

Louisiana Developmental Disabilities Council

Quarterly Meeting

October 22, 2020

RANDALL BROWN: Everyone please start your videos. That's how we will establish a quorum. Could everyone please turn on your video function. And again, we need to turn on our videos please. Courtney, by my recollection it is now 8:32. Do we have a quorum?

COURTNEY RYLAND: We need two more council members.

RANDALL BROWN: Thank you. And again, I want to remind everyone, please start your video because that is how we establish a quorum for our meetings. Everyone's video needs to be on. If you are a council member, please turn on your video at this time so we can see you.

COURTNEY RYLAND: Ms. Basile, are you there? We now have a quorum.

RANDALL BROWN: Thank you, Courtney. Good morning everyone. Welcome to the quarterly meeting. The October quarterly meeting of Louisiana Developmental Disabilities Council. I now call the meeting to order. I am your chair, Randall Brown. At this time I would like to ask for, well, before we begin, I would like to introduce our parliamentarian who is joining us for our first quarterly council meeting today. Ms. Nicole Leerson. She will be assisting me today, and us today, and keeping Roberts rules of order and help us conduct our business as professionally as possible today. You now have the floor.

NICOLE LEERSON: Thank you and good morning. Thank you all for having me. I do appreciate it. As Mr. Chair said, I am a professional registered parliamentarian. I have been tested and certified in all matters of parliamentary procedure. My area of expertise is Roberts rules of order. Although I am familiar with other authorities. I look forward to working with the council. And hoping that you find value in it and that I help you achieve the goals that you set for yourself towards holding efficient and effective meeting. Thank you.

RANDALL BROWN: Thank you. And Ms. Leerson will be conducting a training with the executive committee fairly soon. She was just recently hired by us so there wasn't time to schedule that before this meeting. But we will be conducting, she will be conducting a training session with the executive committee. And then at our council retreat next year she will be able to give a training to all of us, the entire council. I think that would be helpful for everyone. Just want to let everyone know that and thank you, Ms. Leerson. I would like to do introductions. And as I said, I am your council chair, Randall Brown. It's a little difficult with our digital format, but I would like for each council member to introduce yourself. I would like to start with the executive committee. If our vice chair is present could you please begin.

HYACINTH MCKEE: Good morning. Hyacinth McKee, vice chairperson of Louisiana Developmental Disability Council.

RANDALL BROWN: Thank you. Mike are you present.

MICHAEL BILLINGS: I am. Michael Billings. I am the chair of the self-determination community inclusion committee and a parent as well. Thank you.

RANDALL BROWN: Mary.

MARY TARVER: I am here.

RANDALL BROWN: Good morning. Steven. Steven, are you present? I guess not. So I would like for each of us to introduce. I suppose we will go by region. Anyone from region one.

JILL EGLE: I am here.

RANDALL BROWN: Welcome back to the council. Could you please state your name?

JILL EGLE: My name is Jill Egle.

RANDALL BROWN: Thank you. Do we have anyone from region ten?

ROSLYN HYMEL: I just finally got in. I was pretty much scared I was not going to get in.

RANDALL BROWN: Could you let everyone know your name.

ROSLYN HYMEL: Good morning. My name is Roslyn Hymel from region ten, self-advocacy person. Also on LaCAN as well.

RANDALL BROWN: Thank you. Do we have anyone from region two?

JILL HANO: I am here from region ten.

RANDALL BROWN: Sorry, Jill. I didn't give you a chance to speak.

JILL HANO: Jill Hano, self-advocate. And I am from region ten.

RANDALL BROWN: Anyone else from region one or ten this morning? Do I have anyone from region two? Any council members from region two this morning? Mike. Do I have any council members from region three?

KIM BASILE: It's Kim Basile, a parent advocate and we live in region three.

RANDALL BROWN: Good morning. Thank you. Do I have any council members from region four?

LILLIAN DEJEAN: Lillian DeJean, self-advocate from region four.

RANDALL BROWN: Good morning. Thank you.

CARMEN CETNAR: And I am Carmen Cetnar from Lafayette, region four, a parent representative.

RANDALL BROWN: Thank you. Good morning. Do I have anyone from region five?

TEMISHA SONNIER: Good morning. Temisha Sonnier. A parent advocate, region five.

RANDALL BROWN: Good morning. Glad you could join us. Do I have anyone from region six? I know Mary on our executive committee is from region six. And region seven. Yours truly is from region seven. And we have a new member from there as well. Mr. Bristo, would you like to introduce yourself, sir.

RASHAD BRISTO: Good morning. My name is Rashad Bristo, past self-advocate, region seven.

RANDALL BROWN: Thank you, sir. And welcome to the council. Good morning. Do I have any members from region eight? That's all our regional members. Department representatives.

JULIE FOSTER HAGAN: Good morning everybody. This is Julie Foster Hagan, assistant secretary Office for Citizens with Developmental Disabilities.

RANDALL BROWN: Good morning Julie. Thank you.

MELISSA BAYHAM: Good morning. This is Melissa Bayham. I am the director of Louisiana Rehabilitation Services at the Louisiana Workforce Commission Office of Workforce Development.

RANDALL BROWN: Thank you. Good morning.

JEN KATZMAN: Jen Katzman, Medicaid deputy

director.

MICHELLE GUILLORY: Michelle Guillory, Governor's Office of Elderly Affairs.

RANDALL BROWN: Good morning Michelle. Thank you.

ROBIN WAGNER: This is Robin Wagner. I am not sure I am an official member yet, Office of Aging and Adult Services.

LAURA THORTON: Good morning. My name is Laura Thorton, proxy for Patti Barovechio, Bureau of Family Health, Office of Public Health.

FERNANDO LOPEZ: Good morning. I am Dr. Fernando Lopez, assistant secretary for the Office of Aging and Adult Services. I work with Robin Wagner.

RANDALL BROWN: Good morning. Glad to have you.

ROSLYN HYMEL: I couldn't hear the doctor very good. Sounded scratchy.

RANDALL BROWN: Okay. Thank you. Just let him know so he has time to adjust his mike there. Do we have any other agency representatives that haven't spoken yet?

COURTNEY RYLAND: I think Ms. Bambi is trying to speak. Not sure what is happening with the mike.

RANDALL BROWN: She says she is going to have to log back in. Bambi Polotzola with the Governor's Office of Disability Affairs. She is the director.

PHIL WILSON: This is Phil Wilson with the Human Development Center. The director of the Human Development Center and professor at LSU Health Science.

RANDALL BROWN: Thank you Dr. Phil and good morning, sir. Do we have any other agency representatives present who haven't spoken yet?

BAMBI POLOTZOLA: This is Bambi. Can you hear me now?

RANDALL BROWN: Yes. We can. Good morning Bambi.

BAMBI POLOTZOLA: Sorry about that. Bambi Polotzola with the Governor's Office of Disability Affairs.

RANDALL BROWN: Good morning. Are there any other agency representatives present that haven't spoken? I think that concludes our introductions. I do want to go over the ground rules for today and our mission statement. So Courtney if you could put those up for us. First, the ground rules please. And the rules for today's meeting are as follows. Actually for all of

our meetings. But this is the rules we will follow for today's meeting. Members must be recognized by the chair before speaking. Be respectful of each other's opinions. We will break for ten minutes every one and half hours. Please discuss council business in a responsible manner. Except as necessary please restrict the use of electronic communications, such as texting, during the council meeting. And that stands for committee meetings as well. Please silence or turn off your cell phones. The mission statement is posted at every meeting and please be on time for meetings. No alphabets. Like acronyms we like to use for projects in departments and such things. People may not know what those are. Please remember to state what they are and please keep side conversations to a minimum, done quietly or restricted to the subject at hand. The mission statement is as follows. To increase independence, self-determination, productivity integration and inclusion for Louisianians with developmental disabilities by engaging in advocacy, capacity building and systems change. Before I begin with the summary, I would like to let everyone know that one of the things we will be doing today that is a little different, every speaker will have three minutes on a topic. Also if you speak on any issue or topic, we have to keep that limited to two times. If you have spoken on a topic, please be aware of that. We will allow you to speak twice on any topic or issue today. Every speaker will be limited to three minutes. An effort to keep us on schedule. So having said that, I am going to ask that the July meeting summary, which you all were sent in your packets, I am going to ask if there are any corrections. We have also, before I move to that, sorry, forgot about our conflicts of interests that must be identified. And so no member of Louisiana Developmental Disability Council may cast a vote on any matter that would provide direct financial benefit to the member. Or otherwise give the appearance of a conflict of interest. Just want to remind everyone if you have some appearance of financial benefit or gain, or something of that nature, to abstain when voting please. And so now for the July meeting summary, which is, again, in your packets. I would like to ask are there any corrections to that summary? Any corrections

to the summary. In your packets for the July meeting. Hearing none, I would like to move this passed by unanimous consent. So the July meeting summary will stand as it's been distributed. And next is my report to you. My screen is not showing what I need it to show. Courtney, I am not showing the full screen here. I am showing someone's camera view.

COURTNEY RYLAND: My current screen shows all of the council members video feeds.

RANDALL BROWN: Sorry. I thought I got a text about you. Thank you. Apologize. So next is my chairperson's report to you. That is very brief. But I did make several appointments to committees. And your partners in policy ad hoc committee, Mr. Mike Billings has been appointed as the chair of that committee. Mr. Rashad Bristo has accepted appointment to that committee. Ms. Corhonda Corley accepted appointment to that committee. Ms. Nicole Flores accepted appointment to that committee. Liz Gary. Salina Gillian has accepted appointment. Ms. Jill Hano. And Mr. Steven Nguyen all accepted appointments to that committee. And also Ms. Bambi Polotzola. The governor has appointed three new members to the council. All meetings are currently being conducted virtually. The new members are being afforded the opportunity for this set of council meetings to attend the meetings before being appointed to serve on a particular standing committee. Jill Egle has already let me know which one she would like to serve on. And she will be serving on self-determination and community inclusion committee. For Rashad and Ms. Banks, y'all can let me know today before the council meeting ends which one you would prefer. Or if you would like to wait and make that determination sometime between now and the next council meeting, you can let me know which ones you prefer, and I will appoint you formally to that committee. And again, talking about self-determination and community inclusion committee. And we also have the education and employment committee. And Marilee, did you have something to say?

MARILEE ANDREWS: I just wanted to share that I had a different list of appointments to the PIP ad hoc committee. Steven did not accept.

RANDALL BROWN: Sorry. This is what I was sent.

Didn't realize you had a different one. I apologize.

MARILEE ANDREWS: That's okay. Do you want me to read it?

RANDALL BROWN: Yes. The ones that Marilee is about to read is the updated list.

MARILEE ANDREWS: I have Mike Billings is the chair, Rashad Bristo, Jill Hano and Bambi Polotzola. And for non-council members I have Ms. Corhonda Corley, Nicole Flores, Salina Gillian and Liz Gary.

RANDALL BROWN: Thank you. Those are the members of the Partners in Policymaking ad hoc committee. All right. And next you can see the meetings that I attended there for the quarter. There are eight listed. There were a couple others that I had that had to do with the investigations as well as the search committee process. But I didn't remember the dates on those. I think at least three others that pertained to those topics that I was part of during the quarter. Previous quarter. That lets you know the dates and times of my meetings attended this quarter. And that is the conclusion of my report. Courtney has let me know if we have any volunteers to switch committees, we will entertain that because the size of committees is disproportionate. We need to ask for some volunteers to possibly switch committees. Mitch volunteers to switch. Do I have any other volunteers to switch committees?

HANNAH JENKINS: Carmine has her hand raised.

RANDALL BROWN: Yes, Carmine. Are you volunteering? Are you volunteering or would you like to speak?

COURTNEY RYLAND: I believe she is volunteering.

RANDALL BROWN: Okay. Do I have any other volunteers to switch committees? That's all I have in terms of report Courtney. I believe our next agenda item is your report.

JULIE FOSTER HAGAN: You're on mute.

COURTNEY RYLAND: Thank you for that. Sorry. Good morning everyone. If you all received your packets or if you are able to access our website online the executive director's report has been posted. As most of you are aware, we did receive a letter from the administration for community living. And that was in relation to the composition of the executive director

search committee. And that was rectified, and ACL has acknowledged that as so. We will be conducting an orientation in January. Especially for our newest members. And as mentioned earlier, we will incorporate some parliamentarian training with that orientation as well. And encourage all of the council members to attend that, in addition with staff as well. Because of covid 19 the national association for councils on developmental disabilities did not do their typical in person conference in July. Instead the office on intellectual and developmental disabilities ended up hosting a series of webinars over three Wednesdays in July. And I was able to attend the majority of those. Because we did actually have a council meeting in July which coincided with that. As of late the developmental disabilities network has been collaborating to develop some data and request information from the Louisiana Department of Health regarding the mortality rate of individuals in intermediate care facilities due to covid. Information so we can let the public know what is going on and what's being done to address this. And there was supposed to be a meeting with Assistant Secretary Mark Thomas, but that had to be moved due to the current legislative session. As I am sure a lot of you state agencies are aware there are certain meetings have to be moved. Once a resolution or more information has come to light regarding that issue, we will share that. The DD network will share that. And then as you can see there are a plethora of meetings I had to attend between July and September. This actually does not include all of them. This was the ones that I would be able to actually give some information on. I want to thank Ms. Bambi Polotzola and Ms. Michelle Guillory for inviting me to attend the EMDAC meetings. That has been a wealth of knowledge and resources and very insightful to understand how our state is responding to not only covid, but during the hurricanes Laura and Delta. Thank you, ladies, both for that. That is the end of the executive director's report.

RANDALL BROWN: Thank you. We have a brief budget report. So before I move to the executive committee recommendations and the council's 2021 legislative agenda for votes can we go ahead and give our budget

report.

COURTNEY RYLAND: Sure. And actually I would like to share my screen with that. Is it visible? I appreciate the executive committee and the council's patience and understanding. The world of fiscal and budget is relatively new for me. So I am still learning the ends and outs of how to develop the budget report. Especially trying to figure out how they were compiled previously and being able to understand them so that I can explain any issues that may arise. This is the current budget report for the end of September. Which is the first quarter of the state fiscal year. I am also in the process of compiling the actual end of the year budget report and will issue that as soon as it can be compiled. I have been collaborating with LDH budget and fiscal trying to understand and create that report for you.

RANDALL BROWN: I want to commend you Courtney. I know it's been a difficult challenge to take on the role of interim executive director and you have done remarkably well. I have enjoyed working with you in your process of getting all of your duties in place. I do have a question with regard to rent. It's about the contract for the office. We will be moving soon, correct?

COURTNEY RYLAND: Correct. We have things in place. The rent or the lease agreement has been approved by LDH Division of Administration, but the owners of the building have not yet contacted me to let me know that the lease has been approved by them as well. Hopefully will be moving to 5615 Corporate Boulevard in Baton Rouge. Our contract or current lease ends November 30th. So we will have to vacate those premises by the end of November. And also, I would like to thank all of the staff. Everything that is produced for you guys is not solely done by me. It is absolutely all hands-on deck. I would like to commend the rest of the staff as well.

RANDALL BROWN: Absolutely. You have all done a phenomenal job of stepping up. This entire year you have all had to do enormous changes and challenges with your work. I thank you all, all the staff. We couldn't do this without you. Are there any questions about the budget?

HANNAH JENKINS: You have a question from the member of the public whenever you are ready.

RANDALL BROWN: You can read it please.

HANNAH JENKINS: From Mr. Charlie Michel. He said can you explain why 62 percent of operating expenses have been expended in the first quarter. Also with the two highest paid positions not having been filled it seems that less than 22 percent of salary allocations should have been expended. Not a concern, just want to understand.

COURTNEY RYLAND: So the 62 percent of operating expenses, I think that actually may have been some purchases that were made for assistive technology for council members and for staff. That should have been actually included in acquisitions, especially since it says for furniture and computers. That 62 percent might not be reflective of like overhead expenses. It also included, I believe, like I said, some purchases that were made to accommodate council members and for staff with working remotely. Working from laptops. Instead of replacing laptops, either buying the lithium batteries so they can remain in business. And then also we had staff who didn't have laptops. So we had to purchase laptops so they could continue to work.

RANDALL BROWN: Any other budgetary questions?

JILL HANO: Sorry to interrupt. If the current landlord approves a new lease are y'all going to stay where y'all are or is this move definitely on?

COURTNEY RYLAND: LDH has already notified our current leaser to let them know we will be vacating. For those of you who have not been to our current location it is, unfortunately, less than desirable.

JILL HANO: Cannot park.

COURTNEY RYLAND: Correct. That is one issue. I don't think we will have that issue at the new location. Completely open parking lot towards the back of the building.

RANDALL BROWN: Are there any other questions about the budget.

ROSLYN HYMEL: Are these numbers, will it ever change? How can we have the training on it? Is this going to be like a training?

RANDALL BROWN: We can certainly talk about that. We can add that to the retreat schedule for January.

We can talk a little more about how the budget, how we get these numbers and how we arrive at these figures and carry out the budget.

ROSLYN HYMEL: The sheet to see through the years in that. Where all these digits are coming from. Coming from different years?

RANDALL BROWN: This quarter of 2020. Starts in September. And so for the quarter there are some budget projections for fiscal year 2021. Our quarterly expenses. Does show some year to date from the beginning of the year until now. Aren't very many because it just began.

ROSLYN HYMEL: Why I am asking that because I know doing five-year plan.

RANDALL BROWN: That is a different question. We will get to that later.

ROSLYN HYMEL: Are we still going to have to deal with the same numbers in the five-year plan.

RANDALL BROWN: It's a different issue. The five-year plan is a different issue. When we get to the five-year plan, we will talk about that more.

ROSLYN HYMEL: Trying to see where these numbers are.

RANDALL BROWN: Definitely add some training to our January retreat for that.

ROSLYN HYMEL: I want to follow up on that.

RANDALL BROWN: Sure. And you can always call me too if you have questions at any point in time.

ROSLYN HYMEL: I want to see that on paper where I would feel comfortable.

RANDALL BROWN: Okay. I will talk with you later and we will talk about it.

ROSLYN HYMEL: Okay. That sounds good.

RANDALL BROWN: Are there any questions with regard to the budget.

JILL EGLE: A quick question. The five-year budget, is this because of the special session that is ending?

RANDALL BROWN: Roslyn was talking about the five-year plan, a separate issue. This budget is for the quarter and has some fiscal year numbers. This is our operating budget. Shows how we pay our expenses.

JILL EGLE: Like paying the DD expenses, like meet in person and all of that.

RANDALL BROWN: Yes. And our staffing and all of those sorts of things.

HANNAH JENKINS: You have two questions from the public from Ms. Corhonda Corley. She says was there no available and accessible options in the downtown area. And she also said has all of the council members been provided technology?

RANDALL BROWN: Courtney, could you speak to that please.

COURTNEY RYLAND: Absolutely. So we did request several bids and there were quite a few places that we attempted to look at and place a bid on or propose a lease downtown. Unfortunately, the Department of Health did not approve. So we expanded our search because of the cost of those facilities downtown. And as far as, what was the second part of that.

HANNAH JENKINS: Has all of the council members been provided technology.

COURTNEY RYLAND: That option has been made or has been offered to council members. And there has been a council member to request and receive technology to help them attend and participate in meetings. If council members do have a request, please contact me. Email me.

RANDALL BROWN: We do have a form. If any council members needs assistive technology to participate. What will happen, Courtney will fill out a form and present it to me and I will sign it authorizing the expenditure. And that person will be sent the technology they need for participation. So far one council member has requested that and received it. Are there any other questions with regard to the budget? I want to remind everyone if you are not speaking, if you don't have the floor, please mute your mike so we limit background noise. A lot of us on the meeting today and so it can create a lot of feedback and background noise. If you are not speaking, please mute your mikes. I want to go now to our executive committee recommendations. Courtney, do we have those to put on the screen? This is the recommendation that the executive committee was given from the LaCAN leaders and Families Helping Families directors. These were their recommendations to us for the 2021 legislative agenda. They had three items that they felt were

crucial, priority for the next session. And so the executive committee by majority vote present these for your consideration today. Do I have any discussion? Do I have any discussions for the recommendation?

COURTNEY RYLAND: Ms. Kim Basile has her hand raised.

KIM BASILE: I just want to say I am abstaining from this discussion and the vote.

RANDALL BROWN: So noted. Discussion among the council? Lillian to abstain as well.

ROBIN WAGNER: This is Robin Wagner. Just curious about the funding for direct support workers wage increase is across both programs of OCDD and programs of OAAS?

RANDALL BROWN: Courtney, do we have information on that. I believe it would be yes. Do we have more information about that to be clear?

COURTNEY RYLAND: That would need to be determined. It would need to be a part of our ask. In regards to that issue, it would be multiple millions of dollars.

RANDALL BROWN: Bambi is saying it should be across programs and we agree. Just wanted to clarify what if anything, cause these were top three recommendations. A large list of things they chose from. Wanted to be clear that we had all the information presented. Liz, you have the floor if no council members has a question or comment. Let's do Steven first.

STEVEN NGUYEN: Good to note in the executive committee meetings we had a lot of discussion about this because with the uncertainty with the virus and the funding it was felt like a lot of these were big asks money wise. Some felt like it was very difficult to accomplish all these. Especially with the big dollar signs tied to it. Just wanted to put that out there.

RANDALL BROWN: Actually glad you brought that up as well. There was another motion to the affect we would not adopt extra asks of any kind financially. Because of the concern that the state will have a budget shortfall. The only question is how large of a shortfall due to the effects of covid. And of course we had two natural disasters, hurricane events hit our state as well. We know that there will be a budget shortfall. The only question before us is how large.

And so the concern the committee had and concern I still have is that if we have an agenda that is full of large asks for funding that it simply won't be taken seriously in the environment we are currently in. Because, honestly, as your chair I have to tell you I am confident that we will have to fight for services. We will in the next legislative session next year have to fight to keep the things we have already got in place. That is how bad the budget situation is projected to be. I haven't heard any concrete numbers, but I have been told by several people that would have knowledge it's going to be a large shortfall and we just aren't yet sure how large. In light of that and knowing the effects covid is having on our economy and on our state, I feel like we should focus our energy on protection of services that we already have. The whole of the community-based service system, I believe, will have to be defended because of how the state budget is designed due to the constitution. I do we believe we will have to defend our programs for funding. We will have to ask funding for things we already had. In light of that, I think asking for even three extra things, even though I agree with all three things on this list. And I appreciate the work that went into pairing down all of the concerns and needs that the leaders did do for us. I know that was hard work. But I do have grave concerns about us asking for additional funding in a year where we know we will have to do defend funding we currently receive to protect it. Do we have any comments or questions?

HANNAH JENKINS: Temisha Sonnier, Jill Hano and Bambi all have their hands raised.

TEMISHA SONNIER: I just wanted to comment before you spoke that I was abstaining from discussion.

RANDALL BROWN: Thank you. That is noted. Ms. Hano.

JILL HANO: I have two questions. Last year I did notice this legislative agenda and everything we received from our leaders in LaCAN in public, put this very similar to last year. In regards to the funding for DSWs, or I could be wrong, if I am not mistaken, do we have, can we just ask for DSP funding or increase in provider rates in the DSW funding would go under that umbrella.

RANDALL BROWN: We can request funding for the direct service support workers. The problem I think we have is that I honestly believe we are going to have to defend the program that provides the direct support workers. The budget shortfall is going to be so large, I believe. We don't have numbers yet to share on that. But we know it's going to be a large budget shortfall. And the way the constitution is set up healthcare and higher education, which direct support workers of course fall under healthcare would be and home care community services all fall under healthcare in the budget. Those would be looked at for cuts. And so I believe we are going to have to protect and defend direct support workers in general. Ask for a wage increase, first have to decide how much of one. Which we already know to cover everyone, which is what we would want to do, would be in the multiple of millions of dollars. Would be in addition to asking to please save the service. I think given the climate we are in, the pressures that I know we will all be under due to the budget shortfall I think it unwise, as much as I agree they desperately need this. I think it particularly unwise in this legislative year to ask for more money while we are having to defend and protect the program.

JILL HANO: So now thinking that our priority should be just to protect the current. I think there was a motion in committee that is to protect the funding that we already have.

RANDALL BROWN: Yes. And to look into ways to advocate for things that would be budget neutral.

JILL HANO: That kind of leads me into my next question. Can I ask a question second?

RANDALL BROWN: Yes. You may.

JILL HANO: Thank you. I don't know how to word this cause I know due to covid and the budget the FHF directors and LaCAN leaders specifically wanted very few items.

RANDALL BROWN: Right. And I commend them. This is a very difficult thing to do. Cause there are so many needs. I fully understand and it is a very difficult thing for them to have sat and gone through those and come up with these three. I fully understand and I fully support these three. But as your chair, as

your leader I have to make you aware that I strongly believe that we will have a large budget shortfall that will require us, we won't have a choice. We will have to defend programming. We will have to protect what this council and what years of advocacy have already, by all of us, we already have. We will be called upon to protect those serviced and I have no doubt about it. You need to be aware as we consider this. Each of these are very important, but they have large asks of each of them. What this would do is you would have us going in to ask for additional funding for these three items while we are asking for funding to protect and save our system. You have to be aware of.

JILL HANO: You kind of answered my next question. So today it is not in your plan to add to this.

RANDALL BROWN: I would be deeply concerned about adding extra funding dollars this budget year. I know we are going to be defending projects and programs we already have in place. We will have a lot to do, I suspect, to defend programs and things we have already achieved. I think the budget hole is going to be that large. You have to be aware of that. A lot of time by all of us. Everyone on the same page to save our home and community bases services as they currently stand. I believe that. As your chair have to make you aware that is my strong feeling on that. I also know that these three are very important and hard to arrive at. We have to take into account, I believe, the environment we are in. It's going to take all hands-on deck and everybody on board to defend the programming for home and community-based services, in particular, I believe. We would be doing that in addition to these financial asks. And we don't have a number for number three. To do it properly we know it would be somewhere in the multimillion-dollar range. As much as I support it, I just don't believe we would achieve it in this particular legislative climate we are going to face and budget shortfall I know we are facing. That is my feeling about it. Do I have any more discussion?

BAMBI POLOTZOLA: First off, I want to apologize for turning my camera off. I have a really bad headache. That is why I am turning my camera off. First off, I want to stick to the three minutes because that is a really important, I think a really good thing

the council has put in place. So I encourage everybody to stay within the three minutes that is allotted. Secondly, in regards to these recommendations one thing that I remember throughout being a part of the DD Council is something that Kay Marcel, who is a respected leader of the council for many years, and it is not our job to figure out how things are going to get funded. It is our job to advocate for what we need. It is the legislature's job to figure that out. And so we have to say what we need. Other entities that are advocating for funding of things they are not concerned about necessarily the budget, they are asking for what is needed for their constituency. That's what we need to ask for. I don't think that we should back down. I think we have to be aware and cognizant of budgetary issues, but in all honesty we all know there is always budgetary issues. We are always going to have to fight to keep the funding. The reason why I raised my hand was in regards, I think Robin Wagner asked about the number three for funding for direct support workers across agencies, across OCDD and Office of Aging. And while there are people primarily in the DD system, we do have people in the aging system with developmental disabilities. But a much smaller number, as far as my knowledge, because it serves a different population for the most part. One thing I want to keep in mind is that people we need to make sure we don't create disparities in our advocacy because the Office of Aging Services people with developmental disabilities it also leads people to go into the aging system to go more readily into like nursing home facilities. And that goes against our values, regardless of people with disabilities or not, things in a holistic way while we also focus on developmental disabilities. At my three minutes. And thank you.

RANDALL BROWN: Thank you Bambi. I want to make clear. I don't object to the agenda as presented. It did pass. As your chair wanted to make clear what the discussion had been and my concern as your leader. And of course, what we decide today is what we will do. I will wholeheartedly support any and all agenda items that we pass. I had to make clear this will be an unprecedented year coming up. We will have to keep that in mind. We also have limited staffing. Which we

don't have a full staff. It's been difficult in the years I have been on the council. With our staff being reduced another factor that I am concerned and why I was in favor of an agenda that focused on existing services. But obviously, this is a very contentious issue and I love all our advocates. The best advocacy network and group in this country. No doubt about it. I take seriously these are very important things, and of course I will advocate for what we choose.

HANNAH JENKINS: Mitch has a comment in the chat. He says I think you are absolutely correct. We will be fighting to retain current services. We should be preparing for that collectively. He also said again, he agrees with Randall. We are going to have a fight on our hands. And then we have hands and comments from the public.

RANDALL BROWN: We can proceed with those. Who was at the top of the list?

JULIE FOLSE: My name is Julie Folse. I am the LaCAN leader for region three. I respect everybody's opinion on this, on the advocacy agenda. My concern that I did raise in the executive committee meeting was that this list was brought to the LaCAN leaders and FHF directors. This wasn't something that we personally came up with. I was concerned of going to my members and telling them that nothing they came up with that they felt was a concern would we advocate for. And then I was concerned with them being disheartened and no longer being active member of LaCAN because of this. We do share with them that not everything they tell us will make it on the advocacy agenda, but to have no agenda I was worried my members would feel was very disheartening to them. My next thing I have been a leader for the last five years and we have had times when we have had an advocacy agenda where we have had multiple items and we know it is a difficult year. So when we do our legislative visits you have that when we do meet with our legislators. There are times when we throw the agenda completely away and we have to tell our members we tried to do this, but now we are at a billion-dollar deficit. Now we are trying to save our services. Kind of get a little lost why there is such a discussion when we have had agenda before that whenever it came time for session where we were there

just fighting to save our services. All I have to say. Thank you.

RANDALL BROWN: Thank you. Who is next?

HANNAH JENKINS: Mike Billings.

MICHAEL BILLINGS: Good morning. I know this has been previously mentioned. This was quite the subject during our executive committee meeting this week. And one of the reasons I am glad to see it before the full committee is LaCAN and Families Helping Families both went to their constituents and developed this list. I think it's important for the folks who need the services, and obviously for LaCAN and Families Helping Families to present it to us. I am just glad to see it before the full council for action. I support both sides. I understand this year is going to be a tough year, but I am of the mindset we can't go in and not ask for anything. I think we are apt to walk away with less if we ask for nothing. Thank you.

HANNAH JENKINS: Ms. Kathy Dwyer.

KATHY DYWER: Thank you Mr. Chair. Good morning council members. Randall, you have every reason to be concerned about what the budget may become next year. We have all experienced, particularly when the services were at greater risk a few years ago, where we all received letters. At the same time, being an advocate for almost 40 years, showing my age, I have watched over the years we ask for pieces of the pie. We would ask for a hundred slots at a time when we had 13, 14, 15,000 on a waiting list. During those years I have watched the legislature fund things like lighting for playgrounds, and racetracks, and things that weren't as important and necessary for our loved ones with disabilities. And I agree wholeheartedly with what Bambi had said. It's not our responsibility to be concerned with the funding so much. I think we definitely need to show what we need. The need for support workers to get a wage increase is very important. Especially because of covid. There is a shortage already prior to covid and there is going to be a greater shortage during covid or already is and that makes families struggle. The providers are not necessarily able to just give pay raises unless we give it to them. Now the last one I understand was kind of flexible for the providers to give it to DSWs or split

it. I think the direct support workers need one directly for them. That being said, we have also watched legislators fund money here and there. I had suggested during the committee meeting possibly a plan A and B. Plan A with all our requests. A plan B should there be a deficit. Particularly since we won't know much until revenue estimating what it may look like. In the past we had requests during projected deficit years and modified them later. I would strongly recommend that we do give an ask. Maybe with a condition, maybe with a plan A and B with an explanation should there be severe budget shortfall possibly anticipated. We may have to just advocate to keep what we have. But I don't think we should not ask for anything. Like I said, we have gone for years with just pieces of the pie. Used to say just peanuts being thrown at us when we watch all these other people get lots of funding that wasn't life sustaining funding. All I have to say.

LIZ GARY: Good morning Randall. Just wanted to reiterate what I said yesterday during our, whatever day it was, when the EC committee met. And express my concern only in making sure we had something else, one or two or something that didn't cost money just in case something did happen and come down as far as the finances. Don't want to reiterate everything being said from before. Totally understanding the need to have agenda items there that are asking for money. Just stating, be prepared for what could happen. I will let you know that I sit on the board of Florida Parishes Human Service Authority and as this second extraordinary session has been going on, they were warned to send in a cut. And my Florida Parishes had to send in 290,000-dollar cut in preparation that they potentially could have that cut. This second extraordinary session that did not happen because they rearranged money and still had cares funding. Covid funding. Come January that could all change. My thought was just be prepared that this whole agenda may have to be paused if there is a fact that we just have to sink or swim and don't want to be sinking. Because once again, the F map will not continue once a pandemic is gone. Which means LDH does not have to continue to protect the optional programs. They will be able to

cut those programs if so desired. Sharing that and I appreciate the opportunity. Thank you.

RANDALL BROWN: I want to be clear. This is a recommendation. I agree with the three items. I think they are needed. No question in my mind about it. I support the fact that we did the work, and these are presented for us. Certainly will advocate for anything and everything we deem necessary. But I just felt it very important because it's going to be extraordinary, I believe, the level of cuts that might be required. I would have been remised if I don't bring to your attention to that fact. And so I do believe that we may have to pause these at some point just to save our services. So as long as everyone is aware of that, it's not that I oppose any of this. In fact, I fully understand its need. But I just want to be clear. Just wanted to make you fully aware of the environment and the things we are facing. Both as a council, as a community and as a state. Any more discussion.

HANNAH JENKINS: We have a good bit of comments in the chat box. Ms. Melinda Elliot says I mentioned this in the committee meeting, so I will say it again. If the DDC agrees to only adopt agenda protecting funding the DDC is agreeing to a reactive agenda. The DDC has historically had a proactive agenda. I am not necessarily saying to adopt them all, but this would be a dramatic change. Then Christy Curtis says she agreed with Melinda. Corhonda Corley also strongly agrees with Melinda. And Corhonda also says thank you Ms. Bambi Polotzola. I echo those sentiments exactly. Kathy Dwyer agrees with Melinda and Bambi. Christy Curtis says thank you Bambi. From YouTube, LaCAN leader Constance Brown says as a leader I agree with the chairman's stance. Susan Ream agrees with Bambi Polotzola. Mimi Web says historically we always defend when necessary placing agenda on hold. Our only ask would be to not cut our funding/services highlighting what we do get. Going in without an ask will lose momentum entirely and send a message we don't have any needs. Which is not the situation at all. This is what our LaCAN members have said is important to them. They also understand that we fight for no cuts historically and would feel unheard and potentially reduce involvement. Melinda Elliot says thank you Ms.

Polotzola. We always fight against cuts but need to make the family's needs known as well. Mitch Iddins says I am not saying we should not continue to ask for needed services, just want us to also be prepared for the stance of the legislature saying we have no additional funds, and we are in a major budget deficit. Kathy Dwyer says I forgot to add after Katrina and Rita we ended up with significant surplus because of the influx of federal funds. I believe that is it.

RANDALL BROWN: Thank you all. Is there any discussion from the council? If there are no other comments.

BRENTON ANDRUS: If I may just say one quick thing. If it is the will of the council to have the funding for direct support worker wage increase on there, we as staff we need to have more direction. Cause that is awfully broad. I would recommend y'all consider trying to figure out if you want to look for a certain amount, an hour of an increase that way we can try to work with some partners to figure out what that funding would look like. To do the research we have to have more guidance than just an increase. Need to know what amount y'all are looking to increase to.

RANDALL BROWN: Okay. Do the directors or leaders have an amount in mind?

BRENTON ANDRUS: My understanding they left that up to the council.

RANDALL BROWN: What is our feeling on how much of a wage increase we should ask? Ask that to the council.

ROSLYN HYMEL: Only speaking for council with this question. How much would we all do or how can we go about it money wise as a group.

RANDALL BROWN: I think, I am going to ask if it's the will of the council this be the recommendation we accept. Entertain a motion for this to be voted on and then for us to consider the amount for the wage increase.

ROSLYN HYMEL: I wanted to put that out there. I feel we should really put a vote on that. Every time we do this, we always take the next step. That's what I really want. I don't want to call myself out of the group. A team member.

RANDALL BROWN: I would like to entertain a motion

if someone is agreeable for this to be approved, this legislative agenda.

MITCH IDDINS: I make a motion we approve the agenda.

RANDALL BROWN: Thank you Mitch.

ROSLYN HYMEL: I would second it.

RANDALL BROWN: Roslyn seconded. Kelly, you have your hand raised?

KELLY MONROE: I know everybody is kind of familiar with the history of the wage passthrough that happened in the past. And I was just curious that if there is another wage passthrough where it has to go through the providers in order for the DSPs to get it, is there any way you guys can put into the bill or in the appropriation that once given that the department cannot take it back. Because last time it was only in there for about six months. The department didn't have the money and had to take it back. And providers were stuck with paying extra with more additional dollars. That's how we came up with the restore the rate back to 2008. Just to be honest still, the providers are still at 2008 funds and are not at 2020 funds. Although every provider I know would love to give raises, we can't afford to give them and then for the department to then take it back from them.

RANDALL BROWN: Thank you. So I have a motion on the floor to accept the legislative agenda as presented. I have a second. I am going to ask for a vote. All in favor say aye. And also let me be clear, if you abstain, we need you to say so. We need you to state it.

HYACINTH MCKEE: I abstain.

MICHAEL BILLINGS: I abstain.

KIM BASILE: Abstain.

LILLIAN DEJEAN: Abstain

JULIE FOSTER HAGAN: Abstain.

STEVEN NGUYEN: Abstain.

JEN KATZMAN: Abstain.

TEMISHA SONNIER: Abstain.

LAURA THORTON: Laura Thorton for Patti Barovechio abstains.

PHIL WILSON: I said aye. I vote for.

RANDALL BROWN: Has everyone's vote been recorded? Do we have any noes? Anyone that votes no? Hearing

none, the motion passes by majority vote. I need to reiterate if you are a proxy for someone you cannot vote today. The proxy you can speak for, but you cannot vote. Just to have that clear for the record. But we had no noes. It's a passage by the majority.

JILL HANO: Randall, we have some public comment saying that according to parliamentarian we should take roll call vote. But I don't know. And then we had several members or a member of the council or public comment that agreed with her. But I am not sure.

RANDALL BROWN: We can call for a roll call vote. Can someone on staff call the roll for the vote.

MARY TARVER: I thought we only have to have a roll call vote if somebody voted no.

RANDALL BROWN: Typically yes. We are in a digital format, if the council agrees they want a roll call vote we can certainly do one. As it stands right now the motion has passed. I don't think a roll call vote is needed. Does the council request a roll call vote? Hearing no requests, the motion has passed by majority vote. And I would call at this point for a recess. Do I have a motion for recess?

MITCH IDDINS: I make a motion Randall.

RANDALL BROWN: Mitch has made a motion. Do I have a second? Michelle, I believe you seconded.

MICHELLE GUILLORY: Correct.

RANDALL BROWN: And we will do a roll call vote on all votes in the future today. Just for everyone's knowledge. We will have a ten-minute recess hearing no objection. Everyone please prepare to return at 10:14. Thank you everybody.

Okay, it's now 10:16. A couple minutes over our break time. I am going to call the meeting back to order. Can everyone please turn on your screens, your cameras? We need to bring the meeting back to order. If everyone can please turn your cameras on. Now we need to have the discussion of the amount for the direct support worker wage increase. I would suggest a dollar amount as if to say 1 or 2-dollars. Okay, so we don't need to have that discussion? Sorry. That should come after reports. My apologies.

JILL HANO: Do we have a quorum Randall? I only see you.

RANDALL BROWN: I guess we don't. Thank you for

making me aware of that.

COURTNEY RYLAND: We have a quorum.

PHIL WILSON: As far as the discussion about the specific wage, I don't know how to word this, but we have been advocating for 20 years now since I have been on the council on and off over the last 20 years for wage increases and for the money to go directly to the workers. Not to the provider agencies and so forth. One of the things I think has driven the discussion is that we know that direct support workers are very vital and important, and they are extremely underpaid. Which creates all kinds of issues with people coming and going in and out of the profession and so forth. If there is a way to get back to the discussion we were engaged in ten years ago around a living wage. And whatever the legislature does begins to start a cascade or continuum of okay, this year we can give you a nickel, next year 30 cents. Or maybe every so many years a bump that is built into the wage the legislature has to think about funding their funding through OCDD and Medicaid and so forth. That might give you the magic okay, we don't need to ask for a certain dollar amount, but we need a commitment to creating a living wage for people who are doing very important work.

RANDALL BROWN: Thank you, sir. That discussion will continue. We actually will do that shortly. But that discussion will continue. But your comments are noted, sir. Do we have any other report related questions or anything we need to add Courtney in terms of our reports?

COURTNEY RYLAND: I believe we need to begin giving the committee reports.

RANDALL BROWN: Talking about yours and mine

COURTNEY RYLAND: No, sir.

RANDALL BROWN: Now we have before us our committee reports. The first we will call upon is our act 378 subcommittee chair, Ms. Bambi Polotzola.

COURTNEY RYLAND: I do not believe she is with us right now.

BAMBI POLOTZOLA: I am here. Just give me a moment.

HANNAH JENKINS: It wouldn't be in your packet because it wasn't something that was available last

week.

BAMBI POLOTZOLA: So the act 378 subcommittee met yesterday and reviewed fiscal year 20 yearend data and fiscal year first quarter programs within Office for Citizens with Developmental Disabilities Behavioral Health and Office of Aging and Adult Services which is through Arc of Louisiana. These reports can be found on the council website under the council meeting section if you would like to review. We do not have any recommendations for the council to consider, but there are a few things worth sharing. We discussed some of the impacts of covid 19 pandemic had on the districts and authority's ability to provide services for the region. Four were unable to expend at least 95 percent of their individual and family support or IFS funding and community care resource funding. We did ask the districts and authorities to provide information on how they plan to expend their funds considering the pandemic is ongoing and will impact this fiscal year as well. OCDD also provided the committee with a regional breakdown of priority requests for the individual and family support program for this past fiscal year. This information includes the type of services requested, cost associated with need to request, and how many individuals were served. We also reviewed the approved pending funding report for IFS for the first quarter of the state fiscal year 21. All of these reports are linked in our committee agenda if interested. We also discussed the letter that was submitted to the council by Mr. Anthony Luzack. Cites concerns for access to psychological testing in Medicaid. OCDD's eligibility process for services and testing through the public schools. The Department of Health, Louisiana Department of Health has researched the concerns listed by Mr. Luzack and has not found any additional actions needed at the time. They have offered to meet with Mr. Luzack individually to continue discussions of his concerns. The Department of Education also responded to the letter and stated they were committed to working with all agencies to ensure concerns are addressed and improvements made where necessary.

RANDALL BROWN: Thank you. Any questions on the report? Again, are there any questions for Bambi.

COURTNEY RYLAND: Nicole Banks has her hand raised.

NICOLE BANKS: Thank you guys. I am actually new to the council, so I was reviewing the budget on the website and under contract it's like 1.1 million or so. Are the contracts like with different companies or what is the contract?

BAMBI POLOTZOLA: Are you talking about the budget for the DD Council.

NICOLE BANKS: Yeah, the first quarter you were talking about.

RANDALL BROWN: Right now we were talking about Bambi's report from the act 378 subcommittee.

NICOLE BANKS: Yeah, she mentioned this budget though that is online. I was asking what does the contract part mean. She said you can pull it up on the website.

RANDALL BROWN: Your question is what are the contracts.

NICOLE BANKS: What is the contracts. Is that like particular companies that is doing something for the council.

RANDALL BROWN: Yes. They are contracts that we have with certain vendors for services.

NICOLE BANKS: The services that we provide to the people with disabilities, correct.

RANDALL BROWN: Yes. And with regard to there is also contracts for some of the office work and issues and such as well. We have multiple different contracts.

BAMBI POLOTZOLA: Hi, welcome to the council. I know a little bit confusing. What I am talking about is the budget for the human service districts which are in the ten regions of our state. So specifically talking about their budgets and how they spend money. I think what you are talking about is the council's budget and those contracts, which I think we will talk about later, are contracts that are part of our five-year plan. You will hear us talk a lot about that. Contracts with different entities based on the council's goals. You will hear a lot about that later on in the agenda.

NICOLE BANKS: Thank you.

RANDALL BROWN: Thank you very much. And welcome Nicole to the council. Are there any questions with

regards to act 378 subcommittee report?

ROSLYN HYMEL: What I want to know that includes other states or just going to be in the State of Louisiana.

BAMBI POLOTZOLA: Usually everything we talk about is within the State of Louisiana.

ROSLYN HYMEL: For me, I didn't know if you are still with Alabama or Tennessee or Texas besides us.

BAMBI POLOTZOLA: Louisiana.

RANDALL BROWN: Ms. Corley, do you have a question?

JILL EGLE: I know I just got reappointed, can you embrace me what this is all about. Cause my brain is going in different directions. Just want to be on the same page as you. I know I am back on the DD Council.

BAMBI POLOTZOLA: So I know that you were appointed act 378. We had that committee meeting yesterday. Not sure if you were on or not. So I was giving that report. Act 378 of 1989 was really the legislation that created the home and community-based service system. Basically kind of everything that we do here is based on that. Part of what we do is just kind of monitor that to make sure our state agencies are funding things in a way that is in line with that legislation with act 378.

JILL EGLE: Every year with the state capitol and funding, the house and the senate it needs to be funded legally within the state service, the government, correct.

BAMBI POLOTZOLA: From the legislative prospective how they fund it. And also with the state agencies. And also state agencies including the human service districts that we call the LGEs, local government entities, to make sure it's kind of following what the intent of the law is. Act 378 is basically a monitoring committee to make sure that we're following those principals that were in that law.

JILL EGLE: In terms of the human services district authority in parishes for people with disabilities is it ever going to level out between 2021 and the future so we don't have any issues with that.

BAMBI POLOTZOLA: I would say based on historical, what has happened in the past, no. We always have to be kind of vigilant and advocating. We have to always continue and monitor and make sure things are being

done. Our work will never end. One more comment I will make, act 378 even though I am the chair of the committee and on the DD Council for most of the past decade it can be confusing. So don't feel like, anyone feel like just cause you don't understand something. It's okay to ask questions about it. Very complex, in my opinion.

RANDALL BROWN: Any other questions for Bambi about her report? Before we move on, I want to note the report will be filed. We are ready for our next report.

HYACINTH MCKEE: We have comments in the chat box.

RANDALL BROWN: My apologies. Could you please read those?

HYACINTH MCKEE: Liz made a comment based on Roslyn's request as to what report was being referred to. Is it possible to have copies via email made available for those on the council who may need to have something in writing also? From Liz Gary. Jill Egle, a question directed to Ms. Liz Gary, but I think that Bambi may have addressed it and answered it. A question from Ms. Corley, can Mr. Luzack letter be addressed on the appropriate committee like education executive, etc. We have some cracks in the system that our individuals with DD are falling in and need to be addressed.

RANDALL BROWN: Noted Ms. Corley. The 378-committee discussion, which I have to admit I was not present for yesterday, I believe she indicated he will be able to meet with the department. I would presume we will be made aware of whatever discussions or remedies they may achieve in those discussions. If necessary, then we will review it again after they had an opportunity to meet and have their discussions. The report will be filed, so if there are no other comments, ready for our next report. And that is the education and employment committee, Mary Tarver.

MARY TARVER: Good morning. Yesterday we had our education and employment committee meeting. We had Dr. Kelly Peterson who is the new assistant superintendent and was part of our committee yesterday. Because our Louisiana Department of Education staff has changed around and so she filled in. But they tried to hire people into the Department of Education and are kind of

having a time with their staff. Dr. Peterson did take a lot of questions yesterday and gave us information about how they are reevaluating the programs. Looking at how they are set up to handle our special education classes. They just have a lot of work to do. Definitely gave a message of willingness and knowing they have some things to work on and gave hope they will be reaching out and providing some other information to us at our next meeting for our education component of our meeting. She also has some guidance, she just shared some resources for the special education strong start 2020. Talked a little bit about that. And then she talked about alternate assessment participation and that there were, the Louisiana Department of Education is asking for a waiver and accepting comments until October 24th for the alternate assessment. There's 1 percent participation with kids that participated in alternate assessment. They have some outlines they have to do, the school system that fall into that have things they have to participate in with the department. They are asking for a waiver extension. The 1.0 percent is not something we have achieved. Not all due to covid. Some things that were happening before so they are starting to work on that and trying to look at how they can fix the issue with the assessment. We think we got good information yesterday. She took a lot of questions. Melissa Bayham from Louisiana Rehabilitation Services also gave us an update. Their services have seen an impact from covid. People were not participating and not having work with the activities related to their clients. Currently they are seeing an increase of activities and they are hoping, they have their offices open. Making accommodations to meet the needs of clients they have. Hoping to see an increase of activities with Louisiana Rehabilitations Services.

RANDALL BROWN: Any questions for Mary with regard to her report? And thank you Mary.

ROSLYN HYMEL: What I want to find out from you. For staffing, a pay raise for what is in the report.

MARY TARVER: Yesterday in the education committee and employment committee we were talking about the people that are signed up and go through Louisiana Rehabilitation Services, like people who are looking

for jobs independently, not the direct care providers. In another committee meeting yesterday.

ROSLYN HYMEL: Is that going to be with the pay rate in it, how that's going to work?

MARY TARVER: We didn't talk about that specifically in our education meeting yesterday.

ROSLYN HYMEL: I was lost yesterday, and I was in a meeting with y'all, but I was trying to understand.

MARY TARVER: There were a lot of questions with Department of Education and Dr. Peterson were answering those. I know the DD staff will have our meeting summary and if you want when we get that done glad to go over it with you individually if you want.

ROSLYN HYMEL: What I really want could I ever get that kind of paperwork where I was going to see it in black and white.

MARY TARVER: Yeah as soon as we get the meeting summary done and we talked yesterday about getting you the information from the education committee.

ROSLYN HYMEL: Yeah, that's what I really would like. So lost in the shuffle.

MARY TARVER: Right now we were just giving a summary from yesterday. So we will work, I will make sure you get the information, and we will talk on the phone just you and I that way when we have our next meeting you will be ready.

ROSLYN HYMEL: Okay then.

RANDALL BROWN: Thank you. Are there any other questions for Mary about her report?

JILL HANO: The start strong program, the school year in general or it is more covid guidelines or general.

MARY TARVER: Really for this school year does have a lot of influence related to covid. And now schools need to help with special education for the teachers, for the parents. A family toolbox for students with disabilities and some reopening guidance. It is a lot of information related to covid since were so many children that some are doing traditional class face to face. Some are doing hybrid and then online one day. And then some kids doing virtual or home school environment. The strong start 2020 is to help families and students and teachers during this new school year related to students with disabilities. Definitely

things they had to put in place due to covid.

JILL HANO: Strong start?

MARY TARVER: Strong start. Dr. Peterson put in her Louisiana Department of Education committee meeting some links to the strong start off of her report if you want to look at them.

RANDALL BROWN: Are there any other questions for Mary about her report? I believe Ms. Corhonda had question a question in the chat box.

HANNAH JENKINS: Yes. She asked are we aware Louisiana Department of Education changing the bulletins constantly? She also has her hand raised.

CORHONDA CORLEY: Her and I will be meeting. But the lack of response, because we are all aware that yes, this is an unprecedented time no one was ready for. But we have so many children with intellectual disabilities that are not receiving accommodations in the educational arena. So sorry I stepped away when I came to Mr. Luzack's letter, but that letter did not just specify things dealing with education arena. Talked about across different agencies. There is a gap between different agencies. We don't have institutions for long term mental health or developmental or intellectual disabilities. The longest term we have right now in the State of Louisiana is six months. And we have individuals that actually need mental health services and in patient setting for longer than six months. That right now does not exist in Louisiana. We also have a major gap where it comes to education for our children with intellectual and disabilities with virtual as it relates to the curriculums. We always had problems when it came to our children with disabilities, but it has been magnified another level as it applied to virtual. Just trying to see, and I understand Dr. Peterson is new in her position, but Mr. Cayde Brumley has been in that position longer than a hundred days to where we could have someone else who is more suffice being able to give our community some type of response to these questions in a more prudent and effective way. Asking we quit allowing them to give us mediocracy when we want more of an answer. And the lack of answer and response is just not something that we should keep settling for. Thank you so much Mr. Chairman and council.

RANDALL BROWN: Your concerns are noted. Thank you. Are there any other questions with regard to Mary's report? Hearing none, the report will be filed. Thank you, Mary. Our next report is the executive director search. As Courtney mentioned in her report, we were instructed by our federal partners that we were out of compliance with the makeup of the committee. This was accidental. So we took steps in my authority as your chair to adjust the committee in accordance with the passage of our motion at the October 2019 meeting. A year ago when we as a council voted to make up the composition of the committee. I simply took steps to make sure the committee reflected the makeup put forth in that motion. Which is your executive committee plus two members of each standing committee. I took steps immediately to rectify that. I want to make clear everyone is welcome at these committee meetings and you can certainly participate in discussion as we have those moving forward. We have one scheduled for the 29th. That is where I expect for us to be talking with our partner is LANO. Their team is meeting with us, should be meeting next Thursday the 29th. That is where I will expect we will get from them our plan, our overall modified plans for dates for the process and have a better idea how they envision the process will go. And talk about that at the next meeting, I presume, as well as what we need to do in terms of job description or anything they need from us to get the process fully going. That is where we are with that. There were some delays because of the hurricane and such. Taken us a while to get everything back and scheduled and make sure we had a quorum for the dates. As I said, our next meeting I expect will be very productive, Thursday the 29th. Brenton, if you have anything to add please feel free.

BRENTON ANDRUS: Nothing additional. My goal for those that are interested we can have our agenda set by the end of this week to put up online. But I can't put anything out there until LANO is done completing the work.

RANDALL BROWN: We gave them a deadline so we would know what to put on our agenda. They essentially will be leading most of the meeting next Thursday. As soon as we get that data, I know Brenton will make that

public. I encourage anyone who can to please attend. Any questions with regard to this report?

ROSLYN HYMEL: Do we have a time setting for that? And how are we all going to join.

RANDALL BROWN: It would be a zoom meeting just like this is. We would register for it and I can get Brenton or someone to help register and log in just like you did today's meeting.

ROSLYN HYMEL: Is there a link to it.

RANDALL BROWN: There will be. There is. I will have Brenton reach out to you.

BRENTON ANDRUS: I will put the registration link in the chat once I get to it.

ROSLYN HYMEL: I don't have a phone right now.

RANDALL BROWN: We will make sure you get that link, and you are able to participate. Are there any other questions with regard to my report on the executive director search? Hearing none, the report will be filed. The next report is five-year 2022 through 26 planning committee. And we did meet over two days and develop a plan with goals and objectives. And Courtney, do we have that to place up on the screen.

COURTNEY RYLAND: We will shortly.

RANDALL BROWN: Give a moment for that to occur. But we did meet over a two-day period to discuss these issues. Your five-year planning committee met and had a robust discussion among ourselves and the public who attended. What you will see on your screen is the result of that work. We had three goals and several objectives for each. Have some discussion as soon as that is able to be posted for everyone to see. This was the product of what we came up with in our committee meeting. I do have to say that I had additional discussions with our federal partners about the plan. We do need one targeted disparity only. They highly recommended we focus on one targeted disparity. I am going to leave it up to us today in our discussion as to which one as a council we feel we want to focus on. But that was the recommendation we target one area for our targeted disparity for the five-year plan.

ROSLYN HYMEL: What paper is that.

RANDALL BROWN: The goals and objectives for our

five-year plan. Not in your packet. It was online. This is what is on the screen we are talking about. You can see here there was three goals. One is the community living and supports goals with the objectives of health, community supports. And the recommended activities, those activities will be set at another meeting. These were just suggestions we came up with. Listed them to have them on record for when we have the meeting for the objectives. Which will be soon. I don't have that date at the moment. The next, recreation, transportation and housing. Our second goal being self-advocacy and advocacy leadership. You can see bullet points for our objective for that goal. Again, a committee will meet separately in the future. Just put those down because they feel they were great suggestions for those objectives. The third point is education and employment. And there you see the bullet point for the objective which is the rather long one and the recommended activities for that. So this is currently before us for discussion. Any discussion? What area would we like to see be our targeted disparity? Our federal partners made clear with me in discussions we need essentially one targeted disparity for our five-year plan. One area that we focus our attention on specifically. That would be something we definitely want to complete at the end of the five-year plan.

COURTNEY RYLAND: Would you like for me to put on the screen the information on targeted disparities.

RANDALL BROWN: Yes, ma'am. On the screen we see these are the highlights the DD act has for populations with regards to targeted disparity. Racial, ethnic, minority backgrounds, disadvantaged people, those living in poverty. People who speak or using English as a second language. Individuals in underserved geographic areas, rural, urban areas. Other groups within the population of people with developmental disability community and people who require technology to participate in and contribute to community life. Those are the things we are looking at when we look for a targeted disparity to list. As a committee we had difficulty, understanding the need is great on so many issues, as a committee difficulty really choosing one. More or less going to be required. If it doesn't have

a clear targeted disparity, it's likely to be rejected and sent back to us for clarity. What do you feel should be our targeted disparity from that list of work we produced of the three goals of various objectives within it? What does the council feel should be our targeted disparity, the one we focus the most of our energy on? With the goals of having it completed within the span of the five years at the end of the five years. Something we feel we could do and have completed by 2026.

PHIL WILSON: I was instructed throughout this whole morning to raise my hand, but it doesn't seem to be working so I just jumped in here. Because I am looking at this list, I would absolutely focus on the second group, disadvantaged people living in poverty. The reason being, all the things in the list, the one thing that cuts across all the other groups. I believe if you live in poverty you really are at a huge disadvantage in our society. I see it as the most important thing to address. That is my personal opinion and my professional opinion as well. But I also want just briefly say there is no way in five years that we are going to address any of the things on this list in a way of check, it's done. It can be our focus and we should be able to show outcomes. But these are things that will plague mankind.

RANDALL BROWN: I understand that. But I guess what I am trying to get at, I want us to choose something that we feel we can make a lot of progress towards. A disparity we can certainly show a good measure of improvement. That's what they are wanting us to do.

PHIL WILSON: I work for ACL, same as you and the council. Knowing how the thinking of ACL is, I don't think anybody is thinking any of these six bullets here are going to be things we are going to move heaven and earth in terms of where we are today and where we are five years from now. Just want to stress we should be committed to whichever of these disparity areas and do everything in our power to make as much change all six of them.

RANDALL BROWN: Absolutely.

PHIL WILSON: I think you may be over interpreting what they are saying to you or to the council in terms

of we expect this to be. We are going to make progress whatever we pick. We need to document what progress we make. But I think this is a huge undertaking that is going to take, unfortunately, much more than five years. That is my whole point. Randall, we might be saying the same thing.

RANDALL BROWN: I think I misspoke. You are saying essentially what I intended to say. Just that I want to make sure we do a goal that is measurable. Make a lot of progress or headway in that five-year plan. What I meant to say. Of course, obviously any of this work, any of the advocacy we do is always ongoing. Things are always developing and changing. We always have to keep our finger on the pulse of what the community needs are and are always great and significant. I don't anticipate changing. But they do, in targeted disparity, they do want to see a goal we can quantify and accurately measure. In that sense of having met. Met the goal we set. I don't think we are going to eradicate poverty in five years. I do think set a goal we can accurately measure and meet with regard to moving the ball forward in whatever area we select. Having said that, Courtney can we put our work back on the screen, the committee proposal.

ROSLYN HYMEL: I do agree what Phil did say. But could we choose at least three of them and work on at least three of them.

RANDALL BROWN: These are the three goals we have suggested. And so now we are looking at objectives for each. Those bullet points. What we need to do is.

ROSLYN HYMEL: Which three are they? Could we add another one to it?

RANDALL BROWN: I think the three goals are fair. I think we were bearing in mind.

ROSLYN HYMEL: When where read it you don't have numbers by them, you have dots. How do I know which three are you really suggesting?

RANDALL BROWN: We haven't suggested anything yet. I am open to suggestions on what our targeted disparities should be.

ROSLYN HYMEL: I am trying to read it.

RANDALL BROWN: If we adopt this plan as we have written it will be three, community living and supports that would be our first goal. And then the one that

says number two. I don't have it on my screen at the moment. That would be our second goal. Self-advocacy and advocacy leadership. Would be our second goal. And then the third goal would be education and employment. Then these dots underneath each one are objectives for us to try to achieve to meet that goal. Things we think we need to meet that goal.

ROSLYN HYMEL: I didn't see the one, two and three.

RANDALL BROWN: Hard to show on all our screens and I apologize for that. It's a big document so it's hard to show fully on the screen at once.

ROSLYN HYMEL: Should I go with 1, 2 or 3. Which three or one out of three.

RANDALL BROWN: Personally, I think all three goals are good. I would recommend we stick with the three goals. I think they were very well thought out. We had a long two-day process. Your committee met and discussed these. A great job and difficult to do to put into three goals. But I think the goals are good. I think now what we need to look at is our objectives for each goal. I would like to see us choose one. One area, one project to comment on. I have to stop just a second and see if we have a quorum. I think there is an issue whether we have enough cameras on. That's how we maintain and account for a quorum today. Please have your cameras on during the discussion.

NICOLE BANKS: Thank you for giving me the floor. I have been reviewing both of these goals and objectives and just me personally, I think education and employment should be one of our goals. But I think that maybe we can add some, just kind of tweak it a little bit and add some of the objectives from each of the other counterparts to go in there to fit in there with the education. Education part allows to do the early screening and to have those services there. The people with disabilities that need it. I feel like that would be our number one thing. To get them educated and to get them employed and into society. Like that is what our goal is. I think that should be one of our focuses. But I think tweak it just a little and add some of the community supports in there. And some of the advocacy part up in there.

RANDALL BROWN: Let me be clear. Everything in this plan will get done. Every goal and objective will

get done. But for the issue of targeted disparity, we would like one particular issue we put our laser focus. Like we say as a council. This is the one area we must have change.

NICOLE BANKS: That is my vote. You all know my vote. I am saying it right now. I want education and employment. I think that should be our focus. Nobody can take away what you have learned, ever.

RANDALL BROWN: You have the one targeted disparity is to be assigned from one objective. One objective we want to see targeted for the five-year plan. I know these are a lot of very good objectives. We had this committee targeting one disparity. But our federal partners really want to see us target one area for our five-year plan. Again, I will reiterate all of this, everything we put in the plan will get done. But targeted disparity is important because they want a quantifiable, measure objective that they can measure throughout the five years. That is what I am asking of us is to decide what we think as a council should be our targeted disparity for this plan. Nicole has made education and employment her choice. Is there any other discussion?

JILL HANO: I have a question. Are these three goals necessarily in order of priority.

RANDALL BROWN: No. All have equal priority. Just have to have a list to dictate what we are going to do. In terms of the targeted disparity, saying we will choose one of these objectives to be the thing we focus most of our energy on completing or doing.

JILL HANO: Can we see targeted disparities? Can you shed some light on what other groups within the population of DD is? Because these are all so good.

RANDALL BROWN: Right. A broad category, but it would be all groups that are not mentioned before there. Essentially telling us to be cognizant within all groups within our community and our society as a whole in the DD community. To be mindful of all groups within our population.

COURTNEY RYLAND: Mr. Chair, may I give an example. That would be like a cross disability coalition. So someone who has a developmental disability in addition to say, for instance, a mental health diagnose.

JILL HANO: Thank y'all so much.

RANDALL BROWN: With all this information, and I know it's a lot to process, but do we have a sense of what we would like for our targeted disparity, or one objective, or issue to be.

HANNAH JENKINS: Lillian and Nicole both have hands raised.

LILLIAN DEJEAN: A point of clarification. Are we currently prioritizing a targeted disparity right now or an area like community supports and services and education and employment?

RANDALL BROWN: The targeted disparity should come from, should be an objective from the areas. Having it open to what you feel should be the targeted disparity. Everything here will get addressed. The targeted disparity is the one thing we want to make sure is measurable and show improvement throughout the five years of the plan. Is there anyone particular area you think, or feel should be a targeted disparity or issue?

LILLIAN DEJEAN: I do not have any current input. But I do appreciate the additional information.

COURTNEY RYLAND: If I may make one more point of clarity. We are asking for the council to select one of these six targeted disparities and assigning that targeted disparity to one of the objectives. So we are selecting one of these six and we will also be selecting which objectives to assign that targeted disparity to.

RANDALL BROWN: Thank you. And I understand that's not an easy task we are asking of you.

MATTHEW RIVIRA: Randall? Thank you for calling on me. As a provider of home and community-based services and part of the Community Provider Association my prospective individuals in underserved geographic areas is a big topic for us. Both rural and urban. Both we have a very difficult time finding the necessary staff to provide care. Particularly, I will give an example, right now in Lake Charles. Obviously, this is a big issue, but also I could say Baton Rouge. Anyway, I guess point number four really rings true to me and to many people I talk to.

RANDALL BROWN: Thank you, sir. Jill, you have the floor.

JILL HANO: I was a little confused by Courtney's comment. Are we taking one from these six to go to all

three of our goals?

RANDALL BROWN: No. I believe taking one of these six areas and applying it to one of our goals in particular.

JILL HANO: I thought we had to have targeted disparities for all three goals. And it had to be the same targeted disparity.

RANDALL BROWN: Courtney, can you help shed some light.

COURTNEY RYLAND: That is incorrect information. We only have to have one targeted disparity for either a goal or one objective. So in our current five-year plan we have a targeted disparity of individuals in underserved geographic areas assigned to one of our employment objectives. So we need to do something similar for the next five-year plan. We need to pick one of these six targeted disparity areas and assign it to one objective and just one of the three goals.

JILL HANO: Not even a goal, for objective.

COURTNEY RYLAND: You can select it for a goal, but if you select it for a goal it has to be applied to all of the objectives within that goal.

NICOLE BANKS: Since it is like that, I have a question. Probably for Mr. Matthew. He did shed light on it since he does work on that field. With disadvantaged people living in poverty and people in rural areas and urban areas, does that cross? Seem like to me it kind of crosses disadvantage people and individuals living in underserved geographical. Do those kind of cross lines or whatever?

MATTHEW RIVIRA: I would say yes. Looking at these they all sort of intertwine in they do cross. Individuals that are receiving home and community-based services through the Office for Citizens with Developmental Disabilities are on Medicaid. These individuals can't make over 679-dollars a month. Which would put them almost in a poverty situation. In short, the answer is yes. All these are really important. Just have to pick one. That was the one that really hit me.

NICOLE BANKS: What I am asking. Being it does intertwine with each other, which one would get the most people in your expertise. Which area would get the most people? Because that is kind of like to me

the goal. Which areas would give us the most people so we can have some accurate data to present to them in this five-year tenure? Asking Mr. Matthew since he already worked in that field. Asking him or anybody else that can shed some light upon which area you guys, which area will we reach the most from.

MATTHEW RIVIRA: I think it's a very good question. Being the short answer I like the word underserved because to me that really is a broad term and we're talking about people that are underserved. It does seem like a broad term that we can capture a lot of issues. If you are living in an underserved geographic area, as you just said, also be disadvantaged through poverty. Unfortunately, the minority issues may pop up. That is just my opinion. Of course, I like to listen to other folks on that one too.

NICOLE BANKS: Yeah, I want to listen to other folks too. I voted for the education one. Now I know we have to vote for this different targeted area so since we have those ones, anybody else have some insight. Because some of these categories kind of intertwine. We can get one that gets almost all of them. That would serve us the best, to get the most people, I think that is the category that logically made sense for us to choose as a whole because we are reaching more people.

RANDALL BROWN: Thank you for that.

NICOLE BANKS: One more question. What data are we using to actually track, what systems are we using to actually track this data in regards to what progress is being made and what we can tangibly see being done.

COURTNEY RYLAND: So if we have contractual activities that are assigned to that objective, we would make sure to include performance indicators from the contractors that will address the specific targeted disparity. So that we can collect that data and we will have to report that data annually to the federal government in our annual report. If it is just an advocacy activity, then we will have to collect data beforehand on stats from Louisiana. And then once new policies or procedures are implemented, we would then have to collect another sampling of data to see if there have been any effective change. Does that happen to answer the question.

NICOLE BANKS: Yeah. If it's contracted, they are going to supply us with the data based off of what they gather from their findings. And then advocacy it's going to be collected before and kind of base what happened from this year to that year in regards to the data and how it's being collected correct.

COURTNEY RYLAND: Correct. You got it. Yes, ma'am.

NICOLE BANKS: All right. Just wanted to know how the data was being collected. Tangibly see change is very hard in regards to all of this stuff. Because you really have to have some kind of tracking system of how things are really going. But thank you, Courtney. I appreciate you.

JILL HANO: It's so hard to choose one.

RANDALL BROWN: I absolutely agree with you.

JILL HANO: My response will probably confuse y'all because it's confusing to me. I like people within the population. Other groups within the population of people with DD. But now I am almost thinking it might be a little too broad. But also my second thought was people who require technology to participate and contribute to community life. Because anything with assist it doesn't say the word assistive. But anything with assistive technology I have always been a big proponent for. That is just my few cents.

RANDALL BROWN: Thank you. Any other questions, comments?

HANNAH JENKINS: Temisha, Lillian and Hyacinth all have their hands raised.

RANDALL BROWN: I think Hyacinth is bringing up the point we are laboring on this one quite a bit and want to remember our time constants for three minutes per question. Is that what you wanted to address?

HYACINTH MCKEE: Yes. Thank you.

LILLIAN DEJEAN: I know I am a little bit late. Apologize. I think prioritizing racial and ethnic minority backgrounds is super important considering that our last public input survey we had very, very little input from racial minorities. And the trouble we had having adequate representation on our own council membership. Prioritizing that would be really great.

RANDALL BROWN: Excellent point. Thank you.

JILL HANO: A great point Lillian.

TEMISHA SONNIER: Needed some clarity. When looking at the disadvantaged people those living in poverty. Are we targeting primarily those in poverty or disadvantaged people all together?

RANDALL BROWN: All together is an example of those living in poverty. We have an issue where poverty is pervasive in the DD community.

TEMISHA SONNIER: The reason I ask, I am going to be real quick. When I look at the word disadvantage and what it embodies and looking at all the areas of disparity, people who are racial, and ethnic, minority backgrounds are disadvantaged people. English as a second language are disadvantaged. All these groups fit under disadvantage people as a whole. Real quick, like someone else mentioned earlier, my vote is choosing number two with the disadvantage people being we can target a bigger group as a whole. Cause it really, all of these other areas kind of fit under that. Underserved geographic locations, if you think about it, they are living in poverty as well. A lot of people who require assistive technology also are disadvantage. I think that one in itself would embody all of those. And track those separate indicators. Like she said, I think meeting the standards. My input. Thank you.

RANDALL BROWN: So Phil, you have the floor, sir.

PHIL WILSON: Thank you. Once again, just like you did on our committee yesterday said what I was trying to say earlier much more succinctly. Think about poverty, we unfortunately know people from racial and ethnic backgrounds in our state and country are much more likely to be poor. We know that people who are developmental and other disabilities are more likely to be poor. We know people who do not speak English as primary language in our county and our state are likely to be poor. I think you are absolutely right. It's a binding thing that really doesn't divide us in such little camps of this and that. It's poverty is a disability. Amen. Thank you.

RANDALL BROWN: Thank you. So do we have consensus disadvantaged people would be our targeted point. Now if we can agree to that, we would need to choose what objective we would target. Are we ready for a vote?

Do I have a motion to recommend the number two, disadvantaged people for that to be the targeted disparity area we use?

HYACINTH MCKEE: Like to make a motion number two disadvantaged people, those living in poverty be the targeted disparity for our five-year plan.

RASHAD BRISTO: I second.

RANDALL BROWN: Could you repeat that one more time, the second.

RASHAD BRISTO: I second.

RANDALL BROWN: Yes, sir. Thank you, Rashad. We have a motion on the floor for disadvantaged people living in poverty. And we have a second from Mr. Rashad. Now you have the motion on the floor for a vote. Call for a roll call vote. Hannah, do you have a list of us?

HANNAH JENKINS: Yes. You do have a hand raised and a comment. Would you like those now or later?

RANDALL BROWN: Are they pertinent to the motion on the floor.

HANNAH JENKINS: Mr. Corhonda's comment is, not sure about the hand raised, says choosing disadvantaged people will eliminate a large number of individuals in the DD/ID community.

RANDALL BROWN: Thank you for that point. Whose hand is raised.

HANNAH JENKINS: Ms. Kathy Dwyer.

KATHY DYWER: Thank you Mr. Chairman. Thank you, committee members. I could agree disadvantaged people, those living in poverty, and I was going to go more specifically to what the goal or objective could be would be the health objective of goal. I know particularly adults with developmental disabilities disadvantaged living in poverty are the ones who are typically in poverty because they are on limited resources as opposed to children with disabilities that typically have their family to help support them. Additionally, with the adults as they transition to adulthood services we are finding, and I have experienced personally with my daughter for the last 20 something years, since she became an adult that it's hard to find physicians and medical services for adults with developmental disabilities that are affordable, that understand the background. Particularly I am

going to kind of focus it more on something I have been working on personally with the state advisory committee I am on. We formed a task force for adults with developmental disabilities who need anesthesia for dental services. Not available to adults with developmental disabilities. Not like they are for children. Children have comprehensive dental services under Medicaid. Adults do not. Basically either get their teeth pulled and a set of dentures and cleaning and practically it. It cost anywhere from 1,500-dollars to 3 or 4 5,000-dollars just for regular dental services that adults on limited income cannot afford. And dental health and other health services are critical for a person or adult who participate in the community. Thank you.

RANDALL BROWN: Great points. Thank you. I have a motion on the floor and a second. So I would like to entertain the motion. The vote on the motion. The motion is for number two of disadvantaged people and those living in poverty to be our targeted disparity. Hannah, can you begin calling roll for that vote please.

TEMISHA SONNIER: I have a question before we vote. I would like to hear more why, seeing some statements in the chat, from Ms. Corley to elaborate on how she believes disadvantaged people will exclude a large number of individuals. And I think Mr. Anthony is saying no access to resources. Because that one covered all of those demographics, I want to understand before we vote which I think is important everybody understand before we make a vote on that. Not to elaborate too much to understand how are we leaving out large numbers if that embodies all the groups. If y'all don't mind if I can get more info. Or put at least in the chat.

RANDALL BROWN: Let's let Mr. Anthony you have the floor.

ANTHONY LUZACK: Can you hear me okay today.

RANDALL BROWN: Yes, I can.

ANTHONY LUZACK: The movement of the current motion towards number two in the targeted population is that while it may affect most individuals, it completely ignores, in our state, the huge actual disparity of access to resources, services, work, employment, like

PCS services that are just not available for individuals with developmental disabilities, intellectual disabilities that live in the rural or geographically disadvantaged, I believe, is the federal wording. If we can focus on poverty, we will end up putting resources in areas that already have access to resources. When we are looking at specific disparities I think it's also easiest when we are doing very poorly, very poorly in one measure if we look at that measure if you guys want to make an improvement there, you are going to make an improvement there to improve access in these rural communities. We can make real improvements. They are the ones who need your help most. People in Baton Rouge, people where there is populations that are dense with disparities of poverty, they have services available who continue to work with. But you have to grow the network. That goes beyond care. We don't have internet. People in Louisiana that don't have access to participate in this meeting still. These are very serious issues and I'm concerned addressing number two will only further that gap that exist. Thank you very much.

TEMISHA SONNIER: That's why I asked for clarity whether or not that disadvantaged people statement was regarding just living in poverty. I agree with what you said, and I do belong to the rural community. I have a large majority of that issue myself. So I completely understand what you are saying. But I also agree that I consider myself at a disadvantage. Poverty or not, I believe, and because it's not worded in that sense. Just gives a quotation, the word disadvantage people embodies racial, rural, geographic, those without technology. We are not looking, and I can't speak for the whole council, but I can speak for the position I believe of what we are trying to say. Not looking at just numbers. Looking at trying to cover all of these disparities with the goals and ideas in mind. That way no one is left out. We are working towards everyone moving and having something worked on. I appreciate what you are saying, and it is very, very true. Access to care and having a seat at the table is a big part of those areas. I do think disadvantaged area crosses over into all of these disparities. Thank you for your input, but that's what I wanted to make

sure everyone has a voice at the table before we vote.

RANDALL BROWN: Are we ready for a vote? Because we are running against time here for the three-minute rule. Are we comfortable and ready for a vote on the motion?

ROSLYN HYMEL: I was going to agree with somebody on it. I really want to speak for the group home I am in. For all of us to come together to choose for what is on the board.

RANDALL BROWN: What we are trying to do with this motion. And then we have to decide if we want this disadvantaged people to be our focus for our targeted disparity. Next, we need to choose the objective.

ROSLYN HYMEL: A community we even live in.

RANDALL BROWN: Not sure I heard your whole question or statement there.

ROSLYN HYMEL: Like I am saying would it even work for the group home I am in.

RANDALL BROWN: Yes. I believe it would, yes. Are we ready for the question? For the vote? Could you please call the roll?

COURTNEY RYLAND: I will call roll while Hannah tallies. I will just be calling on members who have been appointed to the council. Everyone please make sure your screens are showing, your video has been shared.

MARY TARVER: Make sure we understand the yes and the no and what it's for.

RANDALL BROWN: If you vote yes you will be choosing the second option of disadvantaged people for targeted disparity area for the five-year plan. If you vote no you will not be choosing that option for the targeted disparity for our five-year plan. Yes if you are for disadvantaged people being our targeted disparity. And no if you are not for that to be our targeted disparity.

ROSLYN HYMEL: Another one feels like there is something else to the voting.

RANDALL BROWN: The one motion.

ROSLYN HYMEL: What happens if you don't choose that.

RANDALL BROWN: If you vote no, if enough people voted no, we would go back to looking at the list and see which one we could get consensus to be our targeted

disparity. Do you want this to be our targeted disparity? Yes if you do. No if you don't.

COURTNEY RYLAND: Courtney. Ms. Nicole Banks.

NICOLE BANKS: Yes.

COURTNEY RYLAND: Ms. Banks yes. Dr. Patti Barovechio.

PATTIE BAROVECHIO: Yes.

COURTNEY RYLAND: Dr. Barovechio yes. Ms. Kim Basile.

KIM BASILE: Yes.

COURTNEY RYLAND: Ms. Basile yes. Ms. Melissa Bayham.

MELISSA BAYHAM: Yes.

COURTNEY RYLAND: Ms. Bayham yes. Mr. Michael Billings.

MICHAEL BILLINGS: Yes.

COURTNEY RYLAND: Mr. Billings yes. Mr. Rashad Bristo.

RASHAD BRISTO: Yes.

COURTNEY RYLAND: Mr. Bristo yes. Ms. Carmen Cetnar.

CARMEN CETNAR: Yes.

COURTNEY RYLAND: Ms. Cetnar yes. Ms. Lillian DeJean.

LILLIAN DEJEAN: Yes.

COURTNEY RYLAND: Ms. DeJean yes. Ms. Jill Egle. Have we lost her? Ms. Michelle Guillory.

MICHELLE GUILLORY: Yes.

COURTNEY RYLAND: Ms. Guillory yes. Ms. Julie Foster Hagan. I believe we have lost her. Ms. Jill Hano.

JILL HANO: Yes.

COURTNEY RYLAND: Ms. Hano yes. Ms. Roslyn Hymel.

ROSLYN HYMEL: Yes.

COURTNEY RYLAND: Ms. Hymel yes. Mr. Mitch Iddins.

MITCH IDDINS: No.

COURTNEY RYLAND: Mr. Iddins no. Jen Katzman. Don't believe she is with us. Dr. Hyacinth McKee.

HYACINTH MCKEE: Yes.

COURTNEY RYLAND: Dr. McKee yes. Mr. Steven Nguyen.

STEVEN NGUYEN: No.

>> >>: Mr. Nguyen no. Ms. Bambi Polotzola.

BAMBI POLOTZOLA: Yes.

COURTNEY RYLAND: Ms. Polotzola yes. Mr. Matthew Rivira.

MATTHEW RIVIRA: Yes.

COURTNEY RYLAND: Mr. Rivira yes. Ms. Temisha Sonnier.

TEMISHA SONNIER: Yes.

COURTNEY RYLAND: Ms. Sonnier yes. Ms. Mary Tarver.

MARY TARVER: Yes.

COURTNEY RYLAND: Ms. Tarver yes. Dr. Phil Wilson.

PHIL WILSON: Yes.

COURTNEY RYLAND: Dr. Wilson yes.

HANNAH JENKINS: Seventeen yeses and two noes.

RANDALL BROWN: So the motion is passed. Correct me if I am wrong, but now we would need to choose the objective we want to target, right?

COURTNEY RYLAND: Correct.

RANDALL BROWN: Would you put our list back up please.

JILL HANO: Jill. What are we choosing now?

RANDALL BROWN: The objectives we want to target. This is just to set targeted disparity. We already agreed what targeted disparity will be, targeted disadvantage people. Now from these objectives, the bullet points we already set we need to choose the area of emphasis we want to target for disadvantaged people. Ms. Kathy indicated she thought health would be a good area. Just one example of what we are now looking at. Which of these objectives we have listed, and there are many within our goals? Which one do we feel we should add to the targeted disparity? Now that we know disadvantaged people is who we are targeting, what area, what objective do we want to target.

JILL HANO: Okay. I am catching what you are throwing down.

RANDALL BROWN: Want to make sure we get an objective that the committee won't later withdraw. In it's an objective we all agree to that's part of the plan that we all agree is vital and would need targeting. Bearing that in mind, I am open to suggestions of how y'all feel about what our objectives should be.

NICOLE BANKS: Is there a way we can have access to this document so we can see all three? Is it on the

website or something?

RANDALL BROWN: Yes.

COURTNEY RYLAND: It's part of the meeting summary for the five-year planning committee meeting.

RANDALL BROWN: Can I make a suggestion. Do we agree to table this until after lunch? Because it's a lunch hour. That would give everyone an opportunity to review some of this as well. If we could, let's postpone this until after we have had our lunch break. Is there any objection to postponing this vote until after lunch? Hearing no objection, we will return at 1 p.m. and pick up the discussion on the vote for the targeted disparity. We are now entering recess for our lunch period. See everyone at 1:00 p.m. Thank you.

Good afternoon. We are going to get back to order. Two minutes after 1:00. Ask everyone to please turn on your cameras. How we keep track of a quorum today for our meeting. So everyone please be sure to activate or turn on your camera. So we can get the quorum and get started.

COURTNEY RYLAND: We have quorum.

RANDALL BROWN: Thank you. So now we will resume the discussion we were having prior to our lunch break and that is which objective we would like to choose for our targeted disparity. We chose our topic as disadvantaged people. So now we have to apply that to one objective within the objectives. I know there are many. Another difficult decision to make today. We want to look to see what objective the council would like to apply to its targeted disparity.

STEVEN NGUYEN: I have a comment. I am going to go ahead and say that health sticks out the most for me.

RANDALL BROWN: Noted, sir. Thank you. We can have discussion. If you want to be recognized raise your hand. Yes, Roslyn.

ROSLYN HYMEL: Can you remind me on the topic again?

RANDALL BROWN: Yes. We are choosing, attempting to choose now an objective for targeted disparity. We talked about disadvantaged people being our targeted disparity we want to use and now looking for an objective. Steven just recommended health as have some others today, I believe earlier. But we have many, many possibilities here. Looking to see what as a

council we would like to choose for our targeted disparity for the five-year plan. What objective to apply to disadvantaged people for targeted disparity.

JILL HANO: What I think I am really confused, what are exactly are options for the objectives. Community supports. Self-advocacy. Employment.

RANDALL BROWN: Unfortunately, we need one. We need to choose one for our targeted disparity group. Steven has recommended health. A few other people.

JILL HANO: It's so hard. Choosing our objective based on targeted disparities. Housing is so pivotal.

RANDALL BROWN: I think everything is here. We are going to have to try to decide on one objective. Let me say, all things listed in the plan we will work toward and spend the five years working on. Targeted disparity focus our energy so it is more accurate or most accurately measured. This is the area of emphasis that you guys said you wanted to see the most improvement with your dollars. What they are going to be looking at routinely and measuring throughout the five years.

JILL HANO: Essentially the targeted disparity all of our objectives?

RANDALL BROWN: You want to choose one ideally because if you choose more than one those all have to be measured, data collected and sent to the feds routinely. Gets to be a lot of paperwork for the staff. Something we have to be mindful of. Their recommendation we choose one. Our federal partner. As hard as that is. Let me ask the staff if someone could start reading the comments.

EBONY HAVEN: Ms. Michelle Guillory says I would suggest community living and supports as the objective and include several action steps that would include health. Hyacinth McKee said I agree with Michelle. I believe community living and supports should include the targeted disparity. Lillian says I suggest choosing housing since the disability community has lacked adequate housing options for years. our disadvantaged targeted disparity would be especially effected by this issue. Dr. McKee says we have five objectives in that area. Matt says I agree with Michelle too. Mitch says as many of you know working with people with DD and others with disabilities there

is a major affordable housing crisis for people in our state. It is the starting point for many seeking more independence and stability. We must continue to have focus on increasing the availability of affordable and accessible safe housing options statewide. That is all.

RANDALL BROWN: It looks like the consensus seems to be either health or housing from the community living and supports section. So I would strongly urge us, as hard as it is, to choose one that would apply to targeted disparity. And again, everything on the list will be worked on. This is what we will be reporting to our federal partner as our goal to target for the five years that have been the most measured of all our objectives. I would urge, again, from what I am hearing, looks like health and housing are the two main things, objectives that are getting support. So at this point I would recommend more discussion as to which one we believe it should be.

EBONY HAVEN: Nicole and Roslyn.

NICOLE BANKS: We are choosing between the objectives at the top. I have a question. Self-advocacy has two objectives and education and employment has two. Is that all we are considering in this also, right? Are we just considering the health, community supports, recreation, transportation and housing?

RANDALL BROWN: I think what we would like to do, ideally need to do, you see how self-advocacy has two items, education and employment I believe don't they have four. If we could possibly reduce and combine even further, I know that would be ideal.

NICOLE BANKS: Some of them look like they can be intertwined.

RANDALL BROWN: I think they do. A lot of them do intertwine. If we could I think begin to pare down where they do overlap and sort of combine, I would recommend no more than three objectives per goal. If we found a way to word it so that we have say three main objectives for community living and supports, two or three for self-advocacy. And note you can have less than three. I think if we could do no more than three objectives, I think that will make it a lot more concise and easier to review both now and later for

everyone. I don't know if someone wants to make the motion to do that. If we could combine language and make it more concise, I think that will help a lot. I looked a lot of Arizona's plan and they have a budget almost identical to ours. Which I think is a good measure to use. But they have a very concise plan that covers a lot of these same areas of emphasis no more than three objectives per goal. Easy to look at and understand. Not quite as much to read.

NICOLE BANKS: I do agree with you. If we can put it down to maybe three of them and maybe reword, we probably can get that. Some of these things in some of the categories do intertwine. Housing and health I think good places to start.

ROSLYN HYMEL: I was going to say the same thing as Ms. Nicole did. Can we put the health and the living together to make it as one?

RANDALL BROWN: We're going to try. Look at ways we can try.

ROSLYN HYMEL: If we can do that, I want to make the motion on that one. If we could reword it putting health and living together for people with the health and the living. If people live on their own, they could use a health plan and even if they live in an apartment, some kind of house and they need a health plan to really do it, especially with doctors' appointments and all.

RANDALL BROWN: Let's hold off on motions just yet. Come back to you when we are ready for a motion, okay.

ROSLYN HYMEL: That's what I would like to do.

RANDALL BROWN: Noted. Let's continue to review and see if we can get some of the language where we want it. Do I have any other discussion?

EBONY HAVEN: You have three other hands raised, Dr. McKee, Lillian and Temisha.

PHIL WILSON: What about Dr. Wilson?

EBONY HAVEN: I'm sorry.

HYACINTH MCKEE: There are several people that had their hands electronically raised in the chat and I think we need to decide if we are going to do the hands in the chat or going to be physical hands because there are several hands that are in this chat box.

RANDALL BROWN: We can use the chat box.

PHIL WILSON: Where does one raise their hand.

EBONY HAVEN: If you go to participants there are three dots on the far-right side. If you press that you should be able to raise your hand.

PHIL WILSON: All I get is save chat. That explains why I am not being acknowledged. I don't have that option for some reason.

HYACINTH MCKEE: My hand has been raised for point of order. I am just trying to get a sense of order. First of all, we do have to determine how we are going to deal with the raising of the hand and how that is going to be acknowledged. If people need technical assistance how we can better support them. Number two, in terms of point of order I want us to keep in mind to stay focused and stay on track on what we are discussing. We have really gone off into the weeds. Often times I will jump in and say that. I am asking you, Mr. Chair, if we can get back specifically on what we are doing right now. And from what I am understanding a lot of discussion in the chat box that council members, a lot of recommendations from council members that can better assist us with remaining focused on the task ahead. Several comments. Michelle Guillory council member, Bambi. Can we get a point of order to get back to that so that we can get on track of where we are. Just concerned we are going too far off into the weeds.

RANDALL BROWN: Madam vice chair, if you don't mind helping me keep track of the chat box. We will use the hand raise feature in the chat box to acknowledge.

HYACINTH MCKEE: Thank you Mr. Chair.

RANDALL BROWN: Who had their hand raised first to your knowledge?

HYACINTH MCKEE: Ebony Haven mentioned a few who had their hands up. Now I see Lillian's electric hand up.

LILLIAN DEJEAN: I was going to echo what Ms. Hyacinth said. My concern is by investing our time into consolidating these objectives we are reinventing the wheel when the five-year planning committee spent a lot of time on this. I would suggest that we just kind of go back to focusing on the targeted disparity. That's all. Thanks.

RANDALL BROWN: Any other hands raised.

EBONY HAVEN: One public member that has their hand

raised, Kathy Dwyer. And you do have comments in the chat.

RANDALL BROWN: Let's let Ms. Kathy speak and then after that please read the comments.

KATHY DYWER: Sorry, I must have pressed that by mistake.

EBONY HAVEN: Mitch says my vote is housing, such an important issue. Bambi says we can just select community living and supports. I think Mitch says I agree with Bambi. Dr. McKee said we should select community living and supports and add targeted disparity. Mitch also says I agree, let's choose community living and supports. Also says inclusive of both objectives. Jill Hano says I am kind of thinking that covers everything, right. Temisha says community living and supports would cover healthcare, housing and access to resources within the DD community crosses several areas. Jill says okay, awesome. So can we consolidate. Dr. Wilson said, okay he just needs assistance.

RANDALL BROWN: Is the consensus we apply targeted disparity to the five objectives of community living and supports?

JILL HANO: Also there is a comment about Dr. Wilson that he should speak.

RANDALL BROWN: Thank you Jill. Want to remind everyone let's wait to be recognized before speaking please.

EBONY HAVEN: I think Dr. Wilson has his hand raised and Nicole Banks has her hand raised.

PHIL WILSON: I don't know if I use this all the time, I don't have had the little hand. All I want to do, I like what people are saying about applying one objective to all of the community supports. But I caution you to not combine those objectives. Remember, your objective is what gets measured. If you do something as simple as combining access to healthcare with transportation you may do something wonderful with creating access to actually getting healthcare, but not do something wonderful with transportation. At the end of five years your outcome is going to be we didn't move the needle. Even though you may have. Please think very carefully about combining your objective or you will create a situation when you try to measure it

it will be unmeasurable.

RANDALL BROWN: Noted. Any other question or comments.

NICOLE BANKS: That's what I was saying. I agree with Mr. Phil. When he just explained it to us about we may be cutting something and it may not be measurable for us now we are back to where we were before. Where we have to pick one particular objective or we just leaving it like you have it is now and see where it ends up in those five years. Are we going to go each different thing? We miss the mark altogether. I know the committee worked so hard on getting all of these objectives together so are we just going to take those one, two or go off of those three. Based on what Mr. Phil just explained because we don't want to miss the mark. Do want to make progress where it is tangible. If we do it like that and we can't see that is that really moving forward progress.

RANDALL BROWN: We have to have targeted disparity. As hard as we did work and as much we agree this all important, we do have to choose an area of emphasis. Sounds like overall that consensus seems to be the goal of community living would contain the five objectives you see listed.

NICOLE BANKS: Can we just make a motion we go ahead.

RANDALL BROWN: Certainly. Before you do, let me make clear something. The language you see in yellow under the objective for education and employment if we choose community living and supports that language will be deleted at you see in yellow.

NICOLE BANKS: When it has preventive services, health services, wouldn't some of that be classified having the access to early childhood services and stuff like that? Because that is a preventive thing we are trying get as far as, you know, making sure these kids are early diagnosed. It's in yellow, just reading and seeing if that would be something that can go with that as far as preventive health services. Because that would count to me.

RANDALL BROWN: Thank you for your comment. Something we can consider. I would request a motion if that's what we want to do is make community living and supports goal our targeted disparity. Those five

objectives if we agree we don't want to compare them more precisely. Those five would be what would apply to our targeted disparity.

COURTNEY RYLAND: We have to show documented evidence that our efforts for the health, the community supports, recreation, transportation and housing. We have effectively made changes in all of those objectives. That is what is going to be required of this council.

RANDALL BROWN: Those are very inclusive. But also a lot of documentation to have to produce. Again, is it our intent, what we want to make the goal of community living and supports our targeted disparity because that would automatically put those five objectives as having to be done, having to be measured with improvements on each of those five areas. As chair I am thinking about do I have a motion?

STEVEN NGUYEN: Just wanted to say that is a little too ambitious for me and I don't know how else to feel about that. Where I stand.

RANDALL BROWN: Thank you for that input. Any comments in the chat box?

EBONY HAVEN: We have a few. Mitch said good point. So maybe we just choose two or three at most. Dr. Wilson says however, please do not combine objectives. An objective should measure one single outcome if you want less objectives. Dr. Barovechio says it seems that housing resonated with many. Do we want to target those objectives?

MATTHEW RIVIRA: Would it be okay I make a motion that we select community living and supports. Under that we select one and two community supports and number five housing. Eliminate number three and number four. Not that they are not important. I think I heard the committee state having all five would be just too ambitious. If that is allowable, I would make that motion that we select community living and supports with number one. With health community supports and housing as our objectives.

RANDALL BROWN: Do I have a second to Matt's motion for the three objectives you see listed under community supports.

MITCH IDDINS: I second.

RANDALL BROWN: We have the motion from Matt is to

select community living and supports with the three objectives listed on the screen for health, community supports and housing. And that will be our targeted disparity. Do I have any discussion?

PHIL WILSON: I just want to confirm, cause I was talking with Marilee. We are going to have the disparity group of disadvantaged separately for each of those three objectives. Not going to become one objective, is that correct?

RANDALL BROWN: The targeted disparity will be community living and supports with those three objectives applied for disadvantaged.

PHIL WILSON: Will each be targeted in terms of what activities are done to address it and will each of those targeted areas health, community support and housing be measured separately.

RANDALL BROWN: Have to be.

PATTIE BAROVECHIO: If the recommendation from the council that we limit this. I thought we were looking at trying to stick with one or two. Do we feel like we have the capacity to address three objectives?

RANDALL BROWN: If I am being honest with you, at this point, no. But it's a five-year plan. My hope is that we get our staffing issues rectified quickly in the coming year and get a team in place that would be able to meet those. But I will be frankly honest, an unpopular opinion. It is going to be a very heavy lift. And I understand completely how hard this is and how important every bit of this is. I have to be honest on behalf of the staff at present it's going to be a very heavy lift even with these three as your targeted disparity. They are going to have to report on all three of these areas to our federal partners routinely on each one showing progress on each of these three objectives routinely. Again, just for your knowledge, that is going to be a lot for the staff to do at this point. The staff already have the legislative agenda have to be dealt with. That is ambitious and I support it. This is going to be a lot of work for them. Have to be clear about that. Lot of work. Why our federal partners suggested to me that we select one as hard as it is. We select one say health or housing or community supports simply because we are going to have a period of transition as a council staff

for at least the next year, if not longer. So we are going to have challenges to meeting these goals. Will eventually have ramifications for us. I don't know exactly when. When they give you advice like this it's friendly advice, but also really need do this because you are going to run into problems later if you don't. How it was expressed to me. Why I am saying to you we really, really, as tough as it is, we really need one objective. What our federal partners told me. I can do exactly as y'all are saying. Certainly does pair things down. I know will help make things easier to have the three. I commend y'all on that. I know all of this is hard, that we as a committee had a tough time doing it. Perfectly will understand. Everything in this plan needs to be done. We get it. But we do have to look at resources in terms of staffing when it comes to this.

MATTHEW RIVIRA: Thank you for that impassioned advice that only you would have, and I appreciate it. I withdraw my motion on the fact that it's just too ambitious and too robust. I will just withdraw that motion. While I am in support of community living if I had to have my priority it would be housing just because of what we are experiencing in Lake Charles as well as statewide. But I will just withdraw my motion and listen to the group's advice.

RANDALL BROWN: If there is no objection Matthew has withdrawn his motion. Is there any objection? With no objection, the motion is withdrawn. Now we are at the point of which one, cause I think we are all in agreement, seems to be in agreement now that the motion is withdrawn seems to be consensus that the three areas of emphasis under community living have the most support. And so which one of the three would we as a council prefer to target as targeted disparity.

JILL HANO: How many objectives have we had in past five-year plans? And now that you are talking is covid factoring into the number.

RANDALL BROWN: Obviously covid is affecting everything about our lives. It's going to make it more challenging to meet the plan. Bearing in mind, a five-year plan. A long time to get it done. However, once it begins you have to report on everything within that targeted disparity regularly. Reports will have to be

issued and done and submitted. You would have to ask Courtney exactly how regularly. From what I understand, quite often. Looking at your plan in total lasering in on what is your targeted disparity. The one thing you said you really want to see movement on. If we choose community living and supports, my understanding everything under there, under those three would have to be measured and reported routinely. A lot of work on staff to do at any point in time. To your question Jill about previous plans, all of our plans have been ambitious, and our federal partners have noticed that. While they commend it, they have personally told me given the fact that we are under, so understaffed that they didn't feel like selecting more than one would be prudent. Because we will have staffing delays or shortage for, I would say probably at least the next year, if not two years. Going to have to allow time for a new director to come in and get accustomed to things and get their plan and staff together. You will have about a two-year period, we suspect, where you would have less staff than you normally would. Y'all bear that in mind. Just the messenger.

JILL HANO: I think we are losing track of the goal. Because I don't want to undermine the committee spent virtually four days on. But at the same time like what are we trying to do right now.

RANDALL BROWN: Now the motion has been withdrawn. Now we have to decide, I think we are all in agreement, the community living and supports is where we are targeting our effort. Focusing on those three. Now you have to decide whether you want to do all three, whether have the goal as the objective. Therefore all three of those targeted areas will have to be reported on routinely to federal partners by our staff for the five-year plan. Or do you want to select one of those three areas of emphasis. Which is what the federal partners are recommending us to do. Do you want to select one, say health and not picking out a suggestion? Picking the first one. Do you want to pick and say health is targeted disparity? Do you want that to be the targeted disparity that we use and then apply disadvantaged persons to? Or do you want housing. Another one that was popular. What we now

have to decide is do we want what we had the goal as the objective with three, the goal is the disparity with the three objectives. Which will be a heavy lift. I am being honest, for the staff, to do. I will say this, our federal partners told me even when we were fully staffed the current plan we were under they regarded it as too ambitious. They told Shawn and Sandee both that when it was passed. They admire our work and said y'all can do great things. We will let you do it, but they thought the current plan was too ambitious. And now add in the issue of down two senior staff members and have the effects of covid and all these things in play right now and have staffing issues for at least the next year, I would suspect. We have to really weigh that. I think it's important to weigh that as we think about this. What do we want to be our targeted disparity? The goal or choose one of three objectives. Mr. McGee.

HYACINTH MCKEE: It's actually McKee. I have to say that because my family would be livid if they hear the word McGee over and over again. Happens a lot though. I just wanted to put us back on track. Usually why I have my hand up. Just wanted to get clarification from our chair are you entertaining a motion at the time?

RANDALL BROWN: Yes. We need a targeted disparity today.

HYACINTH MCKEE: If it's okay, I would like to make the motion if you are entertaining at this time. I would like to make a motion that number two targeted disparity disadvantaged population be aligned with community living and supports targeted area housing.

RANDALL BROWN: Do I have a second to Dr. McKee's motion. Mitch seconds. So I have a motion from Dr. McKee is to apply our targeted disparity of disadvantaged persons to the objective of housing under community living and supports. Mitch seconds. Do we have any discussion?

PHIL WILSON: Real quickly. I am like Hyacinth and several other people, Matt and some other people, housing is huge. Also like Steven and some other people talk about health. My only concern is we go through a vote on one and people then aren't cognizant of if this doesn't pass then perhaps, we go to health.

Is it within parliamentary rules to do sort of a role call and ask people to vote? I mean to put all three of them and have people state which of the three objectives they feel is the highest priority to them or who they represent.

RANDALL BROWN: I would have to ask our parliamentarian that question to be precise about it. I think you are asking for us to rank which ones has the most votes.

PHIL WILSON: Whoever is calling roll call to state which one and staff are recording you only get one vote.

RANDALL BROWN: Asking us to vote for the one we like best and whichever one got the most votes would be the targeted disparity.

PHIL WILSON: What I am suggesting.

RANDALL BROWN: Madam Parliamentarian, is that allowable.

NICOLE LEERSON: The current motion is on applying the disparity to the community living and supports housing. If that is, you must vote on that motion and only that motion. If it is voted down, at that point someone can make a motion which essentially is filling a blank that says I vote that, I move that we select housing community supports and health. And in whatever order that motion is made we then take a roll call vote on that item in that order. Whichever receives the majority vote first will be the one that is selected. But at current you need to vote on the motion that is pending. If you vote it down someone can then make a motion to essentially filling in the blank. Which is I move that we choose these three options and recognizing that you can only have one, whatever order in which those items, multiple items are named we vote on them, you vote on them and whichever receives majority vote first is the one that is selected.

RANDALL BROWN: Now we need to vote on the motion before us which is to make housing our targeted disparity. If you vote yes for this then you will automatically be choosing housing as targeted disparity objective for disadvantaged people. Again, our complete target disparity under community living and supports. To vote yes for this automatically choosing objective number three. If you vote no this will be

defeated. And if this is defeated then we will move into Dr. Wilson's suggestion of a roll call vote and say which one of the three that you would like to see with your one vote, that you would like to see be our targeted disparity. Move forward with a vote. If you vote yes, automatically choose the third objective of housing under community living and supports. If you vote no, this motion will fail, and we will entertain a motion to reintroduce Dr. Wilson's idea of choosing among the three. I am going to call for a roll call vote at this time.

COURTNEY RYLAND: Ms. Nicole Banks.

NICOLE BANKS: Yes.

COURTNEY RYLAND: Ms. Nicole Banks yes. Dr. Patti Barovechio.

PATTIE BAROVECHIO: Yes.

COURTNEY RYLAND: Dr. Barovechio yes. Ms. Kim Basile.

KIM BASILE: Yes.

COURTNEY RYLAND: Ms. Basile yes. Ms. Melissa Bayham.

MELISSA BAYHAM: Yes.

COURTNEY RYLAND: Ms. Bayham yes. Mr. Michael Billings.

MICHAEL BILLINGS: No.

COURTNEY RYLAND: Mr. Billings no. Mr. Rashad Bristo.

RASHAD BRISTO: Yes.

COURTNEY RYLAND: Mr. Bristo yes. Ms. Carmine Cetnar.

CARMEN CETNAR: Yes.

COURTNEY RYLAND: Ms. Cetnar yes. Ms. Lillian DeJean.

LILLIAN DEJEAN: Yes.

COURTNEY RYLAND: Ms. DeJean yes. Ms. Jill Egle. She is not at the screen. Ms. Michelle Guillory.

MICHELLE GUILLORY: Yes.

COURTNEY RYLAND: Ms. Guillory yes. Ms. Julie Foster Hagan.

JULIE FOSTER HAGAN: Yes.

COURTNEY RYLAND: Ms. Hagan yes. Ms. Jill Hano.

JILL HANO: Yes.

COURTNEY RYLAND: Ms. Hano yes. Ms. Roslyn Hymel.

ROSLYN HYMEL: Yes.

COURTNEY RYLAND: Ms. Hymel yes. Mr. Mitch Iddins.

MITCH IDDINS: Yes.

COURTNEY RYLAND: Mr. Iddins yes. Ms. Jen Katzman.

JEN KATZMAN: Yes.

COURTNEY RYLAND: Ms. Katzman yes. Dr. Hyacinth
McKee.

HYACINTH MCKEE: Yes.

COURTNEY RYLAND: Dr. McKee yes. Mr. Steven
Nguyen.

STEVEN NGUYEN: Yes.

COURTNEY RYLAND: Mr. Nguyen yes. Ms. Bambi
Polotzola. Mr. Matt Rivira.

MATTHEW RIVIRA: Yes.

COURTNEY RYLAND: Mr. Rivira yes. Ms. Temisha
Sonnier.

TEMISHA SONNIER: Yes.

COURTNEY RYLAND: Ms. Sonnier yes. Ms. Mary
Tarver.

MARY TARVER: Yes.

COURTNEY RYLAND: Ms. Tarver yes. Dr. Phil Wilson.

PHIL WILSON: No.

COURTNEY RYLAND: Mr. Wilson no.

EBONY HAVEN: Eighteen yeses, two noes.

RANDALL BROWN: So the motion passes. With that
issue now decided we have to now talk about our
committee reports, correct Courtney?

COURTNEY RYLAND: Actually, we have only decided
the targeted disparity and which objective to assign it
to. We need to have a motion to adopt the five-year
plan. Now that we have compiled this information let
me get it all together in a document to share on the
screen.

HYACINTH MCKEE: Mr. Chair, are you entertaining a
motion to approve the five-year plan or is the council
reviewing the five-year plan? Are we entertaining a
motion?

RANDALL BROWN: A motion to approve the five-year
plan. Courtney is currently adding in the language we
just passed. The next thing we will be doing we will
be entertaining a motion to pass the five-year plan.
Seeking approval for the five-year plan. With that you
can see what our objectives and goals are. I will
entertain a motion.

ROSLYN HYMEL: Is this going to be with the health

plan on it.

RANDALL BROWN: During our plan yes. If this plan passes than yes.

ROSLYN HYMEL: I didn't know if I was reading this correctly or not.

RANDALL BROWN: First objective under community living and supports.

MICHELLE GUILLORY: Like to pose a motion to accept the plan as written.

RANDALL BROWN: A motion from Ms. Guillory to accept the motion as the plan is written. Do I have a second to Ms. Guillory's motion?

NICOLE BANKS: Second the motion.

RANDALL BROWN: A motion from Michelle and a second from Nicole Banks to accept the five-year plan as you see written before you. Is there any discussion of the motion? Hearing no discussion, is there anything in our chat box pertaining to this motion? Hearing none, asking now for a roll call vote to accept the five-year plan as you see written on your screens.

COURTNEY RYLAND: Ms. Nicole Banks.

NICOLE BANKS: Yes.

COURTNEY RYLAND: Ms. Banks yes. Dr. Patti Barovechio.

PATTIE BAROVECHIO: Yes.

COURTNEY RYLAND: Dr. Barovechio yes. Ms. Kim Basile.

KIM BASILE: Yes.

COURTNEY RYLAND: Ms. Basile yes. Ms. Melissa Bayham.

MELISSA BAYHAM: Yes.

COURTNEY RYLAND: Ms. Bayham yes. Mr. Michael Billings.

MICHAEL BILLINGS: Yes.

COURTNEY RYLAND: Mr. Billings yes. Mr. Rashad Bristo. We will move on. Ms. Carmen Cetnar.

CARMEN CETNAR: Yes.

COURTNEY RYLAND: Ms. Cetnar yes. Ms. Lillian DeJean.

LILLIAN DEJEAN: Yes.

COURTNEY RYLAND: Ms. DeJean yes. Ms. Jill Egle. We will move on. Ms. Michelle Guillory.

MICHELLE GUILLORY: Yes.

COURTNEY RYLAND: Ms. Guillory yes. Ms. Julie

Foster Hagan.

JULIE FOSTER HAGAN: Yes.

COURTNEY RYLAND: Ms. Hagan yes. Ms. Jill Hano.

JILL HANO: Yes.

COURTNEY RYLAND: Ms. Hano yes. Ms. Roslyn Hymel.

ROSLYN HYMEL: No.

COURTNEY RYLAND: Ms. Hymel no. Mr. Mitch Iddins.

MITCH IDDINS: Yes.

COURTNEY RYLAND: Mr. Iddins yes. Ms. Jen Katzman.

JEN KATZMAN: Yes.

COURTNEY RYLAND: Ms. Katzman yes. Dr. Hyacinth

McKee.

HYACINTH MCKEE: Yes.

COURTNEY RYLAND: Dr. McKee yes. Mr. Steven

Nguyen.

STEVEN NGUYEN: Yes.

COURTNEY RYLAND: Mr. Nguyen yes. Ms. Bambi

Polotzola.

BAMBI POLOTZOLA: Yes.

COURTNEY RYLAND: Ms. Polotzola yes. Mr. Matthew

Rivira.

MATTHEW RIVIRA: Yes.

COURTNEY RYLAND: Mr. Rivira yes. Ms. Temisha

Sonnier.

TEMISHA SONNIER: Yes.

COURTNEY RYLAND: Ms. Sonnier yes. Ms. Mary

Tarver.

MARY TARVER: Yes.

COURTNEY RYLAND: Ms. Tarver yes. Dr. Phil Wilson.

PHIL WILSON: Yes.

COURTNEY RYLAND: Dr. Wilson yes.

EBONY HAVEN: Nineteen yeses. One no.

RANDALL BROWN: The motion passes. Ladies and gentlemen, thank you. Our 2022 to 2026 five-year plan. Now our next item is our grievance committee report. Call on Mr. Mike Billings who graciously agreed to be our chair. You have the floor.

MICHAEL BILLINGS: Good afternoon. The grievance ad hoc committee met July 22nd. At that meeting the committee voted to approve a committee charter. The committee then worked on initial outline of a grievance form using forms currently in use by LDH and one or more of the Families Helping Families centers. The committee agreed to use the LDH form as a primary

template and review Families Helping Families grievance form for items to adopt such as timelines for action. Committee member Liz Gary agreed to reach out to ITAC, the Information and Technical Assistance Center for council on developmental disabilities regarding grievance policies and procedures currently in use by the councils. Any other legal requirements, guidance regarding public and/or anonymous submittals and timelines and best practices used. That is a summary of my report on the grievance committee. Do I have any questions?

RANDALL BROWN: I don't have any questions. But I do want to tell you I did speak with LDH legal on some of our other issues and they did indicate they would be sharing with me some suggestions I could pass along to the committee. Once that is done, and it may already be done, I haven't checked my email today. I will be getting with you Mike so you will be getting those recommendations to pass along to your committee for consideration.

JILL HANO: I don't know if this is in the folder or not, but what specific grievances are you referring to or should I ask later?

MICHAEL BILLINGS: Basically working on a grievance procedure where folks who have a grievance, whether a council member, anybody can file a grievance for the committee for the council to review. The committee is working on a procedure for that. So basically if you had a grievance for some council to address you would submit the form and there would be a procedure in place for it to follow to make sure it gets a proper and adequate response. Anything else?

LIZ GARY: Just want to make sure you had received the follow up from ITAC cause I had reached out to Sherly and she responded they didn't have any specific things that ITAC recommended. And she said to just look at different areas and states and you can Google that kind of stuff. Just want to make sure you had received that. Cause it did come back to myself and I think she CCed Shawn and Marilee on it. I can't remember. But want to make sure you had received that so that we weren't getting anymore follow up from ITAC on that.

MICHAEL BILLINGS: No. I don't believe I received

it.

LIZ GARY: Okay. I will find it and send it your way. I apologize for that. Do we know when we will be having another meeting on that?

MICHAEL BILLINGS: To be scheduled.

LIZ GARY: Great. Thank you.

MARILEE ANDREWS: Just to jump in, and Liz to provide some clarification, the information that the correspondence you received regarding ITAC was put in an agenda for the second meeting of the grievance ad hoc committee. Which was sent out to everyone and it was meant to be August 7th. So that information wasn't intentionally withheld or overlooked. The committee was going to review it at their second meeting scheduled for August 7th. I believe at the time Randall was still the chairperson. It was canceled to be rescheduled at a later date when our chairperson Mr. Brown advises. Just wanted to share that with you all for transparency purposes.

MICHAEL BILLINGS: Thank you. If we have nothing else, I can move onto the self-determination and community inclusion committee report.

RANDALL BROWN: Hearing nothing else you have the floor.

MICHAEL BILLINGS: Thank you. The self-determination community inclusion committee met on October 20th. Don't have any recommendations for the council to consider. However, did have a discussion about self-advocate representation in LaCAN and Partners in Policymaking we felt was important to share with the council. And I would like to ask Lillian to give us a brief on some of the information you shared with the committee.

LILLIAN DEJEAN: Thanks Mr. Mike. I am just going to give the same spill I gave self-determination and inclusion committee. But before I jump into official business, I would like to welcome our newest council member, my cat Cecilia. She may have slept through the entire meeting, but I really think she can make some real change in our community. Now she is leaving cause she's angry. I am going to share some numbers on the screen. Mr. Brenton, I remember you shared that in an email. Would you help me pull that up? Is that possible?

BRENTON ANDRUS: Sure. One second.

LILLIAN DEJEAN: Thank you. You think being a teenager on the council I would be more tech savvy, but unfortunately not. Thank you. Appreciate it. So at the last council meeting we received our public input survey report and I looked at the people that we solicited input from and if I am remembering correctly only about 8 percent was composed of self-advocates. I started wondering where are our self-advocates. So I asked our staff to pull some numbers for me regarding self-advocate participation in LaCAN and Partners in Policymaking and the numbers I received were rather striking. Just a quick overview. We have a total of eight LaCAN leaders across the state. Every single one of our LaCAN leaders are parent advocates with one identifying as self-advocate as well. We have a total of 6,160 members of LaCAN. Only 169 of those are labeled as an individual with a disability. While we have 1,023 labeled as parent or family member. So if we are relying on these numbers people with disabilities only make up about 2.47 percent of our LaCAN members. In regards to Partners in Policymaking I asked our staff to pull numbers from the past three years. Specify 2018, 2019 and 2020. For the participants, the data is based on those that graduated from 2018 and 2019. 2020 based on those accepted since they never got to finish their class. Over the past three years total of 61 participants. Yet only ten of those participants were self-advocates while the other remaining 51 were parents. That means only 16.39 percent were individuals with a disability. Lastly, I asked for numbers on our presenters. So we had a total of fifty presenters in the past three years. Only four of those were self-advocates. Only 8 percent of our presenters. And I think it's really important to learn from everyone in our community, from parents and from professionals, but I think it's especially important to learn about disabilities from people with disabilities. I think it's safe to say self-advocates only make up about 2 percent of our LaCAN members and we have like one self-advocate as a LaCAN leader. Our policy endeavors may not be reflective of what self-advocates want and need. We really need to make a more concerted effort moving forward to solicit input from a more

well-rounded group of stakeholders. Really vital to make room at the table for everyone. I guess the question now is how do we move forward. Because these numbers aren't good. Very uncomfortable numbers. Firstly, we need to make everyone aware of these numbers. All of our LaCAN leaders need to know that we are prioritizing soliciting more input from self-advocates. Our PIP coordinator needs to be aware so she can also make more concerted effort to include self-advocates. In addition to that, whenever we get a new executive director the council needs make it crystal clear this has been an issue for a long time, but we need to do better and trying to do better. As a council we have a responsibility to model trust, inclusion and respect. Cause these are the foundations for a community. I don't think I am the only one feeling this council hasn't felt like a community for a long time. Not be able to get self-advocates involved without this. People with disabilities tend to be more isolated than our able-bodied peers. We're looking for community. I think we also should increase our opportunities for community to learn about our history and our culture. Cause that's also a huge part of community. So many people don't know the disability community has a rich culture. It's not expressed in our media. I didn't know we had history until a couple months ago when Crip Camp came out on Netflix. I was missing history for 18 years of my life. We already have opportunities in place that we could be infusing with these stories of our past, right. We had disability rights day a couple months ago. But it was very unusual because it felt like testimony day. And I think testimony is one of our most useful advocacy tools. Yet testimony is usually used for fighting. Fighting for our services, not celebration. That could have really been an amazing opportunity to celebrate our community and make it something to be proud of. Because I think we should be proud of our community. Make it positive, right. Say this is where we are at, this is where we came from, and this is where we want to go. So in summary, we have some numbers here. Not good numbers. But in this period of transition and in this period where we don't have a lot of direction we can do better. We can look at these numbers and make

these numbers not our numbers anymore. I think I have talked enough. I am sure most of you agree with that. I want to hear from you guys. Collaboration is where the magic happens.

RANDALL BROWN: Thank you. Mike, do you have anything else to add.

MICHAEL BILLINGS: I do have some to add. Jill, you had your hand up I see. You are muted.

JILL EGLE: Lillian, what you said I think the DD Council needs to embrace more self-advocacy at the state and national level. The more representation agency has with self-advocates about who they are and how they can make a difference in their community moving forward is the best gift ever. Cause I know that things are changing in Louisiana yearly. I feel that we all need to move forward with self-advocacy and getting support. Especially from the DD Council. I need all the support because I can't do it by myself.

MICHAEL BILLINGS: Thank you Jill. Lillian, I expect you to carry the torch and keep our feet to the fire.

LILLIAN DEJEAN: I will, but I need y'all's help too.

RANDALL BROWN: You have it.

LILLIAN DEJEAN: Okay. Cause I am expecting it.

MICHAEL BILLINGS: So we will move on. The committee also received updates on contractual activities and goals one and two of the council's FY20 action plan. A few things to mention, the Partners in Policymaking ad hoc committee voted on by the council at its July meeting we will meet on October the 29th to discuss how to move forward at this time. We also looked at the quarterly and yearend data for Families Helping Families center. This information is linked in our committee's agenda on the website. Most of the centers had difficulty reaching their advocacy due to the covid 19 pandemic and council suspending of in person activities. We also received an update on act 421 children Medicaid option. This is Louisiana's program designed to serve the TEFRA population. The programs application was submitted to the centers for Medicare and Medicaid service CMS on September 1st with a requested implementation date of January 1st. Unfortunately, there is not a lot of confidence

approval will be received in time to start on January 1st as CMS has not sent over its first round of questions. The stakeholder group is also looking for more representation from families so anyone who is interested in participating should send an email to, I am going to spell it out 421-CMO@la.gov. Also an update on the impacts of the special session was also shared by Jen Katzman and Julie Hagan. We found supplemental appropriations bill about 36 million-dollars will be going to providers. A little over 6 million go towards retainer payments for adult daycare center services. And the remainder for a temporary rate increase due to covid. Lastly, we continued our discussions from our July meeting about the appendix K waiver exceptions that were implemented at the start of the pandemic. At this time, the exceptions are set to expire on January 21st, 2021. And that is all I have for the committee report. And do we have any questions?

JILL HANO: What did you say the stats from the public input was?

MICHAEL BILLINGS: Sorry. Not following you.

JILL HANO: The self-advocates, what did you say the number was for self-advocates that participated in the last public input?

LILLIAN DEJEAN: Please don't quote me on this. I would have to pull the public input back up. If I am remembering correctly only 8 percent of total public input survey was submitted from self-advocates. Again, don't quote me.

JILL HANO: I'm going to quote you all day every day. Thank you.

MICHAEL BILLINGS: That will conclude my report.

RANDALL BROWN: The report will be filed. I am going to break with the scheduled agenda because we have the Office of Aging and Adult Services I believe needs to go next due to time constraints for them. Whoever is representing the Office of Aging and Adult Services today you have the floor.

ROBIN WAGNER: This is Robin Wagner speaking and thank you Courtney for pulling up our report. It is, as usual, an accounting of the numbers served in both our Medicaid community-based program and then traumatic head and spinal cord injury program and state personal

assistance program. On the next page of the report the data for adult protective services program serving nonelderly elders who are, excuse me nonelderly individuals at risk for abuse and exploitation. A couple things I want to highlight for you as being somewhat out of the norm. If you go to the waiver registry wait list portion of this, we had accomplished elimination of the waiting list for adult day healthcare waiver at least in regions where we have an ADHC center. Folks on a list interested in getting that service if a center should open in their area. Basically, eliminated that waiting list. And then in early March adult day healthcare centers were ordered to close their center-based services because of covid. We have seen our waiting list grow because of the center closures. On the community choices waiver registry there is an important distinction to be made between the 10,675 people who are on a list requesting that service. And 5,641 who are waiting without a service. That's just by way of pointing out of the over 10,000 who are on the registry for community choices waiver about half of them are receiving another home and community-based services. Good news that while they are waiting at least they are getting assistance in their home. I should mention that because with the advent of the pandemic we had to stop, seriously reduce face to face contact between our support coordinators and our participants that we did see a slowdown in admission to our waiver program and our long term personal care services program while we were putting into place methods and protocols for remote assessment and remote contact. Happy to report that the backlog that we had for people applying for long term personal care services was eliminated at the end of July. So we are able to process people into that program and have been doing that. And then on the community choices waiver we are resuming waiver offers so the progress that we have been able to make in reducing the number of people waiting on the registry without services is going to resume again. Also during the period of covid I wanted to mention despite some of the barriers to working with individuals in nursing homes we have been able to continue and complete a good number of transitions. Since the public health

emergency was declared we have transitioned 109 individuals from nursing home into community-based programs. And that is my report. And thank you so much for letting me go out of turn. I have another meeting I have to get to at three.

RANDALL BROWN: Thank you Robin. Any questions about the report? Hearing none, the report will be filed. Thank you. Next speaker will be from the Bureau of Health and Services Financing or Medicaid.

JEN KATZMAN: Thank you. I am going to pull up our monthly report and share it as well. The basic information has already been provided on the act 421 implementation. I don't necessarily need to repeat that. But if you have any questions let me know. I also am going to go ahead and type in the chat box the email address that was read out loud just in case. I accidentally sent it only to the panelists. But I am going to send it to panelists and attendees so everyone can see it. So we are moving full steam ahead with implementation there and continuing our stakeholder workgroup meetings. In addition to that, pulling it up right now. You should be able to see it in just a second. Let me know if you can't. Act 421 timeline. Also I did want to point out that we do have a website for act 421. Our main page LDH.gov/421. You can find any resources on that program implementation or stakeholder meeting presentations, our application to CMS. Basically all the general information and contact information is on that website. It's in our quarterly report. Also we have regular updates in our standard quarterly report under permanent supported housing and money follows the person program. I do want to point out on money follows the person that there was an additional allotment announced just recently on September 23. So CMS developed supplemental funding opportunity to the demonstration states of which Louisiana is one. So we will be applying for that funding. And we can get up to 5 million-dollars in additional money follows the person grant funds. We will be applying for that in order to accelerate those, the LTS system transformation design. Self-direction. We have our two agents, Acumen and Morning Sun. Fully operational and underway. And we have resumed our stakeholder meetings. Our last stakeholder meeting was

recently held October 7th. And we will be having a larger meeting scheduled with all of the self-direction employers in the coming weeks. Electronic visit verification, which is a federal requirement for home and community based personal care services is implemented. It's now finished implementation in the final stage. Which was for early and periodic screening diagnostic and treatment services for personal care. So for those who like acronyms, even though we are not supposed to have alphabet soup, EPSDT PCS. Early periodic screening diagnostic treatment personal care services. And that was one the last service we needed to implement it with, and it went live October 1st. It was the first service that we had in our legacy Medicaid and now also in managed care. It took a little longer to implement since it crossed over. Below are our behavioral health stats that are in our CSOC waiver participant count by region. And advocacy report we always include. I won't go through the details on there. It is posted through the DD Council if anyone wants to look. For applied behavioral analysis we have through August 2020 this was our latest data. Persons with autism spectrum disorder who are in the chism class is a little over 2100 now. And we have expended 2 million-dollars. All that is there. Any questions? That is it for me.

RANDALL BROWN: Thank you. Your report will be filed.

ROSLYN HYMEL: Can I get that paperwork from you so I can see it in writing.

JEN KATZMAN: Definitely. I filed it late this time. The DD Council does have it now so we can get it over to you.

RANDALL BROWN: Thank you. Next Michelle if you would like to give your report.

MICHELLE GUILLORY: I do believe my report is online and to save time for everyone I would like to just highlight a few things. Due to covid all of the meal sites, the councils on aging and senior centers are still closed. They will remain closed until the governor releases them to be opened up. Cameron and Calcasieu, the evacuees are still, the senior population and the disabled population are still somewhat dislocated. So we are working to make sure

they get food and make sure their needs are being met. Working heavily with emergency management coalition for the aging and disabled. EMDAC for short. We have been working tirelessly with a core group of individuals to triage the shelter and non-congregate sheltering to make sure durable medical equipment or other needs are being met. Now meeting weekly to make sure those folks out there that are displaced have what they need. The elderly protective services unit had to suspend the face to face interviews during covid. We are now going out and doing face to face interviews for high priority and our medium priority cases. Previously sent to law enforcement. Now we are able to see those folks. As a reminder October 15th was the beginning date for open enrollment for Medicare part D. End on December 7th. If you are on Medicare or someone on Medicare, you need to look at your plans and make sure those plans are working for you. You can call the aging and disability resource center for free help. If you would like to do so. In my packet the phone number is listed. Any questions?

JILL HANO: What program did you say specifically was suspended.

MICHELLE GUILLORY: Elderly protective services unit. Helped elders who were exploited, neglected or abused. I see in a chat Ms. Hyacinth asked what constitutes elderly. In our state from federal guidelines is 60 years or above. But we also serve the disabled community through our aging and disability resource centers. Any other questions? Thank you, Courtney, for putting my report up.

RANDALL BROWN: Thank you Michelle. Your report will be filed. Next, we have the Office of Citizens with Developmental Disabilities. Julie.

JULIE FOSTER HAGAN: So you guys covered a lot in some of the committee meetings, but just provide folks with a little bit information as well. And I do apologize, our report was late. But you do have it and we can send it out as well. Make sure we do that next time. In terms of some of our hurricane and storm related information, we do still have 238 people that are home and community-based waiver participants in OCDD that are still evacuated. And we are continuing to work with them with the families and the support

coordinators to help identify resources and really help those families with planning in terms of whether they will be able to go back to the Lake Charles area or whether they need to look at potentially some other regions. The primary problem right now, as you guys mentioned in the planning discussion earlier, is housing for those folks. Again, still work withing those. Fortunately, a lot of people have been able to get back home or to find another a placement option. Still 238 displaced folks. In terms of covid response we have talked about this at the last meeting. But just for folks' information we do do a weekly report that you can find on our OCDD website that on a weekly basis identifies the number of people with intellectual and developmental disabilities who are supported through our home and community based waivers or who live in our intermediate care facilities and the number of covid positive cases that we have for those two groups of folks as well as hospitalization. And unfortunately, we have had some deaths for folks through our waivers and who live in ICF. That is updated and reported on weekly so you can find that information. Mike shared with you we did have some discussion in the community inclusion committee about the exemption. Just want to point out we did have a stakeholder meeting which we recorded, and that recording can also be found on our OCDD website that talks about those exemptions. I do continue to have a lot of families reach out to me with concerns about family members not being able to continue to be paid caregivers. And some concerns with the other options. So we are continuing to look at that. I will say that any changes to that on a long-term basis will take us a while to get put into place. We had started doing some research and ramping up our efforts on additional research regarding other states. A lot of comments that other states do allow family members to be paid caregivers. And we are aware of some. And also aware that there are some exceptions there as well. But we are trying to ramp up our research there and get a better idea so that when we do get back with stakeholders to look at that we have an idea and can share with you guys what some of those guardrails and exceptions are that are in place in other states and

some things we have been thinking through that may work for others. And so we are committed to continue to have that conversation with people. The other thing I will say, and Jen mentioned this too, we are closely monitoring CMS and we get new information from CMS on a regular basis about different things. So as of right now they are saying those exemptions have to end in January. But they have given us information that they are considering an extension. So if CMS does give us that extension then we will also look at what we need to do in terms of requesting other extensions for some of the exemptions that we have in place. So we are closely monitoring those things. We did, in the last couple of weeks, put guidance out that our adult, the official license is called the adult daycare license. But we typically call them day programs or day hab facilities. And there was some guidance sent out about their ability to reopen if there was a low covid positive rate in their region. I did hear, or in their parish, sorry. Parish positivity rate. I did hear concerns from some families that about concerns about going back to the day program. I will share with you guys, once they reopen that is a decision that the provider will be able to make in terms of whether they are ready to reopen or not. And able to provide the safeguards and caveats we have in our guidance. Also up to the individual that went to that facility and working with their family or what not. If there is still a concern wouldn't be a mandatory return to the day program. That is why we are really encouraging people to talk with their support coordinators and come up with a plan that works for them. A lot of folks have asked me about some kind of specific guidance and we're trying to give guidance within a realm of what makes sense, but also understanding that every individual circumstance is a little bit different. That's why we really needed to engage in that person-centered process so we can help figure out what works for each individual as we continue to be responsive to covid and all of the things that are changing. Also in relation to the adult daycare centers or day habilitation centers we got a lot of comments from folks and some of the folks in Medicaid received some comments asking that we push forward with what is

called a virtual day habilitation. So there were some providers in New Orleans who started up a virtual day hab as a service. We did put in our appendix K a request for CMS to consider allowing us to add that as a service. We have not gotten CMS approval to do that yet. As soon as we do get that CMS approval, we do plan to implement that as an option. But that is really where our holdup is on that right now. That would be for virtual day habilitation and some small group community activities. We are waiting and hopeful that will come. And then finally, in regards to early steps we had during covid a lot of family members express concern to us about the teletherapy and the limitation we had on the in-home visits to early steps. A couple weeks ago we were able to reinstitute in home visits with some caveats. We are trying to limit the number of in-home visits to two per day. And the reason for that is because the primary concerns that the public health officials have is if you have a provider that is going to multiple homes in a day and at any point there would be an exposure to covid. Then bringing that into all of the homes. We're just trying to limit that exposure. We do plan to revisit that in early November when the governor makes his next announcement. And we are closely monitoring to make sure with those limitations of two per day to do an assessment to make sure that we have not seen any spread or any concern. And if we don't have any concerns, and again based on the governor's guidance and public health official guidance, we will continue to expand on those number of in-home visits that are permitted per day. I will stop there. Happy to take questions. I know we don't have a lot of time. And if there are individual questions then please do, we have several different ways you can reach out to us in OCDD with any questions or concerns you have on an individual basis.

MARY TARVER: Julie, I was wondering about telemedicine. I know some families that are very happy with the telemedicine for some of their therapies and I wondered if that was part of the conversation about the extensions. Would that be something that might be able to continue past covid?

JULIE FOSTER HAGAN: So I can say for certain that

is something we are looking to continue again for families who request that. We found there were families who were just adamantly opposed to teletherapy and really wanted that in person. But then we found other families who were saying no, we don't want anybody in the home who doesn't need to be. We want to have options available depending on what each individual situation is different. We are looking at that. We had actually been trying to have a teletherapy option in early steps for a while now. And really studying some of the best practices really. Unfortunately, it got slammed in there real quick. There are some trainings we think would be helpful. Some guidelines we think would be helpful. So we are working on that as well. I don't know if Jen has any more to say from Medicaid. I know with Medicaid and some of the telehealth options we have available in our state plan services they are looking at continuation of those. But Jen, I don't know if you have more details than that.

JEN KATZMAN: Sure. I can add a little bit, which is that we are looking to continue as much as telehealth flexibility during covid that we implemented after covid. Louisiana was one of those states already had a lot of telehealth flexibilities in place through managed care. And so we are able to continue that. One of the things that we are working on with the federal government is around flexibilities they provided temporarily on, not the services, but the way you conduct telehealth. They listed a lot of the security restrictions allowing you to do certain things on applications that might not have otherwise been allowed before or through the telephone. Basically flexibility on the way the telehealth itself is conducted. That we were otherwise prohibited from doing prior to those flexibilities being enacted through covid public health emergency. We have been appealing to our federal partners to try to get those to remain in place as long as possible or forever. Unfortunately, that decision is not up to our federal partners at CMS. It actually falls under a different department with health and human services on the federal level, OCR, which is, I forgot what it stands for. Office of something services. Basically in their

hands for consideration. So we continue to appeal to the White House for the flexibility to remain after the public health emergency ends. As it relates to the services as Julie said, we are looking to continue it as much as we can.

KATHY DYWER: On the early steps when you said the in-home visits limited to two per day, is that the early step provider being limited, or the family being limited to have two visits per day.

JULIE FOSTER HAGAN: No. The early steps provider. The family there is no limit there. May need to be telehealth as opposed to in person. And we have given some guidance so that if you got a certain number of visits, say speech therapy visits, then maybe stagger them. If you get two a week then try to stagger those so there is an in home with hands on and then potentially a telehealth. But no restriction or limitation outside of what is in the child's individual and family support plan and IFSP. Just the number of the actual in-home visits for the early steps provider.

RANDALL BROWN: Any other questions for Julie.

JILL HANO: Can you post your website in the chat Ms. Julie.

JULIE FOSTER HAGAN: I will try.

ROSLYN HYMEL: Is there a certain kind of link I could really pull up on your website? I don't know if I am saying this right. Is it like for every individual family or every individual center?

JULIE FOSTER HAGAN: Not sure I am understanding what you are asking.

ROSLYN HYMEL: What you were saying is there a link.

JULIE FOSTER HAGAN: The home, I am going to send, I am trying to copy and paste, we have an OCDD home page. And then we have an OCDD covid page. There is a lot of information there. We have our website separated out for providers and then for advocates and their families. And then a whole separate section just on covid. You can find all the information there.

ROSLYN HYMEL: What I would like to see where each individual home if there is a house rule for that family.

JULIE FOSTER HAGAN: What we do a lot of times, what we have done with a lot of the guidance that comes

from Department of Health through covid, if this is what you mean, we attempt to give guidelines for providers to be able to use. But then they can take those guidelines and make them stricter or make them more detailed. For example, I know Roslyn, you live in a community home, a group home with some other ladies. And some of our community homes we have folks who live there who don't really have a lot of medical issues, but then we have other group homes where you have people who have a lot of those underlying health conditions they talk about. So if you live in a home where you have a lot of individuals who get sick often, who get pneumonia, any of those other diagnoses, they might need to be stricter on things they are doing and having people coming in and out. It might be different for then than it does look for other people who live in community homes where they don't necessarily have that high risk. So our guidelines are sent out for everybody and really kind of give the minimum guidelines and help give assistance. But then up to each provider or each facility to then figure out how that works best for them. Does that answer your question?

ROSLYN HYMEL: We have three new members. We are not used to having them and don't know what kind of health they really have. She is coming from a home setting into a group setting.

JULIE FOSTER HAGAN: That would be where folks just need to talk about that person's individual situation.

RANDALL BROWN: Any other questions for Julie from other members? Anyone else have comments or questions for Julie? Thank you, Julie. Your report will be recorded. At this point we need to take a ten-minute break. When we return from our break we will hear from Department of Education on their report. Present it is 3:03. At 3:13 let's have everybody back. And turn your screens on when you get back to your computers, so we know you are present.

It's 3:13. Calling the meeting to order. Everyone please turn on your screens so we can see you. I am told that our representative from Department of Education had to leave us. So Courtney if the staff could submit their report into the record. Thank you. And our next presenter will be Dr. Phil Wilson from the

Human Development Center.

PHIL WILSON: Thanks to Bambi for letting me jump the queue here. I am going to be in a meeting coming up about 15 minutes with Mr. Thomas and some other folks. I am not going to go through our report. We submitted it. You have it. If anyone does have questions or concerns, please email me. I will put my email address in the chat box when I finish here. But I will just briefly mention, I am not going to go into a lot of detail because I have been talking to Courtney and also Chris Rodriguez at Disability Rights Louisiana and a couple of our staff from all three agencies have been looking at the data that Julie alluded to in her talk on the covid data. A number of questions and we have a concern. I will state our major concern, and maybe in this discussion it will be addressed and a great thing. Most of our concerns really have around not really having good definition of the variables that LDH is tracking. When we look at the data, we are not clear how to interpret some of it. We may be interpreting some things from the LDH data on number of individuals who have been tested, number of individuals who have been found positive, number individuals hospitalized, number of individuals passed away, etc. We just aren't positive we understand how those things are being defined. Don't really want to make a lot of statements until we actually have some better understanding of what those data really mean. My primary concern at this point, and I think probably for the others on this zoom meeting, had to do with plans for people living in either ICFs or home and community service settings who are contemplating or have, not clear on that, returning to whether it's treatment. I see Chris down there. Sorry if I am stealing your thunder here. Returning to those settings without knowing for sure whether or not they are covid negative. If that happens we are very afraid of doing something that is going to put lots of people at risk, both the individuals from those settings, the staff who are working in the day treatment or sheltered workshops, and the staff who are supporting them back in their residence. Not trying to say there won't be great answers and we'll all feel better. Julie's office, Mr. Thomas's office, our collective DD network

we will try to share whatever comes from that meeting with the council and the council members. That is all I really wanted to say unless Julie or Chris wants to add something to that before I jump off. All I got.

RANDALL BROWN: Thank you, sir. Any questions for Dr. Wilson about his report? Hearing none, sir, your report will be entered to the record. Thank you for your participation today. Comments in the chat box in relation to Phil's statements.

EBONY HAVEN: Ms. Kathy says I think families have the same concerns. I know I do. And most are high risk. Matthew says I share you concerns too. Not an expert on infection control, however, seems too soon to open day hab.

RANDALL BROWN: Thank you all for your comments. Our next item is Ms. Bambi and Governor's Office of Disability Affairs. You have the floor.

COURTNEY RYLAND: Mr. Rodriquez, would you mind giving your report for disability rights and then we will let Ms. Polotzola come back in.

CHRIS RODRIQUEZ: Sure. Can you guys hear me. Thank you. Apologize, I had to be absent earlier attending some meetings. Just very briefly. Phil kind of commented on I think what we were going to highlight just that we are in a collaborative process with our DD network partners. We are obligated to work together under the DD act, the piece of legislation we are all kind of established under. One of the programs, or one of the projects we felt might be good to have all this focus on. Trying to crunch the numbers and figure out what is going on with the data with respect to developmental disabilities and covid. I do want to say thank you to LDH. In case you haven't noticed, I encourage folks to check out the weekly, sometimes by monthly reports they put out there on the covid related stats for two different populations. One ICF folks and the other the waiver folks. Been having that up for the last several months. There is a metric that really helps us understand better what is going on and that was the number of individuals being tested that they have recently incorporated into that report. I think that is a really great metric that helps us continue to evaluate what is happening. Disappointingly however, I don't know how many folks have been able to get on the

LDH website and actually read their testing plan that was published several months back. Which does state the state planned to or has a goal of testing every individual living in congregate settings. And does specifically mention the ICF population. Wasn't until a couple weeks ago when we inquired about this to evaluate the success of that plan that we found out recently had they made it to 50 percent of the ICF folks. We have a meeting in a few minutes to discuss that. What the plan is to finish up testing there. But as Phil said, I think we have great concern with the fact these day hab programs have been allowed to reopen absent meeting certain goals with respective testing and knowing a lot of those folks are high risk. We have crunched the numbers and have stats we are going to share with LDH. Again, as Phil said kind of hard to interpret the information provided. Haven't got quite the metrics we want to have. But as example, a stat we have taken from their last three reports. The last three reports, again, the only reports that have let us know how many people have been tested. So between September 24th and October 15th we know that the number of people who were tested in that period, according to the reports, were 112 people were tested during that period of time. And of those 112 people, I believe, actually 139 people were tested during that period of time and approximately of the individuals tested within that time period approximately 45 percent came back positive. If that is the case, these are alarming stats that we want, number one, talk to LDH, which we are going to in a few minutes. To say are we missing something. What are we missing? Is the statistics that we have come up with accurate. And if so, doesn't that create concern. And if it does create concern, along with other stats that we are going to share with them based off their own reports, why are we opening up these day hab facilities that really facilitate the spread amongst a very venerable population. We're going be discussing that. As Phil said, definitely share some of how that goes. At least to a certain extent with the council as well.

RANDALL BROWN: Is that the conclusion of your report.

CHRIS RODRIQUEZ: That is.

RANDALL BROWN: Are there any questions is?

EBONY HAVEN: There is a comment in the chat, but no hands raised. Says by Ms. Kathy Dwyer, seems those stats seem to meet the same positivity rate as parishes do.

CHRIS RODRIQUEZ: We actually have those stats. I want to talk to LDH to make sure we are understanding the reports before we discuss them. Because they are pretty staggering when compared to the general population in terms of positivity rates.

RANDALL BROWN: Y'all will be meeting with them this afternoon.

CHRIS RODRIQUEZ: In about five minutes.

RANDALL BROWN: Don't let us hold you up. That is important work. Thank you for your report today. It will be entered into the record. And so next, Bambi, are you available for your report.

BAMBI POLOTZOLA: I hope I am. Thank you so much. We have our report that we submitted, but there is three things that I think in addition to that that I wanted to just share with you guys. Most importantly, which I think most of you should know, is that Saturday is April Dunn's memorial service at 10:00 a.m. It's going to be at St. Paul the Apostle Catholic Church in Baton Rouge. And it will be streaming on their Facebook page. St. Paul the Apostle Catholic church. People can attend in person. There will be all the social distancing rules will be in place. Just wanted to make sure you all were invited. I know her mom would appreciate your attendance or viewing of that on social media. The other thing is, which was in our report for the Governor's Office of Disability Affairs, and that is our annual gold awards and inclusive art contest. The deadline is November 2nd to submit nominations. And I hope that you do so. And we are not sure what format we will have it the awards this year, but definitely plan on having that in December. Please, I encourage you to submit nominees. I know you all know people who are very worthy of receiving that award. The other, a lot of the issues that have been talked about today are issues we are working on, so I don't want to repeat any of that. The last thing I would just share with you we are so excited and appreciative that we have Lillian DeJean has been

working as an intern in our office this past semester. And so just wanted to share that with you guys that she is there and really doing some great work. And if you think our office is doing any better it is probably because of Lillian. That's it. Answer any questions.

RANDALL BROWN: Thank you Bambi. Are there any questions for Bambi about her report?

ROSLYN HYMEL: I do have a question for you. You were saying about April, April Dunn's services. Would that be online? A certain link?

BAMBI POLOTZOLA: Yeah. It's going to be on the Facebook page of her church which is St. Paul the Apostle Catholic Church. I will try and find that and copy that link in the chat. St. Paul the Apostle Catholic Church in Baton Rouge. 10:00 on Saturday. Not tomorrow, but the next day.

ROSLYN HYMEL: For the other question I wanted to ask the other you was mentioning.

BAMBI POLOTZOLA: The gold awards. I will post the link in the comments as well.

ROSLYN HYMEL: Will that be on Facebook as well.

BAMBI POLOTZOLA: I don't know how we are going to do it. In the past you had to come in person, but this year I am confident we are going to have some type of online way for people to view it. Probably be through our YouTube channel. I will get that information to everyone as soon as we have that finalized.

RANDALL BROWN: Anyone else have any questions for Bambi? Thank you. So our next report will be from Louisiana Rehabilitation Services.

MELISSA BAYHAM: Good afternoon everyone. In my actual report that you have a copy of you will have the typical information we generally provide, and I can answer any questions that you have. But I just wanted to point out a couple things. But first I wanted to start with an update on customized employment cause that inadvertently did not get into the report. I think I reported before that LRS recognized we needed to develop a sustainable training model for people who wanted to provide customized employment training. We collaborated with workforce innovation technical assistance center and LSU HDC to develop a training for certification so that individuals could get certified in customized employment. So I wanted to let you know

where we are with that. At this point the LSU HDC staff have been trained under the online modules. And the training is done by the University of South Florida. But that training has been complete, and our next step have to identify some CRP staff to do the training, mentoring and technical assistance with LSU HDC. We are progressing with that. It got backed up a little bit, obviously, because of covid 19, but we are getting back on track to do that. So at some point after LSU goes through all the online training when they completed that, but go through the mentoring with the contractor which is University of South Florida and do mentoring while they are training some CRP community rehabilitation program staff then LSU HDC will be able to certify individuals in customized employment. So we have someone here in Louisiana that our vendors can go to to get that certification. That is the end goal of that. Just our covid 19 update. All of our offices are now open to the public. We are seeing clients in person, however some offices are electing to do that by appointment only to make sure we keep everything safe. We are still closed to the public here at the LWC the Workforce Commission main campus, but all of our offices, including Baton Rouge office which is actually across the street from us at the Louisiana Workforce Commission headquarters is open. And we are happy to report we are starting to see an increase in applications. And we are still seeing clients virtually if they elect to do so and still don't feel comfortable coming to the office. Definitely still doing it that way. And the last update I wanted to give to you is we are trying to employ what we call a REDS, rehabilitation employment development specialists which is a job developer in all of our offices. And we have since my last report we have been able to hire individuals in Monroe and in Baton Rouge. So we are still missing several regions, but we are still in the hiring process for that. We have gotten approval to hire many positions in LRS. I think most have closed already in civil service, but excited about that because a lot of problems and challenges that we have had recently it's because of the lack of staff. But we are in the process of hiring several individuals across the state. Most of which, obviously, are

rehabilitation counselors so that should help improve our customer service and wait time. Excited about that. That is all I have. Any questions or any other topic that you would like me to address I will be happy to do so.

RANDALL BROWN: Thank you. Does anyone have any questions about Melissa's report?

COURTNEY RYLAND: I have a quick question. Unfortunately, I was not able to attend the meeting yesterday. Want to make sure I have some clarity on something that was discussed. The council has been pursuing certification through Mark Gold and Associates for customized employment. Just wanted to make sure if any vendor or any employment support professional in the State of Louisiana chooses to get certified through any of these mechanisms. And once they have completed certification that they will be able to provide the customized employment service. Is that correct?

MELISSA BAYHAM: Yes. As long as it's an approved training program, which Mark Gold is, and they go through all the components for certification. I was not aware we were doing a cohort. But yes, as long as they complete the certification process.

COURTNEY RYLAND: I think University of North Texas also has a program as well.

MELISSA BAYHAM: I am not sure off the top of my head.

COURTNEY RYLAND: Just making sure what our options are. Thank you so much.

NICOLE BANKS: That was my question to piggyback off of the lady that just spoke. Anyone can go and get certified in doing the specialized, customized employment training, correct?

MELISSA BAYHAM: Are you asking if anybody.

NICOLE BANKS: Say if I wanted to go in this training, can anybody go do it.

MELISSA BAYHAM: Anybody can get certified. You will have to go through an approval process at LRS. If you are talking about a person who is not an established vendor with LRS, we do have criteria just involved to become a vendor of ours. But anyone can go get certified, correct. We just have to make sure it's approved by one of the certifying bodies.

KELLY MONROE: Melissa, is there any way we could

get something in writing that kind of like describes what is going to be an approved, just lost my train of thought. What would be an approved program people could go through? Some people are already utilizing other companies and so just want to make sure they would qualify, is it the same qualification besides certification team that you have for the other training. I think it says something about that it has to be a university-based training. Is that the same criteria with the additional certification attached to it?

MELISSA BAYHAM: Angela would be better at answering this, but I can tell you what we are requiring for customized employment is definitely a level above required for supported employment. We don't require certification in supported employment, but we are requiring certification in customized employment. We just have to verify that it is an actual certification that the person is receiving and not just certificate of completion. Some kind of competency-based certification.

KELLY MONROE: Is there any way we could get something in writing so we can send that out to the other CRPs.

MELISSA BAYHAM: Yes.

RANDALL BROWN: Any other questions?

JILL HANO: Courtney, I was in the other room. What were y'all saying about Mark Gold?

COURTNEY RYLAND: The council has been sending employment support professionals for customized employment training and certification and Mark Gold and Associates had been the company to provide that training.

RANDALL BROWN: Any other questions from Melissa and her report? Hearing none, thank you Melissa and your report will be entered into the record. I believe our final report for today is from the Office of Public Health. Not sure who is representing them today, but you have the floor.

PATTIE BAROVECHIO: Patti Barovechio here with the Bureau of Family Health. I have a very long report that has been submitted and is available online. I will just touch on the points that most I think are of the greatest interests to the group at hand. The

children special health services clinic offered in the public health units; these are specialty providers in areas that lack provider capacity. Meaning access to enough providers for particular services that accept Medicaid insurances and such. So those services are still available in those select regions. They have gone back to doing mostly in person visits. But telehealth services are still available to families who are concerned with doing face to face services. In addition, we have the family resource center that was another big shift with covid. We have the family resource center that was housed at Children's Hospital in New Orleans has now become a virtual resource center. It is available to serve any family that has a child or youth with special healthcare needs with resources and referral services. They can contact them. The contact is in my, I will put it in the chat when I am finished speaking. Direct email to the family resource center. And speaking of Families Helping Families, we are also partnering with Families Helping Families, the parent liaisons that used to provide peer support and resource linkage in the public health unit at the children's special health service clinic are now available to anyone in the community with a child or youth with a special healthcare need. That means peer support, system navigation. Resource and referral services at the community level. Anyone who wants to avail these services can reach out to their regional Families Helping Families organization. And the rest of it I think it would be easiest for everybody to review the report. Any questions?

RANDALL BROWN: Any questions for Ms. Patti about her report? Hearing none. Thank you and your report will entered into the record. That concludes our reports for today. We have a piece of business to finish before we move to public comment. Brenton weren't you asking earlier when we were talking about the legislative agenda about needing a dollar amount for the wage increase amounts being asked in the legislative agenda.

BRENTON ANDRUS: In general we need some guidance about what you are looking for in funding for direct support workers wage increase. In previous years when this has been done, they said we want to do a dollar

more an hour, 2-dollars more an hour. What is the council looking for from this particular item on the agenda so we know what direction we're supposed to go so we can start trying to create fact sheets?

RANDALL BROWN: Leave it for public comment. I recommend we follow previous historical what we have done and have a dollar amount attached. Say a dollar or 2-dollars more is what I would recommend. I will leave it now for discussion. How do we feel about it? Obviously, we approved it. The staff would need clarification how much we are asking for. Matt.

MATTHEW RIVIRA: Thank you for calling on me. I apologize I didn't participate in the committee meeting that came up with this recommendation. The Department of Labor classifies jobs based on a star rating. Currently a direct service worker is a one-star rating, basically the lowest of the stars. If we could raise it to a three-star rating direct service workers would qualify for a number of federal benefits as far as training, childcare, community colleges would essentially assist with training our direct service workers because they can qualify for federal funds. They can provide any employee to get trained at the community college level. I will be robust and say 2-dollar an hour increase. Although legislatively that may be a tough road. However, I see this as becoming a profession with the additional training and childcare that could be given to these individuals at no charge. And get people to go to school it's worth going for that high watermark. I will leave it at that.

KELLY MONROE: Just to give you an idea of what two dollars an hour would be. I believe last time restore the rate back to 2008 it was a 2-dollar increase, I believe. And it was \$38.8 million dollars of state general funds. That was without the match.

RANDALL BROWN: Thank you for that.

NICOLE BANKS: I worked in the direct support care for five years. And I got, when they got the little percent raise. To be honest, to hear a different side of the actual support care worker, it depends on what company you work for. Because some of them provide mileage for you to see people, some of them provide incentives for you. Some just provide the straight base. You know, I think the most you can get right now

is 16-dollars an hour. If you look at someone that has children that they don't have the education like that and has to pay rent, it's really not enough for them to sustain and have childcare and do their job proficiently. Especially if they are one of the companies that don't do the mileage and don't give incentives to help them out with the costs of doing the whole direct care worker. If we can have current data, not from 2008. We need current data that we can actually base our numbers off of so that we can get a more concise number of how to move forward as a 2-dollar raise. Like Matthew was saying, raise it up to a three-star position. Because it is lower. But that is a profession they need schooling for, training for. And it really helps people get to the place they need to be. Very important these direct care workers are feeling valued and want to go to these places. Because to tell you the truth, they need a lot of males in this area and males don't take these positions because they pay so low. And these men have families to feed. They are the bread winners, and you can't really do good work with 16-dollars an hour. Not going to help them feed their family. Just want the council to just take in mind of all of that coming from the other side of the actual direct care worker.

RANDALL BROWN: Thank you very much.

TEMISHA SONNIER: Thank you. I totally agree with Nicole and Matt. I have more questions. One of my questions on one thing that Matt said, and I am glad you provided that insight. That does help let us know if we were able to get direct support workers up in the department of labor that would help to support those funds not being taken out for the training and things like that. Allow for more income for them. How do we go about, or does someone know, asking the council members or Matt yourself, if that was looked into with the Department of Labor? How are those support workers able to climb the ladder with stars? What is the process of that happening? What is involved in that so maybe that could be something that is worked on. The other situation, who could we get, piggybacking of what Nicole said, who do we get to provide updated data. A certain entity to research that information to provide to the council.

MATTHEW RIVIRA: I worked with the local Lafayette Community College here and they informed me about the star rating, and it's based on wages. At the time, this was pre covid, it was a one star. What I am committed to doing is getting more details on the star rating and provide that to Courtney so she can share it with the group.

RANDALL BROWN: Do we need a formal motion or does everyone agree with the 2-dollar ask wage increase? Anyone who objects to 2-dollars an hour wage increase in the legislative advocacy agenda? Anyone that says no?

ROSLYN HYMEL: Instead of doing two I would suggest here could we go with 3-dollars instead of two.

RANDALL BROWN: We could. Certainly, a motion someone could make.

ROSLYN HYMEL: Could I make that a motion.

RANDALL BROWN: Two-dollars would bring us to a level that would allow workers to get additional benefits and training. I think given we had a long discussion earlier today that we will have a challenging budget year I think it's fair to leave it at two for now. Certainly, next year if things improve, we can look at raising that. I think the 2-dollars would be a fair ask. At this point. I would encourage the 2-dollars to stand at this point.

ROSLYN HYMEL: Some people where I am at in Jefferson.

RANDALL BROWN: I need a formal motion for this to be put in for the 2-dollar an hour wage increase for direct support workers.

ROSLYN HYMEL: I will make a motion then.

RANDALL BROWN: Does anyone second? Mitch seconds the motion. You have Roslyn who makes the motion and Mitch who seconds the motion. I am going to ask does anyone say no? Does anyone have a no vote for this? I am not hearing any noes.

TEMISHA SONNIER: I abstain.

RANDALL BROWN: Does anyone abstain?

KIM BASILE: Abstain.

RANDALL BROWN: Okay. Thank you. Kim and Temisha.

HYACINTH MCKEE: Abstain

PATTIE BAROVECHIO: Abstains.

RANDALL BROWN: Thank you. That is noted. So does

anyone else abstain? Does anyone object? Does anyone say no? Hearing no noes, this passed by majority. Thank you all. I have a comment, but I can't see the whole thing. Can you read it for us?

EBONY HAVEN: She said you can also add a caveat as someone stated earlier today to make it an annual commitment by legislators to increase a couple dollars per hour each year until they reach a livable wage.

RANDALL BROWN: Any discussion.

MITCH IDDINS: I make a motion we do that.

RANDALL BROWN: And so the motion would be to add the caveat, what was the language.

MITCH IDDINS: A commitment to a rate increase each year until we reach a livable wage.

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

NICOLE BANKS: I would second the motion.

RANDALL BROWN: Thank you. So we have Mitch's motion of a commitment to raising the amounts we ask for until we reach a livable wage and seconded by Nicole Banks. And so do I have anyone who objects to the motion? Does anyone say no? Do I have anyone abstaining? Kim. Temisha.

HYACINTH MCKEE: Abstains.

JEN KATZMAN: Abstains.

PATTIE BAROVECHIO: Abstains.

RANDALL BROWN: Thank you Patti. Anyone else abstain? Who says no? Anyone say no to the motion? Hearing none, it passes by majority. Thank you all.

JEN KATZMAN: This is Jen. Can I make a quick correction on the earlier vote for the 2-dollars? My zoom was not working. I couldn't unmute, but I would like to have the record reflect that I abstain as well.

RANDALL BROWN: Okay. It certainly will.

JILL HANO: This increase this is using state general funds, correct?

RANDALL BROWN: Yes. It would be.

BRENTON ANDRUS: For my clarity, are y'all looking at asking for 2-dollars this year with a commitment that it's 2-dollars every year after that until whatever we identify is a livable wage.

RANDALL BROWN: Yes, sir. As I understand it.

BRENTON ANDRUS: Do we have an idea what we consider a livable wage? What is the stopping point is

my question? Or just deal with that down the road.

RANDALL BROWN: I think that is something we can deal with down the road. Seems like Kathy is saying greater New Orleans is 15-dollars at present. If I read that right. We have our amount for this year. I think we can establish that down the road.

ROSLYN HYMEL: Getting 7.50 is not what I am looking for.

RANDALL BROWN: I understand.

NICOLE BANKS: I know you said a livable amount, but are we going to make sure the increase is actually going to go to the direct care workers? In our verbiage how we spell out funds should be used in regards to the wage increase?

RANDALL BROWN: Certainly, something we intend to do, yes. Any other questions? Hearing none, I think that concludes our business as far as I am aware. Do we have anything else that we need before we move on?

NICOLE BANKS: For all the people that is new to the council, I know they have people that are new, and we were told we have to tell someone, well you, what committee we want to serve on. Want to make sure I didn't miss it.

RANDALL BROWN: You can do it now or let me know through the office.

NICOLE BANKS: I definitely want to serve on education and employment. And the self-determination and inclusion committee.

RANDALL BROWN: You have to pick one.

NICOLE BANKS: Stick with education.

ROSLYN HYMEL: To be on the committee could you ever be on two committees.

RANDALL BROWN: For the two standing committees, self-determination or education, you have to pick one.

ROSLYN HYMEL: The act 378 would I be able to do on that too.

RANDALL BROWN: Everyone on the council can be on that if they choose. The standing committee. The two policy committees, which are self-determination and education and employment. The 378 subcommittee, everyone on the council can be part of that, should they choose. Just have to know who wants to be a voting member so we can keep quorum.

TEMISHA SONNIER: This may be, can't say off topic,

dealing with committees. One of the separate committee meetings or a council meeting brought to the council we would have a diversity committee. I might be saying the name wrong.

RANDALL BROWN: We are in the process of doing that. All the hurricanes and such have, we haven't made progress on it like I wanted. But that is something we are looking into. We will be forming that. Just not exactly sure when at this time. That is on my radar.

TEMISHA SONNIER: Thank you.

RANDALL BROWN: Is there any questions related to the business of the legislative agenda or anything we did today from the council? Anything we need to do before we wrap up?

COURTNEY RYLAND: I don't believe so.

RANDALL BROWN: Just wanted to make certain. Now we have the floor open for public comment. Anyone who wishes to make a public comment at this time?

EBONY HAVEN: There are two comments in the chat Randall. No one has raised their hand. Jen said she needed to correct the statement she made earlier in a question regarding telehealth. After covid public health emergency ends the federal agency in charge of the telehealth flexibility or method of delivery is Office of Civil Rights, not OCS. And then Ms. Kathy Dwyer says thank you to Randall for sharing and all council members.

RANDALL BROWN: Thank you for your participation today. Any other public comments? Do we have any announcements to make?

COURTNEY RYLAND: Just a reminder during the January meeting everyone needs to come prepared to have initiatives and activities to propose for the FY2022 action plan which will be the first plan of the 2022 through 2026 five-year plan. The five-year plan that was just adopted today will be put out for 45-day public review. And everyone will be able to submit comments to that. Those can be addressed before it is ratified in January. And then the action plan committee will be able to develop the activities based off of recommendations that you guys present during the January meetings.

RANDALL BROWN: Thank you for that Courtney.

Everyone make note of that. Are there any other announcements we need to make before we adjourn? Hearing none, unless we have an objection, I want to announce our next council business meeting will be January the 19th through 21st of 2021. We will see everyone then. And I want to thank everybody for your participation today and want to give a big thank you to the staff. I know this is a very challenging day. Very hard thing to control this many participants and so I want to thank you all for your work. And thank you all very much for attending today. Thank you to the public for your input. Couldn't do it without you. Hearing no objections, the meeting is here by adjourned.