

Louisiana Developmental Disabilities Council
Act 378 Subcommittee
April 21, 2021

BAMBI POLOTZOLA: Hi everyone. Brenton, can you let me know once we have a quorum so we can start.

BRENTON ANDRUS: Sure will. As of right now you only have three committee members that I can see. We should have at least six based on the poll we sent out for today's meeting.

BAMBI POLOTZOLA: So Brenton, I think I'll wait till 1:05. And even if we don't have a quorum, I think we can start, just proceed through people giving reports, correct? But we just can't vote on items.

BRENTON ANDRUS: Yeah. We just can't vote. We can just get feedback and that's all we can do.

BAMBI POLOTZOLA: Let's just wait a couple more minutes and hopefully some others get on.

BRENTON ANDRUS: I will say, all of our agency reps are here though. So they will be able to present their information. So thank y'all for showing up.

BAMBI POLOTZOLA: They are so dependable. Appreciate them.

KELLY MONROE: Hey, Bambi.

BAMBI POLOTZOLA: Yes, ma'am.

KELLY MONROE: So my computer decided to update so I'm like working from my phone right now. But as soon as it updates, I will log back in through there if that helps.

BAMBI POLOTZOLA: Okay. Completely understand.

KELLY MONROE: I should have never hit okay. I thought it said to restart, but I didn't see update and restart. My bad.

BAMBI POLOTZOLA: Okay. We'll go ahead and get started. Welcome everyone to the act 378 subcommittee of DD Council. Is this streaming Brenton? To YouTube or is it just here in Zoom?

BAMBI POLOTZOLA: It should be streaming. Let me double check.

BAMBI POLOTZOLA: Cause I don't see it notifying it's streaming. Now I see it. Okay. I see it now. So we'll go ahead and get started with our agenda. Brenton, if you or another staff person would just let us know once we have a quorum so then we will know we can vote. At this time we don't have a quorum so we cannot vote or have motions.

BRENTON ANDRUS: If you are on the committee if you could put your camera on if you're a committee member that way we'll know you're here. But thus far we have you, Ms. Jill Egle is here, Ms. Julie Hagan is here, and Ms. Nicole Banks as well. That gives you four. We need six to have a quorum. If two others join us, I will chime in and let you know.

BAMBI POLOTZOLA: Okay. So we'll start off with the first item on the agenda. We'll do welcome and introductions. So if you're a committee member, I don't know, I guess you have your camera on I will call on you. That means you must be a committee member. Julie Foster Hagan.

JULIE FOSTER HAGAN: Here. Can you guys hear me?

BAMBI POLOTZOLA: Okay. I can hear you now Julie. Nicole Banks.

NICOLE BANKS: I'm here.

BAMBI POLOTZOLA: Hey Nicole. Jill Egle. Looks like Jill may have walked away, but I see her camera on. Is there anyone else on the committee that's on this meeting Brenton?

BRENTON ANDRUS: Going through the participant list now. I don't see anyone else just yet.

BAMBI POLOTZOLA: Okay. So we'll have-- we'll look at the meeting summary from January. We will have approval. Well, we can't have the approval.

BRENTON ANDRUS: NO. Skip right into the arc. If we do get a quorum, we can always circle back to the January meeting summary.

BAMBI POLOTZOLA: Okay. So we'll look at the next will be the office of adult-- aging and adult Services which is through the arc. Which Kelly Monroe will provide the report on the SPAS program.

KELLY MONROE: Hey guys. So I'm pretty sure you all received the report. So I will just jump right in. Can you guys hear me pretty good? Okay. Thanks I'm working from my phone so bear with me. Okay. So in the third quarter we worked with approximately 48 people. Of those 48 people 15 of them were African American. Thirty-two were Caucasian. And one was Hispanic. Of those people, 29 of them were males and 19 were females.

If you turn to the next page the majority of them were people who were being served in regions seven, nine and two. But we can go through each one of them if you would like. Region one there were six consumers. And region two there were nine. Region five there were five consumers. Region six there were two. Region seven there were ten. Region eight there were two. Region nine there were seven. And region ten there were none. So and of those services everyone received support coordination. So the full 48 people received support coordination. Of those the 38 of them received personal care assistance. Three of them received rental or utility assistance. Six of them received some type of medical supplies or medical stipend. And at this time none of them received any vehicle or home modifications. So total expended amounts this year, I mean this quarter the total was 202,662.84. And there's the breakdown on that chart right there.

Let me turn the page. Hold on a second. So if you turn the page, we can look at the waiting list. This was something that someone had asked us to do a couple of meetings ago. And to find out where people were on the waiting list and kind of chart that out. So currently there are 50 people on the waiting list. I can't remember exactly how many we had last time. I wish I would have pulled that other one. I want to say we were able to get some people off the waiting list because we were able to give them, some of them some one time finds funds.

BRENTON ANDRUS: Just to chime in. Y'all had 54 last time.

KELLY MONROE: Thank you, Brenton. So we were able to get four people off the waiting list since last quarter, which was good. And as of like this third quarter there are 50 people who are on the waiting list. And pretty much all regions were-- there's people on the waiting list except for ten and except for three and six. So I'm not really sure why. Maybe we need to reach out to some support coordinators in those areas and let them know that this service does exist and that can be very helpful to people who may be employed or retired from employment. Or people who are on the waiting list waiting for a waiver of either OCDD or OAS.

If we turn to the next page just kind of like tells you where those 50 people like what exactly are they looking for. As usual, most of the people are looking for personal care assistance. Where the average range of that, payment range is 23,660. Totaling up to 946,000-dollars. Home modifications are currently three people looking for home modifications. And the average cost of that is 15,000 bringing that to 45,000-dollars. Two people on the waiting list waiting for dental. That is averaged out at like 10,000-dollars. That might be a little bit high. But trying to estimate dental is really difficult so we have the estimated amount for that would be 20,000-dollars. And then the medical equipment and supplies, seven people who are actually waiting for that. With that equaling about 3,000 per person for 21,000-dollars. The total amount if we wanted to get rid of the waiting list today and serve everybody on the waiting list what we would be needing is \$1.1 million-dollars. I don't know if anybody has any questions. I know I kind of went through that a little fast. But I would be happy to back it up if you need me to or to go into more detail if that's needed.

HANNAH JENKINS: Nicole Banks has her hand raised, Kelly.

NICOLE BANKS: Just from looking at all the data that's right here totaled up, is it only going to be

services those amount of people, that's it?

KELLY MONROE: You mean the people on the waiting list?

NICOLE BANKS: Yeah. Like the people on the waiting list plus the people that has already received services. That's the total amount of people that received services in regards to the 1.1 million-dollars?

KELLY MONROE: No. People on the waiting list it's estimated if we wanted to get rid of the waiting list, we would need an additional \$1.1 million-dollars.

NICOLE BANKS: To service those people only on that waiting list, correct?

KELLY MONROE: Yes. We would need an additional \$1.1 million-dollars. Which really isn't a whole bunch of money.

NICOLE BANKS: Okay. That was my question.

KELLY MONROE: Okay. Anyone else?

BRENTON ANDRUS: This is Brenton. That 1.1 million is that total or state general fund? I guess that's total funds?

KELLY MONROE: Yes. That would be total funds. I think last time we looked into this when it was like 1.5, I think of state general funds, I think what they told me was like 500,000. But I'm really not sure because that match amount kind of jumps up and down. So I would have to ask OAS, but that would be total funds.

BRENTON ANDRUS: Thank you.

KELLY MONROE: Anybody else? If you think of something later, feel free to send me an email. I would be happy to answer any questions that you guys may have.

BAMBI POLOTZOLA: Thanks, Kelly.

KELLY MONROE: Welcome. Thank you.

BAMBI POLOTZOLA: Next, we have on the agenda is our Office of Behavioral Health, Dr. Savicki. First report would be our children's report.

DR. SAVICKI: Sounds good. I will wait so Brenton can put it up on screen.

BRENTON ANDRUS: I apologize the internet is running little slowly.

DR. SAVICKI: No worries. Great. Thank you. This is our report on use of these funds for behavioral health clients for kids. This particular tab is for kids. You will see all the data reported from all the LGEs both for the consumer care resources fund and also for the flexible family fund. For the flexible family fund portion, which is on the right-hand side, LGEs are consistently connecting families with those slots. The LGEs are keeping their allocated slots pretty well filled with the exception of maybe one or two at a time. Sometimes when they're trying to process paperwork and get folks from their waiting list transitioned over into the program. And there does tend to be some turnover in those slots given that kids age out or move out of the region. But that program is moving along pretty well. Any questions on that side? And if not, I can move over to that consumer care resources side.

So for the consumer care resources funding we have a number of LGEs sort of moving along in terms of getting that funding out and connected to families. we have a couple of zeros. Those are the two, in terms of amount expended, the zeros reflect two of our LGEs who allocate different funding for the same purpose. And they have-- they allocate their mental health block grant funding for similar, for use for similar purposes and needs. So they have to allocate, based on federal regs, they have to allocate that money first. So when you see that zero, you'll also see down in the notes section that they are actually serving families with a different source of funding for similar needs. And we'll see their spending from the allocated state general funds really at the end of the year is typically when they get to using those.

And then we've got a couple other LGEs who are a little behind on their spending for the year. And you'll see some explanations in the note sections for some of the challenges that they're trying to work

through. Some of the covid related in terms of getting families in and connecting them with services, in general, and getting documents signed, that sort of thing. And then in some cases the percentages you see there only reflect their invoices up through February. Because we request this report from them, but before they are able to receive and process all their March invoices. So it's not a full picture of everything that they've done in the first quarters. I will pause there. Any specific questions on the child report?

BAMBI POLOTZOLA: I have a question. Did you address, I see Northeast Delta doesn't have their information in.

DR. SAVICKI: Right. Sorry. Thanks, Bambi. I hadn't noted that yet. We didn't have a report from them at the time that I needed to submit this to the council for dissemination. We do have a report now. I'm still trying, there's one piece of data on it that I've asked a question on. But I can tell you, so I don't have full data report quite yet. But they're trying to answer my question and get that resolved later today, likely. They look to be on track. They made a budget change to their allocation last quarter. But at this point they appear to be on track to spend their newly reduced allocated amount by the end of the year. Their flexible family fund program is going along similar to other folks. They have their slots filled and are getting those funds connected to families.

BAMBI POLOTZOLA: Any questions on the child and adolescent OBH report? If there are none, we can move to adult report for OBH.

DR. SAVICKI: Great. Let me know of any particular questions on this one. Fairly similar picture. Again, only a hand full, not a hand full, about half of our LGEs have allocated funds for the adult side. They are-- a couple of those programs are at a hundred percent in terms of their expenditures. They've already used that funding. Others are sort of along the way. And you will see in the note sections the

kinds of expenditures they're using these funds. And in some cases, it is a combination of just like on the child side, some LGEs are using a combination of different funding sources to fund a similar program. So you may see a lower level of expenditure here that will catch up by the end of the year. That's the case, for instance, for capital area.

BAMBI POLOTZOLA: Do we have any questions on this report?

BRENTON ANDRUS: I don't see any.

BAMBI POLOTZOLA: Okay. This is going by really fast. We caught up on the delay we had at the beginning. Do we have a quorum yet, Brenton?

BRENTON ANDRUS: We should. I see so far, we have five, six. I think Carmen is on. I just don't see the video. So I just want to verify that she's here. There we go. There she is masked up and ready to go. So you should have a quorum based on what I'm seeing here. You have exactly six members.

BAMBI POLOTZOLA: Can we go back to the beginning to the first item and get the approval for our January meeting summary.

BRENTON ANDRUS: It is up on the screen.

BAMBI POLOTZOLA: Everyone should have received the summary. We just need to get a motion to approve.

BRENTON ANDRUS: Technically, Bambi, you don't have to have a motion as long as nobody objects to this particular summary.

BAMBI POLOTZOLA: Do we have any objections to approving the summary for the January meeting? Okay. Hearing none. It is approved. Now we will go to our last item which is Office for Citizens with Developmental Disabilities. Tanya Murphy will review this with us.

TANYA MURPHY: Hey everybody. Are you able to hear me okay?

BAMBI POLOTZOLA: Yes, ma'am.

TANYA MURPHY: Well, first of all excuse the background noise you might hear cause I am on the campus of University Louisiana Lafayette. I brought my

daughter to admitted students day this morning. And so, but I am on the clock and I am giving this report. So we got the third quarter results from all the LGEs for their expenditures on the individual and family support program. It's kind of a range for the different LGEs. I would say Imperial Calcasieu is the lowest expenditure percentage with 37 percent. They did provide an explanation as to why. And I'm sure most of you are familiar with the hurricanes and the covid and everything that's been going on with poor Imperial Calcasieu. Most of the people have moved out of the region or had to evacuate, but they are coming back in. And they said they do anticipate spending all of their money even though they have a low percentage spent right now. And also, as a reminder, this third quarter amount does not include the third month. Because we have to report a little early to be prepared for this meeting. And so this isn't a complete number for the full third quarter spending.

And then I also wanted to bring to your attention Acadiana Area Human Services District added 200,000-dollars to their budget to be spend on IFS funds. So although their percentage is at 59-percent, they have put an additional amount of money into their budget. Which would bring the percentage down, but they do anticipate spending it all. Are there any questions on the individual and family supports section?

BAMBI POLOTZOLA: I have a question in regards, so like with Imperial Calcasieu it says due to the hurricanes services were reduced and expenditures were low in the first two quarters. And I'm thinking that those contracts for services are probably like some type of day programs. And I think I brought this up before. I don't know if you have that information in regards to how much of our IFS funds are being used for like day programs. Do we have that information?

TANYA MURPHY: I don't have the percentage off the top of my head. But we can certainly get that information back to you to tell you exactly how much of

it is. I know we did pull that information, but I don't know it just off the top of my head.

BAMBI POLOTZOLA: Okay.

HANNAH JENKINS: Ms. Kathy Dwyer has her hand raised.

BAMBI POLOTZOLA: You can let her speak. Hi Kathy.

KATHY DWYER: Hi Bambi. Thank you for letting me ask a question. Looking at Jefferson Parish Human Services Authority I see is that 149,000 that was reduced from their budget initially?

TANYA MURPHY: So you're looking at the total at the bottom.

KATHY DWYER: Sorry. Yeah.

TANYA MURPHY: It's Florida Parishes Human Services District started with a million 49-dollars and they took 349,128-dollars out of their IFS budget.

KATHY DWYER: Okay. Sorry. I was looking at the wrong line. So I'm trying to see what percentage has Jefferson Parish used on IFS funds so far? Is that the 52 percent?

TANYA MURPHY: That's right.

KATHY DWYER: Okay. Thank you. And I would have the same question as Bambi for Jefferson Parish once you provide that information in terms of how much is spent on day habs.

BRENTON ANDRUS: I think we had that discussion at the last meeting. We're also wondering about diapers too, I think. Diapers and voc rehab if I'm not mistaken.

TANYA MURPHY: Okay. Any other questions on IFS? I will move onto flexible family fund. Flexible family fund is a little more easily projected and more regularly expended on a schedule because it's a 250-dollar stipend sent to families every month. So in the third quarter we would expect 75 percent of the budget to be spent and that's where we're at with 74 percent of the budget being spent. So flexible family fund is on track to spend a hundred percent of the money that the LGEs have budgeted to the program. Any questions on flexible family fund?

So we can switch to the 9-percent. The act 73. So this is the report where we talk about the total LGE state general fund budget. And then the amount that's equal to 9 percent of the state general fund. And then how much money the LGEs should be budgeting towards their act 378 programs. And then how much they did budget towards it. All of the LGEs have budgeted equal to or greater than a 9 percent of their state general funds. And then the next column talks about the total expended. And that's where I took all the IFS expenditures and all the flexible family fund expenditures, added it together and put it on this worksheet here. And then it will tell you the percent of the 9-percent that has been expended so far. So we're looking for around 75-percent for the third quarter and statewide it's at 72. So we're on track. There's a couple of LGEs that are slightly under. But everybody is on track to spend a hundred percent of the 9 percent of the state general funds that the LGEs are required to spend on this program. On these two programs. Do we have any questions about the act 73 report?

BRENTON ANDRUS: Hey, Tanya. I assume the total budgeted by the LGE for Florida Parishes that factors in their 349,000, right, that they reduced. Okay.

TANYA MURPHY: Yeah. Yes. Because at first, I was like concerned because I was like wait, their IFS is 700,000. But if you take what they budgeted to IFS and flexible family fund together they're still budgeting a little bit more than the 9 percent that's required.

HANNAH JENKINS: Nicole Banks has her hand raised.

NICOLE BANKS: So I have a question. When we're doing a total percent of spending, do they have a certain time they have to spend this money by and where it goes, and it's allocated to. So they're behind, why are they behind spending?

TANYA MURPHY: They have until June 30th to spend all of the money. And so they report to us every quarter. And so the first quarter we expect 25-percent or so to be spent. And then 50-percent. And so this

is the third quarter we're looking at around 75-percent would be an average. And then by June 30th they should have the hundred percent spent.

NICOLE BANKS: So let me ask a question. I see some of them are very below the spending where they're supposed to be. Does that mean that the people are not getting the services that they need. Because I just want to know if that's what that means too. Cause if the stuff is not being spent on what they need it to be spent on when they need it to be spent on does that mean the people they are servicing is not getting it?

TANYA MURPHY: That's really an excellent question. And I think one of the reports that we look at to try to answer that is called our approved pending funding report. It's a report that shows you the services that have been asked for by people that the LGE has approved, but they didn't have the money to actually pay for it. And when I pulled that report there were no, there was nobody on that report. There wasn't anybody that had asked for something that that couldn't be paid for. And so it doesn't mean that people aren't getting the services they need. It just means the LGEs are doing a good job of trying to make sure they don't spend all of their money at the beginning. They want to make sure in case of emergencies they have some money left at the end to make sure they can help people all the way until June 30th.

NICOLE BANKS: Okay. I was just wondering if they had something, just a backup in case, you know, that happened. But if this is all the funds they're going to get in totality with everything then yes, I can understand that.

TANYA MURPHY: Yep.

NICOLE BANKS: Okay.

TANYA MURPHY: Any other questions?

BRENTON ANDRUS: It's Brenton again. Quick question. So following up from our meeting last month. I know you said you don't have, or last quarter, the percentages about what was used for voc rehab or any of the diapers or what not that we talked about. But I

didn't know if the department had a chance to actually analyze any of that information to see. Cause part of the discussion was trying to find out if a lot of the dollars were being consumed for those services is there going to be something else that we need to do like. Like what are alternatives. Some questions out there shouldn't we maybe look at a waiver for them as opposed to IFS dollars. I know you don't have the numbers in front of you, but I didn't know if that analysis was able to be done and maybe we can have a discussion about alternatives, or maybe if there was a better option out there for folks, or if that's just not ready yet. Just curious about that.

JULIE FOSTER HAGAN: I don't know if Tanya had to log off for a second. This is Julie. I can answer that question. After the last council meeting, we did pull all the data. We pulled a team together, an OCDD team together to take a look at that data and kind of had some internal discussions to what you guys talked about. I was hopeful that Dr. Brandy Kelly could join us today, but she had a conflict and wasn't able to join us. I think some of the questions were, and I think Bambi kind of brought up well, if we're using the funding for these state general fund dollars if they were in waiver then you would potentially be getting federal match. Part of the-- and that is true, but that also then opens up other services and other billable, other things that they would potentially have access for. So the federal, I mean the fiscal impact, for one the fiscal impact would still be potentially greater if they moved into the waiver even though we were able to pull down those federal funds.

The other thing is with the shift to our prioritized waiver I think there was some questions about, or there have been questions in the past, about how does, you know, if someone is using IFS for day program or if they are using IFS for personal care services and then we go and do our screening of urgency of need, how is that factored in. And that's why I wanted Brandy to come cause she can explain this a lot

more eloquently than I can. Cause there's not an easy answer to that. It is a factor that can be considered, but we know these funds may potentially not be there within the next year. So there is some consideration. The discussion too though is also if those funds, so if those funds are not there, so if the person, you know, come July doesn't have access to the services that can be provided by the IFS would that then place the person into an emergency or urgent category. And so we would really need to still consider the whole person and the whole what's going on. And so we do consider that those supports might be in place. But we also consider those supports to potentially be temporary supports because we don't know about the funding each year. And then we also then look at the individual situation for the person if they were to lose those funds just like we look at things in the future if there is an older caregiver or things like that. So we look at the potential and then what would that do for that person. Would that then place them in an urgent or emergent situation. It's still individualized when we look at that. We did see in the analysis-- and what we can do if we didn't provide that then we can definitely try to pull that data together and get it to the subcommittee. Cause I know I thought we had already provided that last quarter. But again, I will circle back with Tanya to see what we did. Because we did take a look at it.

The other thing we pulled is we have a report that show we look at individuals who are receiving individual and family support, and family flexible funds, and also receiving waiver services. So we also had a report that showed that we do have a number of people who received those, who participate in IFS or FFF and also receive waiver services. So there's still a number that get both. So it doesn't exclude you from being able to get waiver services as well. And I can try to take a look at one point we had pulled those percentages together. So we can give you that information too.

BRENTON ANDRUS: I was trying to look at what we

did last meeting. So I know we had a breakdown, basically, of the IFS dollars by region. And then we went through and I was trying to see, and what I'm trying to look at now, if we had a percentage kind of statewide. But I think it was mostly broken down just by region. That's how we jumped on the topic of the supports seeing exactly how much money was spent in those particular services. So I think we had some of the idea of the percentages and the amounts. I guess for this particular meeting we were just looking more at the discussion of are there other routes we can take as opposed to IFS dollars to free up some of that money if so much money was going towards our voc programs. Kind of what it sounds like an ongoing analysis sort of thing.

JULIE FOSTER HAGAN: And that's why we focused on what the impact with the SUN screening would be. Ultimately what you would do then would be to use it for potentially a supports waiver opportunity. And again, there's not an easy answer as to whether-- we wouldn't just be able to make them a waiver offer. We would still have to go through the SUN process, and we would have to consider what if that funding were not available what would then be the impact and would the person be. So it's not an easy kind of yes or no and we couldn't replace it. We are very closely monitoring-- we are still in a good spot right now to not have a waiting list. We are still able to continue to fund the folks that we have that have a SUN score of three or four. But we are closely watching it. And I know we have the NOW fund that the DD Council has advocated for and the commissioner has agreed to keep a million dollars there should we ever need to open it up for waiver opportunities for folks, so we don't have to reestablish waiting list. But I will share with you guys that in our most recent analysis when we initially did projections and, in our pilot, and the information that we gathered through our initial SUN screenings there was about 15-percent of the people that we screened who fell into that urgent or emergent

category. That number has bumped up now to almost 30-percent. So almost 30-percent of the people that we do a SUN screening on are falling into that urgent or emergent category. If we continue to trend that high at some point we are going to get to the point where we either have to find additional funds or, you know, through that NOW fund or what not. Or potentially reestablish a waiting list. Which we all don't want to have to do.

So we're trying to be careful to make sure that we would be good keepers of those funds too. And so I understand that we would want to free up more IFS funds. But at the same time we wouldn't just be able to kind of make that change where we say well, if you're using IFS for a day program that we would shift you to a supports waiver. That wouldn't necessarily just be an even balance I guess is what I'm saying. And I do understand what you guys are saying. We would at least have federal funds. But it still wouldn't necessarily be like more of a money follows the person where the spend would be the same. And you would be pulling down federal dollars. Because it then gives them access to other services that we would anticipate they might use as well if they're in that supports waiver. I do want to make sure that I don't-- I do want to give the committee the information they need. So those were our internal discussions. And if there's anything more that we need to provide or if I need to bring some other subject matters experts on the SUN and how we consider it and things like that I'm happy to do that as well. Want to be responsive to the committee. But at this point I'm not a hundred percent clear on what the ask is for from us.

BRENTON ANDRUS: I think Nicole has her hand raised.

NICOLE BANKS: I have another question. So like you said the money doesn't follow the person. It doesn't work necessarily that way, right. So if the money isn't following the person is the person getting added into all of these data, like, you know, how you

guys have to have the budget how many people are you servicing. You mentioned that some families are getting dual services. They're getting dual waivers, getting from this, from one section or from another. Are these people being included in the data that we're asking for as far as how many people are being serviced and in that manner?

JULIE FOSTER HAGAN: Yes. And so you can't be-- just want to clarify. You can't be in two waivers at the same time. You can only be in one waiver at a time. Some people are in, they have a waiver, a home and community-based waiver and they also participate in the individual and family support and/or the flexible family fund program. Since those are funded all through state general funds you can be in more than one of those programs. But you can only be in one waiver at a time. And yes, those individuals are all included in the report that Tanya just showed. So if it would be helpful for me to send the group a breakdown for the people that-- to be able to see how many people do we have who participate in the flexible family fund and in the individual and family support program who also have a home and community-based waiver. We have that data available, and I can, in fact, I have it in a binder behind me somewhere. So we can easily get that to you guys for review.

NICOLE BANKS: Okay. Thank you.

BAMBI POLOTZOLA: So this is Bambi. I'm looking at that report that we had reviewed at the last quarterly meeting. It was, go back to the top of this, it was basically showing all the expenses, the IFS requests for the fiscal year. Then it has each of the human service districts, the categories, and the dollar amounts spent, and that type of thing. And Brenton may be able to help with this. We never really analyzed this. Cause I'm looking at some of this like how much diapers are we spending. I just did a quick calculation. And what they have adding all of them together it's almost 800,000-dollars in diapers or disposable undergarments, incontinent supplies.

But the other thing that was really noticeable we have a big difference in the amount LGEs are spending. Some of them are over 100,000-dollars that they're spending for that category a year. Hundred fifty thousand dollars for some. And then some are, the annual is 4,399-dollars. From 150 down to 4,400-dollars. Do we know the difference. Does some of these human service districts have access to where they're getting people these resources without going through this IFS funding? Those are the type of questions I would have. Do you know that, Julie?

JULIE FOSTER HAGAN: I do not. You mentioned that specific to the adult?

BAMBI POLOTZOLA: Yeah. The category that's diapers, disposable under garments, incontinent supplies. For instance, Capital Area said they spent 153,000-dollars for the year. And then I go to Acadiana Human Services where they say they spent 4,399-dollars. That's a difference of 150,000-dollars. Why. That seems it's the same population.

JULIE FOSTER HAGAN: Yeah. And I know that some of them have reported that they have been able to access some things like that through different sources and donations and things like that. But that's a good idea. For that or others. In our analysis I think we were looking more statewide. But we may need to also then. We have quarterly meetings with all of the developmental disabilities directors in OCDD. So maybe that is something that we would want to kind of take a look at where are their big differences like that and ask them to share if they're not having a lot of expenses there what are ways that they are able to access other resources so they can then share with their other LGE partners. You know, ideas that they might go explore. Is that what you're kind of getting at Bambi?

BAMBI POLOTZOLA: Yeah. It's the same population. You wouldn't expect 150,000-dollars a year difference in disposable undergarments. There's something going on. I see some of them have, in regards to dental,

they have zero for the year. Some of them paid zero. So why. Are they getting dental from another source. Are they not approving dental services. And then some have much more several thousand. So, for instance, for dental Acadiana Human Services has 78,000, but Metropolitan has zero. What is the difference.

BRENTON ANDRUS: How many contracts did it say they entered into for those things. I know with diapers Capital Area may have had 100 and Acadiana may have only had 50. I don't know if that factors into some of it.

BAMBI POLOTZOLA: For the diapers it was five for Acadiana and Capital Area was 288.

BRENTON ANDRUS: Maybe Acadiana area has an untapped supply somewhere. Someone they can work with so they're not getting as much requests, I guess, as Capital Area, maybe.

BAMBI POLOTZOLA: Right. You would expect the need would be relatively similar.

NICOLE BANKS: Also, where are you guys getting this report from?

JULIE FOSTER HAGAN: We have a database in OCDD called the participant services database. And they enter all of the information in there. And then each quarter we pull out reports. In that database they enter information about all of the, I mean all of the people with OCDD statements of approval in their region. It's just sort of where we capture all of that information and this is one of the reports, they place information in there, and this is one of the reports that we pull. They send to us and they check it to make sure that all the data is accurate and then they get it into Tanya to be able to report it. The OCDD participant services sort of, it tracks lots of different things. This is one of the things that it tracks.

NICOLE BANKS: Okay. In regards to the stuff that we're looking at right now, these reports, this stuff, how do we get a copy of this to look at? That everybody's looking at right now.

BRENTON ANDRUS: I was going to say I have it pulled up on the screen currently, I think.

NICOLE BANKS: Where did you get that from? Maybe I'm having a hard time finding it. Cause I don't know where they have that at.

BRENTON ANDRUS: I put the link in the chat. We get this at the end of every year. So usually at our October meeting this is information that we put together. List all the IFS requests for the year broken down by priority. And then in the past couple years we've gotten into more detail, what you see in this page here that breaks it down by each particular district or authority. And kind of gives you an idea of sort of what they spent in each particular area. Which is kind of in this left column here. And then it gives you at the end of the fiscal year kind of a total of everything. And so that was something we usually do in October. We've moved it up, or we did not do it in the October meeting cause it is a lot of data. We moved it to the January meeting, and we spent probably half the meeting talking about this report.

NICOLE BANKS: Sorry. The meeting I missed.

BRENTON ANDRUS: It just happened to come up again. That's where it was at is at the previous meeting. The topics were of continued discussion into this meeting. We had used this report to kind of look at the vocational rehabilitation or the employment supports which is this section down here. Not sure how much y'all can see. But looking at that information. And then also looking at the diapers, and the undergarments, incontinent supplies and that's what kind of sparked discussion at the last meeting to ask the department just to see is it kind of, as Julie said, it's not as easy as just getting them a waiver and replacing IFS funds. That's kind of what sparked it and then conversation developed. That report was not included in your packet. So you're not missing anything.

NICOLE BANKS: Got you. So now I can look at it and see. Because I'm doing like Ms. Bambi is doing.

I'm looking at the different-- I was looking at the same thing. Big indiscrepancies across some of those numbers. And it's big indiscrepancies that's like okay, what's going on here y'all. Like are we missing something. Are y'all not sharing information. Do y'all got some coupons or something that y'all not telling people about. You know, that's just what-- that's how I'm looking at it.

BRENTON ANDRUS: But if you check in the chat, they'll have the link that will take you directly to this report. But you can also go back to any of our meetings' pages and see our act 378 agendas and there will be reports in there if there's anything you missed from the last meeting. I think this report is probably the only thing that was different than the typical reports that you saw from this week or this month.

NICOLE BANKS: Okay. Thank you.

JULIE FOSTER HAGAN: So I think Tanya-- oh, you found a charger Tanya. You're on mute?

TANYA MURPHY: I made it to my car so I can plug my phone in.

JULIE FOSTER HAGAN: Okay. I think based on the conversation here, you tell me, you tell the group too if you have other thoughts, I don't know whether we shared this level of detail with all the DD directors. And to my knowledge we haven't kind of had that in depth conversation with them. I'm thinking that we could at the next developmental disability director meeting share this, kind of go through each of these major sections with them for like hey, looks like you guys are not spending a lot here. Do you have other resources. To be able to then share where people may be able to go outside of that as a way. Or maybe somebody says hey, we're not approving dental cause we didn't think we had really got-- whether they haven't gotten requests or haven't thought about. And do we maybe even need to do outreach to educate families that this is here. Cause it sounds like you said earlier that we didn't have any requests that were not funded. And so are we at a point where we can do more outreach

in certain areas where we know there's a potential gap or a need to make sure families are aware that that's available through the program. I think if we can have that discussion by looking at this report and sharing with the DD directors, we might be able to come up with some strategies that they might be able to not know about that they might be able to tap into and/or some further discussion about how we drill down to help people know this is out there. Do you think that would be beneficial?

TANYA MURPHY: Absolutely. Because I know when I spoke with Troy Abshire at Acadiana they do have a special program around their dental services. And that's one of the reasons why Acadiana has such a high expenditure in dental because they have like a program. But as far as the adult diapers and stuff, I don't have an explanation as to why one region would spend so much more than another. It might have something to do with a priority that they might place on it. It depends on the family's particular situation whether it would be ranked a priority one or a priority four. Or anywhere in between. Which would have an effect on whether it got funded or not. But the fact that we don't have any approved pending funding I think is something we need to look at. And so are they just not asked for those things in those different regions or do they have special programs there. Certainly would be helpful to us to know and to report to the DD Council. But also to all the LGEs to work together to see what's working in your region and how can we implement that in ours.

BAMBI POLOTZOLA: I agree. Not really to micromanage cause I know they all are doing the best job they can, and we get really great services from our human services districts. But I think there's information that we can get from those discussions that could help make what we do more efficient and effective across the state. Do we need-- are we just going to, I guess, OCDD you guys are just committing to do a more in-depth of analysis of these individual line items across the human service districts and give us an

update at the next meeting?

JULIE FOSTER HAGAN: Yeah. I think in order for us-- we sort of did ours at the state level review and in order to do the deeper dive I think we need to have input from all the LGEs who would know more specifically. Like Tanya said, they might tell us they have a dental program, but to get into the level of detail that you guys are asked I think we would need be able to get input from all of those LGE directors. And yes, at our next meeting-- if you guys want to make a motion you can. But we will commit to doing that at our next DD director meeting and reporting that.

BAMBI POLOTZOLA: Thank you. Have we gone over all the items for OCDD's reports?

BRENTON ANDRUS: Yes. I was just going to share this particular report that's, I think it's on the screen, apparently. We haven't, you won't necessarily see this report in previous years cause I think last year, and Tanya I may butcher the explanation because my memory is not great. But there was some discrepancies in how the LGEs documented within this system. And so this was kind of our first report where Tanya got everyone to understand why this system is so important and why keeping the information updated in the system is so important. So I would anticipate probably what we'll get next fall is probably going to be even more accurate than this. Cause I'm hoping they would have the kinks worked out by then. But the way this report looks it's a lot more comprehensive than what we've had in previous years. We used to just have what was on the very top here. Which just gave you information about the priorities. But now that the LGEs have gotten really good about actually documenting everything so specific and not using such random categories in their documentation in that system we have been able to get a more comprehensive report. Which is what you're looking at today.

TANYA MURPHY: Yeah. We added more categories so not so many were put in just other. And we offered a training, so they understood how to put it into the

system and what that information was used for.

BRENTON ANDRUS: So I think that covers everything on your agenda as of now.

BAMBI POLOTZOLA: Do we have any announcements?

JULIE FOSTER HAGAN: This is Julie. I think we shared the information to all the DD Council, but just put a plug in. We are having a panel discussion on April 23rd at 1:30 with a targeted-- it's a discussion. So the Louisiana Department of Health has put together several, there you go, conversations. They call it vaccine conversations. We know that there is still lot of people who are really hesitant to take the covid 19 vaccine. And the department and others feel it's really very important that we do consider vaccination in order to help us, I don't know that any of us think we'll return to the same as we were before covid cause covid has taught us a lot of things. But vaccination, once we have enough folks vaccinated it really will allow us to start moving in the right direction. But we know there's still a lot of people who are either hesitant or unwilling to take the vaccine. We put together different panels that we just say they're different conversations. Some of the surveys that the Office of Public Health did said people don't really necessarily trust entertainers or movie people or things like that. They trust hearing information from people who look like them, sound like them or in the same situation as they are. So we put together different panels. There was a panel with a target audience of a conversation with the African American community. There's one also on this day for the Hispanic and Latino communities. We've had conversations with the faith-based communities. And so we're happy to announce that we are having a conversation that's focused on the disability community. It's focused on both persons with disabilities as well as their providers and caregivers and what not. So we have a panel up here and that will be April 23rd. We already have over 250 people registered, and we've only been announcing it for a few

days now. So we're really excited. There's more people registered for this panel only after two or three days of publication than any of the other conversations that we've had so far. So the disability community is really showing up even just for the registration. Folks in Office of Public Health say it's a recognition of how important it is that we have this conversation just knowing how many people have already registered for it.

So just encourage folks to join us for this very important conversation and to hear from folks. The provider groups that are on, they do provide office of aging supports. They are provider groups from adult day healthcare centers. But they're providers for folks just like some of our intellectual and developmental disability. Their story is just so powerful. They have, I think 98-percent of the staff who work at that facility have gotten vaccinated. And it's because of the gentleman you see in the middle who just was a great supervisor and really encouraged and helped answer questions for his staff and what not. We're also looking at following up potentially with one that's just focused on our provider agencies. Cause what we hear from families is that in order for me to have somebody come into my home it's important to me that they're vaccinated to make me have any kind of sense of safety about them coming in. We really want to focus on that, on the folks that are caretakers or provider staff as well. Just encourage folks to come and help us spread the word to others who may have questions or want more information about the covid 19 vaccination. Thanks.

BAMBI POLOTZOLA: And I put in the chat a link that actually Lillian is updating this Google link with tracking of disability related legislation. And so and she's keeping up with that regularly. So anybody can go in and look and see what based on category, the bill number, the description. Also what stakeholders are in support or oppose certain types of legislation. And then another column that says when it's going to be

heard in committees. So you can look at this and/or send information. You can email myself or Lillian. Which is both our firstname.lastname@la.gov. Just trying to keep people more informed. Cause it's really difficult to keep track of our legislation during the sessions. It's really fast paced. Do we have any other announcements?

BRENTON ANDRUS: I was just going to say you could also go to the council's website. Our banner on that first page will show you information we're tracking throughout session. Well, it's not moving as quickly. But that's usually updated every Friday.

BAMBI POLOTZOLA: This isn't an announcement, but Tanya Carmine and I will definitely endorse for your daughter to go to UL Lafayette.

TANYA MURPHY: That's awesome. I said I don't know if the camera is showing Brooke, but we're excited about her going.

BAMBI POLOTZOLA: Y'all be careful. Thank you everyone. We have the full DD Council meeting tomorrow starting at what time staff?

BRENTON ANDRUS: 8:30.

BAMBI POLOTZOLA: That is so early, but I will be on. 8:30 all day. It will be full of a lot of good work we have been doing. See you all tomorrow.