
The Ann Storck Center Strategic Marketing Plan

June 2001

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FIU

FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

FLORIDA INSTITUTE OF GOVERNMENT

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**Provided by the Florida Institute of Government
Florida International University**

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TABLE OF CONTENTS

<u>Acknowledgements</u>	1
<u>Executive Summary</u>	2
<u>Methodology</u>	8
<u>Synthesis of Findings</u>	11
<u>Recommendations at a Glance</u>	33
<u>Appendix A: Analysis Of Annual Financial Statements: 1996-2000</u>	34
<u>Appendix B: Summary Of Findings By Component</u>	39
Component I. Major Findings: Strategic Planning Session “S.W.O.T.” Analysis	
Component II. Major Findings: Interviews with Outside Stakeholders	
Component III. Major Findings: Interviews with Referral List Clientele	
Component IV. Major Findings: Focus Group with Parents And Guardians	
Component V. Major Findings: Focus Group with Front-Line Staff	
Component VI. Major Findings: Focus Group with Residential Clients	
<u>Bibliography</u>	55

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EXECUTIVE SUMMARY

The Ann Storck Center provides high quality care to clients with severe developmental disabilities, and provides outstanding pre-school programs to children with and without developmental handicaps. Many of our interview respondents, strategic planning participants, and focus group participants used terms like “family,” “caring,” and “loving” to describe the Storck operating environment. Even respondents who disagree with Storck’s operating philosophy acknowledge the deep concern shown by staff for its clientele. Organizational commitment is remarkably high, despite low pay and emotionally draining, physically taxing workloads. The ultimate attestation to Storck’s excellence lies in the fact that parents and guardians will keep their charges on the referral list for years, because they feel that Storck’s care is outstanding—better than what they could provide at home. This environment reflects well on its leadership, who embody a high level of professionalism coupled with an abiding humanism.

Our research effort did, however, identify some key issues that ASC must address in coming years if it is to continue delivering the high quality of care with which it is associated.

- 1) **SUCCESSION:** Broadly defined, succession is probably the strongest concern of the research team. The departure of the Executive Director or other senior staff members would constitute a serious setback for the organization. But this is only one part of the succession issue. Storck’s current organizational design needs review. As this is written, ASC is considering a management restructuring that would establish a “Director of Residential Operations” position that would allow the Executive Director more time for visioning and outsider contact. Such a move would also allow the current Associate Director to concentrate on clinical aspects

of service delivery. This restructuring would be a plus for ASC's future growth and development.

An important corollary to the change in management structure noted relates to ASC's assurance of maximum feasible participation of clients in determining their regimen of care. Client choice is critical in the minds of many outsiders in determining both the perceived and actual quality of care for the developmentally disabled. Storck's restructured management should implement procedures and policies that assure outsider stakeholders of ASC's commitment to maximal "choice" consistent with physical and mental ability. As with the management structure issue, ASC's leadership is currently taking steps to implement testing and reporting that would bolster client input in service delivery.

2) TURNOVER and MIDDLE-LEVEL MANAGEMENT RETENTION:

Turnover is not an issue with Storck's senior leadership cadre, but is a serious problem with front-line staff, particularly the second shift. This problem is common at institutions such as ASC but as several respondents noted, it may impact Storck more severely given the frailty of its clientele. The same resource constraints that contribute to turnover in front-line staff may also lead to an attrition of its middle-level management. In recent years ASC has acquired the services of several bright and capable mid-level program managers. But these managers may not stay at ASC if they have insufficient resources to implement best practice.

- 3) COMMUNICATION:** Information flow from the center (Administrative Office) to the "periphery" (e.g., offsite locations) is good. Our assessment suggests that there may be need for greater interaction between dietitians and Certified Behavioral Analysts, particularly at the offsite locations. Storck's multi-site structure may be leading to a lost sense of community among certain staff. There is need for more face-to-face meetings among a broader cross-section of Storck's personnel.

4) **CLIENT INFORMATION SYSTEMS and INSTRUCTIONAL**

TECHNOLOGY: A reading of the annual financial reports suggests that billing and bookkeeping systems may need upgrading. Discussion with ASC staff indicates that steps are being taken to augment management systems in this area. ASC's computerized instructional technology is "state-of-the-art." However, several program managers opined that Storck must continue its technology investment, consistent with budget constraints, to stay cutting edge. Equally important, if ASC is unable to provide "state-of-the-art" instructional technology, it may not attract or retain the best instructional staff.

5) **THE PHYSICAL PLANT:** Physically, ASC is a study in contrasts. Gizmo and Oakwood are state-of-the-art facilities that are bright, spacious, and congenial. The headquarters venue—the ICF and management facilities—show their age and apparent "over-utilization." These facilities are confined with limited curb appeal. Aesthetics aside, the 48-bed ICF is a "dinosaur" that raises the hackles of outsiders in the developmentally disabled policy network because of the model of care it symbolizes. Downsizing the ICF is a key long-term concern for enhancing Storck's image to outsiders and key policy makers.

6) **LACK OF INSTITUTIONALIZED TRAINING MANUALS:** Lack of training manuals may hinder certain aspects of organizational development, particularly with regard to planning for offsite facilities. A downside of Storck's family-type environment is the apparent lack of manuals or other guidebooks for daily activities unrelated to direct client care. Newcomers to Storck's management ranks may have a longer than needed learning curve because they have to rely on the verbal tradition passed down from "old timers," rather than simply consulting an operating manual, or chief operating officer who can guide them. Viewed in this light, the lack of training manuals is probably a direct outgrowth of the succession problem noted above. Storck's senior leadership has a long tenure and may not perceive the need for creating such manuals. Moreover, Storck's top leaders appear to be overloaded, and institutionalizing

operations may not receive the attention it deserves. We also believe that this issue relates to need for improved training and professional staff development

- 7) **TRAINING:** Due to the varied medical and psychological conditions of its clientele, ASC's front line staff may occasionally encounter emotionally draining unusual incidents early in their tenure for which they were unprepared. ASC may be able to enhance its already thorough training in the "basics" of client care (e.g., moving and cleaning) with discussion of the emotional burdens employees will encounter on the job. This may assuage newcomer frustration and reduce the turnover ASC often encounters in the early weeks of employment.

Several of the younger supervisors also suggested that they would have benefited from better orientation to the institution and job expectations. Assigning a mentor to new supervisors would alleviate much of this problem. This finding is consistent with a recommendation found in the 1999 CARF accreditation document calling for enhanced professional development activities.

- 8) **FINANCES:** ASC's current finances are essentially sound, but there are some longer-term concerns. Many respondents suggested that levels of state reimbursement will at best keep pace with inflation. In a state that attaches low priority to human services, this has to be a red flag and cause for strategic financial planning. Analysis of financial statements indicates that fund raising is improving over time, but should be enhanced. In three of the last five years, ASC's operating expenses exceeded operating revenues, and in one year, outside fundraising did not make up for this shortfall. This is not a cause for alarm, but rather, an indicator of possible future stress, and lends credence to our contention that increased grants and endowment revenue are essential to ASC's future. Finances are further discussed in Appendix A.

- 9) **ENDOWMENT:** Consistent with our discussion of finances, Storck should aim for a \$10,000,000 endowment by 2011. Assuming a 5 percent return, the

additional \$500,000 annual income would serve as a fiscal “insurance policy” that would allow Storck to deliver the kind of care to which its management and staff aspire. Endowment revenue would also accord Storck a degree of independence from funding bodies that may not embrace its operating philosophy.

10) **BOARD OF DIRECTORS REJUVENATION:** Many respondents suggested that a Board with higher community visibility would be better positioned to further development efforts. Equally important, a reinvigorated Board would help to project Storck’s impressive track record to the community-at-large and public policy makers. From the research team’s perspective, the greatest shortcoming of the current board is that it may not provide management with sufficient guidance on strategic matters related to long-range planning. This is arguably the most important function of any governing board, and our organizational analysis suggests that the current board is not sufficiently engaged in strategic management guidance.

11) **THE SPLIT BETWEEN “IDEOLOGICAL” FUNDING DECISIONS AND PARENT/GUARDIAN SATISFACTION:** Experts in caring for the developmentally disabled and key figures responsible for funding in Florida are continuously embroiled in the debate surrounding philosophies and models of service delivery. The parents and guardians with whom we spoke seemed entirely indifferent to “philosophy.” They wanted a caring, safe, clean, and comfortable environment for their loved ones and dependents. The fact that Storck’s service model is “paternalistic” by contemporary standards was of little concern.

Bridging this ideological split will be difficult. On the face of it, Storck, and other providers of care for a severely disabled clientele need to educate key elites (elected officials, upper-level civil servants) about the special needs of their “consumers” relative to a less demanding clientele. As several of our interview respondents and focus group participants noted, the developmental care philosophy we are calling “The New Consumerism” should allow for maximal

parental and guardian choice of service providers, including providers who are *in loco parentis*.

- 12) **MARKETING:** The notion of *in loco parentis* appears to serve as the basis for Storck's marketing and outreach. Our research suggests a subset of parents and guardians who are happy to delegate the care of their loved ones to competent service providers who make appropriate residential and therapeutic choices. Moreover, this subset has no qualms about institutionalizing their dependents when it is clear that "mainstreaming" is physically (and in many instances, emotionally, physically or psychologically), burdensome for all parties, including the dependent.

This finding suggested that ASC may be able to attract clients from beyond its current catchment area, which is Broward County. Current Medicaid funding mechanisms essentially preclude a broader referral territory, but legislative changes that would allow for regional, as opposed to county-based reimbursement, may facilitate broader marketing of ASC's programs.

- 13) **SUMMARY:** If there is an intellectual "glue" to our findings, it comes in the notion of an organizational life-cycle. ASC appears to be at the end of organizational adolescence—it is secure with its professional identity. To achieve adulthood, ASC will have to develop an organizational infrastructure consistent with a seven-facility, 300 client operation. Storck will have to enhance its financial capacity to build that infrastructure. And, like any adolescent growing into adulthood, Storck will need to view the outside world as both a threat and an opportunity. As best we can tell, ASC has tended to view the outside environment as largely threatening. History suggests this is justified in many ways. Nevertheless, ASC's future growth and well-being will largely depend on "selling" the Storck story to a broader audience who will come to appreciate its caring and loving environment.

METHODOLOGY

The findings in this study are a compendium of interviews, focus groups, and strategic planning sessions. When the Institute of Government (IOG) at Florida International University was first contacted regarding this project in October of 2000, the IOG's Director and staff anticipated a survey-based approach. After initial discussions with Jim McGuire and Howard Boozer, we collectively decided to maintain the traditional strategic planning methodology focused on identifying organizational strengths, weakness, opportunities, and threats (Bryson, 1989) and eschew surveys. We decided instead that the use of focus groups and structured interviews would be more appropriate. We based this decision on two points. First, Storck has deployed surveys in the past; repeating them would probably yield few new insights. Second, and probably more important, we believed that the topics that needed to be addressed required a less structured research methodology than the traditional survey. We needed to give respondents the opportunity to express complex sentiments and opinions that could not be addressed with a fixed-response instrument (Selltiz, Wright, and Cook, 1976). Moreover, using open-ended questions and focus groups afforded the opportunity to probe respondents and participants on lines of thought that arose during the process (Judd, Smith, and Kidder, 1991).

We believed that the coupling of focus groups and structured interviews was particularly useful in addressing one of the central questions in this study: How does ASC, with its institutionally based and clinically driven model, stand in terms of reputation and acceptance with key stakeholders, many of whom adhere to what we are calling "The New Consumerism." For the purposes of this study, "The New Consumerism" is operationally defined as a treatment approach or philosophy for the developmentally disabled that is generally de-institutionalized in delivery, and places heavy emphasis on clients themselves, rather than clinicians, making the primary

therapeutic decisions. In Florida, “The New Consumerism” is implemented within the context of Independent Support Coordinator (ISC) structure that is designed to assist the clients with locating their service providers and maintaining beneficial clinical treatment thereafter.

Attempting to garner stakeholder views on this philosophical issue would have been very difficult with a traditional fixed response survey instrument. We assert that our combination of focus groups and structured open-ended questions, coupled with timely probing, was more appropriate in addressing this complex subject. We believe that this methodological decision was successfully implemented, and provided contextually rich responses that are summarized in Appendix B.

In the course of our research we interviewed four groups. These included Storck clients, managers of peer organizations, managers of professional organizations and related advocacy groups, and referral list parent-guardians. We conducted focus groups with front-line staff, current parent-guardians, and managers. Our strategic planning session was with the management staff. Overall, we interviewed 12 individuals whom ASC management and the FIU research team deemed important stakeholders. We also conducted over 40 hours of strategic planning and focus group contact. We believe that this produced a very clear and detailed environmental scan.

The four shortcomings to this study that we readily acknowledge are as follows:

- 1) Due to the legislative session, we were unable to contact key staffers and legislators in Tallahassee. We made numerous efforts by phone, fax, and letter to arrange interviews. These requests were ignored, or interviews were cancelled at the last minute. Several promises to do the interview via fax or computer were unmet. Obtaining these views would have helped our efforts. Nonetheless, we do not feel that the effort was severely compromised by this absence.
- 2) We did not explore the pre school program in depth. Given time and budget restraints, the FIU staff and Storck management collectively decided that this should not be a principal focus of this study;

- 3) Technically, this was to have been a “Strategic Planning and Marketing” study. For a number of reasons, the “marketing” component has been given relatively short shrift. We believe, however, that this study lays a very important foundation for a more detailed marketing study. Further, addressing the organizational issues raised herein would not impede a marketing study and indeed, would probably help to project a “better” Storck to the outside world.

- 4) We have not attempted a cost-effectiveness or benefit-cost analysis of our recommendations. For example, we have not stipulated an expected return in donations for every salary dollar expended on a full-time development officer. Our objective in this document is to help ASC lay out a long-range plan; we do not provide a detailed action plan that would entail scrutiny of benefits and costs of the actions proposed.

CRITICAL ISSUE ONE: SUCCESSION

Traditionally, discussion of “succession” in an organizational context refers to the process associated with planning for a new generation of leaders once the current generation passes from the scene. The Ann Storck Center (ASC) faces a succession issue with respect to its senior management team. This issue, however, is far broader than deciding who will manage after Messers McGuire and Boozer’s separation. Succession at ASC is inextricably linked, in our view, with two other issues, organizational design and operational philosophy. As such, the succession issue takes on a far broader meaning at ASC than it might in other contexts.

Further discussion of this issue must be prefaced with the following statement: Raising succession as an issue is neither an implicit criticism of Storck’s two senior managers nor is it a veiled hint that there is a health or personal issue that would require their sudden replacement We state this because certain interview respondents and focus group participants were disturbed and concerned that we brought this issue to the table, thinking that this research effort was a veiled “hatchet job,” masquerading as strategic planning. Nothing could be further from the truth. ***We raise the Succession issue as independent researchers who have been brought into ASC to provide insights that will improve Storck’s operations for many years, maybe even generations to come. In point-of-fact, our interviews and strategic planning sessions revealed tremendous respect for ASC’s two senior managers.***

With that disclaimer aside, let us begin by stating the obvious: outsiders clearly view the Ann Storck Center (ASC) as embodied by their two senior managers, particularly Jim McGuire. For better or worse (overwhelmingly better), Jim McGuire and Howard Boozer are the cornerstones of ASC’s reputation. External to the organization, Jim McGuire and Howard Boozer have a reputation for caring, conscientious management. On the inside, subordinates respect Messrs McGuire and Boozer for balancing firm control with encouragement to experiment (within budget constraints) and to improve operations as they see fit. Clients, parents, and guardians (both current and on the referral list) view Jim and Howard as the heart and soul of ASC; they rest easier at night knowing they are at the helm.

With this said, why then do we raise the succession issue? There are several reasons, which receive equal weight:

- 1) As anyone who watches “Moneyline,” “CNBC,” or “The Nightly Business Report” knows, Wall Street analysts pay very careful attention to corporate succession because they understand how sudden changes in management can negatively impact operations if succession planning is nonexistent. Managerial continuity is important, and as best we can tell, there has not been much thought given to whom would succeed Jim McGuire or Howard Boozer in the event of their respective departures.
- 2) Consistent with point one, Messrs McGuire and Boozer have been a managerial equivalent of a wrestling “tag team,” or journalism’s Woodward and Bernstein, for nearly two decades, with a close working relationship and complementary management styles and personalities. What might happen if one of the “tag team” leaves remains a perplexing question?
- 3) Our assessment is that ASC’s management structure needs to be changed. Our time spent at Storck (formal strategic planning sessions and informal observation) as well as interviews, suggest that Jim McGuire is both the Chief Operating Officer (COO) and Chief Executive Officer (CEO). Thus, he holds ultimate responsibility for both daily operations on the inside (COO) as well as “visioning” and external relations generally associated with the CEO. At this stage of Storck’s development—that may be expecting too much from any individual, even Jim McGuire; and
- 4) Several of our outsiders suggested that ASC needs someone in management ranks who is conversant with what we are calling “The New Consumerism” in care for the developmentally disabled. They were not suggesting that Storck become something it is not. They were inferring, however, what Howard Boozer has stated to the research team on several occasions: In the current operating environment, Storck is going to have to demonstrate that it gives clients maximum feasible participation in determining their care. Unfortunately, outsiders’ opinions suggest that as long as Jim McGuire and Howard Boozer are the sole senior management incumbents—the organization will be viewed as

“anti-client-participation,” with negative implications for state funding and client referral.

Taken collectively, the research team suggests that Storck needs to the following:

- 1) Begin to a systematic process to groom successors for senior leadership ranks
- 2) Restructure its top leadership with three key figures—a Chief Executive Officer, a “Chief Clinical Officer”, and a Chief Operating Officer, being a possible approach.
- 3) Appoint a Chief Operating Officer who has a background that includes enough of “The New Consumerism” to assure the outside world that Storck is willing to incorporate aspects of its practice that might enhance client well-being.

As noted in the Executive Summary, ASC’s senior management has already taken preliminary steps to realign responsibilities among its top management. This should enhance day-to-day operations and long-range concerns such as fundraising and board development. A newcomer in senior management ranks may also deflect at least some of the criticism leveled at Storck regarding its operating philosophy and practice.

Overall, Storck’s current management structure may have been tenable when several dozen clients were cared for in one facility. ASC has effectively “sprawled” to seven sites with over 300 clients. This is probably too great a span-of-control for a combined COO/CEO. Moreover, Storck’s management needs to pay increased attention to the external environment (e.g., marketing, fundraising, etc). Thus, implementation of a reconfigured top-level management team is a high priority for Storck.

CRITICAL ISSUE TWO: TURNOVER and MIDDLE-LEVEL RETENTION

ASC does not suffer from a broad-based turnover in all ranks. Our findings confirm the recent Rehabilitation Accreditation Commission Survey Report that described the stable management team as one of ASC’s great organizational strengths. ASC’s turnover problem is in front-ranks, most notably the second shift.

As noted in the executive summary, turnover in the front-line staff in mental health and institutions is the norm, not the exception. Several of our interview respondents and strategic planning participants made the same statement: “people can earn more money flipping burgers at a McDonalds” than they can as service aids at

institutions such as Storck. They also observed that working at a fast-food restaurant carries far less responsibility.

Comments from focus group participants and interview respondents suggest that solving the turnover among front-employees will not be easy. In the main, this work is considered to be low-status and underpaid. But the following actions were believed to be important first steps in addressing the issue:

- 1) *Sensitizing new hires to the difficulties they will encounter with clients:* Apparently, many of ASC's new front-line hires are overwhelmed both physically and emotionally with their tasks. This leads to a prompt exit, often without notice. "Up front" awareness of the emotional challenges of direct care for clients may reduce at least *some* turnover in front ranks.
- 2) *Building career "tracks" within ASC that demonstrate the feasibility of moving into management ranks:* Current front-line staff suggested that clearly defined paths or tracks into management might induce workers to stay at ASC despite initial low pay. Some also suggested that workers should be made aware that these jobs are a potential steppingstone to other higher status jobs in the health care professions.
- 3) *Providing tuition benefits to workers:* Some expressed the opinion that this would be an important inducement to stay with ASC. Given current financial constraints, the FIU research team acknowledges that this may be a difficult option to implement.

Obviously, these are not costless initiatives. Storck's senior management would have to make a careful assessment of benefits (both tangible and intangible) of reduced turnover relative to the increased costs associated with the above-referenced actions.

As noted in the Executive Summary, many of ASC's younger mid-level managers expressed some concern about their long-term career path with Storck. This was not a function of organizational climate. Many felt lucky to be part of a team that was given wide latitude in program design and implementation. But these managers expressed concern over two critical issues.

The first was that resource restraints within ASC might preclude them from realizing their visions for best or "state-of-the-art" practice. These restraints appeared to focus on equipment and computer purchases that would enhance service delivery. The second was that pay and benefits at Storck were not on par with competitors such as private or public schools. Several younger mid-level program and house managers suggested that the pay and benefit differential was not of immediate concern, but would be several years in the future with increased family responsibilities or potential homeownership.

This pay and benefit differential is probably more serious than the apparent capital budgeting shortfall. It suggests that many of the program managers responsible for the positive 1999 CARF review may leave in the near term. Over time, the pay and benefit differential could turn Storck into a breeding ground for program managers at other facilities. While this is a credit to Storck's reputation, it signifies the potential for serious erosion of care over the longer term.

Storck's senior management has discussed this issue with the FIU research team on several occasions. Awareness that it exists is one thing; maintaining Storck's physical and human capital is another. Ultimately, increased investment in both requires a sound financial resource base and significant extramural funding via grants and endowment revenue, discussed later in this section.

CRITICAL ISSUE THREE: COMMUNICATION

It is important to preface any comments on "Communication" at ASC with the following observation. Staff at the Center feels free to speak their minds to superiors and to one another without fear of retribution. This is both a cause and effect of the caring, familial work environment. Without doubt, this is one of Storck's greatest strengths. None of our focus groups, interviews, or strategic planning efforts suggested that this critical component of Storck's organizational climate was changing.

Further, the Center's mission and policies are clearly conveyed from senior management to the all workers at all sites. The research team queried staff at all levels in this regard. We were convinced that providing a caring environment for Storck residents was the highest priority of all staff.

If the research staff noted any difficulties on this score, it may have related to need for enhanced communication between site managers, dieticians, and Certified Behavioral Analysts on certain client needs. Management realizes the need for improving this communication “loop,” and is currently taking steps to address the issue.

In the future, management may wish to implement teleconferencing ability to facilitate more frequent interaction between the campuses. This may enhance the already strong sense of community at ASC, and reduce the need for commuting between sites.

Several front-line employees expressed the need for more meetings with senior management staff. While these employees were aware that senior management had an “open door” policy with all employees, this was no substitute for periodic staff meetings. From the front-line staff’s perspective, these meetings would constitute an important symbol of a caring organization. This would also boost morale and sense of “family.” These sessions would also provide management with a better impression of front-line employee concerns and problems, allowing for faster intervention and solution.

CRITICAL ISSUE FOUR: CLIENT INFORMATION SYSTEMS and INSTRUCTIONAL TECHNOLOGY

In assessing the MIS at Storck, the FIU research team members—particularly the principal investigator, may have been influenced by their own experiences, in which campus-wide, computerized access to student information is the norm. This type of system is not currently available at Storck. Seen in this light, current MIS at Storck may appear dated.

From ASC’s perspective, a computerized client information system that could present all client information “at the press of a button,” might be a worthy long-term goal. But in the present context, the extraordinarily detailed client care binders, provided at each site, are more than ample documentation for maintenance of effective care. Moreover, ASC is currently working to place client medical history in a computerized format that would greatly enhance patient medical delivery.

ASC is also addressing shortcomings in its financial information system. Several recent annual financial reports have called for improvements billing and receivables management. Storck has hired full-time accounts payable and receivable personnel and enhanced the reimbursement linkages to Tallahassee-based funding sources.

A matter that runs parallel to both the client information and financial management system issues is our concern with instructional technology. As noted in the Executive Summary, several of the managers in the Pre-School, Fine Arts, and Arts in Motion programs suggested that maintaining “state-of-the-art” programs would require constant upgrading of their computer technology. Storck management recognizes that this is the case, and will accommodate staff to the greatest extent possible within budget constraints.

Maintaining ASC’s client information, accounting, and instructional technology at or near “best-in-class” transcends program delivery quality. Staying current in technology relates directly to the retention issue raised earlier. Incoming cadres of young professionals will expect increasingly high levels of computer technology as prerequisites for their jobs. Employers without this technology may be unable to compete for the best talent in a respective field. Maintaining high quality information systems at ASC addresses a critical human resource component that transcends successful client outcomes. In future years, ASC will have to continue its already significant investment in information technology if it is to attract and retain the competent, caring professionals who have been a traditional hallmark of its operation.

CRITICAL ISSUE FIVE: THE PHYSICAL PLANT

One of the most impressive aspects of the research team’s visits to ASC was the sheer cleanliness of the institution. The floors were always shining. Lavatories were immaculate and sanitized. Research team members never smelled soiled sheets. As several employees noted, infection control is a high priority of operations and this was clearly evident. Similarly, the research team never saw buildings, sidewalks, or furniture in a state of disrepair. There were no water stained ceilings or cracked sidewalks. In sum, Storck’s physical plant is clean and well maintained. This reflects well on senior management’s commitment, and suggests that there is sufficient financial strength to care for the current physical plant.

Notwithstanding its cleanliness and state of repair, we believe that Storck’s physical plant has some serious shortcomings. These problems are not, in our non-clinical opinion, a detriment to client care. They are instead symptoms of possible under-investment in the **refurbishing** of existing structures. Most importantly, the 48

Intermediate Care Facility (ICF) serves as a proverbial lightning rod for criticism of Storck's operations. It is simply too big in the eyes of many professionals—even professionals who admire and respect Storck's management and quality of care. As such it is a symbol that hurts ASC's image among key public policy decision makers, for whom symbols may be as important as substance. Clearly, it is a "symbol" that requires senior management attention, a topic to which we will return shortly.

In a positive vein, the research team was very impressed with Gizmo House and Oakwood. These facilities are bright, spacious, and well appointed. The enabling apparatus at Gizmo are remarkable. Gizmo is clearly a showcase for technology and ASC. These facilities represent the best face that ASC can show to the world and appear to represent "best practice" in terms of size and community placement.

The research team has some serious concerns, however, regarding the ASC "Headquarters" at 1790 SW 43rd Way. An interesting observation that research team members made is just how nondescript the facility is to an uninitiated outsider driving in from 18th Street. Unless one is driving in when children are being brought in the morning, or dismissed in the afternoon, it would be difficult to know the purpose of the structure. Other than a small sign with "D.T.P.," there is little to welcome a visitor. One research member saw this semi-invisibility in a positive light, reflecting a self-effacing senior management that would rather apply scarce resources to client care than signage. The other team members felt differently. They saw the absence of signage—and appropriate landscaping—as an important symbol of an organization that may not be devoting enough time or resources to projecting its track record of high-quality care into the community at large.

We were not surprised that a note in the 2000 Annual Financial Report describes record keeping areas in the ICF-Headquarters Facility so crowded as to hinder employee or auditor access. Members of the research team viewed the entire facility as confined. Indeed, the principal investigator nearly tripped over children during a walk-through of the day care areas. Senior management's offices are also tight and appear to serve as auxiliary storage areas. Secretaries and other staff members do not have the dividers associated with contemporary office settings, adding to the cramped feel and indicating little privacy or noise reduction.

We would also add that the ICF-Headquarters is Spartan in its austerity. It is clean and properly maintained, but needs refurbishing. Employees would certainly appreciate a brighter, more spacious environment. Overall, the Headquarters-ICF area is aged, and needs a significant retrofit, which should include enhanced landscaping and signage. On the face of it, the facility is a “victim” of ASC’s growth and success. Some type of reconfiguration, including a reduction or dispersal of the 48 ICF beds, may be in order.

A brighter, reconfigured facility may be a better bridge to the community. It may also help with turnover and retention issues mentioned earlier. And lastly, an enhanced facility is likely to enhance ASC’s already high quality of client care, and how ASC is perceived by outside stakeholders and policy makers.

This perception is critical, particularly as it relates to the 48-bed Intermediate Care Facility. There should be no doubt in senior management’s minds that the ICF is too large in the eyes of many outsiders. Some stakeholders whom we interviewed referred to it as a “dinosaur” that represents an out-of-favor model of institutionalized care. Even stakeholders who were otherwise impressed with Storck criticized this facility, noting that three to six beds appears to be the upper-limit in current best practice in care for the developmentally disabled. The otherwise glowing re-accreditation report from CARF (1999) suggests that Storck “is encouraged to continue expanding the development of smaller community-based residential settings,” buttressing the perception that the ICF is outmoded at best, inappropriate at worst.

Finances may preclude the immediate downsizing or reconfiguration of the ICF. Unfortunately, absent a sea change in best practice, it does appear that this facility may tarnish Storck’s image in policy circles in Tallahassee and elsewhere, diminishing chances for grant seeking, and increasing the probability of time-consuming, emotionally draining litigation. That said, a reconfiguration of the ICF is a high priority of in ASC’s longer-range (3-5 year) capital facility planning.

CRITICAL ISSUE SIX: LACK OF MANAGEMENT TRAINING MANUALS

Our strategic planning session and focus groups with program managers and front line staff revealed that some employees, particularly new hires, perceived a lack of operating

management training manuals related to daily operations. This is in stark contrast to the extremely detailed individual plans that are readily available for documenting client care, which were shown to the FIU research team and which garnered favorable comment from CARF.

In reading a draft of this document, one of the research team's colleagues at FIU suggested that calling for clarification of standard operating procedures was trite, and that competent professionals internalized norms and procedures from superiors through observation and informal means (i.e., discussion over coffee breaks, on-the-job training). There is considerable truth to this. No set of SOP's will provide 100 percent of the operational information that newcomers need to know about their employment, and "the real scoop" regarding informal operational practice is likely to be learned on the job.

A revisiting of our findings with ASC management suggests that they are aware of the fact that incoming program managers may not receive sufficient training in some aspects of Storck's operation, such as billing or hiring. Further, senior management acknowledges that the meticulous record keeping for clients may have come at the expense of institutional record keeping and procedure development at a more macro level within the organization.

These "nuts-and-bolts" related to institutionalization of procedures may reflect the longevity of ASC's senior management. They may not perceive the significance of having institutionalized procedures and program documentation on hand for newcomers in lower ranks. Further, the apparent overload of the Executive Director may contribute to the lack of institutionalization. The designation of a "Chief Operating Officer" (or similarly designated individual) who would be responsible for developing training manuals and related documentation, would undoubtedly serve as a catalyst for development of this component of the operation.

Our observation and interviews suggest that ASC is a "lean" organization with few layers between the Executive Director and direct line staff. This is a plus that fosters efficiency and responsiveness. But it also means that newcomers in management ranks are likely to have few colleagues to serve as mentors, precluding informal means of socialization and on-the-job training. This suggests some investment in documenting

critical work components of Storck's major programs. It also relates to a broader need for training discussed below.

CRITICAL ISSUE SEVEN: TRAINING

In their 1999 accreditation report, the Rehabilitation Accreditation Commission's encourages ASC to engage in "additional staff development activities," to allow for greater professional growth of the staff. Our work confirms this recommendation. Both front-line staff and the professional-management staff expressed concerns about ASC's possible "underinvestment" in human capital. This is not to suggest that ASC is either indifferent to the professional staff, or would discourage workers from enhanced training. Instead, we perceive an organization that may not have the financial resources needed for stepped-up training efforts. Further, the organization's "lean" design, which is focused (appropriately) on client service delivery, may not be conducive to formal or informal means of human resource development. Stated differently, ASC's leadership has built an organization that delivers excellent client services, but support for enhancing the personnel who deliver those services may be lacking.

Our focus group discussion with direct service staff and lower-level managers (e.g. supervisory staff at the off-sites) suggested that they may need more training in regard to what may be typified as "unusual events," such as temper tantrums or emotional outbursts. Several front-line employees suggested that at least some of their cohorts who separate from ASC within the first weeks of employment might stay on if they were better prepared for this intense and draining facet of their job. Conceivably, no formal training can prepare newcomers for these situations. But employee comments suggested that enhanced preparation for the emotional burdens associated with these incidents might be useful for retention.

As for senior ranks, team members had the distinct impression that a broadly defined training policy or plan was not in place. As noted earlier, ASC does not provide for tuition reimbursement, which might be considered a key component of employee development. The younger professional staff did not mention trips to seminars or continuing education sessions as being part of their experience. The 2000 Annual Financial Report does not show a "Training" expense line-item. There is a line-item for "Dues, Subscriptions, and Publications," for \$32,025.00, but professional memberships

and publications are only one part of professional development. Obviously, other training and professional development expenses may be embedded elsewhere in the budget. But the absence of a "Training" line-item may symbolize the potential under-investment in professional development spoken to by CARF and employees at all ranks.

World-class private organizations and the United State Military spend between five and ten percent of payroll on training. That may not be feasible for Storck at this stage of development. Resource constraints aside, there are two larger questions that tie in with the succession issue raised earlier. Is there a "Chief Operating Officer" (or similarly designated individual) who would be an advocate for enhanced professional development? And, does current senior management at Storck, with its long tenure, have a sufficiently deep appreciation for younger staff's developmental needs? We cannot answer those questions, but feel compelled to raise them as an integral part of this planning exercise.

CRITICAL ISSUE EIGHT: FINANCES

Our overall impression of ASC's current financial condition is positive. The organization has over \$1,000,000 in cash and equivalents on hand for contingencies, hence liquidity is not an immediate problem. The organization has recently refinanced a sizable portion of its outstanding debt at significantly lower interest rates. Our assessment shown in Appendix B also indicates that the ASC is beginning to reinvest in its physical plant after what appears to be a "down" time in this regard. Donations and interest income are also increasing over the past five years. This is a very positive development.

One obvious shortcoming, noted in several of the last years' Annual Financial Reports, is the reality of being dependent on state reimbursement schedules for the overwhelming proportion of revenue. As the accountants accurately note, ASC has almost no control over unit price for its major service. This puts the organization at the mercy of an unpredictable political process centered in a state with a conservative political economy. This accounting note reinforces the contention of several interview respondents that Storck and similar institutions would be fortunate if reimbursement levels kept pace with inflation. We further note that in three of the last five years, current operating expenses exceeded current operating revenues, though in two of these years,

contributions and other revenues compensated for these shortfalls. This is an area that will require further scrutiny in coming years.

Increasing extramural funding is likely to become increasingly important to ASC in light of probable capital budgeting needs and a desire to maintain and enhance current operations. This funding would relieve ASC of at least part of its government funding over which it has little control. This is particularly relevant if the public policy environment becomes increasingly hostile to institutions with operating philosophies that run counter to "New Consumerist" approaches.

CRITICAL ISSUE NINE: ENDOWMENT

A significant endowment would provide income to grow and develop operations at ASC. Perhaps more important from our perspective, it would be a form of fiscal insurance to guard against the risks of operating in a conservative Florida political environment that has historically under-funded health and human services programs. Similarly, it would provide a funding stream that would be secure from changes in preferred therapy modalities. Adherents of "The New Consumerism" could not reduce this source of income directly via legislation, or indirectly through the Support Coordinator structure. Longer term, a significant endowment income stream may mean the difference between preserving the best traditions of ASC's care, or having to compromise service delivery quality or access as a result of turbulence in the funding environment.

Currently, ASC receives approximately \$500,000 a year in grants and contributions. An additional \$500,000 annually would go a long way in addressing many of the operational and capital shortcomings addressed in this study. Assuming a five percent rate of return on principal (Florida International University's assumption on endowments), ASC would need to build a \$10,000,000 endowment to earn this incremental \$500,000 per annum.

Is reaching this endowment goal feasible? As the reader may recall, in 1961, President John Kennedy committed America to a lunar landing by the end of the decade. At the time his goal seemed unachievable. We made it to the moon by 1969. Consistent with President Kennedy's charge, we believe that ASC should aim for a \$10,000,000

endowment by 2010. This may seem extraordinarily high. But so is Storck's commitment to excellence in client care. Significant endowment income will enable ASC to maintain this commitment.

A full-time development officer might be a decided plus in establishing the endowment. Conceivably, this person's work could be under an umbrella fund raising role that also included grants and other extramural sources. Discussions with ASC staff suggest that a full-time development officer may not be a cost-effective alternative for agencies such as Storck. As noted in the introduction, the FIU research team has not explored the cost-effectiveness of its recommendation, and on this issue, Storck's senior management has considerable insight into what "works" for institutions like ASC. Nonetheless, several of our parents and guardians strongly encouraged the hiring of a full-time development officer, believing that it deserved top priority. As such, we felt compelled to convey this sentiment, given its face validity in the absence of detailed benefit-cost analysis.

CRITICAL ISSUE 10: BOARD OF DIRECTORS REJUVENATION

We believe that Storck's Board of Directors needs to be rehabilitated and retooled for several important missions. The current Board may not be able to project Storck's considerable reputation to a broad audience including elected officials. The research team saw the Board as lacking in its ability to provide a creative forum with which senior management can interact for new ideas or insights regarding strategic management policy. At the operations level, the FIU team noted that Board meetings are now held less frequently to assure quorum requirements. This may be a tell tale sign of Board "burnout." Does the team infer that ASC's senior management needs enhanced checks and balances? Absolutely not! But our observation is that it could greatly benefit from a strategic sounding board that does not appear present. And the same principles of succession that apply to the senior management also apply to Mr. Gutter and his colleagues (particularly the former). ASC cannot continue to rely on a handful of active board members without fear of "burnout" and withdrawal. Storck needs to consider how it will bring newcomers to Board ranks.

Participants in our parent-guardian focus group had very constructive suggestions regarding composition. First and foremost, they felt it needed to be a racially and

ethnically diverse group with state- and county-wide representation. Second, it needed to have some high visibility figures (Dan Marino's name was mentioned several times) who would facilitate fundraising. And lastly, it needed to include elected officials and other politically connected members who could assist with "getting the message out" to various constituencies. We agree with this assessment.

Storck may also wish to consider how it might integrate one or two clinicians or program managers into the Board who have at least some understanding of "The New Consumerism." Conceivably, these members might provide insight into how ASC can seem less threatening to "New Consumerism" zealots. We do not make this suggestion as a cynical form of cooptation on the part of Storck. We put this idea into play as the start of an intellectual dialogue that might be useful to Storck and its management, and to other actors in Florida's developmentally disabled policy network.

Our discussions with Storck's senior managers indicate that they are aware of the Board's problems, and will take steps to redress its deficiencies. What our research has shown is that the problem is obvious to a number of Storck's stakeholders, who expect senior management to address the issue with alacrity.

ISSUE ELEVEN: THE SPLIT BETWEEN "IDEOLOGICAL" FUNDING DECISIONS AND PARENT-GUARDIAN SATISFACTION

As noted in our Methodology discussion, one of the research team's central tasks was attempting to understand how Storck's traditional model of care for the developmentally disabled, rooted in therapeutic decisions made by clinicians, is perceived by various stakeholders, including those who practice or support what we have termed "The New Consumerism." This philosophy or paradigm places high emphasis on client direction (e.g., the client is a consumer of services) in therapeutic decisions and is currently implemented in Florida through an Independent Support Coordinator structure. Distilled to its essence, ASC's senior management believes that "The New Consumerism" is practicable for a high functioning, less medically and therapeutically demanding clientele, but presents serious challenges for ASC's typical client. On the other hand, some stakeholders whom we interviewed believe that "The New Consumerism" applies to all developmentally disabled, while others were less

strident, and believed that some tenets of the new paradigm applied to Storck's clients, while others did not.

The research team is not comprised of clinicians; hence we are unable to speak to the substance or nuances of this debate. But from a strategic planning perspective, this may not be a serious shortcoming. Indeed, our lack of commitment to one philosophy or another may be a blessing in this context. Our responsibility was to see where Storck "fits" in a broader policy context; we are not here to endorse or critique one approach or another.

With that said, we draw the following conclusions:

- 1) While Storck may be able to append certain practices of "The New Consumerism" to its operation, it would cease to be Storck if it changed operating philosophy.
- 2) "The New Consumerism" is the dominant paradigm in caring for the developmentally disabled; smaller facilities, increased client control over therapy, and continued reliance on the Independent Support Coordinator structure will be permanent fixtures. State funding decisions are likely to encourage this model's proliferation.
- 3) Our interviews and focus groups suggest a disconnect between "customer satisfaction" from the perspective of Storck's current and future parent-guardians (i.e., those on the referral list), and the philosophical debate over appropriate models of care.

Points one and two have fairly straightforward interpretation. Storck's model may be "tweaked" to make it appear less threatening to "New Consumerist" adherents, but Storck's hands-on, institutional approach—epitomized perhaps with its policy of sending staff to accompany hospitalized clients—is significantly different from any operation in the State of Florida, and may have few peers nationwide. Storck is what it is, and it would be difficult and self-defeating for management to change its core values or operational tenets. With that in mind, it should be clear to the reader why the research team strongly encourages enhanced extramural funding and the building of an endowment. ASC is likely to face a continually hostile policy environment, making enhanced

fiscal self-sufficiency essential. For the record, several of our interview respondents hypothesized that increased outside funding would not guarantee ASC's future given the policy environment's hostility to its operating philosophy. FIU's research team believes that enhanced extramural funding will allow Storck time to test this hypothesis, hopefully proving it wrong.

Storck's greatest asset, however, relates to point three, the split between what Florida's developmentally disabled policy network deem appropriate, and what parents and guardians deem to be acceptable and best for their charges. Public policy makers in Tallahassee and elsewhere may believe that "The New Consumerism" represents best practice. Our interviews with current and future parent guardians suggested otherwise. These groups wanted their dependents cared for in a clean, safe and loving environment. They had no problem with Storck serving *in loco parentis*. Indeed, in many instances they were grateful to be relieved of the emotional and physical responsibilities inherent with providing care around the clock for their dependants. Many of the current parents and guardians could not envision their charges being elsewhere, given the outstanding care they had received. Parents and guardians on the referral list were willing to wait years for a bed at Storck, given its excellent reputation.

Open-ended questions and follow-up probes regarding Storck's operating philosophy relative to that of "The New Consumerism" elicited indifference and in some instances, derision. Many of the parents and guardians could not comprehend how their loved ones were physically or mentally capable of making decisions about their therapy regimen when they were profoundly retarded and physically incapacitated.

Respondents expressed similar feelings about the Independent Support Coordinator (ISC) structure. Several stated that while they received occasional calls regarding the care of their dependents, these calls did not speak to the substance of therapeutic regime, and centered instead on seemingly trivial matters such as clothing color. From the parent and guardian perspective, our interviews and focus groups suggested that the ISC system was largely irrelevant for the

same reason that “The New Consumerism” was viewed as suspect--severe mental and physical handicaps made self-determination of therapy seemingly impossible.

How do we explain the chasm between policy makers who adhere to rigid ideological beliefs and parents and guardians with a very different mindset? Introductory political science may provide the answer. Out of every 100 voters, perhaps 10 to 15 vote for certain candidates because they are “liberal” or “conservative.” The other 85 to 90 voters choose candidates because of their stance on one issue, their looks, their character, or their perceived impact on take-home pay. Broad-gauged philosophical stance is not part of most voters’ decision calculus.

The same principle probably applies to the elite policy makers involved with the developmentally disabled in Florida. They carry on a debate at the “ideological” level (with lawsuits being an integral weapon in this conflict), while most parents and guardians are simply concerned with their loved ones receiving appropriate care in a safe environment. These parents and guardians are unconcerned with the philosophy of care. They are, however, deeply concerned with its quality. If our interviews and focus groups are indicators, they are well equipped to make judgments in that regard, much to ASC’s benefit—if Storck can project that quality to a broader audience of parents, guardians, and policy makers.

ISSUE TWELVE: MARKETING

The FIU research team does not have distinct competence in the marketing arena. We can, however, make some initial observations that would form the basis of stepped-up advertising or outreach efforts. These observations follow directly upon our prior discussion regarding the dichotomy between tenets of the “New Consumerism” and parent-guardian views of appropriate care, in addition to our prior work regarding stakeholder perceptions of ASC’s “fit” in the operating environment. The suggestions are as follows:

- 1) Storck is unquestionably viewed as a high quality provider of care for the developmentally disabled;

- 2) The severe and complex medical and therapeutic needs of the Storck clientele will not disappear. The majority of this population is likely to need some type of institutional service delivery because “at home” care is often too emotionally, physically, and financially demanding for most families to bear.
- 3) Our parent-guardian interviews were not based on a random sample drawn from that population in Florida or elsewhere. Nonetheless, they were suggestive of one salient point, consistent with point two: there is a segment of parents and guardians who are willing to delegate responsibility for all facets of care of their dependents to competent, caring professionals. This segment has no qualms about Storck serving *in loco parentis*, and views the practice of “The New Consumerism” as irrelevant to the daily lives of their dependents.
- 4) Our interviews, focus groups, and strategic planning efforts indicate that ASC is certainly unique in the Gold Coast, and quite possibly statewide. Several stakeholders felt that it is probably unique in the Southeast, with the only comparable institutions being in the Northeast and New England. If this is the case, it appears that ASC may have an untapped market in the Southeast or perhaps a sizable portion of the East Coast. We are unsure how a change in the geographical mix of ASC’s client base would directly impact its formula-driven reimbursement levels. But this change could have very positive indirect impacts. First, with proper cultivation, a broader geographical base of clients within Florida might translate into broader political support in the developmentally disabled policy network. This could lead to increased support for funding, and less criticism of ASC’s operating philosophy. Second, an out-of-region or out-of-state clientele is likely to be a more affluent group than those from within the Tri-County area. This would contribute to the enhanced development efforts discussed above with regard to the establishment of an endowment.

Senior management is aware of the fact that ASC’s outstanding reputation extends beyond the Tri-County area. Nonetheless, current state reimbursement

mechanisms do not encourage Storck's marketing beyond Broward, since funding is tied to region, which is coterminous with the county. If however, the state were to adopt a regional approach to funding, ASC would be in a position to expand its clientele base throughout the Gold Coast. This would be an excellent opportunity for Storck to broaden its base of support in the community and throughout the state.

CONCLUSION

Organizational design scholars often use the notion of "life-cycle" to describe stages of an organization's development. From our vantage, ASC is on the verge of leaving adolescence, and needs to take faster steps to achieve adulthood. The advent of James McGuire's tenure as Executive Director twenty years ago marked the beginning of ASC's adolescence. Since then, it has developed a very strong identity, delivering high quality programs to those with profound mental and physical disabilities. The Center's reputation is well established. Storck's staff can be very proud of what they have achieved, and South Florida is very fortunate to have ASC as a community resource.

Achieving "adulthood" at Storck will mean several things. ASC needs an administrative structure that supports the current size and scope of the organization. Storck needs an enhanced human resources function, including training, which leads to greater organizational stability and professional development. ASC's Board of Directors must serve as a conduit to the broader community in order to enhance the facility's reputation and fundraising. Investments must be made in the physical plant to assure that it is of the same high quality as the programs it supports. And last but not least, Storck needs extramural funding and endowment revenue that will sustain its pursuit of excellence.

Adolescents tend to look inward, or to a small circle of friends and family; adults take a broader perspective inclusive of society as a whole. Our observation is that Storck's senior management may tend to be inward thinking, with a laser focus on service delivery issues, while its outside vision is largely related to lawsuits or other matters related to the legitimacy (and funding) of the organization. Storck would not be what it is without senior management's considerable attention to quality of service. Similarly, we recognize that those at Storck's helm are often obligated to struggle (via

litigation or media releases) for scarce financial resources in a state that historically devotes little to health and human services, and our research suggests that this struggle is unlikely to cease in the near term. Nonetheless, we believe that Storck's management needs to take a broader and possibly less jaundiced view of the outside world.

A revamped, diverse Board of Directors is an integral part of changing this worldview. Stronger marketing efforts, which might result in a geographically diverse clientele, could lead to greater external support for ASC's mission and philosophy. Developing a revamped Board and garnering more support from outside the Tri-County area will not be easy. But these actions are critical to Storck's progression to "adulthood."

Unfortunately, "adult" organizations can lose the commitment, enthusiasm, and adaptability that propelled them through adolescence. In adopting the recommendations in this study, ASC must take steps to assure that it can mature without becoming hidebound or too bureaucratized. Adherence to ASC's core values, centered on provision of high quality service in a deeply caring community, should prevent that from happening.

Recommendations at a Glance

- 1) ASC should restructure its senior management structure and separate clinical, operational, and long-range planning and external relations in the persons of a chief operating officer, chief clinical officer, and chief executive officer, or similar arrangement.
- 2) Storck needs to find ways of appending tenets of the predominant, client-centered therapeutic model (what we have termed "The New Consumerism") to its traditional, hands-on, clinician-driven model of care, or face continued erosion of funding and referrals.
- 3) ASC should commit to a \$10,000,000 endowment by 2010. Significant endowment income and other extramural funding will be essential if ASC is to maintain the high quality of its programs in an uncertain funding environment.

- 4) Storck should enhance its human resources function and professional development planning for employees at all ranks.
- 5) ASC's management and Board should recognize that it takes continued investment in client information and instructional technology to deliver "best practice" to its clients and to retain its best employees.
- 6) The Center's long-range capital improvements should include a reconfiguration of the 48-bed ICF, with dispersal of clients to smaller facilities. The headquarters facility needs significant refurbishing.
- 7) Communications between dietitians, certified behavioral analysts, and program managers should be enhanced; more face-to-face meetings of a broad cross-section of staff are indicated.
- 8) ASC needs to enhance its management training and produce manuals that better institutionalize daily operations.
- 9) ASC's Board of Directors needs rejuvenation. The Board needs a diverse representation that can facilitate development efforts and assist with projecting Storck's reputation to the Tri-County area and beyond.
- 10) Storck should consider marketing its programs beyond the Tri-County area. ASC is unique in the state, and may be one of the few of its kind in the region. This should be a cornerstone of future marketing. A more geographically diverse clientele would have positive spillovers for community support and development activities.
- 11) Storck's leadership needs to view the outside environment as presenting both threats and opportunities. Throughout its history, the emphasis seems to have

been, justifiably, on the threats. As it matures, ASC will need to see increased opportunities in the environment in order to sustain its outstanding programs.

Appendix A: Analysis Of Annual Financial Statements: 1996-2000

The FIU research team felt it would be useful to examine Storck's annual financial statements to glean insights into the organization's fiscal health, and any collateral information that might help us understand the organization. This analysis is far from exhaustive, and hindered by the fact that to our knowledge, there are no firmly established benchmarks for peer comparisons, particularly in the nonprofit arena (Finkler, 2001). Nonetheless, it seemed appropriate to examine these reports as documentary evidence produced by a neutral outsider who examines an integral part of Storck's operation on a regular basis.

In the aggregate, the reports show an organization that is in good health. Hinkle & Richer, CPA, did not issue any qualified reports during the 1995-2000 period being considered. The auditor's notes highlight some deficiencies in operations, but these do not appear to be serious, and are instead, indicators of what has been stated earlier in this study: ASC has probably outgrown the organizational structure initiated in the early Eighties. We also believe that the findings herein bolster our contention that enhanced extramural funding through grant and endowment revenue may be critical to Storck's future progress.

Table 1 shows four indicators of financial condition chosen for this analysis. The first is a modified version of the Current Ratio, a measure of organizational liquidity. The numerator of this ratio includes cash (and cash equivalents) and receivables. Normally, this would also include inventories, but we found no entries for this category, which makes sense in light of the fact that ASC's operations do not entail the production of goods, and the supplies on hand (e.g., art supplies, foodstuffs) are probably rather insignificant. The denominator of this equation is accounts payable and deferred revenue, which Hinkle & Richter treats in a number of lines as current liabilities. A high current ratio suggests that an organization has sufficient liquid assets on hand to cope

with fiscal contingencies. A ratio approach 1:0 suggests limited liquidity, thus, the higher the current ratio, the better.

The second ratio we examine is called the Fixed Asset Turnover Ratio. The numerator of this ratio is comprised of revenue and contributions plus relevant transfers. In Storck's case, we have removed the transfers from analysis since it does not appear in the statements, which reflects the fact that ASC does not have multiple "funds" (i.e., accounting entities) that represent significant revenue generation capacity for the organization. The denominator is comprised of net capital assets—the value of assets shown at historical cost less accumulated depreciation. This ratio is less intuitive than the Current Ratio, but can be interpreted as follows. If an organization is experiencing revenue growth, but failing to invest in its physical plant, we would expect this ratio to grow. Conversely, if the investment in physical plant is commensurate with revenue growth, this ratio should remain stable. Of course, an alternative interpretation could be that this ratio would shrink or remain stable if both the revenue and capital base are diminishing. Neither is the case in ASC's operations, hence this interpretation is non-applicable.

As noted in the main body of this report, members of the FIU research team were concerned with the possibility that Storck has not been investing sufficiently in its physical plant. As such we felt it was important to examine Fixed Asset Turnover in order to see if this was the case. That is why we have included it in this assessment.

Another indicator in Table 1 is what Hinkle & Richter term "Excess of Operating Revenue Over Operating Expenses." In municipal government operation, with which we are more familiar, this is often referred to as "Change in General Fund Balance." In essence, this is a measure related to growth or reduction in the reserves of an organization after the year's operations.

It is not unusual for cities to experience reductions in general fund balances from time to time. Nonetheless, persistent reductions in this figure would be a cause for concern with competent city management, and would catch the attention of bond rating agencies and other constituencies. For the record, some cities—Tallahassee and Jacksonville, for example, run general fund deficits on an annual basis, but transfer revenues from their utility operations to cover these shortfalls. These transfers, however,

are a stated policy, hence, no cause for concern. We could imagine analogous situations in the nonprofit sector, in which management uses certain revenues such as grants, as “backstops” to supplement the general fund operations.

Discussions with Storck’s senior management indicate that donations are Storck’s “backstop” revenue source, and are expected to cover revenue shortfalls from other sources. This is a critical determinant of ASC’s financial status, and buttresses our contention throughout the study that extramural funding will become increasingly important for program enhancement.

The last figure Table 1 indicates that that dona is the level of donation received by ASC in the years being considered. As noted in ASC’s **2000 Annual Report**, donations have increased significantly thanks to redoubled fundraising efforts that have been fine-tuned over the years. Senior management and the Board are to be commended for their diligence and success in this area.

TABLE 1
Selected Financial Indicators
Anne Storck Center: 1996-2000

YEAR/INDICATOR	1996	1997	1998	1999	2000
Modified Current Ratio	1.53	1.86	1.75	1.87	1.60
Fixed Asset Turnover Ratio	3.81	4.15	5.77	4.11	3.89
Excess of Operating Revenue over Operating Expense	\$327,914	\$609,215	(\$124,288)	(\$551,371)	(\$429,066)
Donations	\$307,628	\$281,129	\$335,800	\$387,214	\$473,591

ASC’s management has suggested that the Fiscal Years 1996 and 1997 are anomalies, in that organization furloughed staff in anticipation of state funding cuts that failed to materialize. This resulted in the operating surpluses shown in Table 1; surpluses which are unusual for Storck.

Notwithstanding these atypical years, it is still appropriate to interpret these measures. Liquidity, in terms of the Modified Current Ratio, is steady throughout the five years considered. ASC does not appear to have a “cash crunch” in the offing; cash and equivalents are sufficient for current operations and contingencies.

The Fixed Asset Turnover Ratio peaks midway through the analysis in 1998, and then drops. This suggests that in recent years ASC has begun to replenish the physical plant. This is a plus in several ways. Deferring capital investment in one period generally adds significant burdens in the future. It also tends to elevate operating costs via increased maintenance. This figure suggests that ASC is systematically adding to its physical plant. This is, however, an aggregated figure that precludes us from ascertaining if the investment is spread evenly throughout ASC’s infrastructure, or focused on one or two of its facilities? As noted in the main text, our observation suggests the latter.

A review of the “Excess of Operating Revenues over Operating Expense” series reveals that in three of the last five fiscal years, expenses exceeded revenues. In two of those years, “Donations” exceeded the shortfall, but in 1999, this was not the case. As noted earlier, these shortfalls are not a cause for alarm, and have been part of ASC’s modus operandi. But, taken in conjunction with the level of “Donations,” they do raise two questions?

- 1) Are ASC’s reimbursement levels keeping pace with inflation? As some of our respondents noted, in Florida, Storck would be lucky if this were the case.
- 2) Is ASC a “high cost producer” of service for the developmentally disabled?

Without a breakdown of unit costs, we are unable to definitively answer the first question. However, several of our interview respondents noted that Florida’s prospective reimbursement structure probably hurts institutions such as Storck, with longer term, less transient clientele. Given the historical trend of medical costs to exceed inflation, we can only say that our respondents’ contention is certainly plausible.

Is ASC a “high cost producer?” The answer is unequivocally “yes.” Storck’s management readily acknowledges that is the case and our interview respondents concurred with this assessment. Storck’s commitment to quality and delivery of diverse programs are the “drivers” of this structure. The fact that ASC endeavors to

accommodate as many parents and guardians as possible adds to the effective “cost push.”

Unit cost and implicit admissions quotas have never been serious concerns in ASC’s management philosophy. And we suspect that Storck would not be what it is if cost considerations, admissions “quotas” or clientele mix were core components of ASC’s operating philosophy. We raised these questions to stimulate thinking about ASC’s long-range financial planning. To that end, answers to the questions underscore a theme that has been sounded several times in our discussion: the need for ASC to redouble its external fundraising. These revenues, particularly interest from an endowment—are ASC’s best hope for maintaining its service quality and “open door” policy for years to come.

Two other issues raised in the notes to the financial statements are worthy of mention:

- 1) *Employee Advances*: In their 1997 notes, Hinkle & Richter address the significant number of employees who receive advances. Their concern is not with reimbursement, which is generally made the following pay period. Their objection is the effort expended processing the advances. This issue was raised again in the 2000 Annual Financial Report, with the hope that the practice would be curbed or curtailed altogether. This is an interesting finding from detached outsiders. In a positive vein, it confirms what Storck is in many ways—a “family” operation. We are confident that senior management was aware of the 1997 note and has chosen to look askance at their auditor’s reservations. We suspicion that senior management would prefer to tide employees over until the next pay period, rather than obligate them to use expensive check cashing outlets. This “oversight” speaks to the values of ASC’s management—they deeply care about their employees, even if in this instance, the concern may entail serious administrative costs. Storck’s senior management concurs with the research team’s assessment; a liberal advance policy is part of Storck’s trusting, familial operation.

On the downside, the fact that so many employees need advances lends credence to our concerns regarding turnover raised in the main body of the text. Apparently, many of ASC’s employees are quite literally, living paycheck to paycheck. It may be hard to retain the most capable front-line personnel if this situation persists over the long term.

2) Accounts Payable and Billing Errors: In 1997, 1999, and 2000, Hinkle & Richter noted difficulties with accounts receivable and billing. In 1999, they noted that \$80,000 of accounts receivable had to be written off due to inappropriate charging of services. Hinkle & Richter state that the difficulties are in part attributable to the use of part-time clerical staff, and the absence of a full-time employee dedicated to accounts receivable. The loss of \$80,000 dollars on an operating budget of \$10,000,000 is less than one percent of expenditures. Nonetheless, if these errors are compounded over a period of several years, Storck could lose a significant amount of revenue for services rendered.

Much to their credit, ASC's senior management has recognized that this is a deficiency that needs redress. In the past year, Storck has hired full-time accounts payable and accounts receivable staff members dedicated to these critical elements of financial management. Similarly, ASC may hire a Chief Financial Officer (CFO) as part of the larger management restructuring that we have discussed earlier in this report. On the face of it, this would be a worthwhile addition to the management team. In practice, the CFO would bolster fiscal operations while allowing other senior staffers greater freedom to develop ASC's institutional infrastructure.

Appendix B: Summary of Findings by Component:

Component I.

Major Findings: Strategic Planning Session and Strengths, Weaknesses, Opportunities, and Threats Analysis

The Institute staff held a strategic planning session with upper level management employees of the Ann Storck Center on February 28, 2001. The session included a "S.W.O.T. analysis" of the Ann Storck Center. The purpose of this analysis was to determine what employees perceived to be the strengths, weaknesses, opportunities and weaknesses of their organization. The answers provided in the session are listed below.

Strengths:

Some perceived strengths of the organization by upper-level management employees include: A high degree of teamwork; very casual work environment; high degree of concern and respect for clientele; low employee turnover in preschool; same operating schedule as Broward county public school system; creative programming for encouraging client independence; diversity of staff and clientele; dedicated staff; clean working and living environment; low client-employee ratios; quality management team; creative activities for clients; good food; and professionals are given autonomy

Weakness:

Some perceived weaknesses of the organization by upper-level management employees include: Difficulty in communicating with challenged clients; low salaries (compared to employment at hospitals, schools, etc.); personnel staff is practically non-existent; over-rigidity to state model although it is not the best fit; organization needs full time speech therapist; lack of funding for training; lack of training manuals; expectation for all employees to be constantly on-call; need improved recruitment/retention of staff; need more influential and proactive board members; lack of parent/guardian involvement; anti-ICF sentiment; and heavy staff workload.

Opportunities:

Some employees identified the following opportunities: Available grants and other funds; recruitment and use of volunteers; expansion of services (programs and homes); high quality care that will result in greater demand for ASC's services. Other

strengths included exhibition of client talents in art and music performances; university affiliations; new events and more publicity for current events; web site advertisement; increased media exposure; improved staff recruitment; staff diversity training; revenue from lawsuits; and high number of potential donors in the south Florida 'Gold' coast

Threats:

The upper-level management employees perceived the following threats: Funding can be lost at any time, litigation, shifting politics, "barbarians at the gate" (i.e., corporate competition); retirement of critical employees, new paradigms of service, not enough "big name" recognition; lack of technology on site, other organizations that can offer better salary and benefits; and increased demands for accreditation and licensing.

Component II.

Major Findings: Interviews with Outside Stakeholders

Institute of Government staff created a list of open-ended questions relating to the reputation, operation, effectiveness, and future of the Ann Storck Center. From February 28, 2001 to March 14, 2001, the Institute separately interviewed representatives from peer agencies, community councils, support coordinators, and public agencies considered to be active stakeholders in the environment surrounding the treatment and care for the developmentally disabled population.

The answers to the interview questions are summarized below. Important to remember is that the respondents to these particular questions were both professionals in the field and experts on the periphery. The answers from the latter respondents were often more theoretical and less practical in nature than their counterparts.

1.) In your professional opinion, what are some major trends relating to the treatment and care for persons with Developmental Disabilities, including Epilepsy, Cerebral Palsy, Autism, and Mental Retardation?

Answers to this question often related to the theoretical debate surrounding patient self-determination vs. institution-based approaches to care. The overwhelming

majority of the interviewees relating the question to this debate validated the patient self-determination or (consumer choice) approach, not only as a confirmed trend, but as the accepted present standard for care. In addition, self-determination was stated to likely be the standard for the long-term future.

Other answers to this question related to the debate concerning residential settings for the developmentally disabled: The smallest group home operated by Ann Storck has six residents, in one setting, all like-disabled. Some respondents commented on the trend towards even smaller housing arrangements, where no more than three residents share a home, and where they differ in levels of disability.

One outside stakeholder suggested that these homes would not be staffed around the clock, but instead be managed by “house parents” who may or may not be foster parents of the clients. It was pointed out by several respondents that Storck stands out nationally, as one of a very small minority of developmentally disabled treatment programs resisting the transition to a self-determined/ residential approach.

2.) Many mental health professionals seem to prefer therapeutic methods and models that give the patient or client the greatest say in how his or her treatment is to be administered. Do you believe that this model can be applied to all segments of the population with developmental disabilities?

With two exceptions, all respondents answered affirmatively to the question, albeit, most were conditionally affirmative. One responded that every developmentally disabled person could benefit from self-determination. Others said that clients should be given every chance to communicate, if possible, even if they are non-verbal. One of the two negative exceptions gave an unequivocal “no” to the question, explaining that most of the clientele served by Ann Storck (developmentally disabled with multiple severe medical complications) are not capable of making decisions for themselves and cannot communicate even if they could make decisions.

3.) In providing services to individuals with developmental disabilities, what institution(s) would you consider to be utilizing the best practices in each?

a.) pre-school

One respondent said that private non-profit agencies provide the best care for all of the categories because state-run facilities are too consumed with the cost-saving, and not effectiveness. Another advocated for not separating this clientele from the mainstream schools. Broward Children's Center was mentioned as superior to Storck because of the smaller setting as was NAEYC.

b.) developmental training

Two respondents remarked that this type of training was an archaic concept. Goodwill and Lucanas were said to be good programs by other respondents.

c.) residential programs

The Ann Storck Center stood out as the best residential program. Also mentioned was Young Adult Institute in New York.

d.) specialized group homes

One respondent advocated for the demise of specialized group homes of any kind, stating that putting people of like disabilities together is counter-productive because it is not a natural setting. The Ann Storck Center was again the majority response and Young Adult Institute was mentioned again.

4.) Are you familiar with the Ann Storck Center and the services they provide to individuals who are developmentally disabled?

All respondents were familiar with the Ann Storck Center.

5.) How do you view the quality of management at the Ann Storck Center?

Management at Storck is perceived as very good, especially at being receptive and quickly responding to individual client issues. Storck is also perceived as being a strong advocate for its clients as well and the developmentally disabled population as a whole. In addition, Storck was mentioned as having strong community outreach and fund-raising programs. There was one negative comment about upper management having favoritism for certain mid-level managers.

6.) How do you view the quality of service at the Ann Storck Center?

Service at Ann Storck was highly regarded by all respondents. The home-like environment was pointed out favorably, as was the low client mortality.

7.) Managers at the Ann Storck Center are committed to a service model that is more costly and less consumer-oriented than that offered by peers. In your professional opinion, will Storck be able to continue with this delivery approach? If yes, how? If no, what forces or trends do you think would stand in the way of continuing to operate in this paradigm?

All respondents answered similarly to this, generally in agreement that Storck will not be able to continue with their current approach and depend on public funding at the same time. Several reiterated that “funding follows theory” and Storck’s approach to client care is not in line with the contemporary theories that drive funding.

8.) Of the services for individuals who are developmentally disabled, now provided by your own organization or other institutions, which services do you see being offered five years from now? Ten years from now?

All respondents were generally in agreement on this question: respondents see large based institutions as being permanently phased out within the next ten years and see more community- integrated programs becoming the norm with funding tied to individual needs of individual clients. One respondent (the clear exception) agreed but sees this trend reversing within ten years.

9.) Adjusting for inflation, what do you think will happen to reimbursement levels/ funding regarding treatment for persons who are developmentally disabled?

- a.) hold steady
- b.) increase
- c.) decrease

“Hold steady” appeared to be the majority answer. For this reason, several respondents strongly warned that the future of the Ann Storck Center depends on increased funding from outside sources.

10.) In what way have independent support coordinators affected service delivery for the treatment and care of the developmentally disabled population? How will ISCs affect service delivery in the future?

Support coordinators were generally seen as a positive development from all respondents. Several pointed out the conflict that arises when institution-based programs have to give up some control to ISCs.

11) Concerning front-line staff, high turnover/low retention seems to be an industry-wide problem. In your professional opinion:

- a.) How does high turnover/low retention of front-line staff affect client service at facilities serving individuals with developmental disabilities in general?
- b.) How does high turnover/low retention of front-line staff affect client service at facilities serving clientele with severe and multiple developmental disabilities such as at the Ann Storck Center?

c.) What are the causes of high turnover/low retention at these facilities?

d.) What are some solutions?

All respondents agreed that high turnover negatively effects care, even more so with clients with multiple severe medical complications. All mentioned that besides the obvious complex medical needs related to the proper care for this population, clients in this population tended to be more dependant on and make close bonds with staff, in turn becoming more negatively affected when there is a lack of continuity.

Low wages, poor benefits packages, strenuous and difficult work, lack of recognition for paraprofessionals, low prestige, a lack of proper training, and a lack of upward mobility were stated as causes of high turnover. Improving training was seen as a solution, as was more staff development to raise morale. One respondent correlated the high cost of turnover to the high cost of the institution-based model, as opposed to the more cost-friendly community-based, "house-parent" model.

12.) From your own vantage point, are there other critical issues affecting the treatment and care for the developmentally disabled population that managers of facilities should be addressing?

Generally answers to this question reverted back to the previously mentioned self-determination vs. institution-based debate.

Component III.

Major Findings: Interviews with Referral List Clientele

The Institute staff created a list of open-ended questions relating to the reputation, quality of care and effectiveness of the Ann Storck Center. Using these questions, the Institute interviewed five parent-guardians of potential clients between the dates of May 7 and May 24, 2001. The answers provided in these interviews are summarized below.

1.) How did you find out about the Ann Storck Center? If a referral, who referred the Ann Storck Center?

Most interviewees discovered the Ann Storck Center via social workers or friends. One referral was from the Bright Horizon School.

2.) Concerning the referral list for the center, some people might be willing to stay on the list for a year or more. Other people might not be willing to wait as long before going to another provider. Which category do you consider yourself to be in?

Of those interviewed, none wanted to place their child/dependent in the Ann Storck Center immediately. They wanted the assurance of knowing that in the event that their child/dependent needed placement, there would be an opening.

All felt that the center's quality of care was exceptional. Therefore, they did not mind staying on the referral list indefinitely – none would go to another provider as a result of a long wait.

3.) What is it about the Ann Storck Center that affects your decision to stay on the referral list?

Consistently, respondents cited the Ann Storck Center's reputation for quality care as the reason that they placed their dependent on the waiting list. In one case, no other organization would accept the dependent because of the severity of his handicap.

4.) If your child/dependent could not be accepted into the Ann Storck Center, could you name an alternative provider that would be acceptable?

Two respondents named Sunrise as a *second* choice to the Ann Storck Center. Three interviewees could not identify an alternative provider that they would be satisfied with if their child/dependent could not be accepted into the Ann Storck Center. In fact,

this statement from one of the parents seems to epitomize the others' sentiments: "I can think of no other place that is even comparable – there is no place like Ann Storck."

After visiting the center, another parent explained, "as a parent, when you see strangers kindly and lovingly care for deformed and disfigured children and babies, you feel comfortable knowing that your own child will be treated with dignity and love even when you are no longer around to witness the interaction."

5.) Some experts believe that all developmental disabled clients should be allowed to make as many decisions as possible about their care. Other experts feel that these decisions are best left to professionals. Care at the Ann Storck Center is based on the "professional knows best" approach. Which approach do you believe is most appropriate for your child/dependent?

All interviewees believed the professional-knows-best approach to care was the most appropriate method to care.

6.) The Ann Storck Center is considered to be a high cost/high quality client care provider. Concerning your child or dependent, which is more important to you, the approach to care or the quality of care?

All interviewees held that quality of care is more important a factor than approach to care.

Component IV.

Major Findings: Focus Group with Parents and Guardians:

Institute staff held a focus group consisting of 10 parents of residential clients on Tuesday, April 17, 2001 at the Ann Storck Center. For the focus group, the IOG staff

initially created a list of open-ended questions designed to assess the participants' perception of the Ann Storck Center. However, it quickly became obvious that the parents were eager to voluntarily express their thoughts, opinions, and suggestions regarding The Center without any prompting. The IOG staff deemed this enthusiastic exchange much more insightful and dynamic than any responses elicited from a set list of questions. What follows is a summary of the free-flow of ideas relating to the reputation, operation, effectiveness, and future of the Ann Storck Center.

Positive Aspects:

The first subject discussed were the positive aspects of the Ann Storck Center as seen through the parents' perspective. Generally, the quality of client care and financial management at the Center were seen as the two positive aspects of the Center that stood out.

The high quality of client care was seen as unique in the field, according to several participants who had experienced other programs prior to having their child accepted at Ann Storck. The consensus was that the high quality of care was due to the Storck staff being committed, caring, and treating the clientele with respect and compassion.

Staff was complimented further about being accessible for parents and guardians when issues arise about individual client care. Citing clients need for consistency, the parents also liked the fact that staff seems relatively stable. They explained that developmentally disabled people with multiple complications often rely heavily on their bonds with staff. The term "home-like atmosphere" was used several times to describe the care.

Also related to client care was the medical care for clients, which was seen as excellent. Illustrating this, several parents relayed similar stories about how their children, when young, were not given much of a chance to survive and that many years later are still living. According to the parents, the credit goes to the Ann Storck Center, and particularly to the Medical Director, Dr. Chung.

The day-to-day financial management of the Storck Center was generally seen as favorable, despite Florida's limited funding of human services. The parents were well

aware of the funding challenges facing Storck and all seemed to agree that due to Jim McGuire, Storck “does well with what it has.” In general, the parents all seemed genuinely grateful for the Ann Storck Center and comforted in the knowledge that their children are in “good hands.”

Problematic Aspects:

One possible shortcoming was related to the external forces surrounding the Center: The participants seemed to agree that Storck exists in a “hostile environment,” particularly with regard to public funding. This environment was viewed as Storck’s sternest challenge by most of the parent-guardians.

Treatment ideology was not seen as an important issue. If, however, ideology were to threaten Storck funding, the Center should develop alternative sources to become less dependent on public monies. Parents and guardians believed that Storck cannot maintain current services in the long-term future depending solely on public funding.

A participant expounded on this, stating that without developing a broader fundraising campaign, Ann Storck Center might eventually “go under.” Suggestions on how to proceed in this environment revealed substantial dissatisfaction by the participants regarding the ASC Board of Directors and their implicit responsibility for the Center’s perceived lack of community visibility and name recognition.

One participant indicated that he has unaware that the entire board met collectively. Other comments related to dissatisfaction with the Board included “The public doesn’t know about Storck,” “Bring on Dan Marino and his child,” and “We need more name people on our board.”

Some parents suggested hiring full-time marketing and development staff. Another suggestion was for management to do more to cultivate a broader spectrum of parents-guardian participation; all in the group agreed that they, along with one or two individuals who were not in attendance, were the “go to” group that was regularly tapped for advocacy on behalf of the center.

Component V.

Major Findings: Focus Group with Front Line Staff

Institute staff created a list of open-ended questions relating to the work environment, mission, operation and effectiveness of the Ann Storck Center. On March 28, 2001, the Institute held a focus group ten non-supervisory employees of the Ann Storck Center. The answers provided in the focus group are summarized below.

1.) Can you identify four or five things that you like about your work at the Ann Storck Center?

Employees listed numerous strengths of the Ann Storck Center. They included: family-like work environment; good reputation within the community; creative programming to encourage client independence; diversity of both staff and clientele; dedicated staff; advocacy for clients; events that serve to boost employee morale; tenure of core staff; clean work and living environment; low client-employee ratios; person-centered management; and good hiring and orientation processes.

2.) Can you identify four or five things that you do not like about your work at the Ann Storck Center?

Respondents cited the following shortcomings within the Ann Storck Center work environment: High staff-manager ratios; inadequate weekend staff; weak outside support system; insufficient sharing of solutions to common problems; low wages; lack of proactive and influential board members; anti-ICF sentiment; and retention of incompetent staff.

3.) Do you feel you have a chance to advance professionally at the Ann Storck Center?

With one exception, all employees felt that there existed no opportunity for professional advancement.

4.) What can be done to make the Ann Storck Center a safer place to work?

- a. changes in the physical environment**
- b. changes in training**
- c. changes in daily work routine**

All employees responded that a change in the physical environment was the most appropriate method of creating a safer work environment.

5.) There has been high staff turnover for the second shift. What is it about the second shift that presents problems for staffing? What could be done to improve the staffing level for the second shift?

Answers to this question related to the inconvenience and increased workload faced by second shift employees. One employee described the situation, "the first shift has the luxury of clients being in school or at work programs. The night shift has the luxury working when the clients are sleeping. But the second shift has no such fortune. They work when clients get home from work or school and when the clients are awake." The group's consensus for a solution was implementing a pay differential. Our subsequent discussion of this comment with ASC's senior staff suggests that the appropriate interpretation of this statement is that certain employees desired a larger differential, or were unaware of the fact that a second shift differential currently exists.

Additionally, respondents considered it valuable to assign mentors to new employees. "These mentors could serve to encourage new employees not to become disenchanted with the seemingly overwhelming workload and provide assurance that it gets better." This relates to the aforementioned training issue, and the expressed concern of some employees that their training did not prepare them for emotionally demanding unusual events such as tantrums.

6.) Do the managers at the Ann Storck encourage you to help with decisions regarding client care?

For the most part, front line employees believed that their opinions were considered in the substantive and procedural aspects of their work. The one exception seemed to be in emergency or other critical care decisions, which were instituted in a top-down fashion.

7.) Do you feel that managers keep an open door and are willing to listen to your professional concerns?

Most employees felt that upper management, particularly Jim McGuire and Howard Booser, have an open door policy and are willing to listen to professional concerns. While some employees felt that this was not always the case, most indicated that it possible to see supervisory staff on short notice.

8.) How often do you meet with managers to discuss important issues affecting your work at the Ann Storck Center? Do you feel that you need to meet more often?

Program managers insisted that they meet sufficiently with upper-level administration. However, several front-line staff expressed the opinion that more meetings of the entire Storck staff would be in order in terms of team building and community-building.

9. Some experts believe that all developmentally disabled clients should be allowed to make as many decisions as possible about their care. Other experts feel that these decisions are best left to professionals.

Who do you think should be making the decisions about care, clients or professionals?

Care at Storck is based on “the professional knows best” approach. If Storck were to change to “the client knows best” approach, would your job be easier, more difficult, or about the same?

All respondents considered it most appropriate for high functioning clients to make their own care decisions. Conversely, professionals should make these decisions if clients are low functioning. Staff did not feel as though their workload would be significantly changed with the adoption of a different approach.

10.) Some have characterized the operation of the Ann Storck Center as the “Howard and Jim show.” Is this an accurate description? If so, what do you think will happen to the center if one or both leaves the organization?

Most respondents agreed that this description was accurate. All interviewees expressed concern that the organization would experience significant change - possibly detrimental - if both administrators left simultaneously. Employees referred to the strong dedication that Howard Booser and Jim McGuire bring to the Ann Storck Center. A commonly expressed sentiment was that “no other administrators are going to do the types of things that Jim and Howard do for Ann Storck. Those guys stay at the center, not at home, during hurricanes. They are willing to respond to calls at any time of night when one of our clients must be hospitalized and their presence at the hospital is necessary.”

Summary

Low pay presented the most serious issue for workers. In fact, one employee revealed “most of us who work here, work two jobs or regularly put in overtime. We kill ourselves in the process.” Working the second shift placed an added stress on employees. “In addition to the inconvenient hours, those who work the second shift do more work.

Senior management’s devotion to the ASC was a clear inspiration to many employees. In spite of numerous hardships faced by employees. Many cited Jim and Howard’s enormous dedication to the organization as an enormous asset and felt that “the

organization's philosophy-culture would change if someone else took over." Such comments are a credit to ASC's senior management. They also buttress the research team's strong concern with the succession issue.

Component VI.

Major Findings: Focus Group with Residential Clients

On Tuesday, April 17, 2001, Institute staff held two focus groups for residential clients of the Ann Storck Center. The first focus group was held at Gizmo House with five of its six residents. The second focus group was held at Oakwood with all six residents attending.

For both groups, the Institute utilized open-ended opinion questions to gauge the residents' general perspective of the Ann Storck Center. At Gizmo House, Ann Storck staff left the residents alone with Institute staff during the group. However, at Oakwood, Ann Storck staff was present to help interpret resident comments in the event of serious speech impediments. Without exception, all of the residents were receptive and responsive and seemed eager to verbalize their thoughts and feelings. The following is a summary of the meetings:

All residents responded affirmatively to the question: "Do you like The Ann Storck Center?" This included two or three residents who stated that they like to help with chores around their respective facilities. When asked what they liked about Storck, there seemed to be a consensus that staff is nice and that the job-training component is popular. All of the residents said that the food was good. Generally, all of the residents said they would be either sad or scared if they had to leave.

When clients were asked what to do if they were injured or felt pain, a few residents said they would contact the nurse. When asked if a nurse is always at the facility, the general response was "no." When asked if the nurses arrive quickly when called, the answer was "yes." When asked what they did with their time during the day, the responses were either "work" or "school." All answered affirmatively when asked if they were allowed private time for themselves.

Institute staff learned that the clients are encouraged to pursue individual interests and talents. For example, a few clients are accomplished artists, and thanks to an ASC

program, they have been given a forum to display and even sell their artwork. In addition, several clients would eventually like to go to college and have been assisted by staff in attaining this goal. Staff also schedules numerous field trips to various destinations, some cultural; some simply visiting eating establishments. Clients are also assisted with trips to houses of worship, if desired.

Judging by our focus groups at both Gizmo House and Oakwood, the staff appears to be committed towards providing clients with a clean, healthy, and nurturing environment. The residents at both facilities appear to be generally content, and are encouraged to learn and pursue their individual goals and interests.

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