

Five Year Planning Committee

July 1<sup>st</sup>, 2020

RANDALL BROWN: Okay. Good afternoon everyone. Welcome to the five-year planning committee. Like to ask everyone to introduce themselves and then our guests afterwards. But we need to establish that we have a quorum and get our committee noted in the record. So, I am Randall Brown, committee chair and chair of the council. Who would like to go next?

BAMBI POLOTZOLA: Bambi Polotzola, the director of Governor's Office of Disability Affairs.

RANDALL BROWN: Thank you.

STEVEN NGUYEN: Good afternoon. Steven Nguyen, self-advocate from region ten. And I am also the member at large.

LILLIAN DJEAN: Lillian, self-advocate from region four.

MARY TARVER: Mary Tarver from region six.

KIM BASILE: Kim Basile, parent from region three.

RANDALL BROWN: Is that all our committee?

SHAWN FLEMING: It shows Michelle G is on.

RANDALL BROWN: I think she said her desktop mike is not working, I believe. If I read that correctly.

SPEAKER: Based on the council rules, she wouldn't be counted in a quorum.

RANDALL BROWN: Right. But we do have a quorum even with her absence, correct?

SHAWN FLEMING: Correct.

RANDALL BROWN: And so, I will take this opportunity to ask our guests if they would like to introduce themselves.

COURTNEY RYLAND: We have a chat from Ms. Ashley M. My computer doesn't have audio or camera, but I am Ashley McReynolds, parent from region two.

LIZ GARY: Hi, I am Liz Gary, region nine, parent.

RANDALL BROWN: Good afternoon Liz. Welcome.

ANNIE: Hi, I am Annie from region nine, a parent and small business owner.

RANDALL BROWN: Good afternoon and welcome.

JEFF: I'm Jeff, region nine self-advocate, consultant. Good to be here. Thank you.

RANDALL BROWN: Good afternoon Jeff and welcome.

SPEAKER: Do we have any other guests we would like to introduce?

SUSAN R: This is Susan R, the director Families Helping Families Southwest Louisiana. Thank you.

SPEAKER: Good afternoon. There is a chat from Michelle G back on the zoom but does not let me speak. And I do not have a camera on my desktop.

RANDALL BROWN: Thank you for being here Michelle and we appreciate it. But unfortunately to be counted we will have to be able to see you. But please feel free to stay connected and if you can get your camera to work, we would love to have you and you will be counted. If not, please feel free to participate with the chat box feature if you would like. And thank you to all the committee for being here today and taking the time to do this important work and to all our guests for being here and giving us your input and feedback. We appreciate you. Having said that, let's start with today's work. Courtney, do we have the agenda we can put up for everyone to see on the screen? So, we need to talk a little bit about the overview of the planning process as we begin because today is the very beginning of a long process. So, we need to get a refresher for some of us. Learn what it is we will be expected to do on this committee.

COURTNEY RYLAND: Let me work on getting that document working.

COURTNEY RYLAND: Okay. Can everyone see the table of contents?

RANDALL BROWN: I can see it. Can everyone else?

SPEAKER: Yes.

SPEAKER: So, the first two pages are the timeline

the council voted on and ratified back in July of last year. So, if you were able to print out this attachment before today. You would be able to see we're actually somewhat on track with where we're supposed to be with this planning process. This is the first of many meetings. There will have to be a DD network meeting after we develop initial goals and objectives from this meeting. And then there will be another report issued. And then this committee will meet again before a final draft is presented to the council. So tomorrow before we adjourn, we will be able to schedule the next meeting or next round of meetings.

RANDALL BROWN: Right. And correct me if I am wrong Courtney, but I believe our goal here is to have our proposal to present to the full council for the October meeting. Am I right?

COURTNEY RYLAND: Correct.

SPEAKER: We will meet tomorrow and then after tomorrow's meeting we should be able to schedule our next meeting for this committee to complete the work and then hopefully have the proposal to present to the full council for October's meeting.

SPEAKER: Correct. Towards the end of August or beginning of September this committee will meet again and review the network collaboration meeting report and just finalize the draft.

SPEAKER: Right. And that of course means we will meet in August or September after tomorrow's meeting. Tomorrow is our important meeting as well. After this set of meetings today and tomorrow then we will meet again either August or September.

SPEAKER: Correct.

SPEAKER: Has everyone on the committee had a chance to read over these documents?

SHAWN FLEMING: Good afternoon everyone, this is Shawn. Remind everyone the council mandate, the DD act indicates the council engage in advocacy, capacity building and self-determination,

independence, productivity, inclusion of people with developmental disabilities in all facets of life. The council does a lot of advocacy and goals and projects such as LaCAN to seek systems change by developing and improving policy and practices that effect individuals with developmental disabilities. Capacity building, seek to enhance or increase skills of individuals. Currently have a lot of building in customized employment. Also to build capacity of advocates.

RANDALL BROWN: Excuse me. I think we have a comment. We need to speak you slower so she can keep up.

SHAWN FLEMING: Finally, systems change. The transformation or significant improvement of a system achieved through policy capacity building, education, advocacy activities which further inclusion of people with developmental disabilities in all aspects of community life. So just to remind y'all, that every goal, objective and activity that is developed through this planning process should meet the council's mandate. There are some requirements for planning. One is a goal to establish and strengthen a program for the direct funding state self-advocacy organization led by individuals with developmental disabilities. And so, we support people first here in Louisiana. And so, the second one, support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals who may become leaders. And third, support and expand participation of individuals with developmental disabilities across disability and cultural leadership coalitions.

SPEAKER: Kelly Monroe has her hand raised.

RANDALL BROWN: Yes. Can you please read her comment Courtney.

COURTNEY RYLAND: I cannot.

RANDALL BROWN: I believe she said that was a

mistake. Thank you. All right. Thank you, Shawn, for that information with regard to making sure our goals are in line with our mandate in this proposal process. Anybody on the committee like to add anything, any questions they would like to ask?

SPEAKER: Ms. Karonda a has a question.

RANDALL BROWN: Yes. Please ask your question.

CARHONDA: How will our systems change work be hindered related to the elimination of funds that occurred in the one-year planning?

RANDALL BROWN: That's a very good question.

Shawn, would you like to answer that question for her.

SHAWN FLEMING: Sure. There were no funds that were eliminated. Not exactly sure. We had interruption of activities due to lack of ability to do in person activities for a while. And a lot of our activities were contingent, partners in policy making and other training events. But we did not have any funding that was eliminated per say. What I did do, not for this planning cycle, for the five year, we're not there yet with this planning cycle. This planning cycle doesn't begin until next October. When the council considers the FY21 plan at its meeting on the 16th there were additional funds that I kind of rolled over to try and catch up in terms of the funding cycles of our grants. Without getting too bogged down into the weeds I hope that helps explain that.

RANDALL BROWN: All right. Thank you, sir. Anyone else have any questions or comments they would like to make? So, as I said earlier if there are no comments. As I said earlier, this is just the beginning of a long process. So, we need to get a sense of what we would like to do in relation to our upcoming plan. And probably to do that we need to look at some of the areas of our current five-year plan we would expect to carry forward into the next five-year plan. Shawn, can you help

enlighten us on some of the existing goals and objectives that we're currently still working toward.

SHAWN FLEMING: I think this is like looking forward, so this is actually creating new goals. I mean y'all can look back at your old goals, certainly. This next section is just giving you guidance in terms of writing good goals. And this document comes from ITAC, which is the Information and Technical Assistance Consortium. The federal agency that is designed to support councils. So, all these documents here and the guidance here is what our federal partners expect the council to come up with. And to meet sort of these standards, if you will, of goals. Today and tomorrow what y'all are really trying to develop are new goals. So, it is good to look back and we can go pull up your current goals. But I think what they want y'all to understand is to write measurable goals and have definition of smart goals. And how to do that. And so, to make sure that a well written goal is focused on achieving an end. An outcome that you want accomplished. A number of elements to it to what a good goal would have. The first thing identify the target population affected and set overall priorities. And so, then these features of good goals, I guess what I am reading, in terms of additional good goals are they have declarative statements. A complete sentence describes an outcome. Doesn't have jargon. Concise. Easily understood. It's phrased in positive terms. If ever you want to stop something from happening or eliminate something just use one of the council's main objectives is inclusive practices, community-based services, preventing institutionalization. We don't always address institutionalization. Give people the recourses. In positive terms. And then goals set up a framework so objectives can be established that get you towards achieving that

goal. Then they have a checklist. What I would encourage y'all to do as you develop a goal, so today at the end of the day you will start to develop goals. And this was designed intentionally because I guess we're able to and are breaking this meeting into two meetings is to go back and use the checklist on the front end. I would encourage y'all to go back and look at the goals that were created over time and ask yourself if it meets these features or elements. And so basically the questions in here, the elements I just described above. So, then they actually have examples of unclear and clear goals and good and bad goals to give y'all examples of. And so, some of them are just too vague and not concise enough. They don't establish an expected effect. And you want to make sure a target population or specific outcome is identified. And it's easily understood and measurable. And so just why don't you blow that up Courtney. Look at the unclear goals verse the improved goal. The first one is related to healthcare. And quality affordable accessible healthcare provided throughout the lifespan. That is nice, but it doesn't identify a target population and doesn't specify an affect addressing a healthcare issue. So, like an improved goal to that end people with developmental disabilities increase access to healthcare services that meets their needs and preferences. Now to that improved goal I would actually say if further guidance would be necessary to define kind of what healthcare services and what levels of access would be sought after. But it's an improved goal. So the second unclear goal related to education and so it says increase inclusive education for children K through 12, information and training for parents of children K to 12 by increasing the number of parent advocates participating in IPE meetings and obtaining services. That goal sort of rambles.

It's not clear, it's not concise. Uses jargon. Recommended simplification of that, people with developmental disabilities and their families increase information to obtain inclusive education and services. I would actually say to the improved goal too if you went back to the checklist, I think you should look and ask does it have, is it targeting a specific population. Are you going to see those specific outcomes from that goal? And so, there are ways, even their improved goals, that you know if you evaluate you can improve upon them further. I think the design of this technical assistance document they provided. And they have some more additional objectives and what is the smart objective. And then have examples of objectives. And smart is not intelligent necessarily. Actually, an acronym. It's specific, measurable statements of what they are trying to accomplish. So, when you know what you are trying to achieve, and you state it clearly, it's clear the target for progress and accountability will be. And so, scroll down a little bit more Courtney. Okay. Scroll up. There you go. So, the five elements of the smart goal is specific is the S. Measurable is the M. Achievable is the A. Realistic is the R and time phrased. Who, what and it's based on verbs. Something is going to be done and the greater specificity, the greater measurability. Focused on how much is expected to change. Instead of just saying everybody will have increased healthcare. Like do you want to narrow that down so you can measure specific populations or what you want to do. Achievable is a big one because a lot of times there are huge gaps or needs and we want to accomplish everything. A five-year scope. Considerably long time. When you are looking at policy change and practice change sometimes you still have to, I guess, accept moving the needle, but not may be filling up the entire tank in that



one span of time. So, making sure you know what your objectives are, they are achievable within the given timeframe, and the resources that will be attributed and given to do it. And make sure your objectives are realistic. Accurate address the scope of the issues and they can be implemented. It's reasonable from a programmatic standpoint. Time phase is y'all have a five-year scope plan. And so, you might put in some objectives to accomplish in years 1, 2 and 3 that will build. And then you can link other objectives to this third and fourth years. And so, some examples of that would be you want to maybe build capacity and people's ability to maybe do supported decision making or still doing a lot of employment, customized employment. We're not there yet. And so maybe the first few years you will work on capacity building or policy changes related to that. And then the later years shift your focus a little bit and concentrate on fine tuning or expanding statewide or projects in the state and how to scale up different pilots. Y'all have any questions on those things? Okay, seeing none if you want to scroll down Courtney. So, this just again is just a checklist just like they did with the goals. Y'all are not going to be doing objectives today. But you will be doing them tomorrow. But it's the same process. As you are creating them sometimes it's better to try and get the idea out and then go back and evaluate whether it would be a smart objective and meets all the features or refined to be more specific. Or I guess a better improved objective. And again, they have examples of non-smart and smart objectives down below. Make sure it's specific, and measurable, and achievable, realistic and time phased. The smart objectives, positive example. By year two of the project the council will increase knowledge and awareness among 200 people with developmental disabilities and their families

about the availability of healthcare and how to access healthcare related service and supports. And if you recall the goals previously was about increasing knowledge and access to healthcare. Well, this is getting like the objective, fine tuning how many people and what specifically we will help them to achieve by the end of year two. And so, it's not all done in one year, but it has a timeframe link to it. The council is also required to have a targeted disparity item. A goal, an item in a goal or objective that addresses a targeted disparity. And this is basically population of individuals that could be racial, ethnic, minority background, disadvantaged individuals. Disadvantaged refers to income level. Underserved geographic areas. Specific groups of individuals or population of individuals with developmental disabilities. Sorry if I read that too fast. The short of it is the DD act highlights populations from certain groups and our federal partner I will say wants, expects the council to target a disparity. Last time the target was rural, a rural area related to employment. But, wait scroll back up a little Courtney. Sorry. But you can see all the different population groups that are identified or specified in the DD act. And one objective goal and objective should target, have a targeted disparity addressed in it. Okay. Y'all have any questions on that?

**BAMBI POLOTZOLA:** This is Bambi. Sorry, I couldn't find the button to raise my hand. In regard to what Shawn just stated, can you just state that again Shawn. Our plan has to, what does it have to do in regard to those groups, those special population groups?

**SHAWN FLEMING:** Scroll back up. A goal and objective needs to address a targeted disparity. A targeted disparity is addressing an unserved or underserved population of people. And by

population of people in the middle of the screen there I guess six major areas or population groups. Although you might not think of rural and urban being a population group, but that is one of their definitions. One thing y'all will have to do is within one of the goals and objectives, you know like we did it for employment in a rural area, is what we tried to target this last five-year plan. Is make sure you consider targeting or addressing disparity among a targeted population. And you could do it for multiple goals and objectives. You are not restricted to do it once. You have to do it once. At least once. Does that help?

BAMBI POLOTZOLA: Yes. Thank you.

RANDALL BROWN: Do we have any comments from the committee? Questions? So today it's important that we think about some new goals that we would like to put together for our upcoming five-year plan. And we understand we need a targeted disparity we need to address. So, thank you for pointing that out Shawn. So, does anybody have any thoughts on what they could or should be? First of all, Shawn, what is our current disparity we targeted again?

SHAWN FLEMING: Rural employment.

SPEAKER: Rural employment.

SPEAKER: Uh-huh. So, we tried to build capacity in some rural areas in supported employment and that happened in years I think the first, second and maybe third year of the plan. It was not going on this year and it's not scheduled for next year. Bambi has her hand raised.

BAMBI POLOTZOLA: So, in the areas of disparity they talked about people living in poverty. I feel like that unfortunately we have so many people with developmental disabilities that live in poverty. I think given what the challenges that we have faced in having racial diversity representation on our council it would fit into

our goals of trying to include racial diversity on our council. But our outreach to me is the component in order to get more people, racially diverse people to become members of the council. So that would be my recommendation.

RANDALL BROWN: All right thank you Bambi. Do I have any other feedback from the committee?

SPEAKER: Lillian had her hand raised.

LILLIAN DJEAN: Yeah, so I noticed in the public forum report and public input survey results one of the, an issue was mental health services for individuals with developmental disabilities and the lack thereof. So maybe people with developmental disabilities who also need mental health services should also be another group that we target.

RANDALL BROWN: Thank you.

COURTNEY RYLAND: Hey Randall. You have a YouTube comment from Rebecca. Could there be a goal students assess on leap connect who receive their service majority of the day, 80 percent or more. The percent increase could be decided after determining the current percentage or the goal could be reworded to say X percentage will receive services. And that has been posted in the chat if y'all want to read it.

RANDALL BROWN: Thank you Rebecca for that recommendation. Courtney, are we getting these recommendations written down?

COURTNEY RYLAND: Yes, sir I am.

RANDALL BROWN: Okay thank you.

COURTNEY RYLAND: You also have a comment or question from Karonda.

RANDALL BROWN: Yes. Could you read it please?

COURTNEY RYLAND: Yes. Could you strongly consider housing?

RANDALL BROWN: Yes. We certainly can. Thank you for that suggestion.

SPEAKER: In particular affordable and accessible housing.

RANDALL BROWN: Correct and good point. Thank you. Anybody else have any thoughts or input they would like to give. Any comments, questions?

SHAWN FLEMING: Y'all kind of jumped a little bit. Which is okay. So yeah, got some input on the targeted disparity. I don't think y'all have to decide that today. I think as y'all go through this process it's just to go back and look at those six population groups and make sure that in any goal and objective y'all desire to target one of those populations that y'all consider that. So, Bambi had brought up disadvantaged people. Lillian you brought up people with mental health issues. That is one of the other groups within population of people with DD. Actually, just for y'all information the definition of developmental disabilities as applies to council includes people with mental health, behavioral health issues. I note it is often, I guess, overlooked so I just want to commend Lillian. It is within the scope of the council's role, but not one we tend to have concentrated on as much as people with intellectual disabilities and other developmental disabilities. If that helps y'all. But y'all can go back and look at these. And maybe for a number of goals and objectives. If you could scroll back to the areas of emphasis.

BAMBI POLOTZOLA: I wanted to correct what Shawn said. I did mention the people who live in poverty, but that was the opening of me saying unfortunately we have so many people. The area of emphasis had to do with racial and ethnic minority backgrounds. That was the one I was recommending. I also think Lillian had a great recommendation she made.

SHAWN FLEMING: Thank you. And my point is I think as y'all go through big goals and objectives is to go back through all these things I guess is my suggestion and ask yourself if you want to target a specific population as you move forward. The

first task y'all will be asked to do is to prioritize and I guess select which area of emphasis. That is where y'all were jumping to with education and housing and such. And so, ten years ago the plan included all nine areas of emphasis. And then our federal partner said you know, y'all don't have to address all nine. The council can select which nine. It allows concentration. Also then in some ways when issues pop up in another area, and that's what I feel like has happened over the course of the last year or two, you know we did not have areas in every area of emphasis. Sorry. There was no place to stick activities that some of the council members desired addressing. Take housing, for example. And so, the first thing y'all will need to do is decide which of the nine or y'all can go after all nine. But just realize if you choose all nine it kind of spreads your resources thinner. Or you have to combine how you accomplish or address some of them. If you want to, I guess maximize how you're accomplishing it. So we got a lot of input and I will say as we go in through all that input a lot of the areas of emphasis that have not been targeted like transportation and housing and even recreation and health have kind of bubbled to the surface of the feedback we have received. And so, your first order though would be to figure out is to prioritize these and determine whether you want to go after all nine or whether you want to select and target some over the others. And that's a very difficult decision to make.

RANDALL BROWN: It's a valid point. As a committee it is a decision we do have to make and that is do we feel that we need to present and focus, try to focus equally on all nine or do we want to specifically target a few of these important goals. All important. But do we want to specifically target our efforts towards a few of these goals specifically.

SHAWN FLEMING: And y'all can further define the degree of effort when you get into the objectives and activities. So yeah, I don't want to dissuade y'all from choosing nine or however many. Just do it with clear understanding of I guess how to do it and in a way that will achieve the ends y'all desire at the end of the day.

COURTNEY RYLAND: Ms. Bambi has her hand raised. Also Ms. Kathleen has a comment.

RANDALL BROWN: Can we read Kathleen's comment.

COURTNEY RYLAND: What about more inclusion for children with disabilities in the community.

RANDALL BROWN: That is always a goal of ours and remains so Kathleen. Thank you for keeping that in the forefront.

SPEAKER: Right now, we are not deciding on our area of emphasis. Look at the public feedback, correct?

SHAWN FLEMING: Correct.

SPEAKER: But in an hour from now you will.

SPEAKER: Okay. That's fine. Want to make sure we're not doing it now.

SHAWN FLEMING: In an hour it will be the task at hand. And then this is the logic model. Y'all will be asked to complete the logic model. I will be honest, my brain doesn't think like this, probably not the best person to explain it. Basically, developing a plan and looking at what the impact is and really kind of start with what is the impact you want to accomplish. That is what is going to start with the end in mind, right. And we're asked to put in all the different inputs we have, the activities we will put in action to accomplish it, the outcomes from those activities, and then short term and long term outcomes that will move towards that accomplishing that impact that is desired. The big impact could be like individuals, DD live where and how they want to live. But all the rest of them define further activities and actions and

inputs and short term and long-term goals that will be measurable to try and determine whether we achieve that effect. Bambi has her hand raised.

BAMBI POLOTZOLA: No. That one was before. I guess it wasn't taken down.

SHAWN FLEMING: Sorry. So do y'all have questions. And this will be another task. And some of it is we will help fill it out. Again, I would just start with the end in mind and look at short terms and long-term outcome and what activities are determined necessary to achieve those. And this is how our federal partners like to see, I guess, the rationale or logic behind how you are going to accomplish what you set out in your plan.

Questions on that?

SPEAKER: So, Shawn, we need to decide what impact we would like to achieve with our goal sort of work our way back from there.

SHAWN FLEMING: Yeah. That's right. And I would really start today, big picture. So, Courtney, if you can pull up the agenda is really what the objective for y'all to accomplish today. Is really to rank and select your areas of emphasis. To establish desirable outcomes and develop visual goals. Let's get to all the information that has come from the public and the council to kind of give y'all information how people perceive their world and the data of where we are with a number of things so y'all can get to those three big outcomes for this meeting today. Okay.

SPEAKER: Okay. Do we have those comments from the public ready to present?

SPEAKER: Yeah. Courtney, can you pull up the public forum report.

COURTNEY RYLAND: So, we had two public forums in February. One in Shreveport, one in Baton Rouge. Not a whole lot attendance. Seven people in Shreveport and 11 people in Baton Rouge. But I thought the information they gave was consistent with the information I have heard from the council



and some other people. And so, we asked them across all areas of emphasis we asked them these four big bulleted questions in the middle of the screen what are the gaps, problems, and opportunities improving the service system. What do you feel needs to change? How can the problems we fixed improve or made? Or improvements made. What strategy can be taken to realize proposed solutions. And we started off with an overall vision. And so that's kind of interesting her comment was the first part of the vision to be included and the purpose of the council. Good, we are all on the same page. Some of it was specific. Better pay for support staff. Have a life as normal as possible. For everyone embrace people with disabilities in the community. Increase parental involvement. Early education programs. Refer to the Goldman School, which is a school in the Shreveport area. And for TEFRA population. After school care. And be included in school at all capacity. Being sent home without proper documentation or reason. We also looked at the vision and the gaps, problems and all those questions I presented for each area. So, I don't know if y'all wanted me to go through each one. There is seven pages of this. I will hit some highlights. The vision community supports for all people with disabilities to have equal opportunities as everyone else. The lack of one stop shop at the state level to get a breakdown of service system. That has been a common message I have heard a need for a consistent space, I guess for people to go to at the state level. Came out with covid 19, but this is pre, before that. And so, incarceration is treatment rehabilitation. Program or service to serve people with multiple disabilities, people with mental health and autism. Some needed changes in that category or holding everyone accountable. Presentation of healthcare

providers, more outreach to rural areas. So, and a lot of the solutions were basically education based and more information. And in healthcare if you can scroll down Courtney, there was a whole lot of information about gaps and lack of access of healthcare. You know from cost and dental care to then just not having specialists like psychologists and neurologists available. At least not without an extensive drive. Sometimes not realistic for people to be able to do. A lack of nursing. Heard that over the last couple years. And then wait times. And some of the solutions, scroll down, is and this came out of a couple different places, training in post-traumatic stress disorder and trauma informed care specific to people with developmental disabilities. Basically, compliance nondiscrimination by medical providers to accommodate people with DD. And again, the strategies a lot of education. And then we got to housing and it came up today already. Just lack of affordable, accessible housing. Some solutions such as money for reinvestment and investment programs and getting OCDD and our local governing entity to help transition. And then transportation is the same thing. The accessibility to get into the community, transportation is a major barrier. Opportunities people brought up modern transportation option like Uber and Lyft. I listened, Bambi with GACDA had a great conversation on transportation a couple weeks ago how like Orleans Parish is looking at using some of the models from some private entities and public transportation. When you get to rural areas it's a whole different ballgame in term of lack of accessible transportation options. And then get to recreation, you know they do have some activities, but I will say, and I get into this later, these two groups were in Shreveport and Baton Rouge.

Baton Rouge group noted the Baton Rouge recreation and parks department does have some activities, but they still saw the need for more inclusive opportunities for people. And a need to become more ADA compliant. And these are actually organizations that have moved the needle towards inclusion and accessibility. I will say when we get to the state of the state that varies considerable from area to area. And then child, the vision is all children should have the same opportunities, but availability that serve children with disabilities is a gap. There are not always accessibility and certainly not inclusive programs. So, there are some solutions in terms of governor's office early childcare initiative that were recommended to kind of move the needle on childcare providing stipends and funding for childcare delivery. And then education, early intervention. Starts off with consequences when teachers, principals do not follow the rules or abuse students. Teachers in classrooms without certification. Especially in departments and districts lacking control about who is in classrooms. No protection for teachers willing to help students with disabilities. A long laundry list. And I will go into the data later what the outcomes are looking like. And so the needed changes, openness to collaborate with parents, training, more policy to protect good teachers, opportunities for improvement, asking Department of Education to train teachers and administrators how to work with students with disabilities, train school staff, teacher preparation programs. A lot of opportunities for improvement in there. Look at the solutions to fix, improve the system should be a delineation of roles, a separation of roles for school resource officers are there for school safety. Instead of being involved in the behavioral programming or programming of kids. And more training on

different disabilities, individualized service specific to meet the child's needs. And employment, the vision adults with disabilities working in integrating competitive employment. So, the gaps when they leave high school, not always those opportunities. Louisiana leaves about 20 million-dollars on the table. VR just because don't tend to put the state match. So hit the highlights so y'all can ask questions. Solutions again are trainings and develop of business partners I guess indicated in our next year's plan. Working with chambers of commerce to continue to train people in customized employment. So, I feel like we are a little behind and we still have a whole lot of information to cover. That was the public forum. I don't know if you want to discuss or highlight any aspects of that. Also have a survey we are about to share.

SPEAKER: Sorry there is a comment from Ms. Tamra.

RANDALL BROWN: Would you please read it for us Courtney.

COURTNEY RYLAND: Sure. My agency does NEMT transportation, but Medicaid brokers keep cutting the reimbursement rate to us. I have spoken with LDH about the rate that reimburse to the brokers verses what the providers get paid. LDH said they have no enforcement over what providers get from the brokers. This is why many transportation providers are ceasing NEMT transportation. My agency has a fleet of nine vehicles, all wheelchair accessible.

RANDALL BROWN: Thank you for that Tamra. And thank you for reading that for us Courtney. Did she indicate what her agency is, where she works by chance?

COURTNEY RYLAND: No, sir it's not in this chat.

RANDALL BROWN: Okay.

TAMRA CRANE: I just unmuted. So, I am the director for the Bossier Council on Aging, and we do serve all of the areas of Bossier Parish and we

are a lot of rural. Legislators came out the rural part of my parish today to deliver meals. We do a lot of Medicaid children, adults with disabilities, and we have even worked with LRS doing transportation to job supports. As one of the only providers really in our parish. But part of that is so hard because their reimbursement on the Medicaid side is going down and the Medicaid brokers are the ones making this the biggest problem for us as far as NEMT providers because they get the money from managed cares. And let's say they get 30-dollars for a ride, they give me ten. So, they are keeping 20 bucks for overhead. And if we go on a run and someone is not there or has canceled and didn't tell us. That was a dry run, we already sent a bus out, a driver. And when you are going out in the rural parts of the parish a lot of time and money and you may be doing that for one person and then they refuse to pay. A lot of transportation providers across the state are saying I can't keep doing it. We are going to continue. I get good support from my parish up here, but not a lot of places do so it's hard.

RANDALL BROWN: Thank you. I happen to be in your parish and y'all do great work.

TAMRA CRANE: Thank you.

SHAWN FLEMING: So, if y'all want to move on. If y'all have any other questions you will move onto public input survey results. So, every five years we send out a survey. We had a 171 people who responded. Fifteen of those were self-advocates. Hundred 29 parents and family members and 27 were others, either community advocates, professionals, service providers, etc. We did get the majority were people with developmental disabilities or family members. The demographics breakdown 171 responded, 130 Caucasian, eight African American, 15 did not identify. Two Native Americans and one Hispanic Latino. Hundred 49 of the 179 were

female and 15 were male. Seventeen did not identify gender. Hundred 19 were urban areas and 52 from rural. Looking at these demographics I will say I think the council tends to not get input, adequate input reflective of people who are black, identified as African American. Look at the percentages. We also have a heavy response rate from females and less are from males. So, the outcomes, people were asked to rate highest priorities and better qualified direct support professionals was number one. Training for law enforcement, first responders was number two. Tell you when I look at rank order it doesn't say anything is that much greater than, but it is interesting as you look down the list what people have consistently brought to the top is transition to adulthood, affordable and accessible housing, primarily specialty health services, inclusive appropriate education. Abuse, neglect, exploitation. Number seven, inclusive employment. Number eight, positive behavior intervention supports. Asset development. Number ten, affordable housing. Coming in number 11 was transportation, followed by inclusive childcare. Both number 12 and 13 related to childcare options. One was inclusive, one was training in childcare. Number 14 was post-secondary education. Accessible building program and services. Sixteen community-based recreation. Seventeen was consumer rights and 18 was emergency preparedness and relief. And mind you precovid 19. And 19 was voting information and rights.

SPEAKER: Ms. Brenda has her hand raised.

BRENDA COSSE: Good afternoon. Can you hear me?

SPEAKER: Yes.

BRENDA COSSE: Good afternoon. Could we not use acronyms and if we use them explain them?

SHAWN FLEMING: I'm sorry.

BRENDA COSSE: And also, with the document that we are looking at right now if we could somehow for

the committee have the targeted disparities highlighted. And finally, the public comments that we are receiving today would the committee be able to receive that information before tomorrow. Thank you.

SPEAKER: Thank you Brenda.

SHAWN FLEMING: I can get you the chats can be made available. Like all public comments we will have this transcribed. I cannot guarantee I will get that to you by tomorrow. I will try. Written in neat form. But I apologize. I will try and do better not having acronyms. Bad habit I have. Then on the survey people were allowed to indicate other topics, issues or provide input. And so quite a few, which is I will say we have gotten a lot of feedback over the last couple years which is great. And so, there is this list of things that I don't think they are in any particular order. But these are other things people who responded to the survey included as important like navigating the system, education resources on waivers what the process is, advocating for students and educating school boards on importance of having nurses accompany children with medical needs to school. Mandatory training, paraprofessional, expansion of training for paraprofessionals. And policing of students. And analysis, schools individual plan, board certified behavior analyst overseeing each plan in a school for behavioral assistance for each child. And more education training for parents about special education, and this person was speaking having a grown child. Education was the biggest service the child got, and they wish they had known more then. Training and better staffing. Higher paid and less turn over. Higher quality staffing. Waiver service supports and carry over, etc. Sustainability of waiver service slots and rates for providers. Interdiction information. Long term care options. Behavior supports.

Legislators outreach. Attention to Deafness. Sexual abuse and DD community prevent it from happening. Advocacy skills for people leaving high school. Unhealthy relationships. So, there is a number of things as you see works out for people, individuals with intellectual disabilities to prevent sexual assault. Emergency housing for disabled, homeless or rental assistance. Transportation help, but not in the city limits, no buses. Need for getting to doctor appointments and food. Psychiatric hospitalization for people with disabilities. More residential facility options for kids and adults in various cities and state. Transportation for children to therapy. Video coverage of classrooms. Implementation of special education. Ensure equal treatment for all individuals by freedom of choice providers. Freedom of choice providers is a list of services that are required under waiver, or supposed to be available under waivers, and not all those are available. Ensure all state agencies providing all the services required by federal and state laws. Provide independent third party to which waiver recipients turn to when they are not being provided services required by law. Require the state to reimburse waiver recipients for costs associated with obtaining services required by law the state is to provide but unable to provide. Mental illness for adults in our communities and support for places that provide services for adults living with mental illness. Provide meaningful work and other things for them to do during the day to get them out of isolation. I lost my place. The lack of providers minimum hours that are needed. Appropriate mental health services for people. Hospital and therapy clinic provide occupational behavior and physical therapy. Transitioning for youth after high school. More hours for caregivers and higher pay. Addressing parking space violations. Covid 19



related concerns. Health direct support community programs, etc. Better pay for direct support workers. Better funding for NOW waiver. State planning. Safety for people with high risk through corona virus. Education, self-direction services. Secondary education, scholarship, housing, grants for people with disabilities. People with dual diagnosis and intellectual disabilities and mental health issues for crisis intervention and respite. Community supports and service training for direct support workers in recreation and leisure activities, etc. I won't repeat the ones I have said before. More support for people managing complex healthcare and multiple disabilities. I think the other ones are redundant as far as I can tell. Okay. So, you get a flavor of the comments that came through. Do you have any comments or questions on those?

Lillian has her hand raised.

RANDALL BROWN: Yes. Lillian.

LILLIAN DJEAN: I just wanted to echo what Mr. Shawn said earlier regarding the requirements and the ratios of the respondents. I think considering this information it's super important to keep in mind out of 171 respondents we only got 15 self-advocates. While I think it doesn't discredit the validities of these concerns, it was mostly parent or family members that brought these concerns to the table. I think we should really keep in mind that this is not representative of what the self-advocates are saying and also what the non-Caucasian people are saying. And even people who are male are saying. I just did the math and if I am correct only 8.7 percent of the respondents were people with disabilities. I think that's really, really important to keep in mind. Not saying, like I said, it doesn't discredit the concerns, just important to keep in mind.

RANDALL BROWN: Thank you Lillian.

SPEAKER: Bambi has her hand raised.

BAMBI POLOTZOLA: I appreciate Lillian's point and I think to me also goes further that we need to consider this is just another example of our outreach. So, in the activities that we're going to be planning or we just need to include how do we outreach to everyone who is not a white mother like I am. That is who we are reaching, people like me. And we need to reach other people with disabilities, people who are nonwhite, or men, and get their input. And if we are not getting their input in the plans often, they might not be engaged because we are not doing activities that really speak to them or speak to their needs. We have to figure out how to do it. And I don't think I am going to figure it out because I don't represent those populations. And so, we need to bring people who represent those populations to the table and really get their input and seek it out in ways we haven't sought it maybe in the past.

RANDALL BROWN: Thank you both for your comments Lillian and Bambi. I agree, outreach is extremely important, and this data shows we need to do a better job in the future to reach out to the various parts of our community. And I think we're all committed to do our best to try to make that happen here. Anybody else have any comments or questions they would like to add?

SHAWN FLEMING: I think those are, I am glad y'all looked at those demographics. Concepts received. Public concepts. Let y'all know I am the one who submitted the first one on police tactics and police treatment of people with DD. This sort of came out with a number of incidents of escalation of police tactics that I observed long before the revolution, rightfully, is occurring in our country. As it relates to people with developmental disabilities there is a disproportionate number of people with developmental disabilities who are incarcerated

and first responders, police are called to address people with developmental disabilities either from a victim end or because they may be engaged in behavior that seems odd to other people. And so, there is high incidents of contact between police and people with developmental disabilities and they don't always end well. And the short of it, and you can scroll up a little bit Courtney, I do believe there is some training necessary. But the first recommendation I have is looking at a different model, crisis intervention approach for people with significant cognitive and disabilities and communication issues. And so, the first thing is to review how law enforcement practices engage people to determine what shifts are necessary when encountering someone who has a disability or communication disorder. And then have training. There needs to be a different approach that they can shift into. And part of that is their training. But then part of it is they need resources. So maybe someone else to contact who would be the primary person to go out on call or to provide technical assistance during a call when they are engaged with someone who is not responding the way they think people should respond. That's the short of it. I don't have a price because I looked and there are no models that I could find across the country. There is model of training. There is a lot of training. But my concern with just doing training is the general police tactics tend to expect compliance and people to respond in certain ways and when that does not happen the police actions can lead to even death are deemed justified and appropriate and they followed the protocols these people are trained to follow. And so, I think the protocols need to change. Not just the training. That's the short. You jumped into the second one Courtney.

COURTNEY RYLAND: Actually, we have a comment that

was actually made during the last segment from Ms. Crystal White and also Ms. Kim's hand is raised.

RANDALL BROWN: Could you please Crystal's comment first.

COURTNEY RYLAND: At our last meeting we approved for LDH to create visual workflows and charts for people to see how to navigate services. Is this still in our plan. This came out as a recommendation from the home and community-based settings or services committee. Have we done anything differently in our outreach in recent years?

SHAWN FLEMING: Yes. That is still in our plan is the first one. I don't know what the outreach is referring to.

SPEAKER: I think her question might be asking us have we done anything different in recent years as opposed to what we already have planned to do. Already had listed. Kim, you had a question or a comment?

KIM BASILE: I do. Looking at the concepts received I believe concept about supported decision making was turned in and I don't see it listed as one of our items to discuss, Shawn.

SHAWN FLEMING: That was submitted to the one-year plan. It is being recommended beginning in October, that plan. These concept proposals were received I believe in March and so that's what is presented here is the ones we received. I would have to go back and look at the deadline when we received these concept proposals by.

SPEAKER: Thank you.

SHAWN FLEMING: Second proposal, first responder disability awareness training and its first responder disability awareness training lays out law enforcement, also fire fighters, emergency medical service, 911 and others, it lays out their training program. It's a three year 75,000 per year basically have a customized curriculum and resources to create collaboration with disability

advocates and organizations from first responders and train them in a two day session on disability awareness and how to deliver the program to their agencies.

RANDALL BROWN: Did we have a comment or question from anyone on YouTube Brenton or Courtney?

BRENTON ANDRUS: Yeah. This is Brenton. I just added those into the zoom chat. One was a comment from Crystal White. She was just clarifying her outreach comment referring to reaching other demographics. And then another comment as a peer support specialist certified with LDH and credentialed by lasat I am a volunteer presenter during the 40 hour training week that offers responders and all required to attend CIT teams and the training is already in place and can be supported by the DD council. The trainings happen at Capital Areas Human Service District and the police academy. A peer support specialist with life experience go out with CIT teams in each call.

SPEAKER: So, to answer Crystal's question we did do things differently with the survey unfortunately due to covid 19. We used to disseminate it more broadly. But somewhat restricted in submitting it electronically. We did reach out to a number of organizations and asked them to reach out. That was consistent with what we have done in the past. Usually our push would be even to have some of our partners reach out during different outreach activities and events and because of all those things are electronic that was not done as much this year I believe. To answer your question. Thanks for clarity. And Angela thank you for your suggestion.

SPEAKER: So, the third concept proposal was related to sexual assault in the developmental disability community. Multiyear proposal. To provide trainings and enable people to become

master trainers. I believe that is from Annie and Jeff and they are online.

SPEAKER: Ms. Brenda has her hand raised.

SPEAKER: Yes. Brenda.

BRENDA COSSE: I was just about to ask Mr. Brenton if you could ask what the acronym stood for.

BRENDA COSSE: Sure. I can ask her. Councils and trainers. It is a credentialing board that credentials peer support specialists.

BRENDA COSSE: Thank you for that information. And thank you Brenton for your help with that clarification.

SHAWN FLEMING: To finish this concept proposal it's a five-year training built the first two years to provide eight-week courses for individuals with developmental disabilities using the curriculum in each of the ten regions of the state. And those individuals the teachers that have been teaching will become master trainers and develop new master trainers from past students through community. So, building that capacity to I guess so that there could be further training in years following. Total cost 475,000-dollars. So, then the fourth concept proposal was related to employment and to build relationships with chamber of commerce in each region of the state. This just so y'all know FY21 planning committee that begins in October is making a recommendation to the council to do this proposal for one year. It is looking at doing it across five years to continue to build those relationships with chambers of commerce. And then this last one is actually is number of different activities or directions related to person centered service system and building capacity. So, the state is more person centered in its approach. And so, this whole proposal is a proposal roll out a series of activities that will build capacity at different levels in person centered training and how a person-centered service system should look.

And you can see Courtney if you control down, just scroll down to those if you could rotate the page, right click, and rotate that page for us please. One is a leadership summit, a two-day summit with key leaders to create a vision on a person-centered approach. And another one is person centered thinking copyright training, a two-day interactive training provides direct support professionals, providers, et cetera teaching ten skills that build person center practices, capacity of agency staff. And keep scrolling down. And then the last one is training for coaches and leaders. This is really to more organizations to become person centered in how they deliver services. And the consultation is a deeper dive into the skill building. The life course is again a trademark specific course, a specific product I guess of a company. It's more training for individuals and families. If you look at the target audience designed for family members and individuals with developmental disabilities. A program different than the rest related to anti bullying and workshops on creating ambassadors in classroom settings to address bullying in schools. So collectively those proposals are designed to increase person centered training approach to the service delivery system. And so instead of them submitting individual concepts for each one from Dr. Laura B and Julie, who usually we ask for them to submit one pagers for each thing, and this seemed to be a most cohesive way to present those options to y'all. If y'all have any questions I will try and answer them. I don't know if those individuals are online right now or not.

SPEAKER: Do we have any questions or comments from our guests?

SPEAKER: Kim has her hand raised.

KIM BASILE: I just wanted to say I do see some comments from the chat that y'all may want to

read.

RANDALL BROWN: Courtney, can you please read the chat comments for us please.

COURTNEY RYLAND: Let me see if I can find my chat box. Since I am sharing my screen, I am not able to see, but hold on just a moment. From Ashley M, just for clarification, supported decision making wasn't passed before the deadline to submit. As soon as the governor signed the bill, we submitted a proposal. Ms. Lillian, I think we need to change our recipients to all panelist and attendees instead of the default so everyone can see. So yeah, it looks like there may have been an issue with the chat not being visible. Not exactly sure how to correct that.

SPEAKER: Just a matter of how people send it. Like Lillian mentioned if when you are sending a chat you can choose either all panelist or you can send your chat to all panelist and attendees. So, we will definitely do that from the staff here on out.

RANDALL BROWN: Thank you Hannah for that clarification.

LIZ GARY: Thank you everyone. Just had a quick question. Just wanted clarification. So, are we saying that only the table of contents concepts received, those five are the ones that will be able to be in the five year plan? And only asking because when asked about supported decision making it said it didn't make it in time. Trying to get clarification if that's the case because I have concerns. Basically, because the concept may not cover everything that families want to hear and see over the next five years. Are we staying restrictive to just the concept and not allowing other things? Thank you.

RANDALL BROWN: Thank you. Shawn would you like to answer that.

SHAWN FLEMING: No. I mean this is the first meeting of a five-year plan. The creation of a



five-year plan. We had deadlines. If you go back to the timeframe, the timeline to collect public input to collect concept proposals to collect to do public forums. And we actually, of course, a lot of these activities we have different things where we put deadlines so we can collect them to give people the opportunity to submit them. And then things change and y'all need to respond to those changes. I have never known this council to restrict input or consideration of things as they emerge. So, I wouldn't see why y'all would start now. These are just concepts that were submitted in writing by the deadline we put together for the committee's consideration.

RANDALL BROWN: Thank you, sir. And Shawn said this is the beginning of a very long process and we are open to suggestions and input throughout it. Does anybody on the committee have any comments or questions thus far?

KIM BASILE: I do Randall.

RANDALL BROWN: Yes. Kim.

KIM BASILE: I would like to see the supported decision-making proposal tonight if it could be emailed to all of the committee members like for it to be included on the table of contents.

RANDALL BROWN: Okay.

KIM BASILE: Thank you.

RANDALL BROWN: Thank you. Bambi has her hand raised.

BAMBI POLOTZOLA: So, I am confused. Like we aren't talking about proposals right now. I am confused, maybe other people are confused. The meeting we had last week or week before I am confused, my weeks, we were talking about the actual plan. What will be funding what projects. This is about what our goals are, not specific plans. Maybe in back of our minds thinking about who can do what and what kind of proposal. The organizations that do certain things. But this process is about developing goals and objectives,

not particular projects. Am I misunderstanding it?

SHAWN FLEMING: No. So, if I may, and it is confusing cause y'all are having to develop the one-year plan, the last year of your last five-year plan that we are about to be into. And this like even the goals and objectives y'all don't have to even look at last year's current goals and objectives. But to your point Bambi, you are right. The concepts at this stage of the game should be very, very broad. You know, like and I think most of them are because until y'all have a goal and objective, having a specific activity or that directed is not necessarily appropriate. Supported decision making does, I guess, I can see it as both. But the concept proposal that we received, and we will send it to y'all. That from an activity level if you will. That way y'all really need to, right now, today and tomorrow, really consider what is the overall goal of what you want to accomplish. What is the objective. That proposal would possibly fit as an activity underneath one of those things if that helps y'all to see the structure of it.

BAMBI POLOTZOLA: Shawn that is helpful. I think it was confusing for me. Clarify doing work on different committees and it gets confusing what levels we are working at. I appreciate it.

COURTNEY RYLAND: Her hand raised.

KIM BASILE: That was from before, but I will go ahead and ask this. If we are just looking at overall goals right now, then why were we given these concepts.

SHAWN FLEMING: Because other people were confused as well. I will just take the person-centered practices. The concept is to have a person-centered service delivery system and then to help people understand how you would get there or strategies to get there. Those other things were presented, and I will just take all of these.

Employment. And connecting with chamber of commerce is really looking at employment for people. And they start going in the strategies. And I think that helps to ground y'all in seeing, I guess, where it would go, where the purpose of seeing it would go. I feel if I recall to the training for first responders that is really activity based. But from a goal perspective, if y'all see the need and it is listed as a fairly high priority in the survey responses that we received that y'all have a goal. If y'all see the need to have a goal and objective to address that then this would almost be a strategy to get you there. I think that makes it more confusing for y'all to have to look at some of these things because they do get very specific sometimes. But does that help you Kim?

KIM BASILE: Not really.

RANDALL BROWN: Do we have any comments from the public that need to be read?

COURTNEY RYLAND: Karonda had a question when the deadline was. The deadline for concept was Friday March 13th.

RANDALL BROWN: Thank you Courtney. Are there any other comments or questions in the chat that need to be read?

SPEAKER: Looks like Ms. Karonda has her hand raised.

CARHONDA: How y'all doing today. I asked a question about what was the deadline for the concepts because if the concept deadline was March 13th then it doesn't matter what other concept was submitted. It should not be admitted for us to actually take into consideration or look at for a first year, or one year, or five-year plan. That is the point of us having deadlines. So, my apologies if it's going to offend anybody. That is the point of having rules. Our rules are if the deadline was March 13th for things to be submitted then March 13th is passed it cannot be

over road or over written. We actually need to stick with the deadline and keep going forward with this meeting so that we can actually look forward to making a five-year plan on tomorrow. But actually looking at these plans that are present that were submitted in the timeframe is actually prudent so that we can actually look forward to anticipating making a really great five year plan that will impact our entire DD council and our entire DD community.

RANDALL BROWN: Thank you. Courtney are there any other comments?

COURTNEY RYLAND: Ms. Kelly Monroe has her hand raised.

RANDALL BROWN: I think she says she can't unmute.

KELLY MONROE: Hey. I got it. Can y'all hear me?

RANDALL BROWN: Yes.

KELLY MONROE: Sorry. For whatever reason it wouldn't let me unmute. I am confused too. So, the five-year plan is supposed to be like general goals and then concept papers are then submitted to fulfill those goals. I think what is confusing what we were talking about a few minutes ago looking at that page I think five things we kept referring to them as concepts, but those were goals or were actually concepts. I think everybody is confused about this.

SHAWN FLEMING: So, the last proposal is really about a person-centered service system if you read the proposal. And then what they provide are some mechanisms like how to maybe get there because as y'all go through this five year plan you will have to put the meat, building the skeleton, the foundation if you will, the house. Maybe a good way of looking at it. Trying to lay out a blueprint and want to build a foundation that you are then going to build the pieces onto. And one of the pieces being presented here is just making sure or suggesting as a construct or concept for a goal or objective area to address person centered

services. They do provide specifics which would be later if the council adopts this or whatever then you would consider some of these other options as activities to fill in different years of the plan. Keeping in mind the council only votes for one years' worth of activities at a time. So, but through the five-year planning process I will tell you it's customary that y'all would plot out maybe at least the first three or four years of activities. But then each year come back and revisit those activities. What each one of these proposals does, it does provide more detail in terms of the activity level rather than construct or concept goal level.

SPEAKER: Yeah, I think so. So, if I am looking at this correctly if we wanted to turn in a concept paper for supported decision making, we would not fit into any of these categories, is that correct? It doesn't look like it would fit. Two for first responders and police officers. Relationship training. You have employment. And then person-centered proposals. It doesn't look like it would fit within any of these goals.

SHAWN FLEMING: If I may Randall. What y'all need to realize y'all create goals and objectives and then we will again submit concepts or proposals for activities to achieve those goals and objectives. And so, your goals and objectives will not be limited. Might not even include these five concepts that are presented here. And likely consider other things that are not on this among these five things. I don't think it's appropriate to think the goals and objectives will be restricted to these concepts. These are just ideas for y'all to think about in developing your goals and objectives. That's all. Does that help?

RANDALL BROWN: Thank you.

SHAWN FLEMING: So, the next, where are we in the list of things. Are we on committee

recommendations, sorry?

COURTNEY RYLAND: Seems like Ms. Liz Gary had a comment. May have referred to something previously spoke about? Would you like for me to read the comment?

RANDALL BROWN: Yes.

COURTNEY RYLAND: So, what was the point in submitting the concepts? I am still confused.

SPEAKER: The point is to give the planning committee and the council ideas of directions of where to go, of what people would like them to consider in crafting the five-year plan.

SPEAKER: Which we are beginning to do now as a planning committee.

SPEAKER: So, Kim has her hand raised.

KIM BASILE: So why I still don't understand, we don't need these concept papers if we have the public input surveys. Am I correct? Because we can develop our goals off of what the public gives us. Not what off of five people presented us. Am I correct? If we are not even looking at the concept, why are we talking about a deadline and passed, and people didn't meet deadlines. I am totally confused. And I think I am kind of an intelligent person.

SPEAKER: Today our primary focus is to set the goals for the five-year plan which would be the overall view of what we would like to see done in our five-year plan. The proposals from what I understand are there to give us as a committee some understanding of what some members of the community would like for us to consider. We have the task of deciding how we develop the goals based on all the input we received, both from that process and throughout this process as well. So, nothing is decided today. In fact, just now beginning to decide what the five-year plan is going to look like. And today we really need to focus on areas of emphasis that we would like to see focused on whether that be nine or however

many we choose. And we can begin to talk about some concept, but not limited to particular concept or ideas at this point. I guess my question to the committee if there are no questions is what goals we have nine right now, correct.

SPEAKER: Yes, sir.

SPEAKER: So, what goals would we like to see put forth for the next five-year plan that we are working on now? And Liz, did you have a question or comment?

LIZ GARY: Thank you Randall. It was just in reference to still confused and the only reason, and I appreciate your explanation Randall, cause it made more sense. But what was confusing when it was asked about supported decision making said the time had passed. Made it sound like there was no option but the five on the floor. Now with all this conversation and clarification it's clearer that those were just ideas. I just didn't know if even the people who submitted the ideas knew that was only an idea that wasn't even possibly something that could happen. So that is fine. I appreciate it. I got it. I understand it now. Thank you very much.

RANDALL BROWN: Thank you. Now for the committee do we have any goals that we would like to discuss. Any ideas for goals?

BAMBI POLOTZOLA: So, this is Bambi. Are we at that point?

SPEAKER: Yeah. Y'all still have stuff to go through.

BAMBI POLOTZOLA: I just want the committee to be thinking about the goals. Because that is the important thing we have to get done today. What goals we want to see in the next five-year plan. As a committee want y'all to be thinking about that as we are going through the data. Which is trying to figure out what goals and emphasis we want to put forth by the end of today. Shawn,

would you like to continue please.

SHAWN FLEMING: Sure. So, I think we're on committee recommendations at this stage. And again, this is part of the approved five-year state planning development process that was approved by the council. Council members were also asked which area of emphasis, what concepts or strategies they want y'all to consider. And essentially every area of emphasis was listed. Came from each committee. Education, employment committee first requested y'all consider including education, early intervention. Employment, childcare, transportation, recreation. Which is the areas under their scope. And implementation strategy considers informal policy makers regarding the need for early intervention policy inclusive and students with disabilities. Coordination with other entities regarding children issues. System design for transportation, education and recreation. Interagency collaboration in coordination relative to transportation. Barrier elimination to make programs accessible and demonstration of new approaches to services and support related to transportation. Self-determination and community inclusion committee recommended y'all look at quality assurance and housing. And so, under quality assurance to have live broadcast participating of council members. So now we are doing that. We will see how we can expand that post covid 19, I guess. Make available a neutral party, non-staff, non-council member to assist council members with questions and procedural matters during council meetings and replicate Oklahoma Developmental Disability Council youth leadership forum program under housing. It was raising awareness and advocate for funding to address the housing crisis in the state. So those came out of each council committee. Y'all want to discuss those.



SPEAKER: Lillian you have a question or comment?

LILLIAN DJEAN: Yes. About the youth leadership forum, I am not going to ramble on about it. The youth leadership forum covers a lot of the issues we have been discussing, sexuality, employment. It does cultivate new advocates, talk about education, transition, educate the youth themselves. I think we can all recognize it's better for people with disabilities to have access to this information sooner. And it's really cool cause it's a more proactive approach to education and creating new advocates than reactive approach of oh, snap people with disabilities don't have these resources, let's see what we can get. It covers a lot of things we have been discussing and the problems we are trying to solve.

RANDALL BROWN: Thank you. And thank you very much for your hard work on this issue. Does anybody have any other questions or comments?

SPEAKER: Randall, if I may, the last packet is portraits of each area, state of the state. And I would like to briefly go over it. It's nine pages with a lot of data and information. Advocacy and leadership, the first is number A, support state self-advocacy organizations led by people with developmental disabilities. Previously council provided direct funding to support People First of Louisiana. Recent year the council assisted with funding the biannual conference. The current activity right now is providing training. We also do a number of leadership training for individuals with developmental disabilities, including partner in policy making. We have done advocacy leadership conferences. We support council members and others in participating in different events, both in the statewide and nationally. And we collaborate with Families Helping Families and others to provide information on advocacy. And we also support participating of individuals with developmental disabilities on boards and other

committees and commissions. And of course, we have LaCAN. Which supports all LaCAN members in advocating. So, the state of the state with community supports, and you know we have it broken down in terms of the data opportunities and system challenges. And so almost 13,000 people and as of May 20th who have home and community-based waiver services. And you can see the data on how many people on the request for services registry. But how many based on the system transformation. None of the ones with urgent and emergent needs are on that list because it's prioritized. The third bullet, people receive individual and family support services just over 3,000. And 1,877 people receiving flexible family fund. And so, then the people with developmental disabilities living in intermediate care facility congregate setting group home or large setting 30,614. Twelve years behind in rates for services. We didn't make much progress this year.

Opportunities there is TEFRA program which is Medicaid regardless of income. And that is said to be implemented in January. And the council will discuss that as a council and have a presentation. I just jumped on system challenges, insufficient funding, lack of freedom, service of choice list. Lack of outreach and information available, supports and services. Lack of qualified providers in the workforce.

Availability of Medicaid in home nursing services. Lack of consistent policy and program implementation across regions. If y'all have questions I welcome any questions if I can answer them. It's already 3:07. Early steps, early intervention childcare. So, this is broken down to start off birth to three is covered through early steps and all childcare has been under Department of Education. And so, you know there is a separation, I guess, if you will of the entities. Department of Health oversees early

steps and move Department of Education around. About eight years ago the eligibility criteria for early steps became more restrictive. Initially resulted in a lot fewer children receiving services. Today it does look like more kids are getting services than there have been in the last five years. There was an increase in a number of kids getting services over time. Recently. Which was good to see. And so, listed here as like all the different early childhood programs. But then one of the issues just very low salaries to pay for childcare and that creates problems with expectations for childcare centers to make accommodations and have additional personnel to support children with higher need levels. We have seen a decrease in percentage of children with disabilities age three to five attending regular education programs in the last five from 2012-2017. The data we have increased percentage of children with disabilities three to five in separate special education classroom and facilities. Inclusion trends are not going in the right direction and outcome trends are not going in the right direction either. When you look at these are relative to children who without disabilities same age you know decrease slightly in a positive social emotional skill. Kids with disabilities decrease use of knowledge and skills and decrease use of appropriate behaviors to meet their needs. And similar trends are found with all but one of the indicators when you factor in whether they maintain functioning. The only one that increased was acquisition and use of knowledge and skills. So those are some, to me, disturbing trends both inclusion and outcomes of kids, young children with disabilities. When you get to parts of education, we do have a positive trend of students with disabilities exiting with diplomas and a positive trend of less students dropping out. That's due do the April Dunn act of

2014. That is good news. But then again, when you look at inclusion percentage of children three to five separate settings increased. And the number of the percentage of students included at least 8 percent of the day has decreased. And then the proficiency rates are going down. If you look at proficiency rates English language arts and math both trends are going down. When you get to discipline, all discipline data self-reported you have some school districts, large school districts that do not report any use of restraints and seclusion. And that is not likely. The Department of Education does not maintain a model master discipline plan. Although all school systems are required to have one. There is advocacy related to that from advisory council on behavior and discipline. When you get into like on charter schools required by law to serve a fair share of students with disabilities and there is no enforcement of that. They don't monitor it because they do report it out. But there is no consequence for it. And then funding relative to that the local funding share is distributed still on an average basis. Resources for kids with disabilities are not necessarily staying in the schools where those students are.

SPEAKER: Ms. Crystal white had her hand raised.

CRYSTAL WHITE: Can you guys hear me?

RANDALL BROWN: Yes.

CRYSTAL WHITE: I just wanted to comment, I believe it was Monday, the TEFRA stakeholder group met again and I just want to clarify that I know when we advocated last year that a lot of people, a lot of parents were advocating more of a model like other states have where if you qualify for TEFRA you would get access to TEFRA. And that is not the plan is being proposed to be implemented. It is going to be like a waiver where it is going to be capped at a certain number of slots. And I believe the slots would be anywhere from 800 to

maybe 1200. A rough estimate. And we know there is going to be at this time thousands that would qualify for that. And there is not going to be enough slots. So therefore, another waiting list. And it's going to be a very long time for anyone who does not get an original slot to gain access. Just want to clarify that. And then the second thing is it was also mentioned on the call that the funding for TEFRA could already be in jeopardy. It was mentioned there needs to be to the LDH budget about 15 million-dollar proposed being reduced. And one of those things that they are looking at is TEFRA already. Just want to let you know TEFRA is not out of the woods. Still going to be thousands of people and more being born every day who would qualify for TEFRA and still not have access to the services they need. And my biggest concern with that program, and just going to say it, is that we are going to have another waiting list of years and years and years where people, and children specifically, are going to pass away waiting for the services. Just wanted to let everybody know about that. Thank you.

RANDALL BROWN: All right thank you. Thank you for that update. Are there any other questions or comments we need to read from the public?

SPEAKER: Courtney, you want to describe the employment portrait.

COURTNEY RYLAND: Hopefully, everyone can hear me. So, we requested information from Louisiana rehab services and OCDD since they both offer service to employ individuals with disabilities. I provided what I could in this report. I don't want to be redundant and read the screen to you. But if you have any questions about this paper, please feel free. Can you all read the paper?

SPEAKER: I can.

BAMBI POLOTZOLA: It's not completely all on my screen. Which might make it too small.

RANDALL BROWN: Do we have any questions or comments for Courtney on this issue of employment?

SPEAKER: In health I think I would like y'all to maybe in the interest of time look at both the third bullet of opportunities and the first bullet of system challenges kind of I think points of picture. The first bullet under system challenges how the US Department of Health and Human Services health resource and service administration identified severe provider shortage in Louisiana in areas of primary dental and mental healthcare. Louisiana consistently remains designated as a medically underserved area. Especially for underserved populations including those with the most critical needs. And that is very consistent with the messages we have received in the public forums and the surveys. And then when you go up to opportunities, which I am not sure opportunity, covid 19 really highlighted how people with developmental disabilities are more vulnerable because of co morbid conditions and that the need for increased medical and health provisions and care related specifically to covid19 currently. Again, we'll answer any questions, but I think those two are the primary messages that I have felt have been resounding in the community. And then housing, you know there are programs such as permanent supportive housing offered through aging and adult services housing choice vouchers, public housing through housing authorities. Also, low income housing tax credit which is a driver for affordable housing so developers can get tax credits for building or rehabilitating affordable properties. There is HUD, trying to remember what HUD stands for. Helps states and local jurisdictions assess affordable housing and community development needs and market conditions. And so, there are four, sorry five funding sources for that. Those are listed here. In Louisiana 169 different housing authorities. I think that

kind of when you get to housing, recreation and transportation I think that like the fourth bullet here the number of different housing authorities and how many different things does make it difficult to do like a statewide approach to have an impact. Not saying not possible, just saying it's just further complicates things. And then more data on there. And so, the opportunities are identified, promote funding availability through government grants, low interest loans, tax credits and start getting involved with advocating for Louisiana Housing Corporation to discuss and make the needs of the disability community known. Recreation departments are kind of local affairs. They are operated by city and parish municipalities so there is a lot of variability. A lot of nonprofits become involved in their local communities that have increased opportunities. And there are some fully inclusive recreation programs. But I wouldn't say most. But a lot of programs tend to exclude people with disabilities. Looking across South Louisiana tends to have more opportunities both inclusive and segregated then can be found in North Louisiana. The council funded three inclusive programs in the past targeted children with behavioral issues and supports model. And two of those programs were sustained over time after council funding ended. There is like the Office of Culture and Recreation and Tourism. Some states move towards making like capital park museum accessible. Get into transportation. Transportation is done sort of at a regional level. They have coordinated transportation plans. These links take you to all these things. So, we have linked the plans for some of those. The plans have to be developed and approved through the process that include seniors, individuals with disabilities, etc. who utilize transportation services. And they should identify the transportation needs of individuals with

disabilities and older adults and people with low income and provide strategy for meeting these needs. But again, these are regional plans. And so, any tactic to address it would probably start with one of these regions, you know, or some of the regions in here. If y'all have any questions on any of that let me know. When I say regions, like multiple parishes and they tie into each metropolitan areas. Not necessarily always coordinated transportation options. And there are some other transportation you know like council on aging provides some transportation and direct support professionals provide some individualized training and transportation. And then you also have people looking into things like Uber and Lyft or model such as that as mechanisms to offer transportation. So, do y'all have any questions on that?

RANDALL BROWN: So now we need to rank and select our areas of emphasis. Am I correct?

SHAWN FLEMING: Yes, sir.

RANDALL BROWN: These are the nine areas of emphasis listed on your screen and we need to decide if we want to focus on all nine areas, or a particular area, or group of areas that we would like to focus more attention on then the others. That is a committee decision today to make. I think we can all agree all equally important, just bear in mind if and when we do that it does tend to have our resources more limited in how we can approach each issue and what time and resources we have to devote to each issue.

SPEAKER: Lillian has her hand raised.

LILLIAN DJEAN: In regard to the areas of emphasis I think the public forum report that had the most respondents of family members and parents that was really reflective a need to prioritize education. But I think the lack of self-advocate response is reflective to focus on quality assurance and getting more programs to encourage advocacy among



our people with disabilities.

RANDALL BROWN: I agree with you. I think that is a very valid point. Thank you for again making it today. Does anybody else have anything they would like to share?

BAMBI POLOTZOLA: I just wanted to comment on the two areas kind of reiterate what Shawn said in regard to the areas of housing and transportation. We have been working on those areas in the Governor's Office of Disability Affairs and through GACDA, those systems, because they are so many different units or entities that kind of work in silos that it's really hard to make headway. So, I think we need to do that. To me you have to have house and transportation in order to have employment or access to healthcare and those type of things. But to do it well I think would take a lot of council staff and member time. And so, we just need to consider that whenever we are making decisions on how to rank or what to include those areas need a lot of work.

SPEAKER: Liz Gary has her hand raised.

LIZ GARY: Thank you. I just wanted to add to what Lillian said as far as education and the concern there. I think it's also important if you get the transition going, and when I say the transition, because during that age it's critically important at that point to get youth starting to understand what self-advocacy and how they can move forward. I think it's critical when you incorporate what she was saying with quality assurance and the self-advocates and the education. That all of that kind of plays in together and ensuring you can start getting your youth at a much younger age to start as self-advocates. And so, I would think, just throwing my 2 cents in for that.

RANDALL BROWN: Thank you. I agree with you both.

SPEAKER: I believe Crystal White also has her hand raised.

CRYSTAL WHITE: Can you hear me now.

RANDALL BROWN: Yes.

CRYSTAL WHITE: I apologize, my daughter is in the car now, so I apologize for the background noise. Also, on quality assurance I just wanted to clarify a couple things. This is also where we would put in the visual workflows and charts on how to navigate the system, correct. Is this where that would go into?

RANDALL BROWN: Yes, they would be added. Something we have discussed in self-determination committee and something we will add in as we set the goals for this process.

CRYSTAL WHITE: Just been hearing from a lot of the public that would help a lot of people through our processes are all complicated on how to apply and the steps to take and how long the process is. So, to give people that visual and also, you know, attach a timeline to it so they know hey, actually get services for a waiver around nine months right now. You know just to give people an idea of where they are going. It helps everyone. And I know that's important to a lot of people. Just wanted to make sure those things are falling in one of these areas of emphasis from what I see fall under quality assurance.

RANDALL BROWN: Most likely yes. We will make sure. It is something we have addressed in self-determination and we will make sure it's part of this plan as well. Thank you for bringing it to our attention.

RANDALL BROWN: Any other questions or comments? Yes, Kim.

KIM BASILE: I am looking at the rankings from the people that attended the conferences. And the first one is better qualified direct support professionals. Where would that be considered on here?

SPEAKER: Community supports. That's what I thought.

KIM BASILE: And then the training for law

enforcement and first responders.

SHAWN FLEMING: I would consider that community supports too. It's different how we typically consider community supports, but definitely community support.

KIM BASILE: All right. Thank you.

SHAWN FLEMING: So I think what we need to do is determine sort of prioritize, rank and select areas of emphasis and see if y'all want to recommend addressing all of them, or if not, which ones do y'all recommend addressing in the plan. Kind of the first step.

SPEAKER: Okay.

SHAWN FLEMING: One thing to do is maybe individual exercises for each one of the members is just to even if you do it mentally put an X is this more important, less important on the scale of things. What Kim was trying to match up, which I think is a wise thing, looking at all the feedback and information y'all had received. Which if y'all have more questions about which ones of these I guess issues fall into which area let me know. But come up with which one y'all would recommend pursuing and maybe which ones y'all would not pursue. And again, coming out of the council was a recommendation to pursue all of them. Just to be clear.

RANDALL BROWN: Yes. I was about to bring that to their attention. The council did recommend all nine areas for emphasis and we have to decide today how we want to proceed in terms of ranking. Do we want to use all nine as council would like us to do? Or given the information we received, change our opinion and rank some more highly for emphasis than others given some of the information we have learned today. Or how do we want to proceed with ranking our emphasis for the next plan. Lillian did you have a question or comment?

LILLIAN DJEAN: I just put it in the chat. Just correcting my previous statement, advocacy would

fall under quality assurance I believe is incorrect. Rather fall under advocacy leadership and development. My bad.

RANDALL BROWN: It's okay. Thank you. Are there any questions or comments?

SPEAKER: Ms. Karonda has a comment. Will the DD Council consider using the survey with information provided? I am asking because all of these issues including the limited responses effects the minority population. Also Mr. Steven has his hand raised.

RANDALL BROWN: The answer to your question is yes. We would consider having that information available for everyone to use and partake in. Steven you had a question or comment?

STEVEN NGUYEN: Yeah. Can I get an example of what quality assurance looks like.

RANDALL BROWN: Well, Shawn could you help us out there a little bit.

SHAWN FLEMING: I think we usually put advocacy and leadership under quality assurance. Actually, looking at that list, actually 11 trying to figure out how we grew two of them. Usually under our definition of quality assurance is advocacy and leadership. So that is when we look at our plan. The term quality assurance, and nobody understood what that meant, so we have adopted the term advocacy and leadership as a substitute for that. Kind of like oversight, making sure. One is building the capacity of advocacy. Where you will have partners and your events, your advocacy conferences and LaCAN and lot of our oversight over programs and services is under quality assurance. Trying to figure out on the list where. On committee supports. There is the technical thing is formal and informal community supports. I think the other one that was redundant on that list. I apologize for that. Does that answer your question Steven?

STEVEN NGUYEN: Yes. It does. Thank you.

SPEAKER: Do we have any other question or comments.

KIM BASILE: I do Shawn. I am going through it. Number six, abuse, neglect, financial exploitation. Where does that fall?

SHAWN FLEMING: Give me a second Kim. I think I would put that one under quality assurance as well.

KIM BASILE: Okay. What about so number nine, would that also be quality assurance?

SHAWN FLEMING: I have to open that the document that you are looking at right now. Financial stability and asset development. Yeah, it could also be. I guess it wouldn't be community supports. Yeah, I guess I will roll that one into that one as well. As a best fit.

KIM BASILE: Keep number six at quality assurance. Okay. Okay I think that's all. Thanks.

RANDALL BROWN: Thank you. Do we have any other question or comments from the public?

BRENTON ANDRUS: It looks like Crystal White has a comment. How many total areas of emphasis should there be or how many have there been in the past?

SPEAKER: Currently we have nine and we are trying to determine today whether we should continue to have the nine or should we focus our emphasis on less than nine. Recommending every area is important. But as you focus your energy if you have more areas of emphasis you typically have less resources to devote to each than you might if you concentrate on particular ones. But currently there are nine and we are discussing how many we should have for the next plan now.

SPEAKER: Crystal white has her hand raised.

CRYSTAL WHITE: Do we know how many areas of emphasis we had in our previous five-year plan? Just to get an idea of where we generally are with how many areas we tend to try to focus on. And then also it might be beneficial if before this is ranked, if just for clarification, each one

examples we have all been going through kind of go through quality assurance what all falls under there and to each one of them. So that way people can have clear understanding of how what they feel is most important how to rank. Just a suggestion. Thank you.

RANDALL BROWN: Thank you.

SHAWN FLEMING: So, the ones that we do not have in the current plan might be an easier way to look at it. We do not have a specific goal on health, housing, transportation or recreation. We have five. I asked Courtney. Courtney is cleaning up this list. Currently we address five. But when you look at the goals, we kind of, y'all merged like education, early intervention, childcare all under together. Y'all don't separate it out. Y'all have a separate goal for employment, a separate goal for advocacy and leadership and development. We do not have any goal or objective or activity targeted to health, housing, transportation and recreation. Those four areas. I think community supports is addressed in a lot of the advocacy efforts of the council. And those activity levels. Does that help answer your question, give you better understanding. Kim has her hand raised.

KIM BASILE: I think what Crystal said, and I am going to reiterate, is can we take the top one from that page and put them under each one where they go. Just so we can see. And if there is any way that could be emailed to us tonight and we can have a little homework and then we can start tomorrow morning or tomorrow at 1:00 with our rankings. Is that a possibility?

SPEAKER: Sure.

RANDALL BROWN: Do we have a comment from the public?

KATHY: Can you hear me?

RANDALL BROWN: Yes.

KATHY: How is everyone?

RANDALL BROWN: Good.

KATHY: When y'all were going through those categories of emphasis Shawn mentioning about the ones that do not have a priority. Do you need a priority for the health category because we would be happy to suggest one?

RANDALL BROWN: Happy to hear it.

KATHY: I am on the OCCD dental task force for adults with developmental disabilities who have difficulty receiving dental service because of eversion for people probing in their mouths. And we have discovered there is quite a few families who are not able to get dental services for that population cause no one is willing to work with that population or has the expertise or equipment like anesthesia. The only place are typically like university hospital. Something Medicaid doesn't typically cover. Trying to work on coming up with a plan and recommendations to give to OCDD to start addressing it and certainly would be helpful if we had the DD Council's backing on that.

RANDALL BROWN: Thank you for bringing your efforts to our attention today. And thank you for your work on that task force.

KATHY: You are welcome. One thing I would like to add is that dental health is important to overall health. Poor dental health can lead to coronary problems and other problems. Severe infections, including sepsis and so on so forth. It's critical that this population gets the services they need.

RANDALL BROWN: Thank you for bringing that to our attention.

KATHY: You are welcome.

RANDALL BROWN: Now to the issue of homework. Is everyone on the committee agreeable to have a little homework tonight as far as ranking these priorities?

KIM BASILE: I am good with it as long as I, and I

hate to put Courtney, I am assuming, to get us an email tonight. Can you do it?

COURTNEY RYLAND: It would be my pleasure.

KIM BASILE: Thanks Courtney.

RANDALL BROWN: Thank you very much Courtney.

COURTNEY RYLAND: Also, just to clarify, I also submitted supported decision making and adding that to the concepts received. Just wanted to make sure I do what I need to do.

RANDALL BROWN: If it's not too much work could you do it.

COURTNEY RYLAND: No, sir. Again, I just needed to make sure that was still needed for me to do.

Also, Ms. Brenda has her hand raised.

BRENDA COSSE: My apologies. What we're doing for homework now is what I alluded to earlier. And could we also include the targeted disparities. Put TD next to it. Thank you.

SPEAKER: Thank you. Sorry can somebody repeat, or Brenda repeat what you said to include. I had trouble hearing.

SPEAKER: She wants to include the targeted disparity and be able to put TD next to it. We would like to highlight.

COURTNEY RYLAND: May I ask a point of clarification. So, the targeted disparities, that is something that this committee is supposed to select. So, I don't feel comfortable with sending out something, me selecting what targeted disparities are highlighted. I would prefer this committee decide the targeted disparities please.

RANDALL BROWN: Is that something we're comfortable deciding on tomorrow or do we need to decide on that today? I am asking the committee.

BAMBI POLOTZOLA: I think we have to wait till tomorrow because we don't know that.

RANDALL BROWN: Right. My thoughts as well. Once we get a sense what our rankings are then we can begin to discuss what the targeted disparities should be. Brenda you have a comment?



BRENDA COSSE: Thank you for that clarification.  
And second.

COURTNEY RYLAND: So am I to highlight all of the ones listed and designate that as a potential targeted disparity. Yes, okay. Thank you, Ms. Brenda.

BRENDA COSSE: Thank you.

SPEAKER: Lillian has a comment.

LILLIAN DJEAN: I just put in the chat it was in reference to the email, the original email supposed to be sent out about putting the responded suggestions under the area of emphasis reminding everyone to keep in mind people with disabilities only make up 8.7 percent of the total respondents I believe in the public input summary.

RANDALL BROWN: Okay. Thank you.

SPEAKER: Looks like Ms. Brenda has her hand raised again.

BRENDA COSSE: Thank you for clarifying that again. The wording of what I am trying to emphasize having served on first year planning committees and five year planning committees in the past for the council in particular some of these things are just recalled in the past were already highlighted, already numbered, already labeled so to speak. And we already knew which public comment, which public report, public survey, all of those numbers Mr. Shawn said. That's what I was asking everybody is also asking Ms. Basil in particular, she is saying which one does this fit under, which one does that fit under. So in the future if we could have the information that we already have, which is the public reports and the public comments, if we could have that in the documents in advance I think it would expedite this process. Thank you.

RANDALL BROWN: Thank you. Your suggestion is noted. Do we have any other questions or comments?

SPEAKER: There is a comment from Karonda.

RANDALL BROWN: Could you please read that.

SPEAKER: Sure. She said are we, in all caps, considering the access to proper healthcare for minorities with developmental disabilities in urban and rural areas to be placed under the health option as a suggestion?

RANDALL BROWN: We certainly do see that as a priority and take your suggestion at this time. Do we have any other comments or questions or suggestions?

SPEAKER: We have one from Kathy. Having dental care for adults covered under Medicaid is also needed in addition to adults needing anesthesia for exams, cleaning and X rays.

RANDALL BROWN: Thank you Kathy. Shawn, do we have any other business we need to do today before we adjourn?

SHAWN FLEMING: I guess if you are still on selection of areas of emphasis it wouldn't be appropriate to try to do outcomes and goals. I wouldn't advise y'all, if y'all haven't done that, I wouldn't advise going further at this point.

RANDALL BROWN: Right. I am thinking since we have agreed to rank our emphasis and get our minds wrapped around it, I think the first thing we should tackle probably tomorrow should be the setting of the goals and emphasis.

SHAWN FLEMING: Uh-huh. Okay, I agree. We will get y'all that information as soon as we can. I already actually sent Courtney a list. The other thing about the list from the survey is 19 items there is a whole, pages, like five pages, four additional pages of issues people brought up that fall under these different areas of emphasis for y'all to consider. We will take the ones that are ranked, and we have them and with their rank orders listed under their respected areas of emphasis and send them with the other documents y'all requested.

SPEAKER: Yes. Brenda.

BRENDA COSSE: Yes. Thank you. The ones that are already ranked by the public.

RANDALL BROWN: Yes. Do you have a question or comment further? Shawn, are you going to include all the rankings from the public, rankings we already have?

SHAWN FLEMING: Yes, sir. I'm sorry. Didn't know y'all were waiting for me. Yeah, that's my intent. I can show them to you real quickly. The only one, so each one of the 19. Under each one of the areas of emphasis intervention and supports I am going to put it under two highlighted here because people want behavior in schools is always an issue. And then actually funded a project on positive behavior intervention supports in the community for direct supports workers. I do have that one listed under two areas of emphasis. I just quickly broke them out. I don't think there would be much change to this list. If y'all just wanted to see. Try to put it on one page for y'all. Make it easier to process. Those are the 19 areas of emphasis. Y'all can still see that. The rankings of all the items. Again, share that the fact say housing is number ten and only has one doesn't detract how critically important for people to have housing. An area that might have five things or four things. Anyway, we will put this together with some other things y'all requested.

RANDALL BROWN: Thank you sir.

SHAWN FLEMING: If y'all want more just let us know. We will send it so y'all can start off tomorrow with all the information y'all need.

RANDALL BROWN: Thank you sir. Does anybody have anything else to add?

KIM BASILE: I move we adjourn this meeting.

RANDALL BROWN: Do I have a second to Kim's motion?

STEVEN NGUYEN: I will second.

RANDALL BROWN: Do I have any objections to the adjournment? Any abstentions? Hearing none,

today's meeting is adjourned. Thank you all for your participation. Thank you to our stakeholders and public members for your comments and suggestions and we will see you all tomorrow at 1:00 p.m. Enjoy your homework.