Job Fair COTQ (High School Seniors) on April 17, 2019.
- Participated in Arkadelphia Community Job Fair on April 18, 2019.
- Participated in Henderson State University’s Job Fair on April 23, 2019.
- AHDC Volunteer Council is currently giving staff \$100 referral bonus for recruiting any new direct care staff member that remains employed with AHDC for six months.
- AHDC Volunteer Council is sponsoring a no sick leave incentive. All staff who do not use sick leave for six months will be treated to a special meal. All staff who do not use sick leave for twelve months will receive \$20.00 from the Volunteer Council and a special meal.
- Kindness Cam – recognizes staff member each week who works overtime to make coverage in our living units. Kindness Cam also recognizes a staff each month that does not use sick leave.
- Employees Committee (ERIC) has made cookies for our direct care staff that work weekends and have given away plants to weekend workers, as recognition for their dedication.

### **Conway HDC**

- Sharon Mohammed, Tammy Benbrook and Sarah Murphy met on January 29, 2019 to discuss recruitment issues.
- Conway held a Job Fair on campus on February 14, 2019. DHS Recruitment staff assisted CHDC staff.

- Sharon Mohammed met with CHDC Superintendent and staff to work on CHDC Recruitment Plan and SWOT Analysis Strategic Plan on February 27, 2019 (See attached)
- DHS Recruitment produces specialized CHDC advertisement posters which are placed on the DHS Facebook, Instagram, and Twitter accounts and can be shared. CHDC will also print these specialized advertisements and distribute them to local vendors to be placed in windows.
- CHDC direct care openings are currently advertising on INDEED.com and are continuously advertised on the DHS website.
- Send cards to former direct care employees to notify them of openings.
- Started focus groups with direct care staff to assess the needs and preferences of recruitment and retention efforts.
- CHDC is developing tools to enhance or create a more positive work environment, and enhance its reputation in the greater community.
- CHDC has placed banners on the front gates, and includes lists of job openings in its various mailings, newsletters, and brochures.
- CHDC is planning special events for staff appreciation, and is always collecting staff surveys for positive ideas for recruitment and retention.
- CHDC Volunteer Council will continue to plan special events and staff appreciation days on all shifts.

Jan Fortney Comments to DDS Board - May 1, 2019

I am the mother and guardian of an adult daughter who is a long time resident of CHDC. I am also the guardian of a 78 year old women who resides in the same living unit as my daughter.

As I frequently visit the ladies in their residence I am reminded of the work done by those dedicated staff members in order for our loved ones to be safe, feel safe and comfortable, and have their individual needs met. Residents seem to be happy and very well cared for, even though many days are filled with busy hectic duties and schedules. I am grateful for their work, and that they have decided to work at CHDC!

I come to you today speaking for several other parents who could not make it today, and myself regarding shift coverage information.

Shift Coordinators have great difficulty in making coverage for almost all shifts, every day, but nights and especially on the weekends present an even bigger challenge. They have to pull people from Recreation (Rec) sometimes just to make sure coverage is met. Which when that happens, residents who were scheduled to do an activity out of the residence with Rec Staff, don't get to do so because Rec Staff were pulled to make coverage. Even Shift Coordinators have to help out in making coverage as a direct care staff person from time to time.

Daily schedules have to change because of lack of direct care coverage. This sometimes means, no classes, no off-campus activities, no going to church services – but just staying in the living unit. With the weather itself being an issue many times, it is very sad when days are pretty and then there's not enough coverage for residents to be able to get out.

I know from being a parent/guardian looking in, that the residents are very much affected by any kind of change in their schedules, or newness to their environment. Just trying the 12-hour shift pilot program greatly affected those in my loved ones home, and not just the residents, but the staff also. Many regular staff left the unit to work somewhere else on campus, because their family lives could not allow them to work that many hours at once. For example: Some of our staff are single parents of 3 or more children under the age of 12; and some have other jobs, too. This resulted in a huge change for the residents. It's taking a long time for the newer staff in the living unit to become familiar with the residents and their particular needs. It is so very important for things to stay steady and consistent for residents to feel safe, comfortable, and happy. If staff members are challenged with constant changes of work schedules, policies, and procedures - then it is very discouraging, and makes that retention problem even more difficult. I know new things need to be tried, but keeping in mind of how it will affect resident's lives is very important for that kind of transition.

For many years it has been a struggle for DDS and the HDCs to find a method that works in attracting people to work at the HDCs and the retain them. I recall over the past four or five years – at least two DHS/DDS professionals (at different times) who were specifically given the task to try to find ways to remedy the hiring and retention challenge. There have been

employee surveys done, "town hall meetings" held to find out what employees think and their suggestions, there's been data collected, there have been wage increases, there's been a great amount of training and support, there's been a new pilot program to try 12-hour shifts in some areas, and yet, still we have the same problems.

Direct Care Staff members need to be heard! They need to feel valued, and invested in the outcome of their work. They can have great ideas, and possible solutions! These people are the backbone of the HDCs! They need to feel more like professionals and advocates, than general workers that make sure they fill out all their reports and follow every procedure before they really engage residents.

Policies, procedures, and meetings have their place, but the specific person-centered direct care is the most important priority when providing quality services to people who can't take care of their basic needs. Many goals of a resident's individual program plan are carried out in the living unit by direct care staff members. So, to meet minimum coverage is just not enough to provide daily care and individual needs, assist in doctors appointments, take residents to classes, and make sure that program goals are met, too.

Supervisors in each living unit can feel overwhelmed sometimes. They are leaders, trainers, the "go to" person for every question, they provide support in direct-care, meal prep and implementation, support to family members when they call or visit, and the list just goes on and on.

It is my opinion that direct care staff, and their residential supervisors do not feel valued. They want to be a part of the workings of the campuses to make the lives of those they are charged with, better! They don't want to just get instructions from the top, and have no input. They need to be professionals and be treated that way! I have witnessed supervisors and direct care staff caring for individuals without all the information they need to do so. For instance, my daughter may have been put on a new medication or had a change of a medication, but the only person that knows about it in the living unit is the nurse. How are direct care staff to know when to look for changes in behaviors, or health? Direct care staff should truly "know" their clients. However, it is usually through daily trial and experience that they get to know their clients. Instead, they should be reading the individual client's IPP or IEP first, to at least get a jump start on knowing the person. They do not even have time to do that. To make minimum coverage doesn't allow for this kind of thing. I believe there needs to be more coverage than the minimum for every shift. This way, there's time for planning, and becoming better care givers. It also allows for the crazy weird things that get thrown into the mix in every day.

Good workers don't just come a dime a dozen. We don't just need any care givers, we need attentive familiar care givers to make coverage. We need well trained staff who know the residents in the room, and plenty of them. When situations get to where there are more "floats" on a given shift than regularly assigned staff, it is not a good situation and could be

dangerous. Many, many times this happens on weekends. I've witnessed this myself, and several other parents have told me they've had it happen in their loved one's living unit. One parent tells me that good workers come to work in their loved ones living unit, and they are great with the residents. Then, all of a sudden they are moved to work somewhere else on campus permanently - too many changes in staff, and too frequently. When the parent asked why they left, they say they weren't given a choice.

It would be easier for a person to work for a local school district where they would be off when their children are out of school, but they choose to work at CHDC, and we are grateful. Janitors at the local high schools make more per hour, and don't have the life-giving responsibilities that our staff have. Our staff definitely have state benefits, and days off. However, they have a heavier load of responsibility, too. Cafeteria workers in local schools have a professional certification, why don't our direct care staff?

Many explanations have been given for these things I've described, but we need a solution! Things should not continue as they are now. I would suggest -

- 1) Increase hourly wages to be competitive with true professional jobs, or at least competitive enough to lure them to work at an HDC instead of a general wage job at Wal-Mart, McDonalds, or as a school custodian.
- 2) Develop a professional certification for direct care workers. It may be costly in the beginning, or even on going, but it may fix the many problems we have. Maybe the Board could come up with an idea of how to pay towards a national certification for these workers as well.
- 3) When certification is accomplished, increase hourly wage to reflect that certification.
- 4) Develop and implement a professional standard uniform "dress code" to help them feel and look like professionals in their field. The plan developed should include things like: giving a "uniform" allowance to purchase their 1st uniform (one time only).
- 5) Develop and implement all of this in a quick and timely manner, and don't change the plan every 6 months to a year. The last two individuals responsible for finding out how to make hiring and retention better have not really come up with the right plan yet! Timing is critical! We don't need to be talking about this still in 2 to 5 years!
- 6) Once we have a professional and respected direct care staff workforce who are enjoying their jobs, they will be the best recruiters, and people will want to come to work at our HDCs! This employee recruitment model has worked in the past.

Thank you for the opportunity to give comments.

I appreciate you very much, and always listening to our concerns. Thank you for your service!