

GOVERNING BOARD MINUTES

Utah State Developmental Center

January 4, 2024, 10:00 am-12:00 pm



Governing Board Members:

Tim Mathews, USDC Superintendent

Dr. Scott L. Smith, Public Appointee

Jennifer May, Family Advocate

Scott Pingree, Family Advocate

Tonya Hales, DHHS Assistant Deputy Director

Paul Smith, Public Appointee

Patrick Horrigan, Consumer Advocate

Public / Presenters Present:

Cynthia Church, Administrative Assistant

Mark Forbes, USDC Administrative Director

Lauren Gutierrez, Quality Assurance Director

Clover Meaders, Assistant Attorney General

Emilie Campbell, General Public

Bonnie Hardy, Records Manager

Shauna Bradley, Records

William Exeter, USDC Project Manager

Heather McGinley, Assistant Attorney General

Branden Campbell, General Public

Excused:

Angie Pinna, DSPD Director

BUSINESS:

Electronic Meeting:

This meeting will be held in-person and electronically in accordance with Utah Code Ann. 52-4-202, House Bill 5002, Open and Public Meetings Act pursuant to a written determination by the Chairperson, finding that conducting the meeting with an anchor location presents a substantial risk to the health and safety of those who may be present. Due to the infectious and potentially dangerous nature of the COVID-19 virus, all agencies, institutions, and the general public may attend via a conference line. To attend please call (US) +1 413-308-2315 listen to the prompts and enter the (PIN: 254703178). Opinions and comments by the public may be presented as the meeting progresses or at the closing, as requested by the USDC Governing Board Chairperson.

Meeting Minutes Approval: The first order of business is to review the Governing Board Meeting minutes on November 2, 2023. Jennifer May said that at the top of the minutes, as well as on the agenda, is the notification that everything will be held electronically in accordance with the code. She thought it sounds like if anyone wants to attend, it needs to be online. She made the request that the wording be modified to say, "in-person or online." Tim asked Tonya if the wording is the release for the state for all things or if we could just change it; Tonya replied that she

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believes we can change it. Dr. Smith said that since it's an ongoing thing, that it shouldn't need to be reflected in the previous minutes, but rather in the minutes going forward.

Jennifer also couldn't remember where the Governing Board meeting announcements can be found. Lauren clarified that the postings can be found on the public notice website, Facebook, and the marquee once it is up and running again.

Tonya moved to approve the minutes; Tim seconded the motion.

Motion /Minutes Approval:

Yea – Dr. Scott L. Smith, Public Appointee

Yea – Paul Smith, Public Appointee

Yea – Jennifer May, Family Advocate

Yea – Tonya Hales, DHHS Assistant Deputy Director

Yea – Tim Mathews, USDC Superintendent

Yea – Patrick Horrigan, Consumer Advocate

Yea – Scott Pingree, Family Advocate

The minutes pass unanimously.

USDC Procedure & Policy:

Visitors for Individual/General Public Policy 50.03.01:

The purpose of moving this agenda item to the beginning of the meeting is so the board can collaborate on the policy as a group.

Section I includes the standard definitions that are all consistent across policy.

Section II states that USDC seeks to include important relations in the treatment and care of the individuals and promotes relationships at any reasonable hour, without prior notice, and consistent with the right of the individual and other individual's privacy. All visitors are to be identified when visiting areas that may have individual treatment or living spaces.

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Section III subsection A was added last time, which goes over the conditions that need to be met going forward to allow for visitation within the private living areas. The visit can't interfere with treatment for that individual or others in the area. We need to ensure the right to personal privacy during treatment or personal care needs of all people in the area. Staff must not be disrupted while providing treatment for other individuals. All individuals are asked to provide consent to the visitor being in the area if able to do so. If there is inappropriate behavior, the visit may need to be moved or adjusted. Staff may need to end the visit if the behavior or visit is too disruptive. If the conditions of the visit are not met, or staff or visitors have identified that the conditions are unlikely to be met, the visitor may choose to reschedule the visit, request another area be designated for the visit, or reschedule the visit if there is not another appropriate area available.

Dr. Smith wanted to know who determines what's reasonable? Lauren said that it would be a collaboration between the visitor and the treatment team. He asked what would be considered reasonable hours? Lauren said the normal visiting hours are 8:00-5:00, but active treatment and other activities may disrupt those hours, so any time before bedtime may be considered reasonable in some instances. If there is a disagreement on what is a reasonable time, the visitor can ask the Unit Director.

In emergencies, the visit may be approved by the QIDP.

All visitors must sign in at the switchboard and pick up a visitor badge. Visitors are informed the badge needs to be visibly displayed and returned to the switchboard when they leave. They then wait for an escort to go out to the area. The switchboard notifies the appropriate area or department of the visitor and requests an escort. If the switchboard does not know where the visitor should be referred, they may contact the superintendent's office during normal business hours, the AOC, or administrator on site (SSRN) during non-business hours. The escort will accompany the visitor(s) to the appropriate location for the visit and then return to their work duties. An escort is not needed when the visitor returns the visitor badge to the switchboard.

Jennifer May notified the parent council about this policy, so they may have some additional comments to add. She left comments on the link for this policy that

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Lauren provided to the Governing board via email. Feedback on this policy is as followed:

Visitor passes and escorts will be required for ALL visitors (outside of youth volunteer groups) This is an extremely frustrating requirement for both parents/guardians/kin and staff. The change is being made in order to be consistent with DHHS Policy 02-12 (Visitors in the Workplace); but that policy is explicitly intended for the children, family members, and friends of employees, not for parents/guardians/kin visiting their loved ones in residential care. Policy 02-12 does not refer to parents and guardians visiting individuals in residential care, but it is a best practice for any type of visitor to have a pass and/or be escorted to areas. USH has visitors check in with the switchboard as do many other care facilities. We discussed each building having their own sign in sheets used by the secretaries, but secretaries are not always there and available. The switchboard is open 24/7. By requesting visitors check in at the switchboard it also ensures that we have the staff available to support a visit and that other treatments are not occurring during the visits. Parents agree that a badge should be worn by everyone visiting campus, and we understand the need for all visitors (outside of parents/guardians) to check in at the switchboard, receive a visitor badge, and have the visit confirmed with a call to the location where the visit is scheduled. Sign-in sheets with the secretaries at the buildings would not work because the best time for individuals to receive visitors is in the evening when administration is not on duty.

The proposed visitor pass & escort process will add about 15 minutes total to each visit (detour to admin building, parking, walking in and out, pass check-in/out, calling for escort). Jennifer and her husband usually visit four times a week. Jennifer estimates that with their visit schedule, the process will take 75 additional minutes out of their week (5 visits x 15 min). That's roughly 65 hours over the course of a year. Consistent privacy and safety are the top priorities when working out this policy. We also need to have consistency across campus and not different protocols for different units or areas. Would it be better if guardians or legal advocates only needed to check in with the switchboard and can walk to the areas without an escort?

Jennifer May: Yes, consistent privacy and safety are absolutely top priorities, but these priorities can and should be met without placing unnecessary burdens upon families and direct support personnel. Have direct support personnel, QIDPs, and

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unit directors contacted for feedback regarding the proposed requirement that all visitors be escorted from the switchboard for every visit. When we visit in the evenings, staff are tight on time just to meet us at the front door and take us to the conference room for our visit. Sending a DSP from the apartment to the switchboard and back leaves only one DSP behind to manage dinner, toileting and/or showers (if they are fully staffed). How is this intended to be executed on dark and cold winter evenings? Does everyone still walk or drive personal vehicles?

Additionally, the language in the policy does not state where the escort is required to meet the visitor. It seems to indicate that the escort must accompany the visitor from the switchboard to all areas of the campus. In the evenings, when visiting time is most available, this would require that a DSP leave the apartment and walk or drive to the switchboard twice in order to fulfill the escort requirement. With short/busy staffing, this creates a significant burden on employees and possibly poses a risk to individuals. Requesting escorts allows for greater safety and privacy when visitors are on campus. Escorts would not be needed when a visitor is returning a badge to the switchboard, just when arriving for the visit. If this is the case, then the policy should state the specific escort requirements.

According to Title XIX, the facility must promote visits. Adding the requirement of the visitor pass and escort for parents/guardians/kin would create a time-consuming hurdle for the parents/guardians/kin and an increased burden on staff. This is where we need to collaborate and try to balance needs. We need to acknowledge that individuals have the right to decline visits and to have their privacy protected. Some individuals do not have good relationships with parents/guardians, and the policy should address the needs, safety, and privacy of all individuals across campus.

Jennifer May: Allowing parents/guardians to have a permanent visitor badge and circumvent the switchboard and escort process does not override the individual's right to decline visits, nor their right to have their privacy protected during treatment processes. The parent/guardian badge would only be an identifying badge, just like a visitor badge. The conditions for visitation listed higher in the policy outline the protections already in place to protect the individual from any unhealthy, untimely, or unwanted visits. Maybe a layer of protection between the parents/guardians and the DSP could be created by requiring a phone call into the

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apartment for authorization prior to arrival? A possible solution is for parents/guardians/kin to be provided with a designated badge that can be used on an ongoing basis. Would there be an application process or a time frame that the parent/guardian/kin would have to “renew” this badge? Would we need to include a picture to ensure the badge stayed with the correct person? Would the badge have building access? There would need to be a specific process in place, and we would need to determine the burden put on employees who would be involved in the process. In proposing a parent/guardian permanent visitor badge, the intention is that this badge is created and assigned to any person who is identified on USDC record as either a biological/adoptive parent or a legal guardian. This would change if a legal status changes, triggering a change in the parent/guardian on record at USDC. A picture would probably be necessary for the best protection. We, as parents, don't feel that building access is necessary or advisable. Yes, there would need to be a specific process in place, and it would place a limited burden on administration early on. After all initial parent/guardian passes are issued, any new badges would be issued when a new individual is admitted.

Dr. Smith summarized by asking Jennifer if she's not opposed to having badges, and if the badges should be permanent and updated on a yearly basis. Jennifer replied that badges are helpful and necessary, and whatever USDC decides is appropriate for that should be fine.

Patrick asked if the guardians will still need to come to the switchboard to get a badge if they already have one? Jennifer clarified that they wouldn't have to take the time to get a badge every time, and that the purpose of the badge would be to prevent wandering on campus and in unauthorized areas. She then asked what the purpose of being escorted to the building is if you're not being escorted from the building? Tim replied that you're being escorted to a treatment area, not escorted back to a treatment area. He said that while waiting for an escort is an inconvenience, having an escort allows us to circumvent behavioral issues that occur when active treatment is interrupted. We're providing the caregivers with enough time to finish treatments so they can be prepared for the visit to be facilitated in the area. Tim proposed that the family might not need an escort to the building, but to rather have the escort meet them at the building to take them to the individual. Jennifer suggested a parent badge and that the parent/guardian

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must sign in at the front door. Dr. Smith asked if the switchboard would be upgraded after this policy is passed. He asked the switchboard for a visitor's badge before the Governing Board meeting this morning, and they replied that they couldn't find any. Even if the policy passes today, Lauren said it wouldn't go into effect until around February. Tim said this would give us time to upgrade our system and process. He would like a central location for check-in because an area may be short-staffed, and it would be difficult to figure out a way to check the visitor in. The switchboard would be a good location to sign in and pick up a badge if necessary since it's staffed 24/7 and is always accessible. For security purposes, we need to know whenever someone comes on campus. By checking in at the switchboard, USDC is given the opportunity to physically see their face (in person and on camera). The switchboard staff could then call the building and let them know that the visitor is on their way to the building. Bill mentioned that the escort doesn't necessarily have to be a caregiver and that if a visitor is here during normal hours, anyone in the Administration can be an escort. Tim reiterated that the visitor would walk into the switchboard office to sign in. The switchboard would then call the apartment to let them know a visitor is on their way. The visitor would go to the apartment, where an escort would take them to the apartment. The parent/guardian would have a badge with their picture on it. Lauren said that the PCP team should review those badges at every PCP meeting to ensure that the badges are up-to-date, and that the visitor is still okay to visit with the individual. Other visitors would be issued a regular visitor badge.

Jennifer asked to check with other parents to see how they feel about Tim's proposal. The board spoke with the parents who attended virtually to ask their opinion. Emilie Campbell, who has a son residing at USDC, says she thinks it's not unreasonable to sign in if the visitor has an unannounced visit or if they want to enter the individual's bedroom. She said that visitors can't get into the building without a staff member anyway. She thinks the whole escort process is over the top and will cause issues. She thinks the purpose of this policy is to make it possible for visitors to visit with the individuals in their rooms. She wants to be able to go into her son's room when she drops him off at night to tuck him in to make the transition easier.

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Dr. Smith asked Lauren if she has enough to rewrite this policy, because he doesn't think the board has enough to vote on it today. Lauren would like to rework the policy with all of the new comments and have a special meeting in February to pass it. Scott asked if adjustments can be made regarding visitors who are disruptive. Lauren said that we can outline specific visiting requirements in the PCP that would determine what to do in special circumstances. Jennifer asked if the reworking of the policy would indicate that the visiting process is outlined in the PCP; Tim clarified that any adjustments to the policy would be outlined in the PCP.

What is the definition of "next of kin"? Jennifer assumes that the parent/guardian term applies to anyone legally responsible for the individual. Tim wanted to know if we could use the phrase, "parent, guardian, or others identified by the treatment team." Lauren said that the wording "next of kin" is specified in code and that she will check with the AG to see if the wording can be changed.

Jennifer brought up other feedback on this policy, which stated that if family members are going to be allowed into the individual's living quarters, they should stay in the kitchen or living areas. Staff reported that some parents will look into all of the bedrooms of all individuals to get more info about their child's roommates. Keeping visits in the kitchen and living areas allows staff the opportunity to take individuals to the restroom or provide privacy during treatments. This feedback is confusing to Jennifer, as the kitchen and living room areas are where the individuals spend most of their time together. It seems a visit in the kitchen or living room would impose more on the privacy of the other individuals than a visit in a bedroom. In order for a visit in a kitchen or living room to qualify as a private location, the other individuals in the apartment would need to be relocated to their bedrooms or outside the apartment. With a bedroom visit, if two individuals share a room then only one individual is displaced in the living room or kitchen during the visit. The purpose for allowing access to bedroom visits is to provide comfort in the instance when the individual is not well enough to be moved from bed, dressed, and prepped for a visit outside the apartment. A bedroom visit allows the individual to stay in their most comfortable location. Lauren said this feedback was addressed when we gave power to the treatment team. Tim had concerns with two words this feedback, which are "common living area," and "private living area." Kicking someone out of their own room could be unsuitable. This is where you would work it out amongst the treatment team.

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Emilie wanted to know if we could omit signing in if it's a regular scheduled visit, and just have unscheduled visitors sign in. Tim said that if you're picking up the individual at the door, taking them somewhere else, and not accessing the building, then you shouldn't have to sign in. But if you're going inside the building, then you would need to sign in. This would be labeled in the PCP.

Dr. Smith motioned to continue this policy in order to recraft it using the feedback today and that we call a special meeting to vote on it, to be scheduled for the first Thursday of February. Tim seconded the motion.

Motion Approval:

Yea – Dr. Scott L. Smith, Public Appointee

Yea – Paul Smith, Public Appointee

Yea – Scott Pingree, Family Advocate

Yea – Jennifer May, Family Advocate

Yea – Tonya Hales, DHHS Assistant Deputy Director

Yea – Tim Mathews, USDC Superintendent

Yea – Patrick Horrigan, Consumer Advocate

The motion passes unanimously.

USDC Governance:

Legislative Update:

The governor funded internships in his budget. USDC got eight approvals, all for behavioral health. We'll have two BCBAs, one behaviorist, one social worker, one clinical therapist, one psychologist, and one psychiatrist. Their placements are short, only being two-week rounds. They will hopefully be fully funded and have escalations, so they'll get more money as the two years go on. We're aiming these internships towards current staff who are interested in pursuing those careers, but we are open to outside hires. The governor's budget is a proposal that goes through the legislature who needs to be willing to fund it. Dr. Smith said that those that are on the Governing board who are not paid can lobby, and that he will speak with Senator Kennedy in the State Senate.

USDC Projects:

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USDC Maintenance and Projects Report:

Bill spoke with Scott at the Christmas party about revising the master plan and moving forward. The estimated start date for the greenhouse is January 15th, we're waiting for confirmation from the contractor. The estimated time frame for the materials is still on track.

The electrical medium voltage, summer boiler plant, camera replacements, and fire panel upgrades have reached substantial completion. The comprehensive therapy building is moving forward. We hit about 12,000 cubic yards of clay while digging a couple of large holes and had to bring in new fill dirt. We're progressing on the mechanical drawings. We haven't had an official groundbreaking yet. Bill is working with Layton Construction, who will help Bill with this in the next four weeks.

The major flooring projects are completed except for the flooring in the Townhomes, which will be replaced with epoxy. The generators in Sunset, Quailrun, and Oakridge will be replaced in the spring. The HVAC system in Sunset will be upgraded in March, at which time we'll simultaneously create a central kitchen that will feed eight apartments. We will also expand the fencing behind the apartments to create more space. We're waiting for one more bid before moving forward.

Scott Pingree asked how often we update the Master Plan. Mark said that we look at it annually for strategic planning. Bill added that it's a living document that can be updated and changed as needed.

USDC Finance:

Sustainability Fund Update:

We should spend about \$1.2 million by the end of this fiscal year. Projects have been assigned and gone through the bureaucratic process with DFCM and we're ready to transfer the money over. This includes the proposed projects below. We have \$1.8 million scheduled for fiscal year 2025 because we need to do an in-depth study for the full-service playground. We have nothing recorded yet for fiscal year 2026, but this will change over the next couple meetings as we start going down the list of proposals and complete a couple studies to determine cost and timing, as well as identifying the purchasing processes that we'll have to follow.

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Projects Requests:

- a. Marquee/Communications Board: We would like to replace and upgrade our current marquee board. The board we have now doesn't have strong specifications in the software. The new board would help recruit staff, help with public outreach, and is a great public relations tool. We found some great software that would replace the current board. The estimated cost is \$75,000-\$85,000. Dr. Smith requested that the Governing board entertain the motion at \$85,000.
- b. Wheelchair Bicycles: The cost for these bicycles has increased by \$2,000/bicycle. These are bicycles that are electronically assisted for use by individuals in wheelchairs but can be used by other individuals as well. If the community would like to use them, a checkout system would need to be set up. The lifetime use for these bikes is about 7-10 years; they last longer if they are well taken care of. The cost for these bikes is around \$70,000.
- c. Music Instruments for Music Therapy Program: We're still setting up our metrics to measure who would use this program. We would like to expand the instruments available to hopefully gain enough interest to give music lessons to our individuals. We would need an additional \$3,500. We only have a couple pianos on campus, so a keyboard might be useful to move from building to building. Jennifer wanted to add an additional \$1,000 for the keyboard(s), which would bring the cost up to \$4,500.
- d. Feasibility Studies: This would be helpful to give architects and designers detailed information on projects, such as the proposed projects for fiscal year 2025 or for the playground project. We have several identified projects that could be started now if we had more in-depth information. Tonya asked if DFCM is responsible for feasibility studies. Mark said that while the designers are responsible for the actual project, the feasibility study would determine if the designers would actually do the project. The bid would still need to go through the DFCM bid process; we would give them the

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information gathered by the feasibility study. The cost for these studies could cost upwards of \$100,000.

- e. Heaters and Fans for Patio Areas: These would be useful for a number of apartments. They could be used not only for the individuals, but for visiting family members and friends as well. They would give the individuals the opportunity to be outside more. We may be able to use donated funds instead of the sustainability fund. This is something that could be immediately utilized while we're waiting for larger projects to be completed. The cost for these would be approximately \$15,500.

Jennifer May motioned to approve the USDC Sustainability Fund proposed projects for fiscal year 2024, as of January 4, 2024 (wheelchair bicycles, heaters and fans for the patio areas, additional music instruments for the music therapy program, the public marquee/communication board, and the feasibility studies). Dr. Smith seconded the motion.

Motion Approval:

Yea – Dr. Scott L. Smith, Public Appointee

Yea – Paul Smith, Public Appointee

Yea – Scott Pingree, Family Advocate

Yea – Jennifer May, Family Advocate

Yea – Tonya Hales, DHHS Assistant Deputy Director

Yea – Tim Mathews, USDC Superintendent

Yea – Patrick Horrigan, Consumer Advocate

The motion passed unanimously.

USDC Community:

Public Comment and/or Questions:

Public comment was recognized during the meeting.

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Dr. Smith moved to adjourn the meeting until the special meeting to be held on Thursday, February 1st at 10:00 am. Tim seconded the motion.