

Louisiana Developmental Disabilities Council
Self-determination and Community Inclusion
January 21, 2021

MICHEAL BILLINGS: It's 9:00. I would like to see if we have a quorum.

BRENTON ANDRUS: We can do a roll call if you want. You should have a quorum, but we can go ahead and do a roll call.

MICHEAL BILLINGS: Yeah. Let's do a roll call.

BRENTON ANDRUS: Dr. Patti Barovechio. I don't think is on yet. Ms. Kim Basile. Mike, you are here. Mr. Randall Brown. Ms. Lillian DeJean.

LILLIAN DEJEAN: Hello.

BRENTON ANDRUS: Ms. Jill Egle. Michelle Guillory.

MICHELLE GUILLORY: I'm here. I just don't have video today for some strange reason.

BRENTON ANDRUS: Got you. Ms. Julie Hagan.

JULIE FOSTER HAGAN: I'm here.

BRENTON ANDRUS: Ms. Jill Hano.

JILL HANO: Here.

BRENTON ANDRUS: Ms. Roslyn Hymel.

ROSLYN HYMEL: Right here.

BRENTON ANDRUS: Mr. Matt Rovira.

MATTHEW ROVIRA: Here.

BRENTON ANDRUS: And I think I see Kim, you joined us.

KIM BASILE: I'm here Brenton.

BRENTON ANDRUS: You have eight members, which is exactly the quorum you need.

MICHEAL BILLINGS: All right. So good morning everybody. We're going to go ahead and call the meeting to order. We have a pretty jammed packed agenda this morning. Hopefully, everyone had a chance to review the virtual meeting protocols. As a reminder, committee members to be considered present you must be on camera, have your first and last name showing. Please have your mikes muted unless you are called on by the chairperson. Electronically raise your hand to request to speak and wait to be called on. For attendees, once recognized to speak by the chair your mike will be turned on. After speaking the mike will be returned to mute. First item would be the

approval of the January meeting summary. Hope everybody had chance to look that over. But I will give everybody a couple of minutes here just to take a look. Anybody have any questions or comments regarding the meeting summary? May I have a motion to accept the summary from the January meeting?

MATTHEW ROVIRA: Mike, I will make a motion.

MICHEAL BILLINGS: I have a motion by Matthew.

Anybody second?

ROSLYN HYMEL: I could second it.

MICHEAL BILLINGS: Thank you, Roslyn. Any public comment? Any objections? Any abstentions? Motion to approve the summary passes without objection. Move onto the next item, the contractual updates.

BRENTON ANDRUS: Sorry, just got word I think Jen Katzman has something that is going to have to leave a little early from the meeting around 11. So I don't know if you want to restructure briefly to allow her to give her update.

MICHEAL BILLINGS: Absolutely. Sure. Jen, are you ready now?

JENNIFER KATZMAN: Yeah. Hi, good morning. It looks like I'm on the agenda at 10:30. I don't want to make y'all restructure if y'all are not running behind if you want to keep going. I think the thing I am on the agenda for is act 421 update.

BRENTON ANDRUS: I thought it was at 10:30, but you know how we are sometimes.

JENNIFER KATZMAN: Happy to do it now. Apologies everybody for that. I have a conflict at 11 that I could not get out of. I think these shorter holiday weeks make it harder to schedule everything. We get double booked. On that act 421 children's Medicaid option, our TEFRA like program, I am really excited to say that we have been making a lot of significant progress and we are very optimistic and hopeful that we can go live on April 1st with that program. Which would mean as we talked about in our public forum a registration period and then subsequent application period to benefits. And we have been hearing from families and even our legislators about wanting to get that program off the ground and running as soon as possible. And the need for that program. So we're very excited to be this far along.

We have been having, as you know we submitted our application for the act 421 program September 1st. So it's been a while that CMS has had it for approval. They did start reaching out to us very late November with their questions. After going back and forth with them a few times on their questions, which is a very normal part of the process to obtain approval, we had two calls with them so far. Another call with them on Friday having to do with the financing. And we will continue to meet with them as we go. Our last conversation with them happened on December 22nd right before Christmas. And they told us that they were working very hard in January to get some urgent federal priorities complete. So we would not have time to finish the review of our program in January. But were very optimistic and hopeful they could get it done in this first quarter. Why I am optimistic we can go live April 1st. Of course it does still hinge on them being able to finish that review and approval because we do require that federal approval before we can move forward. But given that feedback is the first clue we have gotten from them on their timeline. So it was a good sign. A good sign for us.

So in addition to that, we have been working every single day on the programming needs to get it live. So without going into too much technical detail there, just know we meet pretty much every single day to implement this program on a systems front and make sure we will be ready within our eligibility system to help families as best as we can. We have also been working on our communications campaign so that we can start letting families know as soon as we can get a little more comfortable that we are going to have that approval that we can start letting families know when our registration period will be, and how they can access the services, where to go to register, what their next steps will be. The full requirements of the program. Just reiterating those every single time. Since there is a private insurance requirement to this program and other things like that which are unique.

And basically, I think the only other thing I wanted to update you on was kind of the status of the budget relative to the program. So FY22, which is our next fiscal year starting July 1st of 2021. And it

goes to June 30th of 2022. We are in the process of that budget request right now. It's being evaluated by our Division of Administration so an executive budget can be presented for the legislature for this upcoming session. In that the request the department did request annualization or what we mean by that is a full year of funding for this program. We had half a year of funding already. We just needed to make that a full year. So I believe I talked about that before. But what that means is 27 million-dollars. We have requested a total of 27 million-dollars for this program. If you actually read the budget request it might look a little different. Might look closer to 13.6 million, something like that just because that is the other half that we need to get to the 27 million total dollars that we have requested to fund this program.

And so that is well underway. As I talk about unfortunately at those meetings, we are in a precarious budget situation primarily due to covid reducing revenues to the state. Right now that funding is not currently on a cut list, but we are looking at everything and that decision is not ultimately up to us. We just watch and monitor as closely as we can for what may come or what the legislature may decide. And I would just say for those who are advocating for this program that this will be another difficult budget year. So just keep that in mind. I think that is my update. I don't know if there is questions. Kind of high level.

MICHEAL BILLINGS: I see several hands up. Jill.

JILL HANO: The 27 million-dollars, is that state general funds or federal funding? I think I ask this every time.

JENNIFER KATZMAN: A great question, Jill. It's total funding. So it is a combination.

JILL HANO: Okay.

JENNIFER KATZMAN: A combination of state general fund and federal fund. I think the state general fund component of the 27 million is somewhere around eight to 9 million. If I remember correctly. Of the 27 million, around eight to 9 million is state general funds and the rest is federal. Great question.

JILL HANO: Eight to nine?

JENNIFER KATZMAN: Yes, ma'am. Somewhere in there between eight and 9 million state general fund.

JILL HANO: Okay. Cool. Thank you.

MICHEAL BILLINGS: Matthew, you have the floor.

MATTHEW ROVIRA: Good morning Jennifer. Can you just give a brief update on act 421. As far as what the program accomplishes itself. You did give an update on the status and your work to try and get that program off the ground. But if you can give a brief summary of what is the program.

JENNIFER KATZMAN: Absolutely. Sorry about that. I probably should have led off with what it does. The act 421 children Medicaid option, as we named it, or 421 CMO cause we love acronyms in Medicaid is our TEFRA like program. Which means it is a program for children under age 19 who have a disability and who meet a required level of care to access Medicaid services. And so those are your traditional every day Medicaid services. Not special labor services. Not special home and community-based services. A door to regular Medicaid. Which your doctors' visits, your hospital care, your behavioral health, your pharmacy benefit. Anything in our core benefits and services under Medicaid. And so what I mean when to meet the eligibility requirements as far as level of care in the law in act 421 itself it says that the child who has a disability must meet an institutional level of care. Meaning they must meet the requirements to be admitted to either an intermediate care facility or ICF, a hospital or a nursing facility. Doesn't mean they have to be in one. Means they have to meet that level of care to qualify. We have designed the program in a way to try to streamline the disability requirement as much as possible because Medicaid has a process for establishing disability. So we were trying to minimize that process to reduce duplication by getting rid of that. And just using the level of care assessment that we created because we have to do it anyway for the requirement in the law. And so we have asked our federal partner at CMS to allow us to use that instead of standard Medicaid disability determination as a way of streamlining things. And so we are waiting to hear back on that on our application.

In addition for the program itself, this is just a

door to regular Medicaid services, we have requested that services be provided within our legislative appropriation. So we have requested 27 million-dollars. So what that means we are able to serve as many children as we can within that 27 million-dollars. And so we are trying to maximize our funding as much as possible. And one of the ways we did that was to ask CMS to allow us to implement private insurance requirement. Because the way, sorry I left out a major piece of the eligibility. Excuse me. I don't think I had enough coffee yet. But the whole premise behind a TEFRA like program is that these children do not otherwise qualify for Medicaid because their parents make too much money to qualify for Medicaid based on their household income. Which is normally how Medicaid is granted to families. So in an effort to help these families who maybe make just too much money to get onto Medicaid the normal way, they allow children with disabilities who meet this level of care requirement to have what we call as a parental disregard. So we will disregard the parent's income in qualifying the child for Medicaid. And so that is the premise of the whole program. Sorry I left out that major piece at the beginning.

But in doing so, that also means these families tend to make just a little more than our normal Medicaid applicants and so they testified to the legislature during the passage of the legislation that most of them already have private insurance. They need Medicaid to support them to be that wraparound for the services their commercial or private insurance don't provide. Or to extend beyond the limits of their commercial or private insurance plan. And so that is what we are focusing on with this program. So we took that heart to heart and we spoke with our stakeholders and they agreed that a lot of the families will already have private insurance. So if we put a private insurance requirement on this program it will help us funding wise to serve more children because the Medicaid cost will be lower. That is one of the requirements of the program as well. I think in addition to that, we are making sure that persons who want to apply for premium assistance through our health insurance premium program, what we call Lahip, have the

opportunity to do so. We also have created what we call a good clause hardship exception for families who cannot maintain private insurance. So they are not forced to do so if they have a good clause for not maintaining it. And I think those are the major requirements. And we did do a public forum presentation on this and I am happy to share that with the committee again as a refresher if it would help.

MICHEAL BILLINGS: Thank you, Jennifer. Roslyn, you have your hand up.

ROSLYN HYMEL: Yeah. I do. For how many is that into the dollars for like 700 or is that.

JENNIFER KATZMAN: Absolutely. So into the dollars what we are estimating right now, Roslyn, is somewhere around 3,000 children will likely be able to be served. Not quite sure because the program hasn't started yet and it all depends on if they have private insurance or they need a hardship exception to that requirement or if they request assistance with our premium assistance program. All that kind of goes into the total dollars that we spend. That 3,000 number is not set in stone. But it fluctuates with where we see our participants come into the program at initial registration. That is what we are estimating right now is just a hair under that. Just the child. I think you asked about the families. This is just covering the child.

ROSLYN HYMEL: The other question is too, how many families are not in that figure or really waiting to be including in that?

JENNIFER KATZMAN: Well, we don't have a wait list as of now because the program, we haven't started the program yet. But we do think that there are 2500 children who are on the DD or developmental disabilities request for services registry who will qualify for our program because they are not currently getting Medicaid. And that is a possible estimate on how many might try to access services. And then there is a potential number of kiddos who may request services in act 421 through our hospital or nursing facility level of care through the medically fragile as opposed to coming through the developmental disability pathway that we have. So we don't know that number because those children don't register or apply for any services in Medicaid today. So we don't have

information on them. It's going to be an open the program and see who applies situation. We have been estimating possibly somewhere around a thousand children may come in through those pathways, but we are really not sure. And so to answer your question Roslyn, we don't have a good number of how many children might be waiting or not waiting. Not at this time.

ROSLYN HYMEL: Cause that kind of answers my first question. But how many are in like in hospitals though and they do get it with the money kind of situation.

JENNIFER KATZMAN: None right now. Nobody gets act 421 right now since it hasn't started. But we don't actually know how many children will be from the hospital because we don't track them today because those children don't qualify for Medicaid and they are not on a waiver. So we don't have information for them like we do the developmental disabilities population who are on a registry. But we will be monitoring that population very closely to see how many come in from that pathway. And I also want to highlight here that in talking with our stakeholder workgroup we developed a way to prioritize services for children who are institutionalized, coming out of a hospital in particular, if they had multiple admissions or been in the hospital for 30 of the last 90 days, I believe was the standard. We wanted to make sure they had access to services as quickly as possible. So we will be able to prioritize those requests if they are coming out of the hospital with multiple admissions or long lengths of stay.

MICHEAL BILLINGS: Thank you. Do we have any other questions from committee members? Do we have any questions from any of the public? I see somebody with their hand up.

JENNIFER KATZMAN: And while we are getting that question Michael, I just wanted to add, once again, my plug every time if there is anyone interested in participating in our stakeholder workgroup, in particular if you know of a family who will be requesting these services please, please send them our way. Give us their information. We are really looking for family participants who are going to be accessing these services so that we can get to the heart of their

needs. The contact information to get on our stakeholder work group 421-CMO@la.gov and I will put it in the chat.

MICHEAL BILLINGS: You have one other question that is still out there.

ROSLYN HYMEL: Can you say that again for me.

JENNIFER KATZMAN: I am going to put it in the chat Roslyn.

MICHEAL BILLINGS: Corhonda Corley, you have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. My memory serves me correct during this act 421 that it was supposed to be, we only had enough funding to be able to provide a small number of individuals with this particular waiver. So please tell me what are you doing to make sure the underserved and unserved populations will actually be able to get access getting priority of this actual waiver.

JENNIFER KATZMAN: Okay, so what we have done is we created a prioritization mechanism tool. We developed it with our stakeholder workgroup. I just described it a couple minutes ago. But it allows those who are coming out of institutionalization with higher needs to get access to services as quickly as possible. And once again, restate we are not actually sure because we don't know the number of applicants that we are going to receive because we don't have any information on the unknown population out there today. We're not actually sure there is going to be a shortage of services. Right now we have enough funding for we think just under 3,000 people. And the only absolute known population that we have is 2500. Today we have enough funding to offer services to all 2500 children if they maintain their private insurance.

CORHONDA CORLEY: Mr. Chairman, if you don't mind, let me rephrase that question for her. What are you doing to make sure that minority populations and populations that are considered as targeted disparities would actually know about this actual waiver and actually be able to receive it. And when I say that I am talking about like the blind and Deaf community, they are part of developmental disabilities community and they do not know about these waivers. What are we, what are you doing to make sure that that community

such as those are directly knowledgeable about this actual waiver.

JENNIFER KATZMAN: So that's a great question. So the way we have been working on our communication strategy is advocacy and our stakeholder groups. So, for example, we have planned communications and like materials and forums through the Developmental Disabilities Council and through multiple stakeholder workgroups. Like Julie, I might need your help in remembering the names of all of them. Had a list and it's not with me today. Families Helping Families, Partners in Policymaking, Disability Rights. Sorry, not remembering all the names of the committees, but I can definitely get those to you. We have started a list of all of our stakeholder groups we have been reaching out through. And, in addition, we have a group within the Department of Health that focuses on healthcare equity and community partnerships and so we will be working with them to reach out through our community engagement mechanisms under their offices to make sure that we can reach those underserved communities and that they get the information about the program and how to register. They often work with us on disseminating information through community leaders. Especially in minority areas. And so we will be working with them as well. In addition, we have our normal mechanisms which are through our website and through support coordinators and family advocates.

MICHEAL BILLINGS: Thank you, Jennifer. I appreciate you being able to update us on act 421.

JENNIFER KATZMAN: We will do a press release too to social media that could be shared around. Those are always core components. Sometimes I forget to say them.

MICHEAL BILLINGS: Okay. I appreciate you giving us that information on act 421 and glad we are able to accommodate you so you can jump out after a while. Like to move back to our agenda and go back to the contractual updates.

MARILEE ANDREWS: Mike, you have one comment pertaining to this. You want me to read it?

MICHEAL BILLINGS: Yes.

MARILEE ANDREWS: Matt said once the program gets up and running, we can post on the DDC website and

reach out to those groups Corhonda listed.

MICHEAL BILLINGS: Good point. Thank you, Matt.,

JENNIFER KATZMAN: And we also go through the Governor's Office of Disability Affairs as well and ask them to do the same. We will reach out to Bambi.

MICHEAL BILLINGS: Thank you. Back to noncontractual, sorry, contractual updates. First on the agenda is the review of contractual updates with Partners in Policymaking. Marilee, would you like to start us off on that one.

MARILEE ANDREWS: Yes. Good morning everyone. So I am going to update you guys from October 1 to December 31st and then give you a little bit of what happened at the present moment. Appointments to the PIP ad hoc committee were completed by October 2020. The PIP ad hoc committee met in October and November of 2020. The result was the following recommendations for the executive committee to consider. Number one, the PIP 2020 class move forward in a virtual format. Those absent in the March session are accepted back. The January through February sessions are reviewed. And the March session is repeated for all. Number two, a virtual format in 2021 for Partners in Policymaking sessions open to anyone who would like to join in. Recommending using PIP speakers based on their topic and give participants an entire PIP class for a year in a PIP format which will also work as a recruiting tool for next year's applicant pool. And number three, to act as expeditiously as possible in signing a contract with Families Helping Families at the Crossroads for PIP. So those were the three recommendations that came out of the PIP ad hoc committee. By December 2020, a PIP contract was signed and backdated it to October 1, 2020. After that, a third meeting of the PIP ad hoc committee took place in January. It really didn't come out with any further recommendations. A couple things left on the agenda that didn't get discussed at the last meeting. And I did see the executive committee met in December. They looked at the recommendations and accepted all of them. That is my update.

MICHEAL BILLINGS: Thank you Marilee. Ebony, would you like to give us an update on your initiatives.

MARILEE ANDREWS: I see you have a hand raised.

MICHEAL BILLINGS: Sorry. Forgot about comments,

questions. Scattered this morning. Do we have any comments? I see Corhonda, you have your hand raised. You have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. I think it's imperative that we actually inform the public that those, the ad hoc committee agreed those seminars would not be real Partners in Policymaking seminars. And we will not be using that name because we cannot legally use that name. And so I just think it's imperative, pertinent that we disseminate the correct information to the public and let them know it's going to be regional presentations. But it's just going to be from individuals that are speakers in Partners in Policymaking. But it will not be actual Partners in Policymaking classes because that is a trademark name.

MARILEE ANDREWS: So you are correct. The motion I read is the motion the committee made. You were on that committee, so you helped with this motion. And that is how the motion reads and that's how you guys wanted to send it to the executive committee. So that is how the motion is. In the actual implementation, which is more on staff side, we will make sure that is clear and that has been talked about before.

CORHONDA CORLEY: Thank you. I just wanted to make sure that clarification was out there. Thank you so much Ms. Marilee cause I greatly appreciated all your hard work.

MARILEE ANDREWS: Yes, ma'am. Thank you.

MICHEAL BILLINGS: We have a couple more hands up. Jill.

JILL HANO: Okay. When did you say the contract with FHF was backdated to? 10/1 or 10/31.

MARILEE ANDREWS: It was back dated to 10/1 of 2020. The start of the new federal fiscal year. That is when it should have been started. It was delayed and when it finally did get signed, we backdated it so invoices could be paid.

JILL HANO: And did you get my email yesterday?

MARILEE ANDREWS: About the summary?

JILL HANO: No. Is there any way we can look at the actual contract?

MARILEE ANDREWS: Yes.

JILL HANO: Between us and Crossroads. Is it PIP or Ms. Adrienne.

MARILEE ANDREWS: So I remember we talked about this a couple meetings ago.

JILL HANO: I have all the budget, but it was confusing.

MARILEE ANDREWS: Yes.

JILL HANO: I was hoping that you would provide me with more literature.

MARILEE ANDREWS: The council has a contract with Families Helping Families at the Crossroads. Basically giving them 90,000-dollars to implement Partners in Policymaking. Then it is the responsibility of Families Helping Families at the Crossroad to find a coordinator and sign their own contract with a coordinator.

JILL HANO: Okay.

MARILEE ANDREWS: So I don't know if I can give you the contract between Families Helping Families at the Crossroads and the coordinator, Adrienne. But I am sure it would be fine to see the contract between us and Families Helping Families at the Crossroad. I do remember we talked about this a while back and I linked in one of our summaries the last contract that we had. I think the budget was attached.

JILL HANO: Cause I think all I got was a budget.

MARILEE ANDREWS: So I will check on that and make sure it's okay for me to send it and I can email that to you.

JILL HANO: It's not like I don't want to cross any boundaries.

MARILEE ANDREWS: Yeah. I totally understand. I think it will be fine. But I just want to double check to be extra careful.

JILL HANO: All right. Thank you.

MARILEE ANDREWS: You're welcome.

MICHEAL BILLINGS: Thank you Jill. Roslyn.

ROSLYN HYMEL: I do agree with Jill. I don't want to really cross over the tracks or anything like that, but how can we change, I am also agreeing with another person, how can we change the Partners in Policymaking as well? With the name.

MARILEE ANDREWS: Right. So you are talking about the regional sessions not being trademarked as Partners in Policymaking.

ROSLYN HYMEL: How can that work going from one

name into going into another name?

MARILEE ANDREWS: So what we are going to do is when we start pushing out these virtual training seminars, we will present it as such. The motion says virtual format in 2021 for Partners in Policymaking session. And that does sound confusing cause then it sounds like you are actually doing a Partners in Policymaking class online, which is not what it is.

ROSLYN HYMEL: Cause that kind of got me confused. The one that Jill had said on that I want the information on both of them. Cause I am confused as well what we are really voting on. And I am like what. Please shine the light. I feel like I am in the dark.

MARILEE ANDREWS: Fortunately, we're not voting on anything today.

ROSLYN HYMEL: I know, but for tomorrow so I won't be in the dark.

MARILEE ANDREWS: Well, you guys aren't voting anything at the full council meeting, I don't think, either.

ROSLYN HYMEL: What I wanted to really see the topic is as well.

MARILEE ANDREWS: If it's different between an actual Partners in Policymaking class verses training sessions online?

ROSLYN HYMEL: Yeah.

MARILEE ANDREWS: So the actual Partners in Policymaking class is usually in person, with the same group of people, and they have homework, and have certain requirements like attendance and homework and participation. There are certain requirements to be in that class. You have to be a parent of a child with a developmental disability or a person with a developmental disability. And you have to attend all the classes. I think one absence you are allowed. More stringent. And when you complete it you get a certificate as an actual graduate of Partners in Policymaking. The regional session, which is what is in that motion, is just virtual and anyone can come or go, and you can attend only one or you can attend all of them. And you get information that is similar or the same as what you would get in an actual policymaking class, but not required to go to all of them. You can come and go as you want. Not required

to complete any homework and you're not a graduate when it's completed, when we finish. Say we do nine virtual sessions. You don't graduate for attending one or nine. Just a way to share that information and make sure everyone is included with that information that is available. And then we hope, and we will create mechanisms so that people who did one of these online seminars we will try to recruit them, so they apply to the actual Partners in Policymaking class when it is back up and running to be a graduate. Does that make sense?

ROSLYN HYMEL: Yeah. That do. For the one that was a train track of crossing with the one that Jill was talking about.

MARILEE ANDREWS: The contract?

ROSLYN HYMEL: Yeah. I think so. The one they mentioned with a contract to it.

ROSLYN HYMEL: Yes. So that is just a contract. The council basically hires Families Helping Families at the Crossroads to do these partners, to do the work of partners. Whether it's the full partners class and you come out as a partners graduate, or a couple virtual training sessions it's just a contract that says Families Helping Families we are giving you a bunch of money and we want you to do these things.

ROSLYN HYMEL: How does that really work though for like a family member. Even if you do it on your own, how does that work?

MARILEE ANDREWS: Well, for the online session it works similar to this.

ROSLYN HYMEL: A group home setting.

MARILEE ANDREWS: Yeah. So for you, you could very easily when the training, the PIP training sessions are happening you could register just like you registered for this and attend just like you are attending now. And you would get all that great information and tell other people and hopefully they would come.

ROSLYN HYMEL: Could I ever get that information.

MARILEE ANDREWS: Yes. They literally just decided what to do. The real work starts implementing all the things the executive committee and the ad hoc committee agreed do and decided to do hasn't really started yet or even been completed. Once it is, we will make sure on our end to promote that. Are you signed up for our

LADDC newsletters?

ROSLYN HYMEL: I don't know for sure.

MARILEE ANDREWS: I will check, and I will sign you up. I can get into the database.

ROSLYN HYMEL: All right. Could you please.

MARILEE ANDREWS: And then you will definitely see it that way.

ROSLYN HYMEL: All right. Could you ever send me the packet or anything. Is there a packet?

MARILEE ANDREWS: There is not packet yet. But if there is a packet, I can send it to you.

ROSLYN HYMEL: Okay, then. I appreciate it.

MARILEE ANDREWS: Yes, ma'am.

MICHEAL BILLINGS: Thank you, Roslyn.

JILL EGLE: I went through partners like maybe six or seven years ago and it was a good experience. But what is the deal, are you guys, the DD Council trying to get funding from FHF to do this zoom with partners.

MARILEE ANDREWS: No.

JILL EGLE: Or state funding?

MARILEE ANDREWS: We actually already have the funding. The council has the funding. We received a bunch of money and then, I think the planning committee met and they decided what they were going to fund. And they decided we are going to spend some of our money on partners. And they decided that would be 90,000-dollars. So then, we the council, had to go find someone to do that work. It's always been Families Helping Families at the Crossroads. We signed a contract with Families Helping Families Crossroads for that 90,000 and we say you need to do the work of partners with this 90,000.

JILL EGLE: Crossroads, where is that located?

MARILEE ANDREWS: Oh, my gosh.

JILL EGLE: Cause I am in Orleans, all the way in Lake View.

MARILEE ANDREWS: I think it's in the middle of Louisiana. Right in the middle. Jill Hano is saying six.

JILL EGLE: Is that like Lafayette area?

MARILEE ANDREWS: I am not sure. But where the location is.

MICHEAL BILLINGS: Alexandria, Pineville area.

MARILEE ANDREWS: But that is irrelevant to

participation. You don't have to be in that area to participate.

JILL EGLE: I had a good time. That was years ago. It was a good experience. And then I also went through SILC. And on my second term with the DD Council. Do the partners, do they ever get self-advocates to share a message of hope with these families what they are going through with their so they can get hope and faith to know what lies ahead with their son or daughter in the State of Louisiana?

MARILEE ANDREWS: So the information presented has to follow the national partners program and they have kind of set information. But there is room in there to choose the speakers you want and things like that. And I do know there was talk of more self-advocates just across the board. So that would be a good idea.

JILL EGLE: Yeah. I would love to like maybe as the self-advocate leader you know give a talk to them or zoom. Who do I connect with about that?

MARILEE ANDREWS: Through me. You are connecting with me.

JILL EGLE: I am Jill. What is your name?

MARILEE ANDREWS: Marilee.

JILL EGLE: That's right. You are part of the DD Council staff. My mind is a little off. Nice to meet you.

MARILEE ANDREWS: Yes. I will just make a note of that and so when we get to the planning and implementing, I will make sure to reach out to you.

JILL EGLE: So that won't be till next year 2022, not this year?

MARILEE ANDREWS: Well, first the class that had to stop because of covid, first they are going to finish and then do the virtual.

JILL EGLE: Thank you Ms. Marilee. Keep me posted.

MARILEE ANDREWS: Yes, ma'am. I will. I have a note.

MICHEAL BILLINGS: Thank you.

MARILEE ANDREWS: I know I am presenting, but I'm also in charge of comments. I see a bunch of comments. So Matthew Rovira said covid 19 has changed everything. Glad to see regional sessions are moving forward virtually. And then a number of people offered location of where Families Helping Families at the

Crossroads is. And that's all there is.

MICHEAL BILLINGS: Thank you. Let's move onto to Ebony. Would you like to give us updates on your initiatives please.

EBONY HAVEN: I will. So I am going to start off with LaCAN and our statewide advocacy event. Just an update on leader positions. Currently there is still a vacancy in region one and ten for the LaCAN leader position. However, we had four applicants that applied for the position. Three applicants decided to move forward with an interview. We have currently interviewed two of those applicants and the third applicant is scheduled to be interviewed next week. And then the LaCAN team will hopefully make a decision after that. Until the position is filled though, members in region one and ten will contact FHF NOLA for more information.

As far as our advocacy activities, our council follows the federal fiscal year which starts October 1st and ends September 30th. Since October 1st we haven't had any action alerts or yellow shirt days, but we plan to have action alerts during the upcoming legislative session which starts on April 12th. BESE for now is only meeting virtually and we have made plans for LaCAN leaders to attend those meetings virtually. Since the suspension of in person activities continues to be in place. Due to covid 19 still currently having our LaCAN call twice a month. And that call is just to update our leaders and make sure they are current on any emergent issues. Also we collaborate with LaCAN leaders and Families Helping Families directors on strategies to better support, maintain, and lead our members, our LaCAN members. And currently collaborating on ideas on how to share testimonies via video and conducting legislative visits and round tables via zoom. The LaCAN leaders attended their fall training virtually on November 12th. This training focused on understanding the council's 2021 advocacy agenda. We reviewed and edited the fact sheet and we discussed creative ways to continue LaCAN activities virtually. Like the legislative visits, I already said the round tables and virtual yellow shirt days. LaCAN leaders have started making legislative visits this year. As of yesterday a total of ten

legislative visits completed. And currently I have on the schedule that we have 12 upcoming visits that have been scheduled. And leaders are continuing to schedule those visits with key legislators first. The leaders will continue to make those visits until the start of the session. Again, that starts on April 12. And you can follow up with your LaCAN leaders about making visits in your area. And then the area where there is a vacancy partner with Families Helping Families director or the center in order to attend legislative visits. And again, our goal is to see all key legislators first.

Our member meetings and our round tables, currently the LaCAN leaders are working in collaboration with Families Helping Families centers and they've all scheduled virtual round tables around the state. Round tables have been scheduled in each region starting February 17th. And with region five and ending March 6th with region six. And LADDC news our info alert will be sent out shortly after the council meeting, after the full council meeting on Thursday to announce the council's 2021 advocacy agenda. And we should have the full schedule for everyone at that time. We will have links. Brenton is right now currently sharing the schedule. But also have the links where people can go in and register for each round table as well. And also put that on our website for anyone that needs any more information. So you can follow up with your LaCAN leader or if you are in region one and ten follow up with the director of Families Helping Families center Ieshia in New Orleans. Does anybody have any questions about LaCAN or our advocacy activities?

MICHEAL BILLINGS: Roslyn.

ROSLYN HYMEL: Yes. I have two parts to that. I know I had missed a couple of LaCAN meetings is because of my tablet and my phone they both of them crashed. They broke, other words. So how can I, this is one question, how can I catch up for what I have missed on the meetings. I had no way of getting in touch with Nicole.

EBONY HAVEN: Okay. So Roslyn right now currently Ieshia Johnson, who is the Families Helping Families director of FHF NOLA, she is going to be the person you

contact for any information you need for LaCAN. If you missed any of the meetings prior to the round table, you can contact her and she can give you any information they shared at those meetings and she can answer any questions that you have.

ROSLYN HYMEL: Because I don't have, I got a new tablet and I lost all of my numbers. So I have number. Right now I have to start from scratch.

EBONY HAVEN: Sorry to hear that, Roslyn. But you can definitely get with Ieshia and I can send you her contact information or I can put it in the chat after I give my updates and you can contact her about any information that they might have shared at those earlier LaCAN meetings.

ROSLYN HYMEL: I had two questions. The second one for what you were just showing on the screen with the dates and that y'all don't have one in February at all?

EBONY HAVEN: Yes. So we have two in February. Actually four. We have one on the 17th, one on the 24th and two on the 25th.

ROSLYN HYMEL: I only see one on the 17th. You have like two on the 25th.

EBONY HAVEN: Region seven and region nine are both on February 25th. We will be sending out this schedule after the council meeting on tomorrow. We will send out this schedule and have all the dates and times and even be able to click the link so you can register for the meetings as well.

ROSLYN HYMEL: Well, do you have one for region ten?

EBONY HAVEN: So, yes. The one for region ten is on March 9th. And I still have to get with Ieshia to determine the time. She hasn't given it to me, but it will be on Tuesday March 9th.

ROSLYN HYMEL: All right. Because I have all the numbers here. I see February 24th. I didn't see it. These are all the dates for the LaCAN?

EBONY HAVEN: Yes. These are all the dates for the LaCAN round tables. So if there is another meeting like a membership meeting in region one and ten then the Families Helping Families centers will push that out.

ROSLYN HYMEL: All right. You don't have Nicole Williams on here? Does Nicole Williams still doing

that?

EBONY HAVEN: No. Currently Ieshia she is the point of contact for any LaCAN questions in region one and ten. Currently looking for a new LaCAN leader in that region, Roslyn. Like I said earlier, there has been three applicants. We have interviewed two people so far and have a third applicant we are going to be interviewing next week. And hope to have somebody new in that position real soon.

ROSLYN HYMEL: What happened to Nicole Williams?

EBONY HAVEN: She is no longer with LaCAN.

ROSLYN HYMEL: I really liked her. Her and I we got to be good friends. That's about it.

MICHEAL BILLINGS: Thank you, Roslyn. Move onto Corhonda.

CORHONDA CORLEY: Thank you, Mr. Chairman. Ms. Ebony, can you please inform me, cause I know BESE and many of the legislative sessions or committee meetings they have had were still open to the public with covid 19 precautions. Can you please tell me why the activity, as it relates to our disability community being represented in these areas, why did that stop? Because I know I can speak for myself, I have been at every last one of them and I would have been at BESE yesterday had I not been attending education committee meeting we had. Sorry, can't even call it that. Legally wasn't a quorum. Had I not been attending whatever we want to call what education was supposed to be yesterday, had I not been attending that I would have been in the building for BESE. Just curious as to what was the reason and justification why DD council did not have any representation in any of those areas and will now just be starting to have some representation. I greatly appreciate if you can let the public know that.

EBONY HAVEN: Yeah. I can answer that Corhonda. Actually, we had two LaCAN leaders signed up for the BESE meeting on yesterday. The LaCAN leader in region six and LaCAN leader in region three. Both attended virtually. Due to the council having the in-person activities suspension in place as LaCAN leaders they don't go in person. But they did attend the meeting virtually. So they are able to bring back information, like I mentioned earlier, we have those LaCAN calls

twice a month. So the leaders are bringing information back from those BESE meetings so we are able to disseminate any information that may be pertinent or even send out action alerts for members to respond to those issues if they feel like that anything BESE discussed is pertinent where there needs to be an action alert or LADDC news. We do have representation, just not in person due to the council have in person activity suspension in place. Does that answer your question?

CORHONDA CORLEY: Yes, ma'am. And I would also like to give a suggestion. Considering we have more than 200,000 students that are children with disabilities, developmental disabilities, some are going into the brick-and-mortar buildings, some are attending virtual, I think it would show transparency if our DD Council, if we have LaCAN during suspension of being in person that we disseminate that information to the community at large. It would also be pertinent of us and very prudent to actually inform the public that we do have representation being present or attending virtually these meetings and disseminate the information accordingly to the public so that the public knows that our DD Council is still being very much active and engaged in these areas. Because right now you have a large community of people that are not informed. And when you have a large number of people not informed, you leave people thinking that we are not doing anything. And if we are doing something then we definitely need to let the people know that we are active and we are doing these things. That is just my take on a way to create transparency, but also let them know we are still accountable and adhering to the federal law as it stands.

EBONY HAVEN: Just to respond to that Corhonda, I think when the executive committee decided last March to put the in-person activities suspension in place there was an LADDC news announcement that LaCAN and all in person activities were suspended at that time. We haven't sent out anything again related to that. But we definitely can. And the LaCAN leaders in each region make sure their members know that we are continuing to be active. Which is way on the LaCAN calls we discuss how to share testimony via video.

They are doing the legislative visits virtually. So they are out there in their region in their community making sure the DD population, as far as LaCAN members, they know that we are still very much active. Still planning to participate in the upcoming legislative session even if the council decided in person activities suspension will continue, still coming up with ways on how they can participate in committee meetings and make sure that we have virtual yellow shirt days using hash tags. Coming up with creative ideas how to make sure members are remaining active in each region. If that helps.

MICHEAL BILLINGS: Thank you, Ebony. Jill Egle. You're muted. Jill, you are on mute.

JILL EGLE: I got it. Will you guys be alerting me who is going to be the region one and ten for the LaCAN leader or go through Ms. Ieshia?

EBONY HAVEN: No. As soon as a new leader is chosen, we will send out that information probably via LADDC news just announcing that person and giving you their contact information. As soon as the LaCAN team chooses someone, we will definitely make sure you know who it is.

JILL EGLE: I can connect with them and they can send me a zoom link cause my representative Ms. Tiff and Jimmy Harris. The only two I know, unless there is a change I don't know. Those are my, I guess they would be considered my representatives, correct?

EBONY HAVEN: Right. So if anything is changed the new LaCAN leader can help you with that. Or Ieshia Johnson can also help you do that.

JILL EGLE: I definitely want to do virtual. I want to do virtual representing the DD Council with the legislative session taking affect to try to get both sides on the same page about how to embrace people with intellectual developmental disabilities and make sure the government everything is the way it should be, so we are not impacted by fraud or anything like that. Thank you, Ms. Ebony.

MICHEAL BILLINGS: I believe that is all the questions and comments I see right now if you want to move on.

MARILEE ANDREWS: Mike, there was one comment in the chat. Matthew asked if the 2021 advocacy agenda

and fact sheet is available online. And I answered him, but it is, and I put the link. So the link is in the chat if anyone wants it.

MICHEAL BILLINGS: Thank you.

EBONY HAVEN: Just to piggyback off that too Matt, the agenda, the council is deliberating tomorrow on the DSP rate increase agenda item. And as soon as the deliberations are over, and they finalize that agenda item we will be sending out an LADDC news announcing the council's 2021 advocacy agenda. I will move onto Families Helping Families. The Families Helping Families centers follow the state fiscal year which started on July 1st. Therefore, I think Brenton is going to share his screen and this should have been in the links for today. This is the information that we have for the second quarter performance. So this marks their halfway point in the second quarter, of course. What I look at is if they are about halfway to their deliverables. Keep in mind even if they are not, they still have six months to meet their deliverables. And most centers do. They are on pace. But if I have any concerns about any centers, I do follow up with the director just to ask like what is the plan for them to make sure they are ensured they meet their deliverables by the end of the fiscal year. Which is June 30th. But just some things to note, I have stars by Bayou Land, South West and North Shore Families Helping Families just because they were unable to get all of their data in for the second quarter. So the only data that I have for them is October and November. So their numbers may be a little low, but that's just because I did not have all of the information to put into the chart today. Does anybody have any questions about any of the Families Helping Families centers or any of the data that is shown?

JILL EGLE: When do they anticipate a reopening?

EBONY HAVEN: So it will be different for every center, Jill. It depends on where we are with the covid pandemic. So each center will be different. I encourage you to reach out to your center. Not sure if you go to the one in region ten or one. Just reach out to that center.

JILL EGLE: I know Ieshia and Mary Jacob well. One of my close friends Steven and his mom do a lot of

virtual. And I also go to the uptown center, but I am not going quite yet because of covid. I have to wait a couple months to be on the safe side.

EBONY HAVEN: Yeah.

MARILEE ANDREWS: You have three hands raised. Roslyn Hymel, Jill Hano and Corhonda Corley.

MICHEAL BILLINGS: Jill Hano, you have the floor.

JILL HANO: Thank you. Just so I'm clear, this is data, so I am assuming this data is based on federal fiscal year compiling this yearly data. These contracts start in June or like how is this midyear data when we are in, I think I am lost.

EBONY HAVEN: I might have said that too fast. The Families Helping Families centers they follow the state fiscal year. What, was the question?

JILL HANO: The state fiscal year is October 1.

EBONY HAVEN: No. The federal fiscal year starts October 1. The state fiscal year, it starts July 1st.

JILL HANO: The state fiscal year. And then you said three centers you did not have data for. Can you repeat that.

EBONY HAVEN: So Bayou Land, the third one, Bayou Land, South West Louisiana and North Shore Families Helping Families those are the three centers they weren't able to get their quarterly data in in time for me to do the chart.

JILL HANO: One with the asterisk.

EBONY HAVEN: Yes.

JILL HANO: Got it.

BRENTON ANDRUS: Just to clarify, this report is something I think Jill you had requested.

JILL HANO: Yes, sir.

BRENTON ANDRUS: So it's not that they don't have the data, it's just their reports come in after you as a committee member get this report. So that's the delay in the data. Not that they didn't submit or don't have it. It comes in after the time we send this out to you.

JILL HANO: That's probably what I meant. Oh, God someone is going to watch this and think I am blaming them or something. So thank you.

EBONY HAVEN: No problem.

MICHEAL BILLINGS: We still have a couple more folks with their hands up. Roslyn.

ROSLYN HYMEL: Yeah. This is what I was trying to really get out, but the numbers are going up because I am looking at the numbers here. But I am also looking on the board as well. I see from 80 all the way to like 64 percent. Those are accurate on this one particular trainings in that for LaCAN.

EBONY HAVEN: I know which one you are looking at. You are looking at the one from North Shore Families Helping Families. Just keep in mind they were not able to get their quarterly data in time for me to do this chart for you all. So I was missing the information for December and I was missing the information that they normally report how many trainings they had that mention LaCAN. So I was missing that data, which is why their numbers are probably lower than they actually are.

ROSLYN HYMEL: Come down to 79.4 percent. Is something missing for that one?

EBONY HAVEN: North Shore Families Helping Families, they are missing some data, South West Louisiana is missing some data and Bayou Land. All three of those centers contribute to that 79.4 percent. It's probably higher than that, but since I was missing those centers' data, it's a little lower than the 80 percent.

ROSLYN HYMEL: Even the one on top as well, they only come up with a total of 18,676 if I am reading that right.

EBONY HAVEN: The total number of information and referral units. The total number for all the centers. But if you look at each center, pretty much on track for giving out information and referral units. Cause each center has to have 2850. That is the deliverable for that particular item.

ROSLYN HYMEL: All right. Because I am noticing there is zeros. Looking at the ones with the higher numbers to it. Not worried about will they catch the other ones, will they ever catch up with the ones to the higher numbers.

EBONY HAVEN: Yeah. They will catch up. They still have six months left in their contract period. They still have six months in order to make the 2850 that is required for that deliverable. Most of them will. They pretty much meet their deliverables all the time.

ROSLYN HYMEL: What the fiscal years can they even come up with their centers if they come up with fiscal years.

EBONY HAVEN: So their fiscal year is from July 1st, 2020. July 1st, 2020 to June 30th, 2021. So they have that entire time period to meet these deliverables.

ROSLYN HYMEL: You are saying for this month, January 1st?

EBONY HAVEN: No. Not January 1st. It starts July 1st. July 1st, 2020.

ROSLYN HYMEL: With three Js like that, that's when I get confused.

MICHEAL BILLINGS: Thank you, Roslyn. Corhonda.

CORHONDA CORLEY: Thank you so much, Mr. Chairman. I am looking at all of the deliverables and I heard y'all say we did not, that y'all did not receive several of these reports in a timely fashion. Do we have any repercussions in which we actually have. I have several questions. The first one, what are the repercussions for them not providing the reports for the council to actually be able to review. Question number one.

EBONY HAVEN: Can I address them one at a time?

CORHONDA CORLEY: Yeah. That's why I am going to address them and mute so y'all don't hear my background cause my child is doing virtual at the time. I am going to mute so you can answer them. But that is the first question.

EBONY HAVEN: So the centers have till the tenth of each month to get their reports in and their quarterly data in. So at the time when this report is due to the council it's before the tenth. So some centers get their information earlier and I'm able to calculate as much as I can and push the information out. But some centers do follow the tenth of the month and so I don't have the information before it's due to the council. I try to just push out as much accurate information as I can. But some centers do follow the tenth deadline that is set for them in each of their contracts, so they are not late. They are just after I have to turn this report in if that answers your question.

CORHONDA CORLEY: It does. And question number two. Were the FHF centers affected by Hurricane Laura

and Delta, did they need an extension or receive their reports in the allotted timeframe?

EBONY HAVEN: The two centers that were affected were South West Louisiana and Families Helping Families at the Crossroads. The Families Helping Families at the Crossroads was able to get theirs in time. I don't want to say in time. They were able to get it to me before I had to submit this report to the council. But South West Louisiana, they met the deadline of the tenth. Still on track.

CORHONDA CORLEY: Okay. Thank you. So I am extending grace and mercy towards those even though they were actually able to provide their information in the allotted timeframe. The numbers are very disheartening and troubling to me seeing that we have training events where we actually have platforms such as zoom that we could use to provide a lot of training. And to see that some were only able to do ten, six. That is bad. That is extremely disheartening. Troubling. Grass advocacy training. Zero across the board with only two that did two. Act 378 training, zero across the board and the target was only one. This is why our community is not, and I can keep going further down where I am seeing numbers that are in single digits and most are zeros. This is why our community is not informed. So when we have agencies come before us and give us information, you mean to tell me our FHF centers that our families rely on are not actually providing the training and disseminating the information so people in the community can know about these resources. That is extremely problematic, and I need to know what is the solution. Because we can't keep coming having all these meetings, wasting everybody's time in the community saying that we have this information and yet it's not reaching the people. This is what y'all said Families Helping Families centers supposed to be about, particularly the one that has the parent training center. Why isn't this information being dispersed out in a timely fashion and why it is not reaching the community. I really need to know if this information, because this is a quarter performance data, so meaning this is what affects them receiving contracts and money from the DD Council. I do think we really need to revise and revisit those

contracts. And that we actually may need to start canceling contracts if they are not going to give us deliverables. This is a deliverable report. Meaning they are getting money to provide a service and they are not doing it. So I think that these contracts need to come back to the table for all of us to see. And if that is in that contract then that means they have all legally breached this and we need to be receiving some of that money back and actually disseminate and do a contract with entities that will make sure the people actually get these training that they so richly desire and deserve. So I am asking that as this committee actually needs to, and I would gladly propose that motion, Mr. Chairman, that this committee actually revisit those contracts as it relates to deliverables. And consider actually having to cancel some of these contracts if they are not going to do what they are supposed to actually do. Thank you.

MICHEAL BILLINGS: Thank you, Corhonda. Ebony, can you just clarify if those target numbers are annual or quarterly.

EBONY HAVEN: I will just clarify, Mike. So Corhonda, this is second quarter performance data. This isn't year end data. Since I have been working with the council, the centers haven't had any trouble meeting their deliverables since I have been here. Last year due to covid 19, those were special circumstances, some of the centers weren't able to reach their advocacy deliverables. But for the most part of all the trainings, the number of people trained, the act 378 and the grassroots advocacy trainings they were met. So I just want to point out this is only for the second quarter. So they still have six months in order to reach all of the deliverables that are the targets. So a center that is at ten trainings, they are right on target because they are at the halfway point and we are at the halfway point. They still have six months to catch up. Some centers don't do as many trainings maybe around the holidays, so they still have six months to catch up. Like I said, whenever the numbers aren't midway, I do reach out to the Families Helping Families directors and I ask them what's the plan moving forward to make sure they do meet those deliverables So there is

accountability. The FHF directors communicate very well with me. If I ask questions, they get right back to me. If you have a specific question about any center specifically, I can reach out to that director myself. But these numbers, to me they are right on target and still have six months to reach the actual target. Even if they are low. Let's say North East Louisiana only has six. They may not have done as many trainings around the holiday but plan to make up those trainings. Like I said earlier, most centers meet their deliverables without any trouble. Last year was special circumstances due to covid 19. But for the most part they meet their deliverables.

MICHEAL BILLINGS: Thank you for clarifying that Ebony. I see we have a couple hands up. If you have questions or comments please try to keep them very brief. We need to try to get back onto our agenda. Lillian, go ahead.

LILLIAN DEJEAN: I think it's also really, really important to keep in mind that last year was pretty hellish for all of us. We had those really, really insane hurricanes, we had covid 19. I think we can give our Families Helping Families centers a little bit of grace during this time. Because they are also composed of families with individuals with disabilities who we all know were more impacted by the hurricane and we know were more impacted by covid 19. And also working on a shoestring budget. That's why one of our agenda items this year was increase funding for Families Helping Families. Because the amount of families they are serving is growing. So outreach efforts are really good because they are serving more and more families, but yet the budget isn't growing. They have limited staff, they have limited budget. We had a hellish year for everyone, specifically the disability community. And they are serving families like them, right. And they have done amazing things in our community on a very, very limited budget. And so I think we can really, we have room to offer them a little bit more grace than we are right now.

MARILEE ANDREWS: Mike, I want to say there's a couple comments. I can read them. And just received word that the presenter that was slated at 10:00 a.m. she has another meeting coming up. And so her

presentation was supposed to be ended by now. So if she could go next since we are 33, actually I don't know how far behind we are. I will just read you the comments. Melinda Elliot says I believe one of the issues with our report was two hurricanes. I think all but one center met their numbers last fiscal year. Patty Barovechio said region five was severely impacted by several hurricanes. And Michelle Guillory says I agree with Lillian. And then you only have one hand left and it's Ms. Corhonda Corley.

MICHEAL BILLINGS: I am going to ask you to try to keep it brief please.

CORHONDA CORLEY: Thank you, Mr. Chairman. And I am. I ask that this council, I don't even think I need to put in a motion, if we know we are not going to receive the deadline for them to receive the reports then let's make sure we schedule the meeting to be like until the 25th so that gives them the time to actually provide us with a report that actually reflects deliverables. Secondly, I am going to restate again. I am giving grace and mercy to the Families Helping Families centers that actually were affected in those areas. But those were the ones that actually submitted their deliverable report in a timely fashion. But I am still giving them grace and mercy. So please don't get it misconstrued, I am. I am saying if we have one, we have targets that are beyond the bear minimum and I think that we need to change those targets. And two I think we need to really make sure the unserved and underserved are really being provided this information. I don't want to continue to give people money, and yes, I am one of the people that is going to speak up for Families Helping Families to receive money, but when do we stop saying we are constantly giving more money to people and we're not getting deliverable reports. It's many deliverable reports that are not provided, that are not listed on our website right now still to this day. And we have a committee meeting tomorrow. So if we are not getting the information we are supposed to receive, then by law we should take our money back. Because that is called a breach of contract. And I think everybody needs to review those contracts so they can actually see the legal term is breach of contract. And when they breach contract and we have been in this

pandemic now for a year so I can't keep using that as an excuse or justification. I am a parent of a child with a disability doing virtual school and attending this meeting. I have been doing that and attending other meetings. How much more leniency am I supposed to give when people are not getting information. Everybody in the community is in an uproar for not having representation and not getting access to resources. And sometimes that means actually taking a look at the contract and actually seeing if there is a legal breach. And if so, bring the money back to the table and give it to people that actually will do the job. And that is the only thing I am asking. But please change the dates when we actually receive these reports and not schedule meetings until after that timeframe. Thank you so kindly.

MICHEAL BILLINGS: Thank you, Corhonda. I know we do have a presenter that is on standby. Ebony, do you want to finish up or do you want to pass along to O'Neal Communications?

EBONY HAVEN: Whatever you think is best. If that person has to leave, I can finish mine after they are done.

MICHEAL BILLINGS: Okay. Thank you. Can we just jump ahead to the item on the agenda for 10 to 10:30 was presentation by O'Neal Communications. That is who the council entered into a contract with to produce and disseminate videos and materials. And they have a representative here. And I apologize now for running so far behind. I appreciate y'all being here and making the presentation for us.

DEVIKA RAOL: I am Devika Raol with O'Neal Communications. Marilee, did you want me, am I able to share my screen?

MARILEE ANDREWS: I think you should be able to.

DEVIKA RAOL: I can share my screen. Good morning everyone. We just recently entered into a contract with you all. Really excited about this project. And my presentation today will just kind of overview of where we are, a little bit about what our goals are with this project and open to any questions or feedback that you may have towards the end. Does that work for everyone? Okay. I guess everyone is on mute.

ROSLYN HYMEL: Which one is this again? Trying to

look for it.

MARILEE ANDREWS: This is the 10 to 10:30 slot. Produce and disseminate videos and materials.

ROSLYN HYMEL: Yeah. My camera went off and I am trying to look for the paper. Forgive me.

MARILEE ANDREWS: No problem.

DEVIKA RAOL: Is it all right to proceed?

MARILEE ANDREWS: Yes. I think you are good.

DEVIKA RAOL: Just before we begin, just a little bit about our firm. We're based in Atlanta, but we have been around for almost 35 years. And we have really been taking on becoming a leader in the communication and marketing for lot of agencies and organizations that are focused on serving people with disabilities and the disability community as a whole. We manage marketing communication currently for three DD Councils, but worked a total of five DD Councils including Louisiana, starting off with Louisiana. And other nonprofit organizations who serve people with disabilities and also small businesses. So we are going to focus, really become focused on this area cause we find it not only to be purpose driven, but we also learn about technology and how we can make it more accessible towards people with disabilities and community stakeholders. We really enjoy the work we do. Some of the states we work with are currently Georgia, we produce Making a Difference Magazine if any of you have read that. And North Carolina and currently State of Ohio as well. We are very excited to work with you all and expand our reach with Louisiana.

With a video project brought on by the council we wanted to focus on topics such as self-advocacy, employment, pathways to graduation, focusing really on the April Dunn act of 2014. We know is very important to the council. And accessing home and community-based services as well as waivers. We all know this is very important and poignant topics to people with disabilities, their families and we are excited to bring out a video project that will highlight the importance of all of these issues and how to move the needle forward on these topics through these story telling projects.

To make sure we are getting the voice of everyone involved across the state, we want to make sure to tell

authentic stories as well as relevant stories. We want to feature self-advocates, parent advocates, caregivers and other community stakeholders, employers and school directors, et cetera to show not only the geographic diversity of Louisiana, but also the reach of the council. Want to make sure a statewide project and really feature stories from different areas of the state.

How we're going to get there is through the map of council representation. We did this map to be able to better understand Louisiana and also understand the council. Where these dark blue states where we currently have council representation. So while we are also going to focus on those, it gives us an idea how we want to approach the video projects as well to make sure the state is represented in all of our topics. And how we are going to tell these stories because we feel the stories would be different from region across region. Kind of our groundwork, our blueprint if you will on how we want to start approaching subjects, subject matter experts and also be able to tell the stories authentically for the council. Any questions so far or any direction I should take before I move onto the next part?

To really tell the story well we wanted to come up with a branding, if you will, of the videos. I think while videos are really great storytelling tool, we thought it would be great to show it as a series of what all these topics kind of tell the story about Louisiana. We collaborated and worked with our team here and collaborated with the staff and we wanted to brand the series fully included empowering Louisiana's disability community. The messaging behind it would be we want to educate and empower self-advocates, family advocates and community stakeholders across the state on the importance of inclusion of disability community in aspects of everyday life. We also understand from our work that this is not only telling the story, but also in line with the DD act that many councils are mandated by. As well in line with the five-year plan that you all are currently under. Have taken all of those pieces into consideration by creating a series around these videos which we feel would be a better way to approach and release them as they are getting done.

With that being said, we wanted to create a logo style and kind of brand them so when the show or the series is released there is a story behind it. And this is the logo we worked on, collaborated with council staff and came out with. This is how we will be launching those videos as they are starting to get done and produced and will be released through council communications. Any questions so far? I think there was a question.

MARILEE ANDREWS: So sorry. I am holding my three-year-old right now.

ROSLYN HYMEL: Can everybody hear me?

DEVIKA RAOL: Yes.

ROSLYN HYMEL: For what you were saying about this one right here, how can we really kind of focus in on this one and the other ones that you was really talking about. Because I already don't have the paperwork on it. I am trying to really follow you on it. All this to me is a little new.

DEVIKA RAOL: Sure. What can I focus on more. What would you like more explanation on?

ROSLYN HYMEL: For this one right here they have up on the screen right now this one is like for families right now?

DEVIKA RAOL: The video series, you mean?

ROSLYN HYMEL: Yeah.

DEVIKA RAOL: The video series is for statewide. For families, it's for people with disabilities, people without disabilities really to understand and create a reach across the State of Louisiana to talk about what inclusion and what all these different topics like the importance of employment, the importance of education, community living. So these topics are aiming to create a broad conversation for what matters to the disability community and what it means for them to be fully included in everyday life. So community living, making sure that you have competitive integrative employment and things like that. So I am not sure if I answered your question.

ROSLYN HYMEL: Because with the environment I am in with Magnolia Community Services and that how can, there is a bunch of us here with a disability. Sometimes I have to really explain myself, especially with jobs with the State of Louisiana. Kind of hard,

especially with the job settings with a lot of other things, even with videos. We have it for camera settings here. Could it be good or, which way can cameras and video could work. Is it a good thing of having?

DEVIKA RAOL: Not sure I understand the question. Sorry, I don't understand the question.

ROSLYN HYMEL: What I mean is in the group homes and centers that we have. We have cameras and it's connected to like a computer every day. Other centers. I don't know really how to express it.

DEVIKA RAOL: Sorry. I am not sure I am following the question. But happy to discuss it with Marilee as well and see like if maybe we can find out, I can answer your question better. Would that be all right?

MARILEE ANDREWS: Roslyn, if you want, I will email you and maybe we can touch base.

ROSLYN HYMEL: All right.

DEVIKA RAOL: To continue the conversation, the way we were looking at the contract as well as what the deliverables are, our production level or production ideas were to really talk about all the different topics throughout eight different videos. And again, to go back we wanted to create a broader conversation on why essentials matter to the disability community as an inclusion, a conversation of inclusion. The first you will see some themes, and topics, and titles that we have studied with Louisiana's council work as well as we have studied across with the council staff and understood more about your council and the state. And with that we were able to come out with some topics of the videos that are currently underway.

First, we wanted to do a get to know us. What is the council. A great way to start the conversation and why the council does the work that it does. Continuing with advocacy, education. You will see we have two different videos here for that. One is about the different post-secondary education colleges that are in Louisiana, as well as talking about the pathways to graduation highlighting the April Dunn act of 2014. We also want to talk about employment and resources such as FHF centers, which you all were recently talking about. Direct support professionals, I see that seems to be a very important conversation happening.

Currently not only in Louisiana, but across the state, across the country. And as well as waivers. What are waivers, how do they support people with DD and having those conversations. What I have found in my experience is we also find more topics as we start interviewing and researching and meeting people because we get to know them, and we get to meet and hear their stories. These are great starts for us to dive in. But is there any other topics you think we should consider while we are working on these? Lillian.

LILLIAN DEJEAN: Mr. Mike, am I good to go? Cool. So I think whenever we are talking about empowerment of the disability community and our disability community, I think it's really, really important to shed light on our disability history. A lot of people aren't aware the disability community has a really, really rich history and I think understanding our history, knowing our history, sharing and being proud of that history is such a huge part of being empowered as a disabled person. I think if we could offer a video on disability history as a resource that would be really, really great.

DEVIKA RAOL: Really great input. Thank you. I think I have you as one of my many interviewees. I will be reaching out so hang tight.

LILLIAN DEJEAN: I will talk to you soon then.

DEVIKA RAOL: Absolutely. Thank you. That was great input. I love that. Sorry if I say your name wrong.

MICHEAL BILLINGS: Corhonda.

CORHONDA CORLEY: Thank you. And how exactly are we making sure this would be accessible to those with low incident disabilities in the DD community such as those that are blind and those that may be hearing impaired, those that have Cochlear implants. I just want to know how exactly are we making this accessible to them as well.

DEVIKA RAOL: Fantastic question. Accessibility is definitely at the top of our list in making sure not only good stories are told, but able to be reaching everyone with and without disabilities. One of our big, like I was saying earlier because we have been able to work with so many wonderful councils like you, we have also been able to study what makes

accessibility better. And we actually work with Georgia Tech here in Atlanta because they have an accessibility center. We have gone through trainings and things like that to keep advancing our skills. For video, and just to kind of, exactly what we had in here, for video we wanted once they are completely done and have the story looking the way we want it to look in terms of telling the authentic story and cut and produced, once it's approved, we do captioning. We make sure captioning is for everything. We have a great captioning partner that makes sure, they specialize in captioning, making sure everything is accessible. Voice overs would be there. Any graphics. If there's something we overlay with an info graphic, say we talk about X amount of people in Louisiana with a disability and a picture on top. We have a voiceover to describe that picture. So if someone has low vision or visually impaired can know there is something overlaid while someone is talking. We do take consideration into all accessibility features. And the videos will also be transcribed. The other piece will also be the actual conversation in the videos will also be transcribed and be available to anybody who might just want to run it through an accessible assistive technology that helps them read the story and things like that. We do take into accessibility protocols before we publish and push out for distribution. Does that answer your question or would you like more information? Yes.

So I guess that's my next slide currently and next steps are really scheduling and conducting the interviews for all subject matter experts. Laid out a whole plan. If you have not heard from me yet, you will soon. And we're completely developing, the storyboard is kind of what I just showed you here. Just an idea of what topics and what subjects we would like to start with. And then adding Lillian's input of disability history, definitely add that in there. And start working on what does that look like. And we will do interviews via zoom, or like a zoom technology. Right now, obviously, we all can't meet. And with those, because of the different situation because of covid 19 protocols we will be using a lot more photographs and graphics to make sure the stories are

lively as well as informative. And again, just to emphasize we will make sure all accessibility features are in the video to make sure everyone enjoys them, hears the story, and is able to enjoy this project as well as much as we will enjoy making it.

Currently all of this is underway. We have, we will be working and reaching out to people. We have interviews scheduled out and would love to hear any feedback. But I just wanted to give you all an update, introduce myself and the firm. And would love to hear any feedback or questions. Sorry, one more slide. The outreach. How are we going to tell people about these videos. In collaboration with council, we will talk about a monthly release of these videos. We wanted to launch, there's already a feature Friday campaign that is going on on social media. We thought we would launch it with that in mind, work with, collaborate with Marilee on this. And we launch fully included Friday. So that means every once a month a fully included series will show up. We will develop press releases, email announcements, and social media copy to help promote the video series. And support the staff with any technical updates to YouTube and the website as they request it. And then as we see the video sort of rolling through the sphere of everyone watching them, we would also provide any recommendations to increase the viewership and the return on the videos. So what does that mean. Does it mean collecting stories. One of the ideas we had was we would love to get stories from people who are watching the videos who are understanding. So if we are talking about education, love to hear some stories about people in Louisiana and their experience, or what we would call in our world, user generated content. But it would be finding a way to let people engage with the council and sharing their stories. And we always find that to be a successful thing, a successful interaction tool. That way allowing you to have a conversation with people across the state. And then, of course, we would analyze and measure the success of the videos and constantly support the council as they need it to make sure the videos are successfully being distributed throughout the state. So with that, this is my final slide. Again, thank you. Open to any questions,

feedback. If you want me to reiterate anything, happy to do that now. Again, thank you for allowing me to do this project. We're really excited about it. Would love to hear your feedback and any questions you may have.

MICHEAL BILLINGS: Thank you. Do we have any questions. If we do, please like to keep them brief. We are far behind and we really need to catch up so we can wrap the meeting up. There is another meeting following this one today.

MARILEE ANDREWS: Just one comment, Mike. Ms. Jill Hano says she agrees with Lillian.

MICHEAL BILLINGS: All right. Thank you. Corhonda, I am going to ask you to please keep it limited, very brief please.

CORHONDA CORLEY: Thank you, Mr. Chairman. Extremely brief. I just ask due to so many people in our disability communities not really knowing about our DD Council and certain entities can we please extend that invitation and promotion of this out to other groups such as the blind communities, the school for the Deaf, et cetera, just to name a few. That's all I have.

DEVIKA RAOL: Great feedback. Thank you. That was my presentation. Anything else Marilee you think I should cover?

MARILEE ANDREWS: No. That was amazing. Thank you so much. I think you did great.

DEVIKA RAOL: If there is any other questions in hindsight, I think Marilee just let me know and we will be happy to answer them as they come up.

ROSLYN HYMEL: What is the link to the next meeting? Do you not know off hand?

MICHEAL BILLINGS: No. I do not. I don't have that in front of me. I am just trying to work on our agenda here right now.

ROSLYN HYMEL: Okay. Just asking.

MICHEAL BILLINGS: That's fine. Sorry. I just don't have it with me. I always try to allow all the public comment and council member comments, but we are really, really going to have to keep it brief to move along. I am going to skip back to Ebony who still needed to go over supported decision-making training. Ebony, are you ready.

EBONY HAVEN: Yes. This will be very brief Mike. The council has contracted with the Arc of Louisiana to offer statewide regional training events to increase knowledge on the supported decision making. The Justin Gary Act of the 2020 legislative session and other legal options available in Louisiana. And LADDC news announcing the trainings and sharing the schedule was sent out on December 23rd. So the schedule can be found on the council's website. At this time there are only three trainings so far scheduled. The first one was last week for region seven. That was January 12th. And we have two upcoming trainings in region five. One on Tuesday March 16th and the other on the 17th. You all can go on the council's website and register for those trainings if you haven't already. The great thing about these trainings is that at each training participants will be given a handbook with tips and strategies for developing their team and even be a sample agreement in the handbook. And five individuals will be chosen to be mentored throughout the entire process. Currently I don't have any data to share with you all as far as evaluations because they just had the first training last week. But at the next council meeting in April I hope to have more information that I can share with you as far as how people are receiving the training and the evaluations that the arc will be sharing with the council. Does anybody have any questions about the supported decision-making training?

MICHEAL BILLINGS: Thank you, Ebony. I see one hand here and it just went away.

ROSLYN HYMEL: It was me. How many trainings was there for everybody. Does that go for everybody or concern people.

EBONY HAVEN: They are planning on having trainings in each region of the state. Right now they have only done two regions or only planned for two regions. The first one was for region seven and the next two are for five. They are planning to do trainings in each region of the state. I am working very closely with Ashley McReynolds at the arc and as they are scheduling the training, she is letting me know about them. And I will update the council's website and make sure that you guys know when additional trainings have been scheduled.

ROSLYN HYMEL: But does that go even for region ten as well?

EBONY HAVEN: Right. So as soon as they schedule one for region ten, and they are planning to have one for all the regions in Louisiana, we will make sure that you all have that information.

JILL EGLE: I have a serious question. Whenever Ieshia region one and ten like me and Roslyn and Jill, cause that is our region for LaCAN, LaTEACH. Whomever the LaCAN leader is, is that always going to be in that region one and ten with no change. Do they qualify to make sure their background is the way it should be, so they are actually doing what they are doing to make changes for people with intellectual disabilities in the State of Louisiana. Just want to make sure it's a safe situation, it's calm and a good candidate

EBONY HAVEN: Yes, Jill. Susan Reams with Families Helping Families of South West Louisiana, she is the executive director over the LaCAN contract. So she makes sure that when applicants apply, they are contacted by current LaCAN leader and that leader explains LaCAN thoroughly and answer any questions the applicants may have. And if the applicant decides it's not a good fit for them for any reason, they won't go to the second step, which is the interview. As I said earlier, there were four applicants after the LaCAN leaders reached out and explained the job only three of the applicants decided to move forward with an interview.

JILL EGLE: Yeah, cause they need to be in communication with us who want to do the virtual visits during the legislative session, LaCAN, LaTEACH. In Baton Rouge on the house and senate side there is no communication and there is a change, and you can't get somewhere. Because I worry. I don't know if you know the truth about me, I am a worrier and I just wanted to let go. I just want it to be good situation.

EBONY HAVEN: We are definitely trying to make sure we pick the best candidate.

ROSLYN HYMEL: You don't have to worry though Jill. Leave that up to me.

MICHEAL BILLINGS: Thank you Jill, Roslyn. Ebony, thank you for your presentation there. I would like to move on now to Brenton. Are you ready to cover your

activities, please.

BRENTON ANDRUS: Yes. I am going to go through these pretty quickly, like Mike said, we are running out of time and we have a lot of important things to cover at the end. I will give you a few updates on some of the remaining activities. But know if you go to our council meetings page included in the documentation is status of planned activities. That document will give you information about any updates that we have on activities. One is our emergency response resource, sort of clearing house. This initiative the council selected trach mamas of Louisiana to give the contract to. They are going to be working on and developing a website. A one stop shop for resources that people can access during emergencies, whether it be state emergencies, or natural disasters, or pandemic like we're in currently. This activity, or this contract was approved back in November. So since then that organization has been compiling data and putting together resources that they are going to use to update this website. So their goal is by the start of hurricane season, which is in June, they will have this website that will be up and running and going to be an ever-evolving website. The resources are going to change. As that website goes live, obviously we will push it out. But included in the funding they are being provided that is going to be ongoing update of the website and those resources.

Also a first responder pilot. So the purpose of this initiative was to establish these pilot programs in various regions of the state to provide first responders information about appropriate tactics, approaches and resources when interacting with individuals with developmental disabilities or other disabilities. And also have a training component to it for people with disabilities as well. Kind of teaching them how they would encounter or interact with first responders. This contract went out to the interaction advisory group. That contract has been approved. And they started, part of their training is going to start in Bossier Parish with the sheriff's office. I think targeting this month to begin with that and plan on expanding into other areas of the state each month. Also been reaching out to Families Helping Families and

other disability stakeholders to see if they can assist in not only helping with advertising but making those connections in their region and also trying to get self-advocates involved in these trainings. Once the training is established in their area. That is getting up and running. Don't have a lot of details right now. As our meetings continue you will get more information about these initiatives as they move on.

Also have an emergency preparedness and response training initiative being contracted with through Niagara University. And so for the past couple of months they've been working on trying to establish relationships with organizations throughout the state that serve individuals with disabilities and those also in charge of emergency response. Based on the updates that we have gotten so far, it's been difficult because they can't really meet with people in person due to the pandemic. That affects a lot of opportunities to present this program that they have in mind in detail. They are working on doing that virtually. But they have had difficulty getting responses from some of these agencies, organizations. So there are some that have communicated with them their willingness to participate. Others, a lot of back and forth going on right now. So this part of the process they are kind of building those relationships. To kind of show the benefits of this program in addition to establishing their curriculum. This particular agency has done trainings similar to this for other councils in the past. So I do think they are making progress to getting that program up and running, but it takes time to establish all those relationships in the state and make sure they can get people on board to implement this.

We also have the rapid response during states of emergencies and natural disasters initiative. That also went to trach mamas of Louisiana. So that contract has been approved. And what they plan on doing is as we have these natural disasters or states of emergencies, they can be a go to for individuals with disabilities and their families to be able to get supplies, equipment or other things that they need during that time that may not be covered, should say will not be covered by their Medicaid or private

insurance. Kind of a resource there.

And lastly would be our continuation of our trainings on healthy relationships and abuse and exploitation. So that has been with Team Dynamics again. We have contracted with them for years in the past. I think it was the last three years or so we've been contracting with them. Those trainings are going to continue where they actually teach not only individuals, but their families as well. They are teaching them basically what the elements are of a healthy relationship. Not only sexual health, but also things to look out for so you can avoid that abuse and exploitation. They had a training that was offered, I believe it was last week. They had ten family members or caregivers show up, and six self-advocates that participated as well. There are trainings coming up in February and March. We sent in an LADDC news out to announce this initiative and scheduled trainings. As more trainings come online, we are updating our website and be able to push it out through social media. These aren't region specific trainings right now cause they are online. So you can participate in any of them. You don't necessarily have to wait for one to come in your area cause it's not in person. One of the things, just keep in mind, as Team Dynamics goes through with this process, they are constantly updating their curriculum. They learn with every presentation they do. So even if you have participated in this training in the other years we have done this initiative I would encourage you to participate again because there is probably going to be new information they can share with you. And I believe that is all I have for the contractual stuff. If you go to the status of planned activities on our council meetings page all of these initiatives that we talked about you can get more information about updates that we get each quarter.

MARILEE ANDREWS: You have some comments. You want me to read them?

MICHEAL BILLINGS: I can read them. Kelly Monroe, it would be great if they could contact people first also. I know that they would love to have them present at one of their meetings. And then from Michelle Guillory. Let me make sure I didn't skip something. From Michelle Guillory, I have concerns this NU

emergency contract is a duplication of service in Louisiana since we already have EMDAC providing the same activities. And EMDAC is a voluntary coalition that already provides emergency responses and training. And that is the two comments related to the topics. And we have Corhonda has her hand up. Go ahead, you have the floor.

CORHONDA CORLEY: Thank you, Mr. Chairman. I just have two statements. One, I would greatly appreciate if we can ensure that we are disseminating this information out not just only on LADDC website, but also to the school for the blind and the Deaf. And to the other DD communities and use the other resources and agencies to ensure people are aware of all of these trainings and activities. And second, as it relates to emergency preparedness, and state of emergency, and natural disasters, I do believe we need to put something in place so that if the governor issues, that he declares state of emergency ahead of time that the case managers start reaching out to the families immediately and offer them vouchers to cover housing so that they can actually evacuate in a timely fashion. And the hotels all of these individuals be at that they make that a one stop shop where they allow them to actually be able to register for any emergency services needed if their area is determined a disaster area. So I think that we definitely need to include that in these rapid responses during states of emergency and natural disasters. Because too many times our people with disabilities are not contacted in a timely fashion and it causes a hardship to be able to leave. I think we actually need to consider some of those things to make sure that is in place so people with disabilities will actually be evacuated in a much efficient and timely fashion and it not be a financial burden for them. Thank you.

MICHEAL BILLINGS: Thank you for your comments, Corhonda. Any other questions or comments for Brenton? Okay. I believe I don't see anymore. So next on the agenda, Julie, are you prepared.

JULIE FOSTER HAGAN: Sure.

MICHEAL BILLINGS: Thank you. Let's go ahead and let you jump on.

JULIE FOSTER HAGAN: Okay. So Brenton and I

talked, and I have some updates on a few things. Emergency preparedness, kind of top of the list. So just to follow up on a few things related to covid response efforts specifically. We have received word, we know there was a lot of confusion and a lot of concern from families there were certain, for people who receive our home and community-based waiver services, under covid we were able to get some exceptions that we had in place that allowed for some things to happen differently than we have in our waiver regulations typically. We also had some changes to for folks that were in our group homes or intermediate care facilities. And normally we request the changes to our waiver services, we ask for during an emergency time we use a method called appendix K. That we submit that to the federal government, Centers for Medicare and Medicaid services. And we ask them we say we normally do this this way in our waiver, but because we are in an emergency, we need to modify how we do things, and this is what we want to modify. That happens through an appendix K. If there are things in a Medicaid state plan, then the avenue you use to ask CMS to make changes to your state plan Medicaid services is what is call an 1135 request. And then we also have some things that we have established in our rules in statute. And we are able, in emergencies, to request changes just during the emergency time. And we call those emergency rules. So during covid there has been different things, and we talked about at the last quarter when we met, or maybe the quarter before that I kind of shared with the committee what those exceptions were. Well, normally you are asking for those exceptions for something like a hurricane, or a flood, or in California they ask because of wildfires. And CMS normally says you can put these things in place, but there is a one-year time limit on how long you can ask for things. And so we knew that our appendix Ks were coming due in January. And we had started doing some planning with folks and then started seeing our covid numbers come up. So we asked CMS if we could extend our appendix K beyond the one-year timeline. And initially they refused us that extension, but CMS now has new guidance, and actually in my DD Council report submitted there will be an update because we

didn't know this at the time of the report, but CMS has now said you can ask for all of the exceptions that we have in place and that those exceptions can stay in place for six months after the public health emergency ends. And so that means as of right now they look at the public health emergency on a regular basis. So it is the health and human services secretary, right now that Secretary Azar who looks at the public health emergency, the national declaration for the public health emergency. And at the beginning of January, if that public health emergency was scheduled to end in January. And they did an exception and now that public health emergency was extended for 90 days. So the national public health emergency is now scheduled, is now approved through April 21st. Unless the federal government ends it sooner. They do have the authority to end it sooner. But they did a 90-day extension. So what that means for us is that we know for those appendix K exceptions that we can have those in place for six months after the end of April 21st. And we have asked, we submitted, we had to ask, the states had to ask CMS for permission to do that. Which we did. And we actually just, I got an email earlier this morning that CMS has approved that request. So as of right now we know that those exceptions again, those that are in the appendix K waiver that includes things like having the family members be able to be paid caregivers, having the day program, if you are a person who goes to day program and you don't want to return to your day program, but you want to stay home because you don't feel safe going to the day program you can do that, and those day program hours automatically convert to in home hours. Those are just some of the different exceptions. We know those can be in place for six months afterwards.

It gets very, very confusing though because there are some things that we have in the appendix K that we also had to put in our state plan request which is the 1135. And the 1135 ending date is not the same as the appendix K ending date. The 1135 ending date is the quarter after the public health emergency ends. For example, if they do end the public health emergency, the national declaration in April those things we asked for in the 1135 would have to end by the end of June.

So what we are doing to try to help make this clearer for everybody is working on a crosswalk document that list all of the exceptions, where are we at, was that asked for in an appendix K, 1135, or in an emergency rule. And then we are planning to be able to let folks know. And this is what we anticipate will happen with the exception at the end of the public health emergency. So what we are doing, and we do plan to be reaching out to stakeholders more on this. We have done some outreach, but we will be looking at all of our exceptions. There are some things that are in law. For example, I heard from a family member several months back asking if there would be anyway, we could continue to allow a worker to work beyond the 16 hours and have more like 24 hour shifts if they are able to sleep at night and get the night rate. Well, that really starts to get into some Department of Labor and fair labor standards act laws. So there are certain things that we can consider longer term. But there are certain things we won't be able to because they are simply against statutes and laws that are outside of a public health emergency. So we want to be clear with everybody about what those rules and regulations are.

But we are also exploring where we might be able to make some longer-term changes. And I know we had talked about family members being able to be paid caregivers through our monitored in-home caregiving program. And some challenges there because that is not a service in children's choice and the rates are a little bit different. So we are committed, since we know now we have this extension, to really taking a look at all of those where we might need to continue some things, what we might need to continue with some changes, and then what things are going to have to go away at the end. To be able to make this more clear. Like I said, I know it gets really confusing to try to think through where each of those is and kind of help to unwind that.

We are also looking at, you know, I know there has been a lot of talk this morning about where we do thing virtually. So even after the end of the public health emergency we are looking at are there any pieces that we had required to be face to face that might make sense to continue to do virtually. So we will include

that as part of the unwinding of this. If we do want to continue something after the public health emergency then what we have to do is will have to update our waivers outside of appendix K, but a true waiver amendment, which typically takes six to nine months. So that is why we need to start now if there are things that we want to change longer term in our waiver, in our waiver packages. So we are doing that.

In the intermediate care facilities or group homes there was some exceptions given in relation to the leave days. So, for example, a lot of families who if the group home had a covid positive case and it wasn't their loved one they decided they wanted to take them home to get them out of the group home where there might have been a positive case and be able to quarantine with them at home. There is a certain number leave days that are allowed within the ICF rules and regulations. Those were not counted under the covid to allow for family members to be able to do that. And so those things will also continue. Those are the kinds of things we have to ask for through an 1135 because that is just the mechanism to do that for state plans.

I will jump now to vaccination. And I will get through my whole report and stop and ask questions. Anybody that lives in an intermediate care facility or group home should be, their facility should be scheduled, if they have not already received their first vaccine, they should be scheduled to have the vaccine. The last report I saw looked like most everyone had at least their first vaccination scheduled by the first week of February. But I'm trying to confirm that now. The folks in intermediate care facilities the vaccinations are all provided either by CVS or Wal-Greens. There is a federal allocation that goes to CVS and Wal-Greens to be able to give vaccinations to the staff and the residents of those facilities. Similar to what they did with the nursing homes. For people who receive home and community-based waiver services either through OAAS, or OCDD, or people who receive long term personal care in home services they are eligible in this current tier to be able to get vaccinations in the community. That includes residents and all staff or direct support staff of

those folks. So as we started to receive vaccines, we know that there was a lot that wasn't really clear in terms of whether the population I just mentioned was included or was not included in this tier. So there's now been two or three additional, they call them different things, public health announcements that have gone out to all of the places that receive the vaccine to help make sure that it's clear that our population is included in this tier that can get vaccinations now. As well as documents that you can bring. So you have to be able to have some way to show that you are a waiver, or LTPCS participant, or staff person providing services. And so we are making it more clear about what those documents are. We have tried to think of things that people may already have printed or available to them to show. Like for a person their plan of care or a 90L. And for staff, we know not everybody has ID badges, especially people in self direction. So we also had some different things, like we were looking at being able to have the paystubs from a provider or the paystub from Acumen or Morning Sun for those people in self direction. And we are in the process, in fact, it's being stood up today, a web page where those people, if they need to be able to confirm what those documents are, will have blank templates or a way they can go onto one particular web page and link onto a document so that provider can make sure they are confirming that person or staff is providing documents that would prove they are in this tier. To be able to make that clearer. We know right now the biggest issue with vaccinations is just having enough of them to be able get mass amounts out. And then on the other side we know too that it's making it a little difficult to manage is we initially looked at we provided the number of waiver participants and the number of staff in each of the regions so we could make sure that we were trying to get a count or an approximate count of the number of vaccinations. And not only did we do that, everyone in the current tier tried to get numbers. And what we are finding is that there are still a lot of people who are refusing to take the vaccine. And so we know there is about 44,000 home and community-based waiver provider staff out there across Louisiana. And we can break that out by parish. But we also know it

looks like there is only about 40 percent of those willing to take the vaccine. The number of waiver participants is a little bit higher than that. I don't have the exact percentage there. So that means that there are some extra vaccines available in some places because of the number of people who don't want to take it. So what we are trying to do right now, we just sent out yesterday a survey to all of our home and community-based waiver provider agencies and we are asking them to give us some information. Have they been able to get vaccinations or to secure vaccinations for their staff. If not, do they want assistance for that. And then asking them to give us the number of staff in their agency that would be willing to take the vaccine. And then we will be rolling out shortly a questionnaire or survey that our support coordinators will be working with individuals on to then get a better idea the number of individuals, find out the same thing from the individuals. Were you able to get the vaccine or get on a list. Or do you need assistance for that. And are you willing to take the vaccine. That will help us to try to come up with a more targeted approach to help people get it Sorry, one other thing we were doing with our waiver participants is finding out if they had transportation and/or if they were able to physically get to a clinic to be able get to get a vaccine. We know there is going to be a certain population that won't be able to do that and so we are going to have to figure out how we get the vaccine to them in their home if they are not able to get somewhere.

So that is sort of a big picture of where we are right now. And again, we do know there has been some missteps along the way. As we become aware, we are working to update them and get them back on track. I will stop there and happy to take any questions. I know that was a whole lot of information. Happy to take any questions about folks have about our current efforts or suggestions.

MICHEAL BILLINGS: Julie, we have several questions. Start with Roslyn.

ROSLYN HYMEL: Thank you so much, chairman. Like with group homes that you was really talking about, for me I gotten my vaccine yesterday. Like I was just

telling my friend my arm was really hurting me because Magnolia got theirs. It went quick. I don't know how many other people at different facilities who did the vaccine or not. I know you mentioned it. I don't know if I am saying it right, correct me if I am wrong, how many other vaccines.

JULIE FOSTER HAGAN: You cut out a little bit. How many other what?

ROSLYN HYMEL: Other facilities there were who got their vaccine.

JULIE FOSTER HAGAN: Every single group home in Louisiana should either have gotten, everybody who lives there should have had an opportunity to get it or should be scheduled at this time.

ROSLYN HYMEL: Because ours was scheduled yesterday. The second one we are supposed to get, and we are scheduled next month, but they did not give us the date.

JULIE FOSTER HAGAN: It has to be 30 days and I think there is like a small window in between there. I don't know that specifically. But it needs to be 30 days from when you got your first vaccine.

ROSLYN HYMEL: My first vaccine was yesterday.

MICHEAL BILLINGS: Roslyn, I hate to cut you short, but we are going to have to move along.

ROSLYN HYMEL: But like I was saying I got mine yesterday. How many days.

JULIE FOSTER HAGAN: Thirty days. February 18th.

ROSLYN HYMEL: I do appreciate that.

MICHEAL BILLINGS: Thank you, Roslyn. Corhonda.

CORHONDA CORLEY: Thank you, Mr. Chairman. I want to touch on several things because she said so much. I want to make sure I state. I think a lot of the reasons you have so many people in the disabilities community that may not have received the actual vaccine is like families like mine who have severe allergies, we're not allowed to actually get the vaccine. In fact, we were informed not to get it at this time. Is families like that that are not able to get the vaccine because of things that are yet to be studied as it relates with the vaccine. My family, particularly, was told not to get it. So we are not getting it.

JULIE FOSTER HAGAN: Was that by your physician?

CORHONDA CORLEY: Yes, ma'am. So we are not

getting it. It was also put out individuals with allergies that use EpiPen to stay away from the vaccine for right now. That is information currently being disseminated out. So people like my family this is why our physicians are telling us to stay away from. Secondly, when it comes to people such as behavior support workers, DSWs, in order for them to receive the vaccine I have heard from many of them the problem that they are having trying to schedule to receive the vaccination some of the pharmacies have actually ran out of the vaccine. Some vaccines are asking families to provide their racial and ethnic background and we don't know if that is a factor of what is causing them not to be able to receive the vaccine. But I do want to make sure I am publicly disclosing that information because that is the reason why some people are not being able to receive vaccines. If pharmacies do have it and they are using that information as a way to discriminate against populations from receiving that vaccine, then that is extremely problematic and that would be something that needs to be addressed.

JULIE FOSTER HAGAN: Can I respond to that really quickly. Yesterday Dr. Canter, that is the first I heard. Yesterday all of the participating pharmacies did receive a communication from Dr. Canter who is currently in charge of the state's public health office saying they could not, what we did know some pharmacies were prioritizing people that were already doing business with them. And they did send something out saying they could not do that. Like it had to be open to anyone. They could not just say well we are going to give it to you first because you have done business with us before. Just this week there's been at least four or five things come out trying to clear up our population and some other things that are out there. I can bring that up as well. That's the first time I heard they were asking for that.

CORHONDA CORLEY: Yes, ma'am. And lastly with the waiver extension, as it correlates that a lot of families with children's choice waiver you and I have had conversation in regards to how a lot of people that receive children's choice waivers they do not get a lot of benefits as they would if they had the NOW waiver. Which should not be. Which causes a lot of problems.

And so I know that you also said it would take six to nine months to actually make sure that we could have something in place. And I just wanted to know if you have started working on creating a task force just like how they did with act 421 where the public would be able to participate so we can give our input.

JULIE FOSTER HAGAN: Yes. We started working on that.

CORHONDA CORLEY: Can you provide that so individuals like myself can be a part of that task force to give input.

JULIE FOSTER HAGAN: I don't have something to put something specifically there yet. We will be doing outreach though and I will make sure to include the DD Council when we have more information. We want to make sure before we meet with the public that we have things clearly laid out so it's understandable. There is so much in the federal regulations that are confusing. And we want to make sure people are clear on some of those things before we open the conversation. But yes, we will be planning that and definitely blast the DD Council so we can find anybody who wants to participate in that.

CORHONDA CORLEY: Thank you so much. And I had muted cause my child was starting to make noise. But thank you so much, Mr. Chairman.

MICHEAL BILLINGS: Thank you. Jill Hano.

JILL HANO: Julie, I was in the other room for the majority of what you said. I apologize. Is this information provided on your quarterly report?

JULIE FOSTER HAGAN: Some of it is Jill, but some of it just happened this week. So we turned our report in early and so some of the stuff I just mentioned happened after we had already turned our report in. It changes almost every day.

JILL HANO: Mike, can I please ask another question?

MICHEAL BILLINGS: Please make it brief.

JILL HANO: If I was to get the vaccine from my primary care doctor as opposed to in a pharmacy, can I just make an appointment with her instead of an appointment with the pharmacy?

JULIE FOSTER HAGAN: They hope eventually they will be able to do that Jill, but right now the state is

getting so few vaccines that they are not sending it do the doctors' offices yet. There is some places other than just pharmacies. But on the Department of Health covid page there is a link that will tell you exactly where all of the people, like when they started it was only a hundred something and then increased to 200 something. So each week trying to bring more people up. Also trying to focus and make sure, you know, a lot of the times rural communities get forgotten. They are trying to make sure there are places close by regardless if you're in a rural or urban area. Trying to make sure there is an equitable distribution of the vaccine. But there is just not enough to get it to all the doctors' offices yet. Eventually you would be able to do that. But for right now there is a limited number. I see Jill raising her hand. Jill, I forgot to mention something I know Jill emailed me about regularly.

JILL EGLE: Quick question. The vaccine, you know I represent y'all and greater New Orleans. For the arc of GNO, you are saying after April 21st of this year it will be allocated six to nine months?

JULIE FOSTER HAGAN: So, no. The appendix K exception. The things we changed in our waiver, those things that we have changed and that we changed during an emergency timeframe. Those things we can keep in place six months after April 21st. If they extend it further after April 21st then it will be six months after whenever that new change is.

JILL EGLE: Are you in contact with Mr. Steven Sour at Fontana about all those changes and Jay England and Sydney Clark through the LDH and your agency of Baton Rouge.

JULIE FOSTER HAGAN: So what we do, and I do want to mention cause Jill has asked me and others, one of the things we asked for in our appendix K looking at longer term is being able to have virtual day habilitation. And I have heard from a lot of families that are interested in that. And so we had some issues trying to figure out the billing and the logistics behind it, but hopeful February 1st providers will be able to start billing for that virtual day habilitation service. We do have, we were meeting every other week. I think that is now changed to monthly meeting. All of

the day programs across the state so that we can make sure that they had the most up to date information on guidance and things and planning and being able to reopen those facilities safely. So yes, we do have regular statewide meetings that we invite those providers to. And then we have every other month meetings with our residential providers as well so we can continue to give them information about all that I am sharing with you guys.

JILL EGLE: Cause a lot of providers work through MHSC quality services in Orleans, and Jefferson, and St. Bernard parish. They are spread out, correct?

JULIE FOSTER HAGAN: Correct.

JILL EGLE: I so appreciate your work. I just wanted to ask you if ever you see Mr. Mark Thomas tell him I said hi.

JULIE FOSTER HAGAN: I actually have a phone call with him at 12:00. So in eight minutes I will tell him.

JILL EGLE: Did Ms. Laura Bracken used to be in your agency before she stepped down?

JULIE FOSTER HAGAN: She did. She was in the same position I am in now before she left the department.

JILL EGLE: They told me I could get my covid vaccine, is it tier B?

JULIE FOSTER HAGAN: Yes. We are currently, people who fall in tier 1 B phase one, I think is, phase 1 B tier one are the people who are eligible for vaccinations right now.

JILL EGLE: Would my mom have to come Ochsner Lakeview to see not till February or March.

JULIE FOSTER HAGAN: I believe Ochsner you have to get an appointment. And I believe you have to go through my chart. I don't think you can call. You can do it online.

JILL EGLE: So you get the first vaccine and then you wait a month later to get the second for people with IDD.

JULIE FOSTER HAGAN: Right now if you get the Moderna vaccine, it's the type of vaccine that you get is different. So people in the hospital got a Pfizer vaccine and a Pfizer vaccine I think in 21 days you go back. Where Moderna is 28 or 30 days. Just depends. And now I hear one's about to come out from Johnson and

Johnson where you just get one shot you don't have to get two. It depends. They will tell you when you get your first shot. Should tell you when your second shot would be required or if you have that one.

JILL EGLE: My dad actually in his 70s, he got his. It's small. Just look the other way.

MARILEE ANDREWS: Mike, you have a comment. Matthew Rovira said availability to get the vaccine has been extremely limited. You are correct, many staff have concerns about taking the vaccine. Brenton posted vaccine locations. And Jill Hano asked appendix K deadline is still 7/21, correct?

JULIE FOSTER HAGAN: No. So April, actually October 21.

MICHEAL BILLINGS: Thank you. I would like to move onto the last topic we have while we have a quorum. I hate to lose our quorum and not be able to address this. And that is the recommendations for the FY22 planning committee. So if you are a committee member, I would ask you to put your camera on so we can see who is here and make sure we have a quorum to vote. So next on the agenda is the opportunity for us to consider activities to be recommended to the council to be included in the FY22 action plan which will begin October the 1st, 2021. Attached to the agenda were the goals and objectives of our upcoming five year plan the council voted on in October. Keep in mind this committee is responsible for goals one and two of this plan. And all of that activities this committee may recommend should align with these goals and objectives. Also what we come up with today is simply a recommendation. Should the council agree with our recommendations the planning ad hoc committee members will determine what items will be brought to the council for vote at a subsequent meeting. I believe it's on the screen now. Goal number one.

ROSLYN HYMEL: Which ones are we looking at?

MICHEAL BILLINGS: They are on the screen.

ROSLYN HYMEL: So goal one and two?

MICHEAL BILLINGS: Goal one and two are the items this committee is responsible for. So goal one, individuals with developmental disabilities and their families will have access to information and supports to become effective leaders of their communities and

advocate for systems changes on behalf of themselves and other individuals with developmental disabilities. Objective 1.1, individuals with developmental disabilities of all ages will have access to opportunities to increase their awareness and knowledge of rights as a contributing member to society including subject matters on, but not limited to advocacy, voting, exploitation prevention, financial stability, and responsibilities and decision making. Objective 1.2, Louisiana self-advocacy network partner groups and citizens with developmental disabilities will be supported in self advocacy training, systems change advocacy and through participation on a variety of boards and commissions. Goal two is to be fully participating members of the community individuals with developmental disability including those with the most challenging needs and their families will have access to qualifying support, excuse me, quality supports and services inclusive of affordable healthcare resources across various service delivery systems and shall be treated equally by all members of the community. Objective 2.1, individuals with developmental disabilities will have increased access to appropriate and affordable health care including primary, and specialist providers, preventative health care services, and prevention of chronic diseases, dental care, sexual reproductive health services and behavior health services. Objective 2.2, individuals with developmental disabilities and their families will have access to and be served by qualified trained professionals, including direct support professionals, first responders and other professionals who will value and promote inclusive community living. Objective 2.3, individuals with developmental disabilities and their families will have increased access to safe, affordable, and accessible housing allowing for inclusive community living. Targeted disparity and disadvantaged population. Is there anything else below that?

BRENTON ANDRUS: No it stops there.

MICHEAL BILLINGS: Thank you, Brenton.

BRENTON ANDRUS: Just as a reminder, you guys are coming up with any ideas you may have that will fall within some of those goals for activities that would be

recommended to the planning committee. The planning committee's job is to look at these to recommend to the full council to be included in the action plan which will start October 1st of 2021. So what you are looking at are just some ideas. It may not necessarily mean you have all the answers. Something you might want to put forth. And something you would want folks to consider and then maybe do a little research on for the planning committee to have to be able to determine if that's something they will recommend to the full council. Probably, I guess that would be the April meeting.

MICHEAL BILLINGS: Any suggestions or discussion?

BRENTON ANDRUS: Corhonda has her hand raised.

MICHEAL BILLINGS: Yes, Corhonda

CORHONDA CORLEY: I have several questions. For goal number one, 1.1 when we talk about individuals with developmental disabilities of all ages having access opportunities. Are we talking about access opportunities including inside of the educational arena? That is my first question.

BRENTON ANDRUS: We have education goals that were handled in the education committee yesterday. So anything you have related to education or employment would be handled in that goal and outside of this committee. We would recommend whenever that committee provides their report out to the full council if you have any recommendations for that area to wait until that committee provides their report out of what they discussed yesterday.

CORHONDA CORLEY: Okay. Thank you so much. I know they did discuss LRS as it correlates to the education arena, but it was dealing with self-advocacy. Because LRS did receive federal funding to help in that capacity as well. So that will be included in education. Thank you for giving me that information. For goal number two, community living and support, can we also with 2.1, objective 2.1, can we ensure that a list of these providers by region be posted on the LDH website in addition. Like it is now, but the one they have now is currently not up to date. So I am just asking if we can include making sure these services such as providers that we actually provide a list so that people, by region, so people can actually have

access to that. And second objective 2.2 with access and being served by qualified trained professionals including first responders and other professionals. I think we all are aware of the current lawsuit in Jefferson Parish as it relates to a person with autism dying at the hands of the police. I would like to make sure that when we say we will value and promote inclusive community living that we actually give some examples. Because this is extremely broad and anybody that has knowledge of that lawsuit is aware the police is blaming the family for actually bringing their child out into the community. I think we need to really look at objective 2.2 in a way to make sure when we say we are looking at these first responders and other professionals we are kind of very specific cause this is so broad and it's not really giving a real target as far as being how are they going to have access as it relates to first responders.

BRENTON ANDRUS: That is the information we are looking for. The document you have before you is intended to be broad. Those are objectives that the council would like to focus on over the next five year. The purpose this committee has right now is to come up with very specific action that you would want to see included in a plan that may address objective 2.2 or 2.1, or whatever that may be. This document is not, we're not changing this document. It's meant to be broad. The goal of this committee, if they have anything, would be to come up with very specific actions the council can work on next year. So, for instance, you may like one of the activities that we're working on this year. I don't know, maybe you like the first responder training. Your recommendation from the committee might be that we continue that particular initiative going into the next year. So that is the kind of stuff we are looking for right now. Not necessarily to update this document. But ideas that we can specifically address in next year's plan.

CORHONDA CORLEY: Mr. Chairman, do I have permission to speak?

MICHEAL BILLINGS: Sorry. I accidently muted myself. Go ahead.

CORHONDA CORLEY: One of the things that I would like to recommend being is for objective 2.1 that a

list of these different providers by region be posted on the DD Council's website as well LDH. As well as making sure the case managers actually have these list to provide to the families in which they serve. And another recommendation that I would love to give is with objective 2.2 that we actually educate first responders and other professionals, including direct support professionals on how to deal with individuals with developmental disabilities in an unbiased manner. As far as an objective 2.3, I would like to recommend that we ensure that we put something in place where persons with disabilities are not discriminated against in any shape or form as it correlates with accessible housing in an inclusive community. Those are my recommendations.

MICHEAL BILLINGS: Brenton, are you able to make a list of those? Or someone on staff.

BRENTON ANDRUS: I am working on that. Just as point of order though, I wrote down what Corhonda said, but that is going to have to be something that comes from a committee member in an actual motion. But I wrote it down in case the committee is in agreement. So what I will do is keep a list of the things that are thrown out there and recommend the committee do a motion as a whole for some of the ideas. Let me see if I can share what I am working on currently.

MICHEAL BILLINGS: Does anyone else have any suggestions or recommendations for other goals and objectives either 2.1 or 2.2? We have before us right now some recommendations from Corhonda which would require a committee member to put into the form of a motion if we wanted to bring these before the full committee. Is there anyone who would like to bring this up as a motion?

BRENTON ANDRUS: Based on video you don't currently have a quorum.

MICHEAL BILLINGS: Okay. I know Michelle was going to have to leave.

BRENTON ANDRUS: Yeah, and I think Julie had to leave for 2:00. Everybody has their video on, you just don't have a quorum.

MICHEAL BILLINGS: I am still on Mike. This is Michelle.

MICHEAL BILLINGS: Still without a quorum?

BRENTON ANDRUS: You have seven and you need to have eight members for a quorum.

MICHEAL BILLINGS: Okay.

BRENTON ANDRUS: What you could do, Mike and the committee members, you can always bring up this again.

MICHEAL BILLINGS: Bring the recommendations before the committee.

BRENTON ANDRUS: Right. This is what the committee discussed and if y'all would like to make something on the floor you can address these things, but you can't actually post it as a recommendation from this committee.

MICHEAL BILLINGS: Got you. Sounds like a plan. I know there is another meeting coming up for staff and they need to get ready to prepare for that as well. We have some members who need to move onto other schedules. So does anybody have any other business for today? Okay. None. Can I get a motion to adjourn? Go ahead, Lillian.

MARILEE ANDREWS: I don't think you can. You don't have a quorum.

MICHEAL BILLINGS: I don't have a quorum to get a motion to adjourn.

BRENTON ANDRUS: You don't have a quorum. You actually don't need a motion to adjourn.

MICHEAL BILLINGS: So with no other comments or questions or anything, we will just go ahead and adjourn the meeting. I appreciate y'all showing up today and participating. I know it was a long meeting. Hopefully, it was productive for everyone.

MARILEE ANDREWS: Mike, the same thing happened at the education committee. There wasn't a quorum so they couldn't do the business. And Ms. Mary decided to ask at the full council if the education and employment committee could present their ideas directly to the planning committee. That is just something to consider. I forwarded the email with the specifics. Another option. Totally up to you.

MICHEAL BILLINGS: Sounds good. I guess that's it for today. I appreciate everyone being here participating. Appreciate all the attendees, public. Y'all have a good day.