

Louisiana Developmental Disabilities Council
Planning Committee

April 8th, 2022

BRENTON ANDRUS: Sorry, y'all. We're trying to figure out the feedback issue and we may have. Can y'all hear me? Not all at once. Okay. Vivienne can hear us. Yes. Perfect. Okay. So I don't know what we did, but it worked. We're going to mute again.

EBONY HAVEN: Hey, Mitch. Can you hear me? Okay. Great. So Rashad is outside, but he went to the wrong building. So he's coming across the street right now. So we're going to get started in just a second, guys. Thank y'all so much for being here with us today.

Hey, everyone. We're going to get started in a minute, but we just were informed that we cannot live stream through Zoom meetings. So we're going to have to switch to a webinar. Hannah is setting up the webinar right now. And once she's done, I'll send out the link to all the committee members and you guys can just switch over to the webinar instead of the meeting. Lynsey, she's going to send it directly to you so you can just switch over. I apologize. This is our first meeting in the office like this so we're kind of troubleshooting today. So just bear with us and we'll get started in just a second.

Hey, everyone. Hannah just sent over the Zoom webinar link. Let me know if you received it before we closeout this meeting.

You received the link? I just want to make sure. Hey, Christi.

CHRISTI GONZALES: Good morning.

EBONY HAVEN: Good morning. We're having some technical difficulties. We're going to have to switch over to a webinar instead of a meeting because we can't live stream from a meeting setting in Zoom. Hannah just sent everyone the link for the webinar.

CHRISTI GONZALES: I'm going to check it. Okay. Let's see. Okay. So we go log out and go to that one?

EBONY HAVEN: Yes. We're going to log off and go into that one.

CHRISTI GONZALES: Okay. Thank you so much.

RASHAD BRISTO: Good morning, everyone. We're going to call to order on today's date. May-- excuse me. I kicked it up a whole month. April 8th, 2022. The time is now 9:24 a.m. This is the 2023 action plan committee meeting. Like to say thank you so much for your time. We apologize for the technical difficulties. It's the wonderful world of technology that we live in. By the time we get it figured out, trust me, they'll change something else, and we'll have to learn it all over again. So what we're going to do now we're going to try to move up the timetable. We've already done the welcome. Again, thank you for sacrificing your time. Thank you for being a part of this committee. It is instrumental. We definitely want your input. And we need your support. And we need your contribution to make sure we can make the DD Council, the plan as effective as possible. And make sure we can execute all that's being asked of us to do and those things that we see fit. So at this point let's do some introductions real quick. That way everybody knows who they're talking to. And we can go ahead and move from there. So I'm Rashad Bristo, the chair for the DD Council for this current term. And I'll move to my left.

BRENTON ANDRUS: Brenton Andrus, council staff.

MARILEE ANDREWS: Marilee Andrews, council staff.

AMY DEAVILLE: Amy Deaville, executive director.

EBONY HAVEN: Ebony Haven, deputy director.

REKEESHA BRANCH: Rekeesha Branch, council staff.

RASHAD BRISTO: And we'll go online now. I see Mitch. Go ahead and do introductions, Mitch.

MITCH IDDINS: Good day, everybody. Good to see everyone. I'm Mitch Iddins, self-advocate.

RASHAD BRISTO: Christi Jake.

CHRISTI GONZALES: This is me, Christi Gonzales. I am a special education teacher and parent of two children with disabilities.

RASHAD BRISTO: Thank you. Vivienne.

VIVIENNE WEBB: Hi. I'm Vivienne Webb and I'm a self-advocate.

RASHAD BRISTO: Thank you. Chaney.

CHANEY GUIDRY: Chaney, self-advocate.

RASHAD BRISTO: All right. Did I miss anybody?

AMY DEAVILLE: No. That's everyone.

RASHAD BRISTO: Okay. So at this point we'll move forward. Have a mandate and an overview.

EBONY HAVEN: Everyone see it?

CHRISTI GONZALES: Yes.

EBONY HAVEN: So I'm just going to go over the council's mandate. And this is something that we went over in orientation. Or you should have went over it in orientation a while ago for in Mitch's case. And this is just what the DD Act states that the councils have to engage in. Advocacy, capacity building and systems change activities that promote self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in all facets of life. So as we move through the plan, we want to make sure that all of the activities that you guys consider fall within those three areas. Either advocacy, capacity building or systems change. There's some other information about the restrictions on the use of funds. The council can't supplant funds. So federal funds can't be used to replace nonfederal funds. And fill in gaps. So council funds can't be used to duplicate or replace services for individuals with disabilities and their families. And then last but not least, conflicts of interest. If we are discussing any activity where you know that you have a conflict of interest, just refrain from offering any information. Or I would just refrain from discussing it. So just keep in mind any conflicts of interest that you all may have.

RASHAD BRISTO: Does anybody have any questions in regards to what has just been stated?

AMY DEAVILLE: The next part of the agenda is about the feedback that we received from ACL about our last state plan.

RASHAD BRISTO: Okay.

AMY DEAVILLE: So the feedback that we received, I don't have it up yet, but I can tell you about it. One thing that we know for sure we're going to have to do is completely revise our targeted disparity objective. And when we get to that part of the plan, we're going to work through the plan from top to bottom. So when

we get to that part of the plan we'll go over exactly why. But that was part of the feedback was that our targeted disparity needed to be overhauled. And then the other thing was we have one activity, which is activity 1.2.3. And that activity says that we're going to support council members in participation in council meetings and other functions. That particular activity also needs to be removed. Just because it's supposed to be a part of the normal DDC functions and so it shouldn't be included in our plan. So those were the major things on the ACL feedback when it came to our objectives and our activities. And so we'll get into that in more detail later. But I do see Mitch has his hand raised.

RASHAD BRISTO: Mitch, you're recognized.

MITCH IDDINS: You know me, I got to get things going here. So Amy, real quick for those that are listening that may not know who or what ACL is and what they do. Would you mind just giving a brief explanation of ACL's role in this whole thing. Just for those that are listening and maybe those that are listening in the public.

AMY DEAVILLE: Sure. So ACL is the Administration on Community Living. And they are basically, federally, they're the people who give us our grant funds. So we report to them. Our state plans go to them and are monitored by them. So everything that we do is monitored by ACL.

MITCH IDDINS: Thank you.

AMY DEAVILLE: Sure. The next part of the agenda was review budget. But we're going to look at the budget as we go item by item. And it's probably easier to do it that way than to just look at it as one big whole now.

RASHAD BRISTO: So we'll move forward to recommendations. Council standing committees.

EBONY HAVEN: Okay. So the self-determination and community inclusion committee, their recommendations for the planning committee were the first one-- and you guys did discuss these recommendations at the full council meeting in January. But I also wanted to include them since these were the recommendations that they wanted to send for the planning committee. So the

first thing from the SDCI committee was individuals need assistance navigating the tiered waiver system. Possibly contract with someone knowledgeable about all aspects of the tiered waiver system to help individuals in the community and those trying to transition out of ICFs to get the supports that best fit their needs. So that was the first thing. There was some feedback from the council. And Brenton, do you want to kind of give an overview of what the council kind of felt about that one?

BRENTON ANDRUS: Yeah. I mean, just in general the idea of starting up a transition team for folks to come out of ICFs, that mechanism is already there. They have transition teams inside ICFs to be able to help folks transition out if they choose. So, I mean, the discussion was kind of centered on we'd be duplicating a process that might already be in place. And one thing, I guess, to consider is with the amount of work that would be needed to accomplish this, I mean, you would almost have to start looking at having staff on board that would specifically work. I don't know that this would actually be a contract as much as an actual position you'd be trying to create to do this. But again, you'd also be looking at duplicating an effort that's already there. So I don't know that contracting to start up a transition team would be a wise use of resources at this time.

EBONY HAVEN: Anybody have any questions about that one or that recommendation? Yeah. Go ahead, Mitch.

MITCH IDDINS: Brenton, does that include ICFs? Does that include nursing facilities?

BRENTON ANDRUS: I am not sure actually, Mitch. Rekeesha or Ebony, do you know? It does include nursing facilities.

MITCH IDDINS: What I'm still hearing and still seeing in the community and particularly in nursing facilities is that social workers and staff that are responsible for creating a transition plan for those individuals that are coming into a nursing home that at some point in time want to move back into the community, what I'm still seeing a lot and hearing a lot is those folks are not trained. And those folks don't have the knowledge of these waiver systems. And

they don't have the knowledge of, you know, really how to give someone guidance. And particularly to develop a plan to help them exit and move back into the community. We all know that that takes a tremendous amount of effort and coordination and experience and knowledge to even get that started. So my understanding is it was someone goes into an ICF or nursing home that they're supposed to develop a transition plan then when they first are admitted. You know, within a certain period of time. But what I'm still seeing is that these nursing facilities-- cause I've always said that social workers and people that work there they have a bias to the nursing facility, you know. Those places, most of them are for profit businesses that are making money. They don't want to see people leave. And I'm just being honest. So I'm wondering if there is some kind of way that we can make sure that these people that are there that may want to transition at a minimum are given the right information at some point in time. Given information that these waivers exist. That they can apply for them to help them possibly transition.

Because I still got a guy in a nursing home in North Louisiana that's potentially eligible for a community choice waiver, but he's still there. And it's been probably six, seven, eight months since my first initial contact with him when he was expressing his desire to transition. He's not interdicted, but he certainly needs an assessment for a community choice waiver. And to my understanding, that hasn't happened yet. So that's my point that yes, these waivers are available. And yes, they have the ability to potentially help some people transition out if they can support them. But these people aren't getting the information from nursing homes. They're not given that information. And a lot of times, cause I asked the social worker when I was there at our initial meeting if she could apply for the community choice waiver for him. She didn't know what the community choice waiver was. This is a social worker. So, you know, there's still a gap there. These folks are not getting the information they need. That's my experience with the nursing homes.

RASHAD BRISTO: Thank you, Mitch.

MITCH IDDINS: Any ideas on that? I think maybe that recommendation maybe came from some of those conversations about contracting with someone that understands these tiered waiver systems making sure the most venerable people. Keep in mind, a lot of these people that live in nursing homes, they don't know the questions to ask. A lot of times they don't even know that they even have the option to move back into the community. They don't even know that these supports even exist. They don't have a clue unless someone tells them. And so it's a matter of making sure those people that are living there at a minimum get the right information so that they'll know that this might be an option for me at some point in time. I'm not stuck here, and I don't have to live here for the rest of my life if I don't choose to. That's my point. They're not getting the information.

RASHAD BRISTO: Any other thoughts? Is there a way to have intervention on that? What he was asking.

AMY DEAVILLE: Well, we're trying to figure out how you can build an activity around it. We can't do direct service since some of that is kind of geared that way. It would almost have to be more of an education thing. But we would have to figure out how to be able to get into the nursing homes.

RASHAD BRISTO: With them being privately owned, that could be a challenge.

BRENTON ANDRUS: It could. I mean, especially if you're looking at things like community choices waiver. I mean, we're looking at more of aging and adult services side of things as opposed to DD.

MITCH IDDINS: Right. In most cases, yeah.

BRENTON ANDRUS: Yeah. And so that gets a little squirrely on our end of stepping into areas that we're not typically focused on and what kind of feedback we would get on that aspect of things.

MITCH IDDINS: Right. And I understand that. But there are folks with DD that are in nursing homes.

BRENTON ANDRUS: That is true, yes.

MITCH IDDINS: I've interacted with them. I know they're there. And they're particularly not going to get the information. Listen, people, the reality of it

is I go into these nursing homes. I know what it's like there. These people are heavily medicated. A lot of times they're just pushed over in a corner, and they sit there and watch people walk by all day. It's pretty sad. And I'm not saying all of them are like that. There are facilities that go to great lengths to make sure their residents are happy and that they have the best quality of life possible there. And they do all they can to support them. But then there's a lot of them that do just the opposite. They do the minimal services. And as long as they can keep you quiet and kind of suppressed and you don't rock the boat, then they're fine with that. I see that a lot too. But I see what you're saying, Brenton. Most of those folks there would fall under OAAS and adult population.

BRENTON ANDRUS: Right. And then like it was mentioned also the concern of how do we actually get into most of these privately run facilities to try to educate folks on their options.

MITCH IDDINS: Well, I think if our responsibility certainly should fall, and as part of the Homestead Act, these folks should be given this information. My understanding is that this information should be shared with them when they're admitted. When they're coming into a facility. When it looks like they're going to be there long-term. That is part of their exit plan, their transition plan that they are given this information. But I just don't think that's happening. So maybe there's a way that we can raise a question with OAAS about, you know, are the ombudsman, what's the ombudsman's role and responsibility--

BRENTON ANDRUS: Sorry, Mitch. I forgot to mute on that one. I was just asking if we had anyone on our council yet that was filling in as interim for OAAS. Cause that could be something we could have brought up at the council meeting. But then Amy was saying that she was emailing Ms. Atkins over at OAAS now.

MITCH IDDINS: I don't know if you heard my question. I was wondering what role the ombudsman in these facilities have to make sure that this type of information is disseminated and that individuals get it and understand it at some point in time. And maybe when they're being admitted. And I understand that a

lot of times when people are being admitted you can give them all the information that you want to. They're not going to understand it at the time. They're not going to retain it. They're not going to remember it because a lot of times they're very ill and sick when they're coming into these facilities. You know, they're getting long-term care. So, you know, I don't know. I just know based on my experience that they're not given this information. And a lot of times-- I don't want to get on a rant. I'm just going to end it with that. Maybe we can ask what the ombudsman's role is. And is there some way that they can help to make sure the waiver information is available to those individuals and make sure that as part of the transition plans for every person that they are given that information and they understand their options clearly.

EBONY HAVEN: Okay. So the next thing would be similar to what we just discussed. Those in ICFs, or those with SUN scores of four should have an expedited way to receive waiver services or a creation of an emergency coordination team at the state level to help navigate individuals through the waiver process. And then, I mean, we just discussed it that there's already an emergency coordination, or a coordination team for people in ICFs. When they want to transition there's already a transition team that is in place. Now whether or not that transition team is moving at an expedited rate, that's the question. And I can say from experience in support coordination that a lot of the barriers that you face when you're trying to transition a person from an ICF is housing. That is a huge barrier. Whenever you can't find housing for an individual it's very hard for them to transition. And so, I mean, from my experience I had a person that I was trying to transition, and it took a year for them to transition out of the ICF because we couldn't find proper housing for him. So I know that's some of the barriers that transition teams run into. So I'm not sure how you all feel about this, but I did want to share that information with you. And Mitch, I saw you had your hand raised. I don't know if you wanted to add to that.

MITCH IDDINS: Yeah. You're right. I mean, housing, there's still a huge housing crisis. Not only in Louisiana, but nationally. It is the number one barrier to transition. It's the number one-- well, it's the second barrier to transition. Number one is making sure people get the information and know that these waiver services exist for them. And then someone there available wherever they're living in an ICF or nursing home is responsible for making sure they get the information, making sure, is responsible for making sure they understand it. And beginning that process to help them make that transition and apply for those services if they choose to do so. And then you're right. The second biggest barrier is okay, you've been assessed. You're eligible for the community choice waiver. Where are you going to live. Are you going to go back to your own home. Are you going to be moving back into the community in a new place. And it is the biggest barrier. Finding affordable, accessible, decent housing anywhere in Louisiana is a huge, huge challenge. That needs to remain a focus for this council to make sure that we are supporting any and every effort, state and federal level, to increase the availability for housing, for sure. Cause if you don't got somewhere to live, it don't matter if you have a waiver or not.

EBONY HAVEN: Exactly.

RASHAD BRISTO: Anyone else?

EBONY HAVEN: That would address like the ICF part. Now the part about individuals who have a SUN score of a four, I don't know how to expedite that process.

BRENTON ANDRUS: Maybe that could be administrative type advocacy. I mean, not to overcommit Amy to anything, but she meets with Julie on the regular and that could be a topic of conversation that they have frequently. Just making sure that the understanding is there with the need and what the department can do to actually pay some attention to that particular area.

EBONY HAVEN: Yeah. I see you have your hand raised. Go ahead, Mitch.

MITCH IDDINS: I just have a quick question. Mentioning these emergency coordination teams. Where are these teams located? Are these teams predominately

in the New Orleans, Baton Rouge area? Are these folks that are hired and contracted to work statewide? You talk about an emergency coordination team, who does that? Who makes up that team? Who are we talking about?

BRENTON ANDRUS: I think in this instance they were saying create one that would be statewide.

EBONY HAVEN: Yeah.

MITCH IDDINS: And so the creation of this team would be to make sure that those individuals have scored a four on the SUN score for the NOW waiver, or one of those other waivers than this emergency coordination team would meet with them and make sure that there's a transition process started for them? Is that what that means?

EBONY HAVEN: That's sort of how I'm reading it. When I see coordination team, I'm reading it like if we take somebody that's in an ICF, I'll take a person that's in Pineville. So there's a transition team at Pineville that will start the process. Once that person is offered a waiver service, they have to choose a support coordination agency. And then the support coordination agency has to start the process. And I'm pretty sure they have to go through the local governing entity before using the support coordination agency. But I don't know of a way that you can expedite that process for a person that's transitioning out of an ICF because of the barriers that we mentioned. Housing is a big one. But someone that scores a four, like they'll have to go through that same process. So they get linked to a support coordination agency. The support coordination agency assigns a support coordinator. The support coordinator goes out and contacts the family within three days. Within ten days they have to go out and see the family. So there's already a process in place. I don't know if creating an emergency coordination team would expedite the process. I don't know if that would help.

MITCH IDDINS: I see what you're saying. And there's a transition coordinator in every region, right? Right, Ebony?

EBONY HAVEN: Yeah. There should be. Yes. Yes.

MITCH IDDINS: Do all ICFs have a transition

coordinator in-house?

EBONY HAVEN: I know Pinecrest does. But yeah, all ICFs should have one.

BRENTON ANDRUS: Or at least the owners of those ICFs would have one to cover. I don't know if there's one in every one. Pinecrest for sure. Like the smaller ones, it's probably they have more than one, I would imagine. Probably not one in a smaller home. But one of the other things to also consider, and it's on there, I mean, support coordination is tied into a lot of what we're talking about. And until you address the turnover rate, I don't know that you're really going to be able to tackle a lot of these other problems. You can't keep the people in there. You can put a time limit on whatever you want, but if they don't have the people to do it, they're going to use that as their reasoning as to why they can't stay within those timeframes that they're given. I don't know of an activity per se that we could throw money at to address support coordination turnover. But I do think that's something to consider as an advocacy agenda item to advocate for funding to address that similar to what we've done with rates for DSWs and things like that.

EBONY HAVEN: So they are looking at like a 30 percent increase for support coordination rates with the American Rescue Plan funding. So they are trying to, OCDD or LDH, they are trying to address the support coordination turnover by increasing the rates. But, I mean, right now I think they're still at 2008 levels, if I'm not mistaken. And we're in 2022.

MITCH IDDINS: Going back to the first bullet point, just for a second. Possibly contract with someone knowledgeable about all aspects of the tiered waiver system to help individuals transition out. Again, isn't that the transition coordinators statewide, isn't that part of the transition coordinator's responsibility?

EBONY HAVEN: Right. Yes.

RASHAD BRISTO: So is it a service issue or accountability issue?

MITCH IDDINS: I'm sorry. Go ahead.

RASHAD BRISTO: I was asking a question. I see

where you're going with it. I was just thinking out loud. It is a service issue or accountability issue?

MITCH IDDINS: I think it's a little bit of both. But more an accountability issue, I would think. I mean, I'll just use North Louisiana for an example. If there's a transition coordinator in North Louisiana how often is that transition coordinator going into every nursing home or ICF in this area having some kind of meeting with residents or residents' meeting to make sure the individuals know about these programs, know about these supports, know about their options. You know, I bet if you went into, let's just say one of the largest nursing homes in this area, I know I keep going back to nursing homes but, and you went in there and you sat down with all the residents in there and you let them know about these supports and let them know that these supports could potentially help them leave this facility, go back to the home that they were either living in prior to coming into the facility. And if they had the supports that they needed and they can get the same supports that they're getting in a nursing home in their own homes and you ask for a show of hands how many people would be willing to take advantage of that, I guarantee you everybody in there would probably raise their hands. Because like I said, my point is, most of these people don't know about these services. They don't know that they exist. They don't know these options are available to them. They think they're just stuck in these facilities.

You know, you work hard all your life. You get to be a senior citizen and suddenly one day you find yourself maybe not quite able to do your ADLs anymore. You don't have family that can support you. It's almost traditional to oh, mom's getting, or dad's getting to that age where it's almost time to go to the nursing home. Family members and people don't know about these community choice waivers, and they don't know about LTPCS. A lot of times parents don't know about the NOW waivers, et cetera. And so they just automatically think well, it's almost that age where parents should be going into these nursing homes. I think most people if they knew about these services and could apply for it or had the support, they need to

apply for these services would certainly choose to remain living in their own homes. I know I would. I know everybody sitting there would. Nobody wants to live in these facilities. My concern is that they're just not getting the information. And I'm wondering if what responsibility do transition coordinators have to make sure that residents, and again, like ombudsman, make sure that residents have this information and know about it. That's my concern.

RASHAD BRISTO: Legitimate concerns.

MITCH IDDINS: And it's real, I'm telling you. These things are real. I see it all the time. And I'm not saying that these facilities aren't appropriate for some people, because they are. You know, some people, even if they were offered a NOW waiver or community choice waiver, they just wouldn't be able to get enough supports that they need to go home or to live in a community. So 24-hour, round the clock, long-term intensive care, some people need that. Just because of their disability or illnesses, you know. But most people, they just had some help could go back home, you know. I see that all the time.

RASHAD BRISTO: Right. So for the benefit of the new council members that are on the call, with this discussion is there anything you have or any questions or concerns about what's been discussed or what's been presented? Okay. How do we move forward?

EBONY HAVEN: These are things you all can take into consideration whenever you're thinking about new activities. So, you know, you just keep these conversations and these discussions in mind whenever you guys are thinking about adding activities. And so we already talked about addressing the support coordination turnover rate. But the SDIC committee also wanted the committee to take into consideration increasing activities focused on youth advocacy involvement. Which would lead into that next one. And contract with the youth leadership, to get the youth leadership forum established in Louisiana again. Because they did have a youth leadership forum. I think it might have stopped right after Hurricane Katrina. And so there is, we do have an ad hoc committee for the youth leadership forum. And they are

looking to have another one in the summer of 2023. And I think Chaney and Vivienne, you guys are on the committee, right?

CHANEY GUIDRY: Yes.

EBONY HAVEN: Okay. So we'll go down to the education and employment committee and their recommendations for the plan. They wanted the committee to specifically look at goals 3.1.8, 3.2.5 and 3.2.6. 3.1.8, it is conducting outreach with appropriate entities on current services and training opportunities for traditional and special education teachers including ongoing support. Which may lead to capacity building efforts to increase high quality educators. Now once we get to the review of each activity, if we continue with this particular activity, we'll need the committee to give us like clear guidance on how they would like to accomplish this activity, this particular activity. And then 3.2.5 is benefits planning services to a variety of agencies and stakeholders. And 3.2.6 is systems change based on emergent employment issues. So those are the recommendations from your standing committees. And while we're going through the plan just keep those in mind. I do have them highlighted. Once you start going through the status report with the staff recommendations you all will see those. And just keep those in mind that the education and employment committee wanted the planning committee to specifically look at those three activities to maybe expand them. Maybe give more clear guidance on specifically how to accomplish those activities. But just keep those in mind. Does anybody have any questions about those? Okay.

RASHAD BRISTO: Now we're up to a discussion on contractual systems change initiatives. Continue with the Partners in Policymaking activity 1.1.1.

EBONY HAVEN: Does anybody have any questions about partners? You guys have like the status for the planning committee. So we did include information about partners and how it's being conducted currently. And since the public health emergency has ended and Rashad has lifted the suspension of in-person activities, the coordinator is currently establishing a

plan for the class of 2022 to return back in-person. But just looking forward to the class of 2023, we are considering having those individuals have their own rooms. They were double rooms previously before the pandemic. People were sharing rooms. But due to the increased risk for Covid 19 for people with developmental disabilities and parents we're considering allowing people to have their own rooms. And the recommendations were to look at also increasing the gas mileage for individuals since inflation. So if you guys want to talk about that activity. If you have any questions. Marilee is the monitor. But I also assist with partners so we can answer any questions that you guys have about that.

RASHAD BRISTO: Marilee, anything you want to contribute? I put you on the spot, but I'm just asking.

MARILEE ANDREWS: No. That's totally fine. I'm glad I'm here. No. I mean, I really agree with Ebony's recommendation about single room occupancy. I know some of you guys here have done partners and we did double occupancy and that was a cost saving measure. But exactly what Ebony said, just due to Covid 19 and people in the disability community being at an increased risk for that. We really like the idea of single occupancy rooms. And there is a certain amount of money in partners. It looks like we're thinking 90,000 this year. So a couple years ago we upped it from 80,000 to 90,000 because it was getting more expensive. So this 90 will, I think, help a little bit when you double the cost by doing single occupancy rooms. It will help minimally. So you aren't going to have enough money to do say a class of 25. Which I think historically was the maximum number that we did was 25. I don't think you'll have enough money. So you would almost have to decide to lower that number of participants that you accept. And then it's good to plan that the number of participants that you accept will complete partners. Most of the time they don't. You'll have a couple people drop out or not accept their offer to participate. But it's a good idea just to plan, let's say we accept 20 people, let's just assume all 20 are going to go through the entire

partners session. In reality they might not, but it's good to plan for that from a fiscal standpoint. And then I'm not sure how far our coordinator is on getting actual hotel costs and things like that. And what those price differences may be in 2023 verses what they were the last time we were in-person which was just three months in 2020, I believe. Those are just all things to think about. And I think we all really love partners. I mean, I know it's been a really important activity for the council.

RASHAD BRISTO: Partners is about half the reason most of us are here.

MARILEE ANDREWS: Right. Exactly.

RASHAD BRISTO: Mitch, I see your hand. You're recognized.

MITCH IDDINS: Thank you, sir. I just wanted to say I totally agree with the recommendation. Single occupancy room just for safety and health purposes. And definitely increasing the rate for millage and travel. Because I don't know about you guys, but I got dust in my wallet right now from pulling up to the gas station. Cause it's 60-dollars to fill up a 17-gallon tank is just absurd. So yeah, we definitely need to keep up with the cost of inflation and increase the rate for gas mileage. I'm in total support of that. Thank you.

RASHAD BRISTO: Thank you, Mitch. And listen, just for the sake of argument, make sure you have your cameras on. We didn't go over that through the housekeeping. But we want to make sure we keep a contribution since we're live streaming. That way any input that's recognized nothing to be calling the question in the future. I totally agree with you about the fuel. Because I was looking at a little cartoon the other day and it showed the EMS bringing a guy into the hospital and they asked what happened to him. He said he filled up at the pump. Anybody else have anything else they want to contribute to the discussion about partners before we move onto LaCAN? Okay. Thank you.

AMY DEAVILLE: Just to make sure that I've got everything. We're going to increase the millage rate to the state rate for partners. And we're going to

move to single occupancy rooms instead of double occupancy rooms for next year. Everyone agrees?

RASHAD BRISTO: Just by thumbs up does everybody agree about what Ms. Deaville was just saying about we're going to change the room settings for each individual has their own room for their accommodation as well as increasing the millage to the state rate, reimbursement rate for partners? Mitch, I see your hand. Thank you, Christi and Chaney.

MITCH IDDINS: Amy, would this state rate increase be just for travel to and from the partners and policies, or would that be for all future meetings for the DDC?

AMY DEAVILLE: This is just for partners.

RASHAD BRISTO: We're still trying to navigate on that one, Mitch.

MITCH IDDINS: Okay. I mean, you start paying for a mileage increase for people to participate in partners and then not pay for mileage increase for people to travel from North Louisiana to Baton Rouge for a meeting you're going to get some backlash on that.

RASHAD BRISTO: No doubt. Definitely be pushback. Thank you, Mitch.

MARILEE ANDREWS: And just with those recommendations we're just going to have to lower the number of participants. And that's something that's normally done internally by the person over the budget. But just to keep that on the forefront so that down the road, you know, so people aren't upset or thrown off by the fact that maybe we only have 20 or a low number as opposed to a higher number.

RASHAD BRISTO: Only way to make it feasible.

MARILEE ANDREWS: Right. Exactly.

RASHAD BRISTO: Any other discussion about partners? Okay. Moving forward with LaCAN. Activity 1.1.2.

EBONY HAVEN: Okay. So I'll take LaCAN. LaCAN right now is fully staffed. I think we've been fully staffed since maybe late last year. So we have a LaCAN leader in every region now. And, of course, they're educating and supporting their LaCAN members in each of their regions. And since we have returned back to

in-person activity the leaders will start to use their travel budgets again. So from 2020 to I would say whenever Rashad lifted the suspension of in-person activity last month there was no travel. So the LaCAN leaders didn't use any of their travel budgets. So we did have money leftover in LaCAN last year. But now that we are back to yellow shirt days, to them traveling more, they're going to start to utilize that budget again. So staff recommends that we just continue this activity at the current funding 215,000. But we do want to put this in your ear just to kind of think ahead. Due to inflation and things like that we do want to make sure we keep the LaCAN leaders' salaries competitive. And so just keep that in mind for next year. We may recommend an increase in the budget for LaCAN. Just because of salary increases. Does anybody have any questions about LaCAN?

AMY DEAVILLE: No questions no changes.

EBONY HAVEN: No questions no changes?

RASHAD BRISTO: All right. We're moving forward to advocacy activity 1.1.3.

EBONY HAVEN: Okay. So a lot of activities go through this particular activity. The LaCAN leaders host roundtables every year. With them being virtual for the last two years we have not had to utilize a budget for the roundtables, but normally when they're in-person they may have to pay for the place that they hold the roundtable. They'll have to pay for food, supplies and things like that. So they are given a budget. Each leader is given a budget. And some of that money in the events are 1.1.3 is used for the roundtables. But you also have other events like member meetings and LaCAN trainings. And also through this funding there was the council's conference that we have, like I want to say, every other year. But as you can see in the staff recommendations, we currently don't have the capacity to conduct the conference so we're recommending that this activity be decreased. Or the funding for this activity be decreased just because we're not planning to hold a conference for fiscal year 23.

RASHAD BRISTO: Any questions? Mitch, you're recognized.

MITCH IDDINS: Was the cost for a conference included in the original budget?

EBONY HAVEN: You mean, the 30,000?

MITCH IDDINS: Yeah. Would that have paid for a conference if there were going to be a conference in 2023? Because you're recommending that you decrease this funding due to not having the capacity to conduct a conference. Why don't we have the capacity to conduct a conference if we were already planning that in the budget?

AMY DEAVILLE: I can't answer why it was planned in the budget or why because that was done way before me. I can tell you why we don't have the capacity. I can't fully staff. I'm not fully staffed. We haven't been staffed in two years. So I just don't have the staff capacity to be able to develop a conference and put it on.

BRENTON ANDRUS: Also, I'm not certain, I'd have to go back and find it, but I want to say this activity was at 50 grand on years that we did conferences and not 30.

MARILEE ANDREWS: That's correct.

BRENTON ANDRUS: Cause usually we're in the 20 to 25 range when we host a conference.

MARILEE ANDREWS: So the conference is actually decided annually. It's not like a set schedule. We've gone I think almost 12 years once without a conference. So it's not, it would not be out of the ordinary or out of our pattern of activities to not have a conference. And this 30,000 isn't funded for a conference. If that helps.

MITCH IDDINS: Okay. Thank you.

RASHAD BRISTO: Any other questions or concerns?

AMY DEAVILLE: So for next year's plan do we want to keep the dollar amount at 30,000 or does somebody have a different offering for an amount?

RASHAD BRISTO: From what I understand she said the initial conference was set aside for 50,000 and now it's reduced to 30,000?

MARILEE ANDREWS: No. The entire activity 1.1.3, which encompassed a conference and other events would be at like 50 in a conference year. But because right now we have it down as not a conference year it's 30.

So in other words, we're thinking about 20 for the conference.

RASHAD BRISTO: Okay.

AMY DEAVILLE: So we can keep it at 30. We haven't spent that much, but we've also been virtual the last two years.

EBONY HAVEN: So roundtables will go back to being in-person.

MITCH IDDINS: Yeah. I would recommend that we keep it at 30,000 just to make sure there's money in the budget for those activities.

BRENTON ANDRUS: And there are some things that, such as roundtables, we haven't hosted them in a couple years, that I'm sure will cost more than what we generally appropriate for roundtables.

MITCH IDDINS: No doubt about it.

BRENTON ANDRUS: And, I mean, if we're being honest, we usually kind of shortchange roundtables. We didn't spend a whole lot of money on those, and we relied a lot on donations. But everybody's hurting right now, and we can't rely on that. So we will probably need to look at upping how much we spend on our roundtables.

MITCH IDDINS: That's true. The cost of inflation is being spread, it's just being spread through the cost of leasing buildings, of leasing space and rental space. Everything's going up. So yeah. You almost have to.

RASHAD BRISTO: Definitely has a ripple effect.

MITCH IDDINS: It sure does.

EBONY HAVEN: Okay. So the recommendation is to keep this at 30,000. Is that the consensus of the committee?

RASHAD BRISTO: All right. I see Chaney with thumbs up. Mitch nodding his head. And I see Christi with thumbs up. And Vivienne with thumbs up. Thumbs up moving forward will be our confirmation of knowing we're in agreement. So anything else under that?

EBONY HAVEN: No. Not 1.1.3.

RASHAD BRISTO: Okay. Activity 1.1.5.

AMY DEAVILLE: What we do need to just touch on 1.1.4 which is Families Helping Families.

RASHAD BRISTO: Okay.

AMY DEAVILLE: Families Helping Families we'll keep in the budget. Just so that everyone is aware, all the state general funds that the DDC receives goes directly to Families Helping Families. So that's why they stay in our plan. And that's where they're funded so we don't use any of our federal dollars to support them. So you won't see a dollar amount attached to that activity, but you will see the Families Helping Families activity still remain in the plan.

RASHAD BRISTO: Okay. Thank you for that clarity.

AMY DEAVILLE: 1.1.5 is videos. We have contracted with O'Neill Communications. They have produced a number of videos for us over the last two years that are all available on our website. They were pushed out on social media. They're on our YouTube channel. And so they've done videos on a number of different topics. But staff recommended discontinuing this activity for next year. The reason being everything that's created is available for view. They're an infinite number of topics that could have videos created about them. But we have run into problems with getting people to participate in the creation of them. It's been hard to get people to do that. And although they get views, they don't get a ton of views. So it's probably time for this activity to end. They did one on IP guidance. They did waivers, employment. They've done a number of them on schools. Yes, DSPs.

EBONY HAVEN: And then you have the list that they're going to do this year on the action plan. The list that they are planning to do this year is accessible housing, Covid 19 issues, IEP guidance, accessible education outcomes. All of the ones that are listed there. Even Partners in Policymaking they're planning to do one on. So they're going to be spanning a whole plethora of topics. But I think they just had issues getting people to participate. And even when I would say council staff have intervened and tried to get people to participate in the videos, it's just been a limited number of people that have been interested. I don't know if we need to expand our outreach or, you know, if there are other strategies that you guys have in mind for them. But I think the strategies that we've utilized haven't been too

successful.

RASHAD BRISTO: But the core is the reservations of the individuals, correct?

EBONY HAVEN: Marilee, do you want to add anything?

MARILEE ANDREWS: I think the videos are really great. They're beautifully produced. I think we have a great contactor working on it. It has posed a difficult hurdle to get people to participate because the contactor, their videographers, creative development, things like that, but they're not going to speak on it. So as the Developmental Disabilities Council we want self-advocates, we want people with disabilities, we want families, we want those involved in the community, those that have a story about whatever the topic is. And so we reach out to our council members. You know, we have the contactor first reach out to all of our council members. I usually do a lot of legwork in setting up that introduction. If she gets back to me and she says I don't have a lot of responses, I'll start emailing council members. And that's just for our council member population. Which they are invited to volunteer to participate themselves. Or volunteer another person to participate. And then we do an outreach to the public which is via an LADDC news. We push it out on social media. So we try to reach everyone that we have an ability to reach to participate. And it's just hard to get people to participate. Even to sign up. Sometimes people sign up and then they don't show up. And now we've paid our contactor to be there and have their videographer and all their people there and then they don't have anyone to film. So that is where the struggle is. I think everybody likes the activity. I think it looks great here. I think the products and the videos are beautiful. But we're not able to do all the topics that everyone likes. And sometimes we're barely able to do the topics that we have listed. And you can see this is a pretty extensive list that the planning committee put on there previously. And so, you know, they're trying really hard to cover all those topics.

RASHAD BRISTO: Thank you, Marilee. Mitch.

MITCH IDDINS: I really love the idea of these

videos. And I know that the folks reached out to me about participating in one of these and I'm certainly willing to do that. I guess my issue has been just being able to find the time to do it because of the program that we're currently involved with, the Vita program. But that's coming to an end. So I'm hopefully going to be able to get Laura and be able to coordinate some time to work with her on the employment aspect of these videos. But I tell you, it's a great opportunity. I love the idea of these videos. But I can see where it would be difficult to find folks to get involved and participate. But I would like to try and help with that if we can. I mean, I'll have more time here in the next couple of weeks to maybe reach out to some of the consumers that come through the CIL that we're working with, that we have active cases on to see if they're willing to participate. I'm sure I could get some participation that way. You might reach out to some of the other CILs.

RASHAD BRISTO: Hold on one second, Mitch. For those that don't know, CIL is the acronym for center for independent living.

MITCH IDDINS: Yes, sir. Thank you, Rashad. You know, because we serve across the disability population through the centers for independent living and so you're going to be able to reach maybe a pretty wide audience there. And folks with developmental disabilities and other disabilities. So I'm willing to begin to be more active in that regard and help get the word out. And at least try and find some participants that are willing to get involved because this is a great way to disseminate very important and vital information to people. If the recommendation is that we finish the video series through this fiscal year and not do it next year, maybe we can readdress that after we get through the videos and see how it goes. If we can get more involvement before we make a determination that we're just not going to continue to do it next year. But I can see where the staff would be kind of at a crossroads trying to figure out should we continue with this budget or not. But I'm willing to see if we can't drum up some support for this because I really love the idea. So let me know how I can help. I know

that Laura and I have been trying to reach each other. I sent the last email so I'm waiting on her response. But anyway, I love the idea and I think if we could continue to do it maybe towards the end of the series, we can see how it goes before we just say I'm not going to do this anymore. But I can understand the budget issues. That's all I have to say. Thank you.

MARILEE ANDREWS: So Laura is the contractor just for everybody who's listening in. And I can follow up with Laura. She's usually really good about emails. So she must have overlooked it or something. But I'll follow up with her on that.

AMY DEAVILLE: So for this activity does the committee want to continue it or discontinue it?

RASHAD BRISTO: Okay. This is the point where we're going to need participation. Mitch, we pretty much know what your status is.

MITCH IDDINS: Okay. I recommend that we continue.

MITCH IDDINS: Okay. Christi, you're recognized.

CHRISTI GONZALES: I think we should keep it. I think the more people that view it and become involved with it the more people who will get that information passed along. I think it's a good thing. We just have to be more adamant in spreading the word that this is available. I have many students and people in our parish who would be willing to, you know, provide information for those videos as well.

MARILEE ANDREWS: So what might help you guys if you're on our website we have a banner at the top and I think it's the fourth image. It says new video series on the importance of inclusion in the disability community. And you can click on there and you can see all the videos from our last action plan. But anyway, just if that's the direction you guys are going it will be helpful for you to know where the videos are from the last action plan for sharing or talking about or anything like that.

RASHAD BRISTO: Christi, I see your hand. You're recognized.

CHRISTI GONZALES: Yes. I was wondering would I be able to share that with my school board district? My parish.

MARILEE ANDREWS: Yes. Absolutely. It's on our

website.

EBONY HAVEN: I'm sharing it now. This is our website. So this is the banner where it is.

CHRISTI GONZALES: So I can let them know and then they can use that to maybe add it to our special needs website.

MARILEE ANDREWS: Yes. That would be awesome.

CHRISTI GONZALES: I just wanted to make sure.

MARILEE ANDRES: Yeah. They're really great videos.

CHRISTI GONZALES: Okay. And I can do them with my students as well.

MARILEE ANDREWS: That's awesome. Yeah. I think there's nine.

EBONY HAVEN: These are all of them. Planning for transition, navigating IEPs, honoring April, our previous chair.

MITCH IDDINS: Christi, it's public information. So share it with anybody and everybody.

CHRISTI GONZALES: I sure will.

MARILEE ANDREWS: Yeah. This is our last fiscal year's videos. And we're working on so this fiscal year's action plan. Those are the videos we're working on now that we're still trying to get participation in and what not.

CHRISTI GONZALES: Okay. I'll definitely share those.

MARILEE ANDREWS: Great.

RASHAD BRISTO: Okay.

AMY DEAVILLE: So two people were in favor of continuing the activity. Everyone else concurs?

EBONY HAVEN: Vivienne, how do you feel? Do you want to continue the videos?

RASHAD BRISTO: I saw Chaney give a thumbs up.

EBONY HAVEN: Chaney, I saw your thumbs up.

RASHAD BRISTO: Okay. Vivienne, we see your comment. I feel we should continue the videos. Okay. So it's pretty much unanimous.

AMY DEAVILLE: Okay. So if we continue the videos, do we want to continue it at the same budgeted rate as last year which was 51,000?

RASHAD BRISTO: Was the 51,000 budgeted for, just the allocation for that, to have a safety net for it?

Or did it come in at cost? Or is it still kind of up in the air?

AMY DEAVILLE: For this fiscal year I don't know yet cause they're certainly not done. Last fiscal year I'm pretty sure they used all of the funds.

EBONY HAVEN: Cause like Marilee was saying, they're doing videographers and camera equipment.

AMY DEAVILLE: The first year we did it I think it was at 51,000 and they did nine videos.

RASHAD BRISTO: Okay. Meeting up to what the expenditure is. So the ask for the council members is really please help get the word out so we can make this as profitable and make sure that it's an effective investment for the DD Council. And just like Mitch made it known, it's not limited to just to the council members or just our circles. It's with anybody that's involved with the disability community. So this is something we really want to try to capture and capitalize on. Especially when we're in a position as a DD Council to make this kind of investment in the DD community. The disability community. So that's my ask. Ask everyone try to get the word out. Let it be known about this opportunity. Because there may be someone who may be reserved about saying something, but there's others you come across probably have to tell them we'll have to do a three-part segment based upon what they want to say. So let's see what we can find. I'll take that charge myself. Anybody else have anything they want to contribute to this discussion? Mitch, I see your hand.

MITCH IDDINS: I was just going to answer Amy's question that I recommend if this budget has been adequate in previous years and the production company has used the budget that we leave the budget as it is.

AMY DEAVILLE: Okay.

RASHAD BRISTO: Thank you, Mitch. Okay. Moving forward activity 1.1.6.

AMY DEAVILLE: 1.1.6 is supported decision making. And Ebony is overseeing that one.

EBONY HAVEN: Yes. So as you'll see the staff recommendations are to continue supported decision making. It is still brand new in the State of Louisiana. I think the Dustin Gary act passed in 2019.

So last fiscal year they were able to train about 134 people. I would say 10 percent of that, 134, were self-advocates. And about out of that 134, 44 were parents or family members. So I think that there's still a lot of work you guys are doing this activity again for this fiscal year. And I think our recommendation is to continue it so that we can inform as many self-advocates and families about this additional option that is now available in Louisiana rather than-- I mean, other than interdiction and the other tutorship that kinds of restricts the person's rights. This is more towards self-determination. They get to determine what they want with the help of people that they assign. As I think they're called helpers. But they actually come up with an agreement for this person that's going to help them with all decisions in their life. Whether that be health decisions, career decisions. Whatever decisions they want help in, they get a helper to help them make those decisions. So I think this is a great option in Louisiana that we have now. And so the staff recommendation is to continue this activity in fiscal year 23. So does anybody have any questions about the supported decision making? We're contracting with the Arc of Louisiana, so they are currently doing five statewide trainings and five trainings for medical and legal professionals. So I know that they've done one with the bar association so far this year. And they're actually mentoring individuals through the process. So last year they mentored five individuals, self-advocates, through the process. And this year they're going to do an additional two. So I think this is a great activity. And if anybody has any questions, I can answer them.

MITCH IDDINS: I'll just say I fully support it. I think it's a fantastic idea and I say we continue it. And I think it will grow. Once people begin to see the benefits of this program, I think you'll see more involvement. I just think it's going to take off. Yeah, I absolutely recommend we continue it.

AMY DEAVILLE: Okay. This activity was funded last year at 50,000. Do we want to keep the same level of funding for next fiscal year?

MITCH IDDINS: Has the contactor expressed this

funding is meeting their needs and it's adequate?

EBONY HAVEN: Yes.

MITCH IDDINS: Then I make a recommendation that we stay with the 50,000-dollars.

AMY DEAVILLE: Okay.

RASHAD BRISTO: What say the rest? Okay. I see Christi, Chaney, Vivienne. Thank you very much.

AMY DEAVILLE: Okay. The next activity is 1.1.7. Which is one that we have every year that basically just says that the council is going to produce and provide information important to individuals with developmental disabilities and their families through a variety of electronic and social media. This is our website, our social media accounts. This is where we're dispersing a lot of information out and getting it out to the public. So we recommend that we keep this activity. It's a non-funded activity. We take care of it in-house.

Okay. Moving onto 1.1.8. This is advocate for increased meaningful opportunities for stakeholder input. Improve practices to facilitate stakeholder input and consideration of stakeholder recommendations. We have this in our plan every year too. We usually tackle that one, again, through social media. Every time LDOE puts out a survey or sometimes OCDD will do the same and we're getting those opportunities out to the public for them to respond to surveys or offer public comment for different initiatives. So we recommend continuing that activity as well. It's also non-funded. We handle that in-house.

And if we're good there we can move onto our next objective which has to do with our self-advocacy network. And look at activity 1.2.1. Which is provide technical assistance and training opportunities designed to strengthen the self-advocacy network and the effectiveness of systems change activities. This activity is we contract with People First of Louisiana. Typically they do a conference every year. The last couple of years they have not been able to do that because it's virtual. So what they have been doing instead is making sure that self-advocates still have the opportunity to attend other trainings that are being provided virtually. And pay for people's

registration for those types of things. We recommend continuing this activity. People First does great work. They work with self-advocates. They help self-advocates continue to learn and educate themselves on the system and systems change. Is everyone okay with continuing the activity? Yes. I see headshakes. Great. It is currently funded at 25,000 for the year. Did we want to maintain that same level of funding of 25,000 for next fiscal year?

MITCH IDDINS: This is Mitch. I would recommend that we maintain that funding at 25,000.

RASHAD BRISTO: Everybody in agreement? Okay. I see thumbs up. Thank you.

AMY DEAVILLE: Activity 1.1.2 is providing information in support for people to be able to join cross disability and culturally diverse coalitions and advisory bodies. We have this in our plan every year. An activity like this is required from ACL. They require that we have something like this in our plan. So we do have to keep it. It is unfunded. Activity 1.2.3 is support council members in participation in council meetings and other functions. If you'll remember as I mentioned at the very beginning when I talked about the feedback that we got on our state plan, that was one that ACL pointed out and said take it out of your plan. And again, that's just because that is, it should just be an internal function to the council, so we don't need to have it in our plan. 1.2.4 is support council members' participation in training and educational opportunities. This is national trainings, and we recommend continuing that activity. This just allows typically for our chair and sometimes another council member to attend a national training during the year.

RASHAD BRISTO: Christi, we see your hand. You're recognized.

CHRISTI GONZALES: Yes. With the amount of 7,000 I know training can be very expensive. Has this amount been feasible in the past year, or do we need to increase it?

AMY DEAVILLE: Well, for the past couple of years everything has been virtual, so it's been fine.

CHRISTI GONZALES: Exactly.

AMY DEAVILLE: I don't think that it was ever a higher amount in previous plans.

CHRISTI GONZALES: Okay.

AMY DEAVILLE: So I think it's fine. It certainly doesn't allow for every council member to go to training. But it will get our chair there.

CHRISTI GONZALES: Okay.

RASHAD BRISTO: Go ahead, Mitch. You're recognized.

MITCH IDDINS: Amy, do you know what type of costs this money pays for? Is it mostly the cost for virtual training, registration fees, travel costs? What exactly is the 7,000-dollars used for?

AMY DEAVILLE: It's used for all of that. So if it's an in-person training out of state it would pay for the travel costs of the registration, the hotel. If it's hybrid or virtual trainings, it covers registration costs.

MITCH IDDINS: If there were some sort of training for council members that was highly recommended that everybody participate in and they could, would this 7,000-dollar cost cover the cost for everyone to participate?

AMY DEAVILLE: Not if it's an in-person training.

MITCH IDDINS: All right. I mean, you certainly don't want to have someone be excluded from an opportunity to train simply because, you know, there may not be enough money budgeted to allow every. I think that if we're going to say this money is for council members to participate in training opportunities, then we need to make sure that the budget is included to allow everybody to participate. Because you can't say oh, well we're only going to let half the council members participate in this activity because we don't have enough money to pay for everybody to go. So if you're going to provide training opportunities for council members, then you need to make sure that it's budgeted enough to allow everyone to participate if they choose to. I would recommend that we increase the budget for that cost.

AMY DEAVILLE: To what amount?

MITCH IDDINS: Well, that's kind of hard to say, but maybe we-- I mean, I don't know. It's kind of hard

to say. If you're saying the 7,000-dollars probably wouldn't cover the cost for everyone to participate if they choose to, let's just raise it to, can we do 15,000 for that?

RASHAD BRISTO: To my understanding, Mitch, if we do a budget increase, we'll have to look at offsetting the cost somewhere else. Is that correct?

MITCH IDDINS: We would?

AMY DEAVILLE: Well, it depends on how you allocate everything else. So for right now you're fine.

EBONY HAVEN: I'll just make the change on here now, but if you guys decide to change it back, we can always do that.

RASHAD BRISTO: Is that the consensus of the other council members as well? Okay. I see thumbs up. Thank you, Mitch.

MITCH IDDINS: Thank you, Rashad.

AMY DEAVILLE: And that is it for goal one. So now we can move onto goal two. Goal two is community living and supports. Our activity 2.1.1 is provide information and financial support to coordinate rapid response during a natural disaster or state of emergency for individuals with the most severe disabilities and medical conditions. Staff recommends continuing this activity for the next fiscal year's plan. This activity is a direct service. Which the DD Council's really not allowed to do. And it would have to be, for us to be able to do it, it would have to be an activity that becomes self-sustaining in the future. This particular program and activity does not look like it is. Additionally, we have had a lot of problems with spending the funding. This was an activity in last year's plan and it's a current activity now. There are a lot of prohibitions to the money being spent and a lot of rules. So it's been difficult for the contactor to spend the funds. So all of those things taken together it's just not a great activity to continue. So we recommend discontinuing it for next year.

RASHAD BRISTO: Any objections?

EBONY HAVEN: Do you want to add anything Brenton?

BRENTON ANDRUS: It was everything Amy said was true. I was just going to add I don't remember off the

top of my head, the bill number. But there is a bill this year going through session that would potentially create a fund that maybe EMDAC, which I don't know if I can remember their acronym, Emergency Management Disability Coalition or something of that nature. I do think it might have some funds that they might be able to tap into. So that's always another opportunity out there that folks might be able to utilize. And also at 10,000-dollars even if we had the potential in spending that it certainly would not last very long if we didn't have so many hurdles to jump over to utilize those funds.

EBONY HAVEN: Does anybody have any questions? I know that the intent of this was to help families during a disaster situation. It's just unfortunate that due to the limitations and the prohibitions that we've run into the contactor just hasn't been able to spend the money. I know the intent of the council was to help people during those disasters, but it's just unfortunately we just haven't been able to do what this activity was intended to do.

RASHAD BRISTO: Okay.

EBONY HAVEN: So is everybody in consensus that we discontinue this one?

MITCH IDDINS: This is Mitch. I recommend that we discontinue.

AMY DEAVILLE: Okay.

EBONY HAVEN: Christi, I saw your thumbs up. Vivienne and Chaney. Okay. Chaney, I saw your thumbs up.

AMY DEAVILLE: Okay. So we'll move onto activity 2.1.2. 2.1.2 and 2.1.3 we're kind of going to look at them together. 2.1.2 is advocate for adequate funding for waiver services. 2.1.3 is overseeing the implementation of the community and family support system plan and advocate for adequate funding, the expansion of services and consistent implementation of policy across regions. Including, if necessary, changes in law and/or contracts with local governing entities. Our staff recommendation is that we combine those two activities together. Because they are basically focused on the same thing. So if we change the wording around a little bit. And do you have what

we had talked about changing it over to?

EBONY HAVEN: So if we combine 2.1.2 and 2.1.3 it would be oversee implementation of the community and family support system plan and advocate for adequate funding, the expansion of home and community-based services, which would encompass waiver services. And then the rest of that 2.1.3, just the expansion of waiver, home and community-based services and consistent implementation of policy across regions. Including, if necessary, changes in law and/or contracts with local governing entities. So we would basically, I would say, move this language. So this would be our new activity for 2.1.2 if we combine both of those.

RASHAD BRISTO: Any thoughts?

MITCH IDDINS: I'm okay with the changes, Rashad. This is Mitch. It makes sense to combine those two. So I'm okay with the wording on that.

RASHAD BRISTO: Anyone else? Thumbs up. Thank you.

AMY DEAVILLE: So activity 2.1.4 is advocate for utilization of the ROW 50 pilot and other opportunities to transition out of institutional settings. The ROW 50 pilot, for people that don't know, was created a number of years ago and it was OCDD's attempt, they were going to find 50 people who were currently in institutional settings, offer them a ROW waiver, help them transition out into the community with that waiver. They ran into a lot of problems with it. They were never actually able to get 50 people to participate and complete. So the pilot is pretty much defunct. They never completed the pilot. They don't have any reason to believe that it will be completed. So for that reason we recommend discontinuing the activity. The pilot doesn't really exist anymore. And like we talked about earlier, there are transitional coordinators. The opportunity still exist for people to transition out. The quality of that service, we can't attest to. But the resources are there, and the ROW 50 pilot doesn't really exist anymore. So it's our recommendation to scratch that activity as well.

RASHAD BRISTO: Mitch, I see your hand. You're recognized.

MITCH IDDINS: Amy, who was funding this ROW pilot program?

AMY DEAVILLE: It was all done within OCDD. So LDH was funding it.

MITCH IDDINS: It's hard for me to believe that they couldn't find 50 people that would be willing to transition.

AMY DEAVILLE: Yeah. I mean, what I was told in conversations with OCDD was that they did reach out to people and gave them the opportunity to move out. There were a lot of people who didn't want to leave the level of care that they knew and were comfortable with for something that seemed scary.

MITCH IDDINS: Were these individuals in ICFs and were these individuals with developmental disabilities only?

AMY DEAVILLE: Yes.

MITCH IDDINS: Wow.

BRENTON ANDRUS: You also had a lot of the ROW slots that were filled when they transitioned folks over from the community choices waiver that had a developmental disability, they brought them over to a ROW waiver. So a lot of the slots were filled there. Which to some extent gave them less to work with in the pilot than they were looking at.

MITCH IDDINS: So you said the program doesn't exist anymore. Is that right, Amy?

AMY DEAVILLE: That pilot program doesn't exist anymore. People can still transition out.

MITCH IDDINS: With a ROW waiver.

AMY DEAVILLE: With a ROW waiver. Yeah. But that pilot program doesn't really exist anymore.

MITCH IDDINS: Do you know, just briefly, what the difference between the row and the CCW might be? Is it just services? The types of services. Or is there more transitional supports built into a ROW waiver or what exactly? Do you know?

REKEESHA BRANCH: You have more hours that you can utilize PCA services. And you can also use some of the financial. Cause with the ROW waiver you also have the option to use some of the finances to make changes in a home and do things like that. So they have more of an option to do different things. Verses CCW is just in-

home supports. And I think you get up to 32 hours a week or something like that with CCW, I believe. I think it's like 32 hours a week.

EBONY HAVEN: With CCW, like Rekeesha is saying-- and for those of you who haven't met Rekeesha, she's our new program monitor. She's right. In the CCW waiver there is no budget for home modifications. And so there's just more opportunities to get those types of services, Mitch. Like you were saying, it's just like a services difference in the ROW waiver. And really with the NOW waiver too a lot of individuals that are transitioning the ROW isn't an appropriate. It's not going to offer the services that they need because they're coming from a place where they're receiving 24-hour care. And sometimes the ROW isn't an appropriate waiver for them. They would need the new opportunities waiver.

REKEESHA BRANCH: Like once the money is used, it's used. It's done for the year. So you don't have anything left. So it's more than CCW, but it's less than what a NOW would offer, basically.

MITCH IDDINS: Okay. Thank you.

RASHAD BRISTO: Any other comments or questions? So we in agreement discontinuing this activity? What are the thoughts?

MITCH IDDINS: I'm okay with discontinuing the activity, Mr. Chairman.

RASHAD BRISTO: Thank you, Mitch. General consensus? I see thumbs up. Thank you very much.

EBONY HAVEN: Okay. So if we go to 2.1.5 that is advocate for waivers to provide access to services listed in the Freedom of Choice provider listing, continue exemptions and flexibilities initiated with Covid 19 and consider individualized emergency preparedness considerations for people with severe disabilities and medical issues. So we had a few recommendations for this particular activity. We thought that adding the first portion of the activity, the part where it says advocate for waivers to provide access to services listed in the Freedom of Choice would also fall under 2.1.2. So where we added those activities together 2.1.2, 2.1.3 we think the first part of 2.1.5 can also be added to 2.1.2. Because it

all encompasses the community and family support system plan and advocating for adequate funding and the expansion of home and community-based services. That would all-- what's in the first part of 2.1.5 would fall under that as well if that makes sense.

MITCH IDDINS: That makes sense and I agree. Thank you.

EBONY HAVEN: Okay. So I'll add that portion to 2.1.2. Okay. And as far as continuing the exemptions and flexibilities initiated in Covid 19, those were the appendix K exceptions that OCDD actually had stakeholder meetings for. I think they were the last part of last year. Maybe November, December where they focused on the exemption for either your parent or your caregiver being paid, exceeding the 16-hour rule and virtual visits for like support coordination. So those three things in the Covid exceptions, they are changing the rules to get those things added. So we didn't think that continuing that particular part of the activity was necessary because OCDD has already addressed it.

MITCH IDDINS: That makes sense. Thank you.

EBONY HAVEN: So that was the recommendation for that. And then we recommend continuing the last portion of the activity considering individualized emergency preparedness considerations for people with severe disabilities and medical issues. But we need more guidance on how to accomplish that particular part of this activity. Before I strike through the second part, is everybody in agreement with discontinuing the portion about the exemptions and flexibilities initiated with Covid 19? Since OCDD has already addressed it. Okay. Okay. So that leaves us to the last portion of this activity. And if you guys can maybe come up with some ideas, or just some guidance, or how we can accomplish the last portion of the activity, that would be very helpful.

MITCH IDDINS: Anybody know what are some of the current things that are being done to accomplish this activity?

EBONY HAVEN: I mean, currently support coordinators they have to have an individualized emergency preparedness plan for each individual that

they're providing the support coordination for. Now whether or not those plans go into detail, I think it pretty much covers like what's your plan if you have to evacuate, where would you go, who would you go with. Yeah, telephone numbers, addresses. And emergency contact phone numbers. But that's about it. It doesn't go into any more detail than that. So I don't know if we want to focus there. And that's just through support coordination. I'm not sure what other agencies or entities do as far as individualized emergency prepared plans, but that's just with the support coordinators.

BRENTON ANDRUS: And we did have a contractor do training for support coordinators last year at the request of OCDD. But again, if you look at turnover. I mean, how many of the folks that actually participated in that training are still there, I don't know. But that's not, that was something that that contractor could do in the initial year. And this year they've moved onto a different type of training. So that was something that was done last year. But again, that was at the request of the department to provide that sort of training. So I do think the department has realized it's a need and has tried to take some steps to get training done for folks. I don't know what else--

MITCH IDDINS: Yeah. I know, right.

BRENTON ANDRUS: To tackle.

MITCH IDDINS: It might be something that we need more feedback from the full council on. I think there's other folks on the full council that would have more insight into this area. I'm not sure what the recommendation should be.

EBONY HAVEN: Does anybody else on the committee have any ideas that they want to share?

CHRISTI GONZALES: Yes. What has been done in the past for this? I mean, I know Mitch kind of stated that. But or presently with this.

BRENTON ANDRUS: Historically the council hasn't really had a lot of activities that deal with emergency preparedness and management. But we do currently have an activity, or last year we had an activity where a contractor did virtual trainings for the emergency management disability awareness trainings is what it

was. A FEMA approved training. And this year they are doing, they have a couple trainings that they're going to do in-person that's mostly for folks that are in charge of response and disaster prep. And so I don't know that it's going to-- I think if that program is implemented across the state, it would probably trickle down to folks individually. But I don't know if it's going to focus specifically on an individualized plan for that person as much as the response for all these agencies to make sure that they consider people with disabilities and those access and functional needs and their response plans for their parish or for their regional locale they're in.

CHRISTI GONZALES: Okay.

BRENTON ANDRUS: But I would imagine if you want to get it where it's individualized you have to consider how we get to those people.

CHRISTI GONZALES: Yeah. The wording is very minimal. I think it would need to be much broader maybe. Like I said, to make an individualized plan. I don't know. Just my thought.

AMY DEAVILLE: So everyone agreed to getting rid of some of the wording in the existing activity. Just keep that last part. And our question to committee was we need some guidance on how to address that. Where do you want us to go with that?

BRENTON ANDRUS: Keep in mind, so I guess in a week and a half or so the council will be approving the plan. I highly discourage, but you can do what you want, leaving an activity in there if you don't know what to do about it. Cause that can create some potential issues when we're reporting out to the feds what we're doing. And we can't say we're doing anything on an activity that we included in our plan.

MITCH IDDINS: That's true.

BRENTON ANDRUS: So that's just my 2 cents there. So if we're kind of stuck in what should you do in this area, we do recommend later on in the process continuing another emergency preparedness type activity. So maybe you consider just going with that one. And this one possibly considering at another opportunity next time when we're planning. If we can come up with something maybe try to figure out if

there's some rule changes maybe that the department can make when it comes to some of these plans. I don't know if they have it set in there. I'm not that familiar what the rules say what actually has to be in this plan that support coordinators are doing with people. But maybe there's some work that can be done to maybe beef up this plan a little bit. Again, doing any sort of training with support coordination I do think is probably a good idea if we can address the turnover part and kind of stabilize that then I think our investment in training is a good thing. Just more for your consideration.

RASHAD BRISTO: Thoughts?

REKEESHA BRANCH: Well, I mean, I guess to (inaudible) support coordination they're required to do a new one every year. And come in annually to the LGE for the plan of care. And they're also supposed to go over it once a quarter during their quarterly meetings to make sure everything that's on that plan is still up to date. So, I mean, support coordination is going over it.

EBONY HAVEN: I think what Brenton was mentioning is if it could get beefed up where they're asking specifics. And to me, I don't know how much more specific they can get. Cause it's like where are you planning to go. Who are you going with. Like what are you planning to bring with you even. Cause I think it even ask about medications, making sure that you have the things that you need. And there's a plan for that stuff to go with you as well. So I don't know how--

BRENTON ANDRUS: Quarterly sounds good except in a hurricane season and then maybe monthly is the route. Or even more often than that. I'm not certain. And then are we pretty certain these things happen quarterly. And then when you're rewriting the plan odds are the support coordinator that wrote it for you last year is not the one that's helping you again this year. So consistency would be a problem there. But again, that part of the activity was created a couple years ago when everything was still kind of fresh coming off of Laura and Delta. And so I don't remember the conversations and the specifics about what they were trying to accomplish with that particular

activity. So I don't want to say the discussion we're having here is or is not hitting the mark. But it's all relevant in the grand scheme of things.

EBONY HAVEN: But like Brenton mentioned earlier, we will get to an activity where you all are discussing the current emergency preparedness activity that's in the plan that is funded. So I don't know if you want to table this and then maybe come back to it later? After we have that discussion, we could do that. Or whatever y'all's thoughts are.

MITCH IDDINS: I say table it. Let's have some discussion on it and then come back to it later.

EBONY HAVEN: Okay.

AMY DEAVILLE: Okay. 2.1.6 is advocate for and collaborate with Louisiana Department of Health on the creation of lists of providers by region to be posted on the council and LDH's website. And then it list out all the different types of providers that the planning committee that year thought should be included. Our recommendation is that we discontinue this activity. That information exist. If you have a managed care provider, they have a provider list of people that are covered. Medicaid does. Medicare does. All of your private insurances do. And they are responsible for keeping it up to date with the people that they know comes in and out of compliance in their network. There really is no way that we would be able to put that resource together and then maintain it. Because providers drop off and come on daily. So it just isn't...

RASHAD BRISTO: I can concur with that one. For those who don't know I work with Healthy Blue. Mitch, I know you know. We do the community relations and the marketing. For one, it is more of our designation as being a managed care organization, MCOs. Amy's right. We have the plan, healthcare plan. We have challenges trying to keep up with our providers because they rotate in and out faster than the sun does on a weekly basis. I think that would just put us in-- my analogies. I'm sorry. I think there would be in our best interest to go ahead and move that one and let the liability fall with the MCOs, the managed care organizations, as opposed to the DD Council.

MITCH IDDINS: Are these lists currently on the DD Council website?

AMY DEAVILLE: No.

BRENTON ANDRUS: I mean, I think that's part of the problem. You can get that information from so many various places. I don't know how we would put that on our website in a consolidated way.

MITCH IDDINS: What are we currently doing to comply with this activity?

BRENTON ANDRUS: So, I mean, the activity just says advocate for that this happens. The reason why, just a little history that it's advocate for and collaborate and not to actually do something is because when this activity was created, was it last year's planning committee or maybe even the year before that, there was recognition from the committee at that time that this particular activity was almost impossible to do with the resources that we had to do it. And so the idea was to advocate with the department that the department, LDH, does something like this.

MITCH IDDINS: Right.

BRENTON ANDRUS: So there have been conversations in meetings with LDH like hey, this is something people wanted. But again, they have list, and they have MCOs that publish this information. And so they don't necessarily see it as something that they need to compile this in one list. If you look there, everybody that's a primary care specialist. That itself can be pages upon pages long. So it's not going to gain traction or momentum with the department. But that's been the conversations. Like this is something people would like. Something more consolidated. Something easier that you can go to and find.

MITCH IDDINS: Right. But you're talking about a ton of information.

BRENTON ANDRUS: Right. And then the manpower to keep it up.

MITCH IDDINS: Right. No. I totally agree with the recommendation that we discontinue this activity for sure.

RASHAD BRISTO: Thank you, Mitch. Any other thoughts? Any feedback? Everybody in agreement? Okay. They're okay with removing that one.

AMY DEAVILLE: Okay. So that moves us to objective 2.2. And the first activity there is 2.2.1 which is provide financial support to conduct training sessions on first responder tactics, approaches and resources in fostering relationships with and dealing with individuals with developmental disabilities and training for people with developmental disabilities on how to interact with first responders. We have contracted with Interaction Advisory Group to conduct these trainings. Which they've been doing virtually for the last, well, last year and this year. Brenton, do you want to talk a little bit about the contract?

BRENTON ANDRUS: Yeah. I mean, they've been doing fine. They do 12 trainings a year. And they also try to incorporate some community trainings. So the bulk of the trainings that they do are specific to first responders. So it's not necessarily the general public that's going to come in. It's going to be EMS or police officers or sheriffs or whatever it may be. For the most part you get more participation from usually police than you do any of the other first responders. But they've had really good turnout for their programs. I think last year they trained over 600 people. And this year-- also this contractor they really believe in their training, and they want to get more of it out there. So in addition to the trainings that we pay them to do, they also offer in-kind trainings that they don't bill the council for. Majority of the trainings you get a large presence from up in Northwest Louisiana. They've been really interested in the program. If I'm not mistaken, if not all, most of the school resource officers up in the Shreveport Bossier area have even gone through the training. So there's definitely a lot of traction up there. We did have some trainings that were supposed to happen in the southern part of the state as well. I think they were trying to target some of the river parishes. And that was right before the hurricane came through. So they haven't been able to really get them back on board yet, but they're always working on that. And then so typically the trainer, he is actually former law enforcement. He also has a child with a disability. So that's kind of what has sparked his interest in

wanting to do these trainings and starting up that agency. And so he always has and made sure that he has a self-advocate with him in all of his trainings to be able to get that prospective as well.

And then the community events are open to anybody that wanted to attend. And they just talk about different resources in the area. I know they had one earlier-- well, I guess it was last month, March. That they partnered with the FHF center. It might have been up in region seven as well, Shreveport area. Just to let folks know about interactions with law enforcement, emergency management. Things that you could say, don't say. Things that might be helpful to keep on hand. Different resources that are available in your area. I don't think it was last training, but it was the training before that. They actually had a lady attend that was taking care of her grandson that actually never even knew about waivers. Never even knew about resources in the area. So going to training to talk about interactions with law enforcement she ended up going to her LGE to apply for waiver services. So they try to capture a lot of different areas. And they're certainly willing to, you know, continue trainings throughout the state if we're willing to contract with them.

MITCH IDDINS: Well, I think it's a fantastic activity and it's so beneficial and so needed. I've had the opportunity to participate with some of those trainings in the past in North Louisiana with police officers. And the feedback I get just from being there and talking about other services and supports in the community from people it's just fantastic. And I think we definitely need to continue with this activity.

BRENTON ANDRUS: So I sent them an email yesterday asking if they wanted any additional funds in addition to the 50,000. I have not heard back. I'm not surprised though cause I was only able to send that yesterday. But in the past, they have expressed interest in increasing the amount of funding that they receive. I just can't say how much money is going to get you this many additional trainings or anything like that.

MITCH IDDINS: I'm sorry. Go ahead.

BRENTON ANDRUS: No. Whatever you got, Mitch.

MITCH IDDINS: I was going to say what are some of the examples of the cost? What are they using the funds for exactly? Have they said they've run out of funding in the past or?

BRENTON ANDRUS: No. No. They have a set rate every month. So that involves the planning, the registration, their time, the development of content. So everything that it takes that goes into these trainings is what you're paying them to actually do.

MITCH IDDINS: And like you said, this is all statewide, right, in every region?

BRENTON ANDRUS: Correct. It's not set up in a particular place. For instance, I had mentioned they were trying to do something with St. Charles Parish, but it's not just for St. Charles Parish. Anybody can attend from surrounding areas and throughout the state.

MITCH IDDINS: I got you. Okay. Well, if you hear back from them, then let us know. I'm not opposed to increasing the funding if it's truly needed because it's such a good program and the participation's been good. I think it's something that's so needed.

AMY DEAVILLE: Yeah. They're currently funded at 50,000. And like Brenton said, they've been doing some in-kind trainings that they don't even charge us for because the need is there.

MITCH IDDINS: Oh, absolutely.

AMY DEAVILLE: They told me they definitely could use an increase in funds and get it spent. They spend all that 50,000.

MITCH IDDINS: Do we want to go ahead and make the recommendation to increase the funding now as opposed to waiting to hear back from them?

BRENTON ANDRUS: I mean, you certainly can. Yeah.

MITCH IDDINS: Any idea of what kind of additional costs they might have and what kind of a range of what they might need to expand or continue what they're doing?

RASHAD BRISTO: I was actually thinking about maybe moving it up to 75. Adding 25,000. Even when you think about inflation for them to make the travels depending on where they're coming from.

MITCH IDDINS: Right. I agree with that for sure.

And inflation alone is a reason enough to make a recommendation to increase.

RASHAD BRISTO: My concern with that is as an individual with a disability, a parent of a son that's nonverbal with autism, I want as many people knowledgeable about how to interact.

MITCH IDDINS: Absolutely.

RASHAD BRISTO: I'm definitely in favor of this one. Mitch, I'll let you make a recommendations on it.

MITCH IDDINS: I'll make the recommendation that we increase the funding to 75,000-dollars, Mr. Chairman.

BRENTON ANDRUS: Whenever we were getting ready to start fiscal year 22, so back in October, this was September whenever I talked to him, they had looked at adding an additional 2600 a month to what was already provided. So we were going to give them 50. They wanted to add an extra 2610 to be exact. Which would be an extra 31,320-dollars. And that was going to allow them to double the amount of virtual trainings that they were doing. Now I would not expect it to go down exactly like that cause now that we can do things in-person I would suspect there's going to be some travel expenses. So they may not be able to double their output with the additional funds that you give them. But I do think that we can see, I mean, a lot more than 12 trainings that would occur around the state. A lot of times when they offer one of those trainings that's when they try to piggyback off of one of those community events that they do so they're not looking at having to come out here twice to do one of those things.

MITCH IDDINS: Do you know to what extent they advertise these trainings to the public?

BRENTON ANDRUS: It's my understanding they send-- well, we advertise it on our end. They have like different focus groups, not focus groups, stakeholder groups they try to go through in the state and just figure out like at all the FHF centers, any of the support groups that might be out there. Any autism groups. You know, they have different groups for down syndrome, all that. They try to figure out all those and advertise in those areas. Specific for first responders, they try to send information out to all the

police departments, sheriff departments, fire departments just to make sure that the information gets out there. But usually we try to rely on ourselves and the FHF centers to really push out information when they have those community events.

MITCH IDDINS: Okay. Well, I'll make the recommendation that we increase the funding to 80,000.

RASHAD BRISTO: Thank you, Mitch. Any other thoughts, feedback? Agreement, disagreement? I see thumbs up Christi, Chaney and Vivienne. Got you. Thank you very much.

MITCH IDDINS: Thank you.

AMY DEAVILLE: Okay. Activity 2.2.2 is provide financial support to establish a training program on emergency preparedness and response relative to people with developmental disabilities. This is the contract that we have with Niagara University. This is the second year of the contract that we are currently in. Staff recommend continuing this activity for fiscal year 23 and potentially increasing the funding. This is Brenton's contract again if you have anything to say.

BRENTON ANDRUS: Yeah. This is one, kind of like IAG, I came in on the back end of it so I'm trying to learn it as well. But basically last year they offered a lot of virtual trainings. Pretty much for anyone that was involved in emergency planning. Kind of similar to what I had talked about for one of the other activities that we were discussing. They're looking at the folks that are responsible for emergency planning. So they're looking at those disaster coordinators that are within each parish or region or that might be involved like the Governor's Office of Homeland Security and Emergency Preparedness. These folks, they started up this program in New York. It's a FEMA certified training program. They contract with quite a few other DD Councils. They have really great turnout at least with the virtual trainings that they had last year. There was no other state, my understanding anyway, that produced the numbers in the trainings that ours did. We had a lot more people participate in the trainings here than other states. It did take a little while to get started up. There were some concerns from

some people about, you know, this group being from out of state and having them come out here to tell us how to do things. But again, what they're doing is not something that's typically happening here in Louisiana. It's not a FEMA certified training. And everybody is kind of doing what they want to do and doing it differently. So the idea is to bring the folks to the table and get them trained on this program so everybody's kind of on the same page. This year they would start their virtual trainings, not virtual trainings, in-person trainings. And so we funded them at 20,000-dollars. And so that gets you about two trainings. Again, these folks have to come in from out of state. We have to get a place for them to train and host the people. So it cost about 10,000-dollars or so for each training for them to come down here. And there is a training component in the in-person training that actually the people that are participating in this training that come out and they end up-- let's see. I don't want to say the wrong name. They've become inclusive planning and active participation specialist I think is the title. There's a reporting component that they have to do once this program is over. Not the program, once the training is over where they actually report back out what they're doing and the changes that they're making in their particular areas and how it's improving their emergency response preparedness out there. So this is something that the contractor is really passionate about and would like to see additional funding. For reference in the state of New York they did 20 in-person trainings. This year Nebraska has been working with them and they've done eight and we've only funded two. And so we're looking at the possibility-- when you're considering an in-person training event they have a cap of about 35 people that they can take. So they're going to be able to do one in New Orleans. There's a lot of folks around that area, which makes sense, that are really interested in getting this training down there. So they're doing one in New Orleans and they're going to shoot to try to get another one done somewhere in the mid or northern half of the state. But again, that's only two. So if you think of roughly about

10,000-dollars per training you can increase the number of trainings that happen in the state in the upcoming fiscal year if that's something you would be interested in. And their trainings are like two components. So you have a two-day piece. Which is pretty much those people that are responsible for the planning for their particular area. Then you have a half day component which is the last half of the second day. Which is pretty much open to anybody that would like just more information and to understand the processes.

MITCH IDDINS: So it looks like they currently have three trainings already scheduled. Is that right, Brenton?

BRENTON ANDRUS: They have one training scheduled. There will be another one. In the status document that you're looking at, they did three virtual trainings at the very beginning of this fiscal year.

MITCH IDDINS: Okay. These have already been done.

BRENTON ANDRUS: Yeah. Those have been done. Those, I don't know, one of the many hurricanes. I think it was Ida. We had to cancel those, so they just did them at the first of this fiscal year.

MITCH IDDINS: How many trainings for the upcoming year do they realistically have the capacity to do in Louisiana?

BRENTON ANDRUS: I don't know exactly how many they can do. I mean, they've done eight in Nebraska. But I would imagine if we were able to give them-- what I had asked them was if we increased this to 50,000-dollars could they continue with three additional trainings and the two. So five trainings, essentially. They said that shouldn't be a problem.

MITCH IDDINS: Okay.

BRENTON ANDRUS: But this is what they do. He just travels constantly, and he does these trainings and get these things set up.

MITCH IDDINS: Have you had a chance to participate in the training or sit in on one of them, Brenton?

BRENTON ANDRUS: Not the in-person training because those haven't happened yet.

MITCH IDDINS: I see.

BRENTON ANDRUS: And so this whole initiative, when the proposal came in from Niagara it was set up to be a

two to three year initiative. The first year was just that virtual component. Well, virtual for us. They do those in-person as well. For anybody and everybody that just introduces the importance of having a plan. Emergency preparedness. How to make sure, like the rules and regs that FEMA has about keeping people with disabilities. And also, I think they refer to them as access and functional needs. And just they also go into a lot of the lawsuits and lessons learned that other areas have experienced based on emergency planning failures, if you will. And so that's a lot of information that they cover. And they did some of that in their virtual component, but it was a lot more brief. I think it was only maybe a couple hours for training. And so this would be more in-depth in the second year if you attend in-person. You actually get a program manual that gives you a lot of the dos and don'ts and how tos. And they just spend a lot more time actually teaching you how to implement this program as opposed to the crash course that they were doing.

MITCH IDDINS: Would these five trainings all be in-person?

BRENTON ANDRUS: Yes.

MITCH IDDINS: Well, I would make a recommendation that we continue this activity and increase the funding to 50,000 to allow them to at least do five trainings in the state. That would be my recommendation.

RASHAD BRISTO: We have a recommendation. What are the thoughts of the other council members? Agreement, disagreement? Okay. Thank you, Mitch. Thank you, council members.

AMY DEAVILLE: Okay. That moves us to 2.2.3 which is publicize healthcare provider continuing education opportunities. What the council had been doing for this activity is basically promoting some modules that the LSU Human Development Center had put together. That was training modules where people could receive CEUs. Those modules are now outdated, and individuals can no longer receive the CEUs for those. So we recommend discontinuing this activity at this time. And perhaps in the future maybe looking towards partnering with LSU HDC to see about updating those

modules.

RASHAD BRISTO: Any thoughts? In agreement?

MITCH IDDINS: I agree.

RASHAD BRISTO: All right. See thumbs up Christi, Vivienne and Chaney. All right. Thank you very much for your feedback.

AMY DEAVILLE: Activity 2.2.4 is advocate for increased meaningful opportunities for stakeholder input. This probably sounds familiar. We have one like this. We recommend continuing the activity for fiscal year 23.

MITCH IDDINS: This is Mitch. I agree.

AMY DEAVILLE: Okay. Objective 2.3 is targeted disparity. The Administration for Community Living feedback that we got on our targeted disparity was basically that this objective and activity is not a targeted disparity to meet the requirements because other individuals outside the disability community also experience these same difficulties. It's also not a targeted subgroup. So for a targeted disparity for one thing we have to address an unmet need of a subgroup of people with developmental disabilities. And our current targeted disparity is basically for all people with developmental disabilities. So it definitely has to be narrowed down to a subgroup within people with developmental disabilities to be a targeted disparity. The other issue that we have is the targeted disparity currently is about housing. Although we can certainly say that affordable, accessible housing is difficult for people with developmental disabilities to obtain, we can also say that across the state that's difficult for all people of low and moderate income for sure. So it's also difficult to make the argument that our current objective is truly a targeted disparity. So I believe that Ebony, you sent out some information on potential targeted disparities. Things that--

EBONY HAVEN: If you look in the staff recommendations for this particular activity, I listed some examples of like targeted disparities that were used, I think, in maybe other states' state plans. So examples would include Latino and Hispanic, African American, Native American, Asian, Chinese, non-English speaking, women, Pacific Islanders, youth, parents with

disabilities, Arab Americans, the LGBTQ plus community, 3- to 5-year-olds, 18- to 22-year-olds, school-aged children, immigrant minority and down syndrome and aging. Those would all be examples of targeted disparities. If that kind of helps you guys.

AMY DEAVILLE: So this one is tricky because we are talking about reworking an objective. And basically picking a completely different subpopulation of people to focus on their unmet needs. Identifying what that unmet need is and how we're going to address it.

RASHAD BRISTO: Christi, you're recognized.

CHRISTI GONZALES: Okay. I just wanted to ask are we going to change the housing objective to something else still targeting that disparity? Or we going to leave it with housing and target another population?

AMY DEAVILLE: That's ultimately up to the committee to decide. My suggestion is that we target something other than housing. Mainly because you still kind of run into the problem of this is a problem that a lot of people encounter, not just people with developmental disabilities.

CHRISTI GONZALES: Okay. All right. Thank you.

RASHAD BRISTO: Any other committee member thoughts?

AMY DEAVILLE: And I will say that like, I mean, as staff kind of thought about what could potentially make a good, targeted disparity we didn't really come up with anything definitive. I don't know if anybody's had any ideas since. I had one potential idea, but it is literally just one potential idea.

MITCH IDDINS: Let's hear it.

AMY DEAVILLE: Oh, Christi has her hand raised.

CHRISTI GONZALES: I wanted to ask. I recently had one of my students who fit into this population. And I know one of their issues was school clothing. I know that's very small. But just because they were homeless for a couple of months having, you know, they didn't want to come to school. Even though we were able to wash clothes for them. I know that was having the uniforms available even though we were giving uniforms we're still at a disadvantage in that as well not having the correct school uniform. I know that was one thing. So just a thought too.

RASHAD BRISTO: What was your thought, Amy?

AMY DEAVILLE: My thought was one thing we could potentially focus on as a targeted disparity would be women with developmental disabilities. And looking at improving health. One thing that's in the legislative, that's going through the legislative session right now is LDH is proposing to create an office of women's health within LDH. So if that goes through, we could kind of run concurrent with that and work with them on perhaps developing plain language brochures on women's health issues. Or whatever type of outreach that they do, work with them on making sure that it is targeting, that they have a focus on women with developmental disabilities and their health needs. And that their brochures, their outreach materials are appropriate. And, you know, help them get the word out as needed.

RASHAD BRISTO: I like that one.

MITCH IDDINS: That's a great idea, Amy. This is Mitch. You can make the argument that all of these subgroups have a targeted disparity in some regard or another for sure. I mean, you could pick any one of these subgroups and say-- well, I could go on and on about the disparity a lot of these subgroups in regards to affordable, accessible housing. Because like I said, we're in such a housing crisis in North Louisiana. But if we have to pick a targeted subgroup here, again, you can pick anyone. But I like your idea. Particularly with LDH potentially creating-- what did you say was going to be a department?

AMY DEAVILLE: An office of women's health.

MITCH IDDINS: Office of women's health. Yeah. That's a great idea. Certainly something we could get behind.

RASHAD BRISTO: Christi, I see your hand. You're recognized.

CHRISTI GONZALES: Yes. In regards to that at the high school level the regular ed students are taught about sexual education. But our students with special needs are not. And many of those go on to have children who, you know, the children end up being cared for by the grandparents or parents. They're not given, you know, that education.

MITCH IDDINS: Wow.

CHRISTI GONZALES: So I think that would fit in a lot with the women.

MITCH IDDINS: Yes.

CHRISTI GONZALES: You know, and giving them that choice. If you do consider, you know, having a baby or taking care of yourself during that situation, here are the circumstances that you have and the things that are available. Cause many of them don't know what to do in that situation. You know, it's a hush, hush topic. But many of our kids once they're 18 or 19 drop out of school because they become pregnant. And the ones with disabilities, you know, the higher functioning ones.

MITCH IDDINS: Christi, do you know why sex education is not being taught to those students?

CHRISTI GONZALES: It's not in our curriculum.

MITCH IDDINS: But it is for everyone else?

CHRISTI GONZALES: I don't know. I don't think so. Well, it's part of their biology course so they do talk about sexual reproduction. But the students with disabilities, we don't get any of that specific type of stuff.

MITCH IDDINS: Wow. I did not know that.

CHRISTI GONZALES: No. So I think that would be something that we could consider.

MITCH IDDINS: Absolutely.

MARILEE ANDREWS: So Amy, you were thinking like it would include pregnancy related?

AMY DEAVILLE: Well, women's health is so broad so it could.

CHRISTI GONZALES: And just training them or giving them the background. They don't have the background knowledge. They don't like going to the doctors. So if they were expecting, they're not going to probably go to the doctor. You know, which can be complicated in itself. So just something to consider.

MARILEE ANDREWS: That's a really good suggestion.

MITCH IDDINS: Yes. It is.

MARILEE ANDREWS: Especially women who are pregnant don't even always get the support that they need--

CHRISTI GONZALES: Yes.

MARILEE ANDREWS: At work or school. Or especially, I would imagine, it would be compounded if you had a disability.

CHRISTI GONZALES: Yes.

MARILEE ANDREWS: And being pregnant with Covid 19 right now too. Like that overlaps it as well. Being pregnant with Covid 19 is very difficult.

MITCH IDDINS: I still think there's somewhat of a stigma that young people with developmental disabilities are not going to be sexual human beings. They're not going to experience those types of things so there's no need to educate them on prevention and unwanted pregnancy and sexually transmitted diseases. Which is just absurd in today's world.

CHRISTI GONZALES: Well, even the male students as well. I think the teachers need to be educated too because many of our students are high school age 18, 19, 20, 21 and they're now discovering themselves. And so they're fussed at for touching. Or, you know, it's an appropriate way, but yet I can't tell another teacher that's not the correct way to discuss it. I think it really needs to be open and us talked about this such taboo subject with children, students who have disabilities. It's not a taboo subject. Everybody else has to deal with it. But it's not talked about in the schools at all.

MARILEE ANDREWS: Right. Brenton and I were just discussing we used to have an activity on sexual education for people with disabilities, but it's more geared towards adults so that could fall under...

BRENTON ANDRUS: Yeah. So we contracted for three or four years with Team Dynamics, and they focused on just sexual health, healthy relationships. Just kind of all the topics you're hitting on. For various reasons it did not cover minors. One of which was, you know, if your parent would be in the room to have some of these conversations, you'd be less likely to share.

CHRISTI GONZALES: We could also have-- get them to sign a waiver and do it through the school during the school day. If that would be possible. They ask the regular kids to sign a waiver to talk about it at school.

BRENTON ANDRUS: Yeah. We'd have to figure out if you went that route for students in particular you also are looking at a curriculum that the school provides. This would be something that's not necessarily through

the schools. You'd be asking for a provider not affiliated with the schools to come out and have these conversations. I think that could get tricky trying to bring something like in the schools. But certainly not my area of expertise by any means.

CHRISTI GONZALES: Mine either. But I'm just giving you the information that it's not discussed at all.

BRENTON ANDRUS: Yeah. And from that initiative we did there were very few people that had any sort of education prior to going through that initiative. Which it was a very successful initiative. I mean, hundreds of people throughout the years were trained. As well as their caregivers. It is definitely a need area. I do know it gets a little wonky when we start talking about minors and going into schools that would be interesting.

EBONY HAVEN: Vivienne also had a comment that I just want to read. She says I think that needs to be changed. Special education students should be getting the same chance of education as other students and have the same opportunities.

CHRISTI GONZALES: I agree.

RASHAD BRISTO: Thank you for that, Vivienne.

AMY DEAVILLE: Okay. So for there I think we look at changing our objective 2.3. If y'all could help with wording, that would be awesome. We would be looking at changing to, instead of our focus being on housing, our focus is on health issues for women with developmental disabilities.

CHRISTI GONZALES: And when we say women-- I'm sorry. Just the wording. When you think of women you think of those older than 18. Just as a thought. Can we put maybe women to include minors, I don't know. I don't know how else we could word it besides saying women.

BRENTON ANDRUS: If you do it as women and their families--

CHRISTI GONZALES: There we go. Okay. Females.

MITCH IDDINS: In the school system, Christi, what is the age of the students that are actually receiving this type of education? Is it younger than the age of 18?

CHRISTI GONZALES: It's 16 and 17, yes.

MITCH IDDINS: Sixteen- and 17-year-olds that these are kids that are not in the special education classrooms. They're getting this type of education about sexual reproduction and sexually transmitted diseases. But you're saying that kids with developmental disabilities, the same age group, are not getting that type of education.

CHRISTI GONZALES: Correct.

MITCH IDDINS: See that's what we need to focus on. It needs to include both men and women. But I see where Amy was going with how we can incorporate it in what LDH is doing. But like Brenton said, it could be women and their families.

MARILEE ANDREWS: So I can read Indiana's targeted disparity which is along these lines if that's something y'all would be interested in?

MITCH IDDINS: I'm sorry. What did you say?

MARILEE ANDREWS: I can read Indiana has a targeted disparity similar to what we're talking about. I don't know if you want to hear that?

MITCH IDDINS: Yes.

BRENTON ANDRUS: I was just wondering, were you trying to include all the targeted disparities that you talked about? Or were you just focusing on women's health? Or you trying to do the sexual education stuff? I was unclear as to which targeted disparity you were looking at.

MARILEE ANDREWS: I was thinking if I read this it might give them an idea of where to go. So identify at least four barriers to women's healthcare. Including preventive screening and healthcare access for women who have disabilities. And develop recommendations to address disparities through outreach, education and changes to policies and practices. So that's just an idea. They were really specific. It was women's healthcare. Women with disabilities. And they wanted four barriers. And then they were going to address that through outreach, education and it sounds like possibly legislatively. So that's just some language to see how another state did it.

EBONY HAVEN: So I think we need to talk about the objective first. Cause that sounds like the activity.

Like that sounds like the activity. So we need to look at the objective level first before we get to the activity. So I think the wording is going to have to be something similar to what you all had before. But it would address women's health instead. So maybe women with developmental disabilities and their families will have whatever you guys are thinking as far as like women's health. And I can start it if you want me to.

MITCH IDDINS: Yeah. Start it. Get us something going, and we can build on it.

EBONY HAVEN: Okay. So women with developmental disabilities and their families. Or did y'all want to say females? I don't know. Cause are we talking about just women? Like Christi's point was like women would be like 18 and older. Are we trying to target younger females?

MITCH IDDINS: I think we should.

AMY DEAVILLE: Yeah. I think change it to females and then that leaves it open to all ranges basically.

EBONY HAVEN: That's what Vivienne was saying in the comments. She was just saying women would include 18 plus. So do we want to include minors. If we change it to females that would include minors.

RASHAD BRISTO: That's a big generalization.

EBONY HAVEN: So I started it. So females with developmental disabilities and their families will have-- what are you guys thinking?

MITCH IDDINS: Well, can we target the schools, the schools system like Christi is saying? Because if we're going to get away from the objective being about housing and now the objective is being more about sexual education and women's health, can we say something along the lines that we want to do this in the school systems to make sure that those youth are getting, that aren't getting the education they need about, you know, sexual health and overall health that they had the same opportunities as other students to get that education. You know what I'm saying? Is that along the lines?

AMY DEAVILLE: So just a couple things to kind of keep in mind. Your objective is going to be your broader goal and that objective won't change with-- it

won't change again until we do another five-year plan.

MITCH IDDINS: Right.

AMY DEAVILLE: So then every year your activity for that can change and could focus a little bit differently. So your objective could be very targeted to, you know, just females of school and sexual education. That's really going to restrict what you can do for the next four years. Or you can keep it a little bit broader by saying something more along the lines of females with developmental disabilities and their families will have...

EBONY HAVEN: Vivienne's suggestion was access to feminine healthcare and sexual education.

CHRISTI GONZALES: Yeah. Sexual reproductive health services and education. Do that?

EBONY HAVEN: Okay. Wait a minute.

CHRISTI GONZALES: Will have access to sexual reproductive health services and education. How about that?

AMY DEAVILLE: That's fine. If that's what you want to do, that's fine. But you are restricting yourself to just sexual reproductive health services.

CHRISTI GONZALES: Well, can you add the overall healthcare in that sentence to where it kind of broadens it? Appropriate healthcare which may include but not limited to.

MARILEE ANDREWS: Barriers to women's healthcare including reproductive health or to include reproductive health.

MITCH IDDINS: Would reproductive health include sex education and prevention? Sexual education talks all about unwanted pregnancy and sexually transmitted diseases. And all those same things other students in the school are getting educated on that these kids are not getting educated on.

AMY DEAVILLE: Have access to appropriate health services and education regarding topics related to...

CHRISTI GONZALES: To sexual and reproductive health. Along with education related to...

EBONY HAVEN: Females with developmental disabilities and their families will have access to health services and education regarding topics related but not limited to.

CHRISTI GONZALES: Yes.

EBONY HAVEN: Okay.

CHRISTI GONZALES: Sexual reproductive health services and education.

EBONY HAVEN: Can you see it, Mitch?

MITCH IDDINS: Would sexual reproductive health services, would that also mean, again, sex education? Cause those could be kind of unrelated. Just want to make sure that these kids are getting...

EBONY HAVEN: Like sex education. That's what you're saying.

MITCH IDDINS: I think sex education does cover sexual reproductive health. Which could mean unwanted pregnancy, addressing that. But also addressing sexually transmitted diseases, how to prevent those. And abstinence. And all those various things. Just want to make sure we have the right language in there.

EBONY HAVEN: Do you recommend we take out like the reproductive part?

BRENTON ANDRUS: What if you say sexual and reproductive.

CHRISTI GONZALES: Education and/or health services.

BRENTON ANDRUS: If you just add the and.

CHRISTI GONZALES: Education and/or health services. Yep.

AMY DEAVILLE: Okay. How does everybody feel about that as the objective?

MITCH IDDINS: What would it mean females with developmental disabilities and their families will have access to health services? What does that mean specifically? Would that mean like going to a doctor and receiving these services? I want to make sure they're receiving this training and education in the school system.

BRENTON ANDRUS: I think that's when you get into the activity.

MITCH IDDINS: Okay. Okay. So is this broad enough? Do you think this is broad enough or too broad?

AMY DEAVILLE: I think this is really broad. I'm a little concerned it might be too broad. But it might be fine.

MITCH IDDINS: Well, let's talk about it. Do we need to narrow it down some? Somebody read it out loud there and see what it sounds like.

AMY DEAVILLE: Females with developmental disabilities and their families will have access to health services and education regarding topics related but not limited to sexual and reproductive health services and education.

BRENTON ANDRUS: The end is redundant.

MARILEE ANDREWS: And then under your first education put health in front of. Health services and health education just to be clear.

MITCH IDDINS: Do we want to say at the end of that within-- well, that's what you said, Brenton. That would be more your activities. I just want to make sure that these services are going to be provided to those kids in the school that aren't getting it. Cause they should be getting it.

MARILEE ANDREWS: I guess this reads that we're saying we're going to provide access to health services and health education.

AMY DEAVILLE: I think maybe what we need to do is say they'll have increased access. That way we're not saying we're providing the access. We're just going to help increase the access.

EBONY HAVEN: Even in the one before it says increased access. For the housing one you guys had increased access to safe, affordable and accessible housing. I would say that increased access would probably be more appropriate.

MITCH IDDINS: Brenton, weren't you saying that there's someone already providing this type of training within the school, but it was not-- was it in the schools or was it is to?

BRENTON ANDRUS: No. They did it, in the last two years they went to some ICFs, but they also did it just as a general open to the public training.

MITCH IDDINS: Could they be doing it in the schools or is this the schools' responsibility? Cause I know school already has their own sexual, sex ed classes. So how can we make sure that the schools that are providing sex education and this type of training and education to other students, also provided to the

students with developmental disabilities? Or particularly female students with developmental disabilities? How can we make sure that that happens?

AMY DEAVILLE: I don't know that we can say that we can make sure that it happens. This would be how we would end up with an activity that is an advocate for activity. Because the school systems currently provide that sexual health training in whatever format to all the regular ed kids. What we're saying is well, our kids need that too.

MITCH IDDINS: Absolutely.

AMY DEAVILLE: In an appropriate manner.

MITCH IDDINS: Right.

AMY DEAVILLE: But all that we can really do at this point would be to advocate with the Department of Ed to say we think this is a need. How do we get this met.

MITCH IDDINS: Okay. Should that be our objective then?

BRENTON ANDRUS: That would be an activity.

MITCH IDDINS: Okay.

AMY DEAVILLE: And because our objective still has to do with health, it's still within the right goal. Even if it does have a little bit of an education slant to it.

RASHAD BRISTO: Everybody good?

AMY DEAVILLE: So I think the objective is good. We need to work on the activity for this upcoming year. And because it's our first year with that objective it probably would need to start with activities that have to do with maybe advocating with the Department of Ed to include these types of educational trainings for those students as well.

BRENTON ANDRUS: Advocate with the department for materials to be produced specific to DD, I would assume.

AMY DEAVILLE: Right.

BRENTON ANDRUS: I mean, I don't want to say advocate with that office of women's health cause technically we don't know if that's going to be created yet. But you could put the activity where you would do the advocacy with Department of Health to make sure that materials are produced that are specific to the

developmental disability population.

MITCH IDDINS: I like all three of those. Let's write them down. Before we forget what we said.

EBONY HAVEN: Okay. So let me get rid of the activity that is there right now, Mitch. And then you can work on wording.

MITCH IDDINS: Are we going to take a lunch break?

AMY DEAVILLE: Yes. We are. We're going to try to get this hammered out and then I think we're going to break for lunch.

EBONY HAVEN: I'm going to reduce the size just for a second.

MARILEE ANDREWS: Mitch, I was thinking the same thing.

MITCH IDDINS: I haven't even taken a bathroom break, so we have to do one or the other or both.

MARILEE ANDREWS: We need to go back to our ground rules.

MITCH IDDINS: I had a big cup of coffee before we got started.

BRENTON ANDRUS: Better than I. I already left the room.

EBONY HAVEN: Okay. So we want to say advocate?

AMY DEAVILLE: So one would be advocate with the Department of Education to provide appropriate sexual education.

CHRISTI GONZALES: To students with disabilities.

AMY DEAVILLE: With developmental disabilities.

CHRISTI GONZALES: I would just say students.

BRENTON ANDRUS: Your objective focuses on females.

CHRISTI GONZALES: I know. I know.

MITCH IDDINS: Female students with developmental disabilities.

AMY DEAVILLE: Yeah. I think we have to limit it.

BRENTON ANDRUS: Also, do all schools offer this? My kids aren't at that age group where they would have had this yet. So I'm not sure if all schools have this or if it's just your particular district.

CHRISTI GONZALES: I don't think many around here do.

MITCH IDDINS: That's a good question, Brenton. I was wondering. Christi, is it just?

CHRISTI GONZALES: I can call around here to the

different teachers that I know in the various parishes and see if they do or not. Or I can take a poll or whatever and we can see. I don't think that many or any of the parishes do offer that for our students.

EBONY HAVEN: I was in regular ed, but I had a health education course while I was in high school that talked about sexual education. I want to say it should be taught in all Louisiana schools. Because I remember specifically that class being added for me. And it was like required that I take it before I graduated.

CHRISTI GONZALES: Our kids do not go to, most of our kids do not go to regular PE.

EBONY HAVEN: Right.

CHRISTI GONZALES: They don't have health.

EBONY HAVEN: Yeah.

MITCH IDDINS: That's a really good point. Even if some type of sexual education class is being taught in all the public schools and all the parishes are the kids with developmental disabilities in special education getting the same or something similar? Like Brenton said, something appropriate to help those kids as they reach maturity age, and they begin to get curious about sex and those types of things. They need that same information. And on some level that same understanding about prevention.

CHRISTI GONZALES: And I know this population is the most taken advantage of.

MITCH IDDINS: Oh, absolutely.

CHRISTI GONZALES: We just need to educate them as well.

MITCH IDDINS: You're absolutely right, Christi.

AMY DEAVILLE: Okay. So is everyone good with activity 2.3.1?

CHRISTI GONZALES: Yes.

EBONY HAVEN: The education would include like the materials. I know that we were talking about like materials to give to students are plain language materials to give to students with disabilities. I guess this would encompass that, sexual education would encompass like the materials.

AMY DEAVILLE: Cause when you say appropriate it's got to be...

CHRISTI GONZALES: Modified. Text and pictures.

Modified text.

BRENTON ANDRUS: Saying to provide appropriate, accessible sexual education.

CHRISTI GONZALES: Yeah. I think accessible could be added. Like I said, most of our kids do not have access to it.

MITCH IDDINS: I know we have a focus on female students, but I want to make sure that all students. Equally as important for young men to have this same education and training. But I know the reason we were talking about women is because it's one of our targeted disparity groups. Why are not men listed on here?

EBONY HAVEN: Cause you guys get everything, that's why.

CHRISTI GONZALES: Thank you. Thank you.

MITCH IDDINS: These are not all the targeted disparities. Just examples of targeted disparities. So, I mean, really, these are examples of targeted disparities, so why can't we include young men in this targeted disparity group? Cause these are just examples.

CHRISTI GONZALES: Couldn't we put all students with developmental disabilities and their families?

AMY DEAVILLE: So if all that you want to focus on for your targeted disparity is sexual and reproductive health education, students with developmental disabilities, then your objective needs to change because it's too broad.

CHRISTI GONZALES: Okay.

MITCH IDDINS: What needs to change about the objective exactly?

AMY DEAVILLE: So instead of females with developmental disabilities and their families, you're now going to target an age group.

MITCH IDDINS: Okay.

AMY DEAVILLE: Yeah. You're going to say school aged children. Or you're going to say high school aged children or you're going to say something to that affect because you have to bring it down to a subset.

MITCH IDDINS: Okay. And I agree with you. And if we did that, and I think we should do that, if we did that can we still work with LDH and their effort to target women's health with that objective?

BRENTON ANDRUS: You would have to do a second objective probably. Maybe not. Hold on.

AMY DEAVILLE: I mean, if their objectives and ours happen to intersect.

CHRISTI GONZALES: Well, if going through with the Department of Ed they not going to cater just to women. They're going to have girls and boys. So that first activity should encompass the guys as well. You know what I'm saying. Cause they can't do one without the other. So they're not going to just do female side. So I think maybe our activity will cover the male side as well with the Department of Ed. We can check and see. So I'm just thinking about it like that. They're not going to take the men out the equation. That might be a way to leave it right there, but also incorporate the male students as well into that program. That activity.

MITCH IDDINS: In regular classes when they're teaching sex education these are classes that have both male and females in the class while they're teaching this particular subject?

CHRISTI GONZALES: Yes.

AMY DEAVILLE: In all of the ones that I have been involved in, or like my child has been involved, they've already separated out.

EBONY HAVEN: Yeah. We were separated. It wasn't any boys in my health class.

CHRISTI GONZALES: Let me see. For health class it was the girls. But in science it's mixed.

MITCH IDDINS: Yeah. That's why I think we need to change the objective to include high school aged students so it's a little bit more broad and it's going to make sure that young men and women are getting this education.

BRENTON ANDRUS: So something you might want to consider is under objective 2.1 it talks about individuals with developmental disabilities who have increased access to appropriate and affordable healthcare including chronic disease, dental care, sexual reproductive health services, behavioral health services. You might be able to address this education piece under that objective by adding an activity under there and then leaving your targeted disparity as

women's health. Which is where you would then partner with LDH and possibly the newly created office. Or you might even want to flip it if you want your targeted disparity to be your students and address it under the objective you just created and do an activity to address other specific women's health needs under the other objective. So figure out which targeted disparity you want and then the other activity can be bumped into another objective.

MITCH IDDINS: I'm with Christi. Let's leave it the way it is, our objective for women since we're going to try to work with LDH. And then add what you just recommended under, is that 2.2.1 you said? Which activity was that?

BRENTON ANDRUS: Objective 2.1 talks about health.

MITCH IDDINS: 2.1?

BRENTON ANDRUS: Yeah. 2.1.

CHRISTI GONZALES: Goal number two.

BRENTON ANDRUS: Under goal number two objective 2.1 is individuals with developmental disabilities will have increased access to appropriate and affordable healthcare including primary and specialist providers, preventive health services and prevention of chronic diseases, dental care, sexual reproductive health services and behavioral health services. So that's why I was thinking it might be appropriate if you put your activity to address student needs or sexual reproductive health. And then you can just discuss your women's health as your targeted disparity.

CHRISTI GONZALES: Okay. And just add another activity.

BRENTON ANDRUS: Essentially, yeah. Two targeted disparities.

MITCH IDDINS: That sounds good. Let's do that.

EBONY HAVEN: So I'm taking what you guys just developed and I'm going to put it under objective 2.1.

AMY DEAVILLE: And you're going to take out female?

MITCH IDDINS: Maybe say high school aged students.

EBONY HAVEN: So advocate with the Louisiana Department of Education to provide appropriate, accessible sexual education to high school aged students with developmental disabilities.

SPEAKER: There we go.

EBONY HAVEN: Okay. So we'll go back down to the targeted disparity. Which would be women still. Or females. Do we want to say women? Cause now--

MITCH IDDINS: Yes.

EBONY HAVEN: We could say women now.

AMY DEAVILLE: Either way. I mean, females keeps it open.

CHRISTI GONZALES: Yeah. A broader age.

MITCH IDDINS: Should we say high school aged females here with developmental disabilities?

AMY DEAVILLE: Well, okay. So we took that activity and we moved it somewhere else. So that leaves our targeted disparity can either refocus on just women's health. And it does not have to specifically focus on sexual reproductive health. It could focus on all women's health topics as a part of it. And the focus could become more about, you know, working with LDH to create health education materials that are in plain language or that are more accessible.

MITCH IDDINS: I see what you're saying, Amy. And I agree.

EBONY HAVEN: Okay. If we just say females with developmental disabilities and their families will have increased access to health services and take off the other part, do you guys think that's sufficient, or do you want to leave the other part? Health services and health education.

CHRISTI GONZALES: I think that's fine. The health services and health education.

EBONY HAVEN: And then period. And then take out the rest. Is everybody okay with that?

MITCH IDDINS: Yeah. Because we're going to have an activity in 2.1 to address that.

EBONY HAVEN: Okay. Great.

AMY DEAVILLE: So our new activity for 2.3.1 can focus on-- it really could be anything. We could conduct research on women with developmental disabilities and their current unmet health needs. So we could basically keep that activity the same except change the focus that's no longer on housing, but it's on health needs for women with developmental disabilities. Or the activity could be we collaborate with the Office of Public Health or LDH, or probably

just LDH, to work on plain language messaging on health topics for women.

BRENTON ANDRUS: I mean, one thing you are continuing your videos contract, right. You could potentially incorporate some sort of video on messaging, health. Hey, don't forget to go to your annual appointment. Or whatever you want to cover. That might be something. Like maybe your videos next year, maybe that activity moves down here, and you do this set of videos on education or something.

MITCH IDDINS: Yeah. That's good.

CHRISTI GONZALES: I like that.

BRENTON ANDRUS: I don't know who our experts would be. We'd certainly have to partner with LDH or whatever to try to get some of that information cause the contactor, like Marilee said, is just going to point and shoot the camera.

MITCH IDDINS: Right.

BRENTON ANDRUS: So we would have to come up with the information.

MARILEE ANDREWS: So you guys, so we're like 34 minutes past lunch. And I just talked to Hannah. I don't know how it affects y'all's break, but our food's like really delayed. So I was just going to go get it. And we're just 34 minutes past.

RASHAD BRISTO: So do we want to take a break to let them go eat and then we just do a working lunch? Okay. Suggested time?

AMY DEAVILLE: Well, we'll probably need at least an hour because we don't have food yet.

RASHAD BRISTO: Y'all want to go ahead and take an hour for lunch?

MITCH IDDINS: Yes. A little food might help us think or help us fall asleep.

RASHAD BRISTO: We'll see y'all at 1:35.

MITCH IDDINS: Okay. Thank you.

SPEAKER: Thanks, guys.

EBONY HAVEN: Is everybody feeling better now? Got some lunch? Went to the restroom?

RASHAD BRISTO: Has Christi come back yet?

BRENTON ANDRUS: We're still live. It stayed live

the whole time.

EBONY HAVEN: I'll share the screen that we left off on, guys. I think we are almost done with the targeted disparity activity. So that's where we left off. The actual activity itself. Since we're rethinking about accessible materials for women's health like brochures in plain language we were thinking about-- well, this is like suggested language. But if anybody else has any other ideas you guys can change things up. Can you see it, Mitch? Okay.

RASHAD BRISTO: While everybody's here I just want to say one thing. Actually, I just want to say thank you. I know when we started this committee, I asked a lot of new council members to be a part of this committee. And Mitch, I also appreciate you being a part of this because I know you was getting ready to roll off. But I wanted the insight from a council member who's been on the council for a while who had insight on what's transpired. Also, I wanted the new council members to start feeling more comfortable knowing they can be engaged in a lot of the decisions that are being made in regard to the direction that the DD Council is moving in. So I really want to say how much I appreciate you taking this task on. I know it may seem overwhelming. But I notice that you're starting to become more and more engaged in the conversation. That's very much appreciated. There's no dumb questions. Cause as you can see, we're going back and forth. But again, just thank you for stepping up to the plate and doing this part to be a part of this committee.

MITCH IDDINS: Thank you, Mr. Chair.

EBONY HAVEN: Okay. So if you guys read over-- I can read it so you guys can see how it sounds. And then if you have any suggested language or changes or anything we can make those. So it will read conduct research and collaborate with the Louisiana Department of Health to address accessible educational materials on women's health topics. Okay. Mitch.

MITCH IDDINS: Do we know what some of the other, or what the intent of the Louisiana Department of Health, you know, what are they going to try to accomplish with creating this women's health, Amy,

whatever you call it. I forget.

AMY DEAVILLE: Yeah. The office of women's health. What they told us was pretty general. But basically that it would have a focus on women's health topics and really making sure that they kind of close the gap in between women's health and men's health services. But making sure that things were, even though they just had a broader focus on the things that solely affect women. Breast cancer, cervical screenings. All those types of things.

MITCH IDDINS: You think maybe one of the focuses is just going to be public education, making sure that the public is educated about women's health? Is that going to be kind of what they're going to be driving to do is just get public information out about women's health?

AMY DEAVILLE: Yeah. I do think that's going to be a portion of what they do for sure.

MITCH IDDINS: And we want to make sure that public information or education or training includes females with developmental disabilities, right?

AMY DEAVILLE: Right.

EBONY HAVEN: And I think, Mitch, also I heard the bill being discussed and this was like last session whenever she initially brought the bill, Senator Barrow. I think that there's going to be also a focus on women in rural areas who don't have access to the healthcare that women in urban areas and cities have. Like those rural areas where they don't have the access, they don't have the education. So I think there was also going to be a focus there as well. And, of course, we know that there is disparities there for women with developmental disabilities in rural areas too.

MITCH IDDINS: Absolutely. That's what I was about to say. Talk about a disparity group right there. Those folks with developmental disabilities living in these rural communities. Could that be some area of activity that we could focus on? Or do we need another activity under this objective?

EBONY HAVEN: You're saying for rural areas?

MITCH IDDINS: What I'm asking, I guess, is our objective and activity good as it is or is it broad

enough? Or do we need to add another activity or more than one activity?

AMY DEAVILLE: I think it's good as it is. If you had another activity to add to it, we could. But this is also we're supposed to work on it for five years.

MITCH IDDINS: Yeah. That's true. Well, I mean, within that time we could certainly have some focus on rural. You know, making sure those folks in rural areas are getting the same opportunity for training and education and all that. So I think 2.3.1 is probably broad enough to eventually cover that, right?

AMY DEAVILLE: Yes. I think so.

MITCH IDDINS: Okay.

BRENTON ANDRUS: If you were interested in reading the legislation about the office of women's health it is in the chat. And it will kind of let you know what that department is supposed to be doing. Or what that department will be doing. A lot of it is going to be health data. So I would imagine you're probably going to have to give them some time to get this data together. So if you're looking at this targeted disparity through the five years, I would imagine in a couple years we could probably get a lot more focused in our activities based on some of the data that they can put together. Hopefully, in theory.

MITCH IDDINS: Would you mind sending me that link to my email, please.

BRENTON ANDRUS: Sure.

MITCH IDDINS: Thank you.

EBONY HAVEN: Okay. Is everybody happy with activity 2.3.1? Okay. Great.

RASHAD BRISTO: Mitch, is your hand still up from the previous comment? Okay. So everybody's good? It's amazing what a little lunch will do for you. Okay.

AMY DEAVILLE: So now we'll move to goal three which is centered around education and employment. Okay. So at this point we probably need to revisit some of the recommendations from the committees to just make sure that goals one and two, if there were new activities that needed to be added based off of those recommendations that we go ahead and make sure that those are in there. So what comes to mind right off is

one of the recommendations was about the youth leadership forum. And a contract to get the youth leadership forum established. And basically what that was it's a request for the DD Council to put some funding towards the youth leadership forum. So if that's something that the planning committee wants to do we need to create an activity under goal one to be able to fund that. So the youth leadership forum is a lot like Partners in Policymaking except it's for typically teenage age. So they're usually about 15 to 21, I think, is the range that they're taking. They're hoping to build up to having it on, hopefully, a college campus where it will be over the course of maybe a week. But at least like three or four nights. And they do a lot of different training about history, advocacy, how to advocate. Most youth leadership forums will take a trip to the capitol and meet with some legislators and do a lot of things like that. So it's an opportunity for youth to both be able to experience some independence because they do it without parents. And they receive a lot of natural supports during the youth leadership forum, but there are also some staff there too to help. So they get a chance to experience kind of a little bit of like a college type independent experience. But they get a lot of training and education on a lot of different topics and a lot of work on advocacy.

RASHAD BRISTO: And this is something that was not in place before this and asked to be put in place now?

AMY DEAVILLE: Right. The youth leadership forum used to exist in Louisiana, but ended after Hurricane Katrina. I think everybody else had different priorities and the funding just wasn't there. So they're wanting to bring it back to Louisiana and start it up again.

RASHAD BRISTO: What are the committee thoughts on that? I see Christi. Christi, you're recognized.

CHRISTI GONZALES: Yes. I think it would be great to establish this. Especially for our kids. Not sure if they want to go to college. And it's funny because one of my son's goals on his IEP is to, you know, oh, what's the word. We just said it. Sorry. Brain cramp. To advocate for himself. That's one of his goals. And

so I think this would be really good for them. Especially transitioning to-- and he's in the TOPS program. So not being able to get away from the parents, but still have that mentoring and those people that can do the same thing that I do at home, but still have the home and the college separate. That aspect. I think it would be really good to have for some of these kids.

RASHAD BRISTO: Is there an idea where we would have to pull the funding from?

CHRISTI GONZALES: No. I don't know about where all the money comes from. That's all.

RASHAD BRISTO: I'm sorry. I was looking at Amy. I'm sorry. But if you're willing to contribute.

AMY DEAVILLE: Yeah. So right now we have a little bit of extra money. If everything else stays the same, we might have about 22,000-dollars left to allocate. But that's assuming that nothing else changes and there are no other additions. So you can decide what it is that you want to allocate. And most likely what we'll have to do at the end is pull up this budget and look at it and we might have to shave off from some areas to add to some others if we don't have quite enough to get everything.

EBONY HAVEN: Right now what they're planning for summer 23, I don't think-- the goal is to get bigger every year. So they want to start off sort of small. And I think Lillian is the chair over the YLF committee. And so what her thoughts are is that we'll meet with UL, the University of Lafayette, and determine like maybe what it would cost for them to hold YLF there for summer 2023. But I think the budget that Lillian and Amy were looking at wasn't over 50,000. But they're looking at other funders. So they're looking at LRS. Who else is there?

AMY DEAVILLE: Department of Ed might have some money. I think LRS might be the other largest contributor. Because if our training topics align with some of their preETS requirements we can use preETS funding for a good portion of it. So we estimated that the first YLF is going to cost, we know it's going to cost under 50,000. It's probably going to be, I would say, closer to 40. And it might even run under

depending on how much assistance we're able to get. UL might give us a great deal on using their space. Or donate space, you know, as a write-off to them. So we just don't know that yet. So I think if the planning committee wants to put some funding towards YLF I think that's a great idea. I don't think that you need to put, certainly not more than 20,000. Probably could do under.

RASHAD BRISTO: That was going to be my next question. Kind of give us an outline of what would be feasible for initially starting off. Then, I guess, we revisit from that point. Does anybody have any questions? Mitch, I see your hand. You're recognized.

MITCH IDDINS: Amy, you mentioned we had about 20,000 in our budget. Would that be a good number to start so that they can get some financial support? Or you think that would be shooting a little too high at this point in time? I'm like you, I don't know what expenditures they would have other than, like you said, meeting spaces. Which they might get some in-kind donations on that sort of stuff. But what other expenses might they have for the leadership?

AMY DEAVILLE: Well, there will be transportation expenses. There might be some lodging expenses. Depending on who they get to speak, there might be some speaker fees. Food, obviously, will be a cost. So then supplies, materials. There will have to be some staff. And some of those will have to be paid. We might be able to get some volunteer staff, but we will probably need some paid staff too. So there are a number of expenses. Yeah. I definitely think 20,000 is a good starting point. And like I said, you might be able to go under that too.

MITCH IDDINS: And this 20,000 would be for just one year or for the next five years?

AMY DEAVILLE: All we're doing is committing to one year.

MITCH IDDINS: Okay.

AMY DEAVILLE: That's all that this planning committee is doing.

MITCH IDDINS: Okay.

RASHAD BRISTO: Anybody else have any thoughts? I didn't mean to interrupt you, Mitch.

MITCH IDDINS: No. That's okay. I'm just thinking out loud. Mostly just trying to get an idea of what kind of budget they might need. Because I'm absolutely all for the youth leadership forum. I'm absolutely for it. I know Lillian is very passionate about it and has done a lot of upfront work for the council and continues to be excited about getting that going. I think it's something that's needed for sure.

RASHAD BRISTO: And not only that, it's also good because it will be instrumental because with it being teenagers transitioning to young adults knowing they're going to be on the frontline of being advocates one day. I just think it gives them the mental preparation in advance on how to kind of know how to handle some of the unforeseen circumstances.

MITCH IDDINS: Absolutely. No doubt about it. I totally agree.

RASHAD BRISTO: Any other committee members with any thoughts? We're open for recommendations.

MITCH IDDINS: Well, I would make the recommendation that we allocate at a minimum 15,000-dollars for the first year to help them get some financial assistance. Then maybe next year if that turns out to be not enough, we can look at doing more as more kids get involved and they start to do more activities. Just to see what their expenditures are going to be.

RASHAD BRISTO: Committee members? Everyone pretty much in favor what's been presented? Okay. I see thumbs up. Thumbs up. Thumbs up. Okay. Thank you very much. I think this will be a fruitful program.

EBONY HAVEN: It's going to be a new activity under goal one. Okay. So I added it to goal one, provide financial support and technical assistance for the youth leadership forum. And the committee is allocating 15,000 for YLF. Everybody in agreement?

MITCH IDDINS: Sounds great.

RASHAD BRISTO: Thank you again.

EBONY HAVEN: So I'm just going to go back to the recommendations just to make sure that nobody else has any other activities that they're interested in recommending to the committee from the self-determination and community inclusion recommendations.

RASHAD BRISTO: Hearing nothing else, I guess we'll move forward.

EBONY HAVEN: Okay.

AMY DEAVILLE: All right. So moving forward brings us to goal three which is education and employment initiatives. Activity 3.1.1 is provide financial support to establish a post-secondary inclusive education alliance to provide mentoring and technical assistance, host training events and develop resources designed to build the capacity of Louisiana post-secondary institutions and providing inclusive post-secondary education opportunities for individuals with intellectual and developmental disabilities throughout Louisiana. That's a mouth full. We currently have it funded at 40,000. If you listen to our meetings, we currently call it LApie. That is the alliance. They are currently working on legislation that is hopefully going to be heard soon to provide some funding for these programs startup costs, mainly, but also some maintenance costs, for more of these programs to be started up across Louisiana. This activity has been great. They've been working, we've had this activity, I believe, this is the second year of this activity. And they've been working to help colleges and universities develop their own post-secondary inclusive education program and get them started. And I believe LSU of Alexandria is going to be opening up pretty soon in the fall. So there is a bill in session now to provide some funding. We would recommend continuing this activity just for one additional year just to have some additional supports as they develop everything that they need to develop to get their new phase up and running. They'll have to build a council themselves. And a lot of resources around how universities and colleges applied for funding and what processes they have to go through. So that's our staff recommendation is to continue it for one more year.

RASHAD BRISTO: Mitch, you're recognized. I see your hand.

MITCH IDDINS: You know I'm going to chime in. We've seen some of the videos in our past DD Council meetings. They're just fantastic. I just love the work that they're doing. Super exciting. Give these

kids an opportunity to have opportunities in college. It's just fantastic what they're doing. And I'm definitely in support of it. And I'm hoping that we're going to see this thing spread to every college and university in Louisiana over time. Man, I just think it's an exciting time. I'm in complete support of continuing this activity and in support of the cost. Thank you.

RASHAD BRISTO: Thank you, Mitch. Does anyone else have anything they want to contribute to the conversation? Any other committee members? Are the committee members satisfied moving forward with what's been presented? All right. Thank you very much.

AMY DEAVILLE: Activity 3.1.2 is advocate for increased focus and capacity within the Louisiana Department of Education to address special education including specific areas and issues such as disability. Our staff recommendation is to continue this activity for fiscal year 23 to continue collaborating with LDOE. It's a non-funded activity. Okay. Activity 3.1.3 is to advocate for support structure in school systems that assures adequate understanding and skill to develop and implement IEPs and increased infrastructure, training and technical assistance provided to parents and schools simultaneously. Staff recommendation's, if this activity is continued, we would really like more guidance and a more specific plan on how to get this activity accomplished. The suggestion may be to contract with a national trainer or to send out documents on IEPs.

RASHAD BRISTO: Go ahead, Christi.

CHRISTI GONZALES: I can tell you coming from the parent side, going to my son's IEP meetings, even though I've been doing this for 27 years, I still feel uncomfortable. So even though I'm an educated teacher, mom and whatever, if I'm feeling uncomfortable you can imagine how some of these parents feel. So I definitely think that it needs to be completed and that we keep this and provide some kind of assistance to some of the parents. Cause I know when I meet with my parents, I try to make it as calming as possible. But I know in some of these I know tempers flare. And I've cried a few times because I just feel like you have

your supervisors and things like that that just, you know, it's supposed to be an IEP team committee and it really isn't. It's their choice. So that's really the thing that I wish for change is just the environment, you know. But it does need to be kept up to make sure that the parents are not pressured in anyway. And just the training for teachers and parents as well.

RASHAD BRISTO: Thank you for that. Mitch, I see your hand. You're recognized.

MITCH IDDINS: Thank you, Mr. Chair. Christi, you mentioned that it's uncomfortable attending those IEP meetings. I've been to a few that kind of was uncomfortable. What's the most uncomfortable thing about it? Do you think that it's the administrative staff that are reluctant to provide the supports that these students need or what exactly is it? It is an intimidating environment where, you know, where maybe a recommendation for a child for some modification or accommodation and there's resistance to that? What exactly is the uncomfortableness?

CHRISTI GONZALES: It depends on the situation, I guess. Sometimes like, for instance, I'll take my son. He's in TOPS, but they didn't have a cohort, which is a resource teacher, available in his science or math area. And I was like well, no. Y'all need to find one. They have it in his social studies area which is not what he needs a resource teacher for. They're like we don't have any. Well, that can't be. Y'all have to find one. Well, they were like you're going to have to go to tutoring after school. Why should I have him go to tutoring after school when it should be provided during the day. Some people get what they want, some people do not. He didn't get a cohort or anything this year because they didn't have enough. Which I understand. But that's not my problem as a parent.

MITCH IDDINS: That's right.

CHRISTI GONZALES: You know, so I told them, I said next year you will have a cohort for him in his senior year. And I said I should not have to make him go to tutoring because y'all didn't have the teacher necessary. And I said more of these kids are going through the TOPS program. So not only do you need cohorts in the jump start program, which where most of

them, 90 percent of them are, but you do need some for the TOPS program as well and they don't have them.

MITCH IDDINS: Was the reason that they said they didn't have the funding for that? Surely that can't be the reason.

CHRISTI GONZALES: They didn't have anyone-- well, they had someone at school to do it. They didn't want to change it. They didn't have enough of them.

MITCH IDDINS: That's an example of a very needed accommodation that they weren't able to provide during regular school hours.

CHRISTI GONZALES: Yes.

MITCH IDDINS: Or they could have provided, but for some reason was reluctant to provide.

CHRISTI GONZALES: Yes. It can be intimidating, like I said, even with me knowing everything. But, you know, we had a lot of changes and I understood that. But at the beginning of the year we've had maybe 15 to 17 new teachers since October. I know SPED, the paperwork is mountain-ness. It's been crazy. But it still doesn't leave the fact that some of these kids, depending on who you are, get what you need. And then some of them don't. Or if you say lawyer. And I can't do that because I work there. You know, I'm not going to put myself in that situation.

MITCH IDDINS: Wow. That's a tricky one.

CHRISTI GONZALES: Yeah.

MITCH IDDINS: For you.

CHRISTI GONZALES: Yeah.

MITCH IDDINS: Don't want to push too many buttons, but you know your child needs this support. You start rocking the boat too much as an educator, you know. That's so unfortunate.

CHRISTI GONZALES: Yes. So hopefully we'll have it next year and I will address it first thing in August.

MITCH IDDINS: I guess I was asking, I was just trying to get an idea of what we might do as a council, what activities we might recommend around this.

CHRISTI GONZALES: Like most of them go in with a preconceived notion of what's going to happen at the meeting. And even though it's supposed to be a team thing, most of the time it's not a team thing. And that's where I feel that it needs to be that. You

know, this is what's going to happen. And that's not what the IEP meeting is about. And that needs to be redirected and maybe retold again and again and again to tell them even though it cannot happen, you still need to come upon this judgment as a team. Not by one person. Not by two people. The entire team. And if somebody does not agree with it, it is okay. You know, it will happen.

MITCH IDDINS: Wow. There needs to be some quality assurance measures there in place to make sure everybody has a voice. Particularly the parents. They're interacting with these kids more than anybody else. Probably know their needs best. I got off track there. Reel me back in Amy, Rashad, somebody. Where are we going with this?

CHRISTI GONZALES: Just about maybe what we need to implement these IEP meetings so the parents can understand what's involved.

BRENTON ANDRUS: Some of that is accomplished through Families Helping Families. They all offer IEP trainings. So I wouldn't want you duplicate that.

MITCH IDDINS: Yeah. I forgot about that. That's right. They do do that. Is that training through the Families Helping Families centers readily available for any parent, student? Is it easy to access those trainings? Are they done on a one on one basis on request? Or how are they doing those trainings?

BRENTON ANDRUS: I don't know the specifics cause every region does it a little bit differently. But I subscribe to all of their email, everything that they pushout about all of their trainings. And all of them throughout the year offer different IEP basics and what you need to know sort of trainings. So I can't speak to the times that they're offered. Especially over the last couple years everything's been virtual, so it's been all these different webinars that are offered.

MITCH IDDINS: Are those offered just to the parents and the students? Or are those offered to the administrative staff and the school as well, the teachers?

BRENTON ANDRUS: It's my understanding anybody can attend.

MITCH IDDINS: That would be a good point there

maybe to start pushing that more of these IEP team members, anybody on a team member have an opportunity to attend the training or maybe even ask that they insist they have the trainings at some point in time. That might be a way to-- maybe in the trainings they'll get some understanding that some of them don't have about what is my role on this team as an IEP member. So that might be one way to address some of Christi's concerns about maybe someone, you know, trying to be dominant in the meeting or someone trying to control things. Or, you know, I don't know. I'm just thinking that if more the teachers at the schools had an opportunity to take the training it might address some of our concerns and issues.

CHRISTI GONZALES: We also have to consider too that a lot with SPED there is so much turnover lately. So not only are we having to do our own students' IEPs, but we're having to do other teachers' IEPs. So, you know, it's really tough and stretching ourselves thin. So having those qualified people, you know, and they're not knowing what to do that's, you know, being tough as well. So I think maybe, you know, having some more training for the teachers as well as the old teachers like me too. So I think any kind of training is better than no training.

MITCH IDDINS: Christi, who's usually in an IEP meeting? It is folks like teachers, parents, LRS staff?

CHRISTI GONZALES: Principal or assistant principal. Regular ed teacher. Which we have a hard time getting because our kids do not go to regular ed, but we still have to find one. It's very hard to kind of coordinate that. Us, the SPED teacher. OTPT. Speech. APE if needed. Nurse if they have a health plan or emergency plan. The counselor. The behavior specialist. And the parent. The student, if possible. So it could be up to ten or more.

MITCH IDDINS: Okay. It depends on what the student's goals are.

CHRISTI GONZALES: Yes.

MITCH IDDINS: So it could be someone from Louisiana Rehab Services in attendance if they're invited. I know we get invited to them pretty often.

CHRISTI GONZALES: Yeah.

MITCH IDDINS: If the student's transitioning out of high school.

CHRISTI GONZALES: Yes. And if they can't attend, we usually do the Google Meet so they can attend at least by meeting. So we do give them that option cause we know we're kind of far away. And then just it's easier for them to meet with us on Google Meet. To keep everybody in the circle.

MITCH IDDINS: Yeah. I think based off of the discussion it sounds as if it's important to keep that activity for any committee members. There doesn't really seem to be a direct way in which the DD Council can get more involved other than to continue to advocate for a better structure within IEP meetings, better cooperation. And, you know, maybe really highlighting some of the trainings that the Families Helping Families centers are doing. In the hopes that we might get some teachers or administration to attend.

MITCH IDDINS: Those are great ideas.

CHRISTI GONZALES: Maybe even inviting the office of special education from the school systems. Because if we were inviting the teachers individually, I don't know many who would go. But if you maybe invited not the school system, the SPED department specifically. Because that's like a separate entity. The school board then the office of SPED and then the regular ed. So that might be something that we could do directly and then have them invite the teachers.

AMY DEAVILLE: Okay.

MITCH IDDINS: We're on 3.1.3, correct?

EBONY HAVEN: Correct.

CHRISTI GONZALES: Just a thought.

AMY DEAVILLE: So I don't think we changed the activity, but they've given us more information about what we can do within that activity. But it still ends up being the same. So I don't think we need to change the activity. It stands.

MITCH IDDINS: Just make sure somewhere we note some of those things that you just mentioned, Amy, that we could do. Increase participation, you know, those types of things that you just mentioned. Don't have to necessarily write it down there as an activity.

AMY DEAVILLE: Yeah. I'm making some notes.

MITCH IDDINS: Okay. Good. I thought that's what you were doing. Thank you.

AMY DEAVILLE: So if we're good with that we can move onto activity 3.1.4. Provide information and promote inclusion and acceptance of effective models of school climate and culture. This is another one where we need some more guidance about what it is that we're really wanting to get out of that activity and how we can go about doing that.

RASHAD BRISTO: What kind of guidance are you asking for?

EBONY HAVEN: So where it says provide information, who are we providing the information to.

AMY DEAVILLE: And promoting inclusion and acceptance of effective models of school climate and culture. That's sort of what the DD Council does all the time. It's what we advocate for. Every time we send, Rashad and I just sent out a bunch of letters about some education bills that are definitely not promoting inclusion. So, I mean, that's the type of thing that we kind of already do. So I guess the question is, is there something more specific that the planning committee has in mind? Or I'm not really sure how long this activity has been in place or who developed it. So I wouldn't know who to go back to ask.

RASHAD BRISTO: Mitch.

MITCH IDDINS: Well, you're right, Amy. You guys are doing those things as needed and as recommended by the full council, you know. Like sending out letters or if the council recommends a letter be sent out. You guys are already doing those things. Have been doing those things. So I would just recommend that we just continue the activity and do those things as they're recommended and as they've been identified and noted by the council.

EBONY HAVEN: If you look at activity 3.1.6 it says advocate for educational systems change based on emergent education issue. So if we're going to do it as like situations arise like the bills that came up this session--

MITCH IDDINS: Right.

EBONY HAVEN: It may almost fall under that.

MITCH IDDINS: Sure. It would.

EBONY HAVEN: I don't know if you guys want to consider that being inclusive of what activity 3.1.4 is trying to accomplish. But it may fall under that. I don't know what everybody else's thoughts are.

MITCH IDDINS: Yeah. You could merge those two activities.

AMY DEAVILLE: Okay. Does everybody feel okay with merging those two activities?

MITCH IDDINS: What are some examples of effective models of school climate?

EBONY HAVEN: That's our question. Hoping the committee can provide some more guidance and just a specific plan on how to get to that.

MITCH IDDINS: I mean, is there a school in someone's parish that has the perfect school climate for every person on campus? And is everybody completely happy and is everything, you know. What does that mean exactly?

RASHAD BRISTO: And then they woke up.

MITCH IDDINS: Yeah.

RASHAD BRISTO: Good question.

MITCH IDDINS: I think you already answered that question, Amy. Like some of the things that you guys have been doing and are already doing regarding this activity.

AMY DEAVILLE: Yeah. You know, we have to report out on these activities. A status report every quarter, but we also do it annually for the federal government. And some of these activities get a little difficult to have anything to report back because, you know, what is, sort of like you said, I mean, what is the perfect school climate and culture that we can model things off of?

MITCH IDDINS: Right.

AMY DEAVILLE: You know, so it gets difficult to sort of say we're actively working on that activity. So I really do like Ebony's idea of sort of allowing the emergent issues activity to really kind of cover that as well. Cause we're doing the same thing, basically, for both activities.

MITCH IDDINS: Let's merge them.

AMY DEAVILLE: Okay.

RASHAD BRISTO: Everybody satisfied with that? Any questions?

BRENTON ANDRUS: I don't know that you actually need to change it.

EBONY HAVEN: Okay.

AMY DEAVILLE: That brings us to activity 3.1.5. Advocate for type two and type five charter schools to be required to meet 85 percent rule of enrolling students with disabilities at rates similar to those found in traditional public schools and advocate for and monitor equitable funding based on minimum foundation program specifically regarding the charter compacts. This is also, if this activity is continued, we need more guidance on this and a specific plan on how to get this activity accomplished. There hasn't been a lot of activity on that activity.

BRENTON ANDRUS: For years.

AMY DEAVILLE: Yeah. I think it's been in the plan for a long time, and I don't really know that anything has really been able to be accomplished on that one.

MITCH IDDINS: Well, I mean, you almost have to go back to the minutes when the plan was originally recommended or created based on the council recommendations as to why they wanted to do this in the first place. You almost have to go back to that because to ask somebody sitting here today to make recommendations for this. What's the purpose for it? We'd have to almost go back to those, you know, ask some of those folks that were making this recommendation in the first place. You know, it's kind of hard for me to provide any guidance here without more input from people on the full council that have more knowledge of this and the history of this, you know. Does that make sense?

BRENTON ANDRUS: Yeah. I mean, this particular activity is years and years old. It just continues into the plan every year. And it just goes back to-- I mean, in general charter schools don't serve their fair share of kids with disabilities. Especially when you start looking at kids leaving the traditional public schools going into charter schools. There's concerns about the money that they're taking with them and how it's a disproportionate amount. And that

exceptionalities aren't factored in. I'm certainly not the expert when it comes to education issues. But at least some of the concerns that they have had in the past was really trying to get people that fully understood the MFP and could explain the process and how the funds were being distributed and that was a lot of, there were a lot of barriers there. And, you know, eventually just advocacy for this particular activity just kind of stopped. Partly because one, it wasn't getting anywhere. Nobody was enforcing it. And nobody could really explain as far as how the MFP was working, how that money was being distributed. And there just wasn't a whole lot of activity, plain and simple. And so it's pretty much sat stagnant for years.

MITCH IDDINS: What have we been reporting on it then? What activities have we been reporting on it?

EBONY HAVEN: No activity on this. There's no update for this activity.

MITCH IDDINS: We may need to recommend just to remove it. No activity on it, it's basically a waste of time to even have it on the agenda to have any discussion on it. Again, I don't know the history of why it was initially recommended by the council so. But if there's been no activity on it for years and it's been stagnant for years and we haven't been reporting on it, it probably needs to be taken out.

RASHAD BRISTO: I'm inclined to agree. What do the other committee members think? Are you in favor of removing it?

AMY DEAVILLE: I saw a thumbs up.

RASHAD BRISTO: Thumbs up. Thank you very much.

BRENTON ANDRUS: And also just keep in mind, removing these things when something like this comes up, you can put it under the emergent issues. When things that are specific to this need come through the legislature or come through BESE, I mean, we do have an advocacy organization that can start tackling these things as well. So removing it doesn't mean that it goes away. Just whenever things come up that deal with this, that would certainly hit our radar. I think this is a good example of how generally planning committees just continue everything from year to year and year. Might just tweak and change minor little things here

and there. And, I mean, you have to adjust when there's a need and when there's some traction around something. And this just hasn't been the activity that we've needed in the last few years.

MITCH IDDINS: I agree with you totally. So let's just remove it.

RASHAD BRISTO: Thank you for that.

AMY DEAVILLE: Okay. Activity 3.1.6 is advocate for educational systems change based on emergent education issues. That stays in the plan. Activity 3.1.7 is advocate for increased meaningful opportunities for stakeholder input. We keep that in the plan every year as well. Activity 3.1.8 is conduct outreach with appropriate entities on current services and training opportunities for traditional and special education teachers including ongoing support such as high-quality ongoing teacher education which may lead to capacity building efforts to increase high quality educators. This is another activity that has been difficult for us to get a lot of movement on. If there is a training opportunity that comes up that we know about, we certainly will publicize it. Or in the past, if there was something that I knew about, I would send to Meredith Jordan who is our agency rep, unofficially, with the Department of Education currently. But when it comes to, you know, training opportunities for teachers, you know, that's not really the realm that we monitor a ton. And so finding those resources and sensing them out just isn't something that we have, I think, had a whole lot of success with. Or have been able to show a whole lot of movement on for this activity. Christi has her hand raised.

RASHAD BRISTO: Christi, you're recognized.

CHRISTI GONZALES: Yes. I can also provide some websites that I've used for training. Especially for children with disabilities. And I receive CEUs. Some of them are free. And they're really good trainings that have helped me over the years. I, myself, one of my goals is to do like 100 or more hours per year in professional development. So I can provide those to you if you'd like.

AMY DEAVILLE: Sure.

EBONY HAVEN: And I just kind of wanted to mention

that I have this activity highlighted because this was one of the activities that the education and employment committee wanted the planning committee to consider. So while we need like more guidance on how to get this activity accomplished, I think that the education and employment committee wanted the planning committee to kind of look at this particular activity and maybe come up with either another activity or maybe hone in on how to specifically get that activity accomplished.

CHRISTI GONZALES: Give us a raise.

RASHAD BRISTO: Dually noted.

CHRISTI GONZALES: On a year that our insurance doesn't go up. Just saying, you know.

EBONY HAVEN: No. Yeah. I understand. I think that's some of the issues is that if we try to offer-- I mean, all we can do is advertise the training opportunities. I don't know if teachers are going to actually attend them. Especially if there's no incentive besides the continuing education.

RASHAD BRISTO: Mitch, you're recognized.

MITCH IDDINS: Well, it seems to me that, you know, they're asking us to provide educational opportunities, training opportunities for teachers to, you know, to increase their high-quality education. Listen, those teachers know better than we do, like Christi would know better than I do when there's a training opportunity for her, an educational opportunity for her, a CEU opportunity for her, a certification opportunity for her. She's going to know about that before we do. Particularly when it's in her field of special education and working with those kids with developmental disabilities. Why are they asking us to tell these teachers where there's these trainings opportunities when they're going to know before we do. Don't make any sense to me.

CHRISTI GONZALES: And some of them are very expensive that we can't even afford to attend.

MITCH IDDINS: And Christi would say to this council hey, guys. I've got wind of this great training opportunity and it's about this and this and that for kids with developmental disabilities if you guys want to take advantage of this opportunity. She would know that before we would know that to tell her

that. Because it's part of her education and training. She's going to know where to go to get more training and education. I'm not quite sure I even understand this activity. My recommendation would be to remove it all together.

CHRISTI GONZALES: Uh-huh.

MITCH IDDINS: What activities are we demonstrating that we're doing with this currently? Or last year or the year before?

AMY DEAVILLE: Like I said before, that was pretty much if we came across the training that we were able to publicize through social media we would report it there. Or anything that we came across that we could tell our agency rep, look we know this is happening, maybe that would be a good idea for your teachers for her to disseminate out. That's really it. The likelihood that we know about a training that she doesn't already know about is very small.

MITCH IDDINS: Unless it's a training developed by, you know, Families Helping Families centers or DD Council, a training that we've developed with a contactor or something like that. Then yeah, we would make sure that the schools are notified, that teachers are notified. Particularly if it was a training specialized for them to get some sort of certification or CEU or something like that, we would let them know. That's usually not the case. Unless anybody has any other recommendations about some other activity that we can do to comply with this, I mean, I don't want to be one to start slashing activities and doing away with things, but if it's another one of those areas where we're not showing any activity. Go ahead, Christi. I'm sorry.

CHRISTI GONZALES: Could we like instead of just leaving it and not knowing what to do, on activity 3.1.6 couldn't we add emergent education issues and/or trainings? That way it would still cover trainings, educational trainings.

AMY DEAVILLE: Well, I think the activity already does include. I mean, even though it doesn't say trainings, it's any emergent issue. If that's the form of a training, it's already covered there.

CHRISTI GONZALES: Okay. I agree with Mitch. I

think we could take it out if that's already covered in activity 3.1.6. That's just my thought. Like you said, I'm going to find out more about a training way before y'all do. Especially from my SPED office. Or even going on the internet myself and trying to find one. I don't know. That's just my thought.

RASHAD BRISTO: Anyone else? Mitch, I see your hand.

BRENTON ANDRUS: Maybe help provide resources or something like that. Other than that, I'm not sure what really else. {Reading from chat}.

RASHAD BRISTO: Mitch, you had your hand raised.

MITCH IDDINS: What are you guy's thoughts on adding it to 3.1.6 or just saying, maybe not adding it, but just to assume that this activity is already being accomplished in 3.1.6 to some degree.

AMY DEAVILLE: So if you don't want to get rid of the activity entirely and you want to have something there that sort of talks about training maybe another-- trying to figure out how we would do it in a way that's not extremely time consuming. But maybe something else that we could do would be, would basically be like asking people, asking the public, asking people who attend, or whose kids attend school, where do you feel like special education teachers need additional training. What topics do you feel like they need to be trained on. And even though we cannot provide that training, we could gather information and hand it over to Department of Ed and say look, we've talked to parents. This is what parents tell us are some need areas. You know.

EBONY HAVEN: Like conducting a survey?

AMY DEAVILLE: Yeah. Like conducting a survey.

MITCH IDDINS: Well, Christi's already said that there needs to be more training regarding the IEPs. Teachers need to be getting more training in those.

CHRISTI GONZALES: We can do a poll on Facebook or something like that. That way you have the information, but it doesn't tell you who, you know, doesn't relay back to who did it or who said it. Just a poll just to see. Nothing that would convict them of anything, you know. A lot of teachers are afraid of talking.

MITCH IDDINS: I'm sure they are.

CHRISTI GONZALES: They really are. Sometimes we have to really hold our tongues because it's detrimental to our job and our positions.

MITCH IDDINS: That's really unfortunate.

CHRISTI GONZALES: Yes. We can do that once a month or something like that. Or Survey Monkey, that's free.

MITCH IDDINS: So Amy, you're saying that we should maybe have an activity that basically does some sort of survey or like Christi says, some sort of poll that basically ask educators, you know, what types of training they would be interested in or would like to have. Is that what you said, Amy?

AMY DEAVILLE: Yeah. And I'm just trying to give you an alternative. You can certainly do whatever.

MITCH IDDINS: Well, we want to make the recommendation to do those things that are needed and wanted. But to sit here and just try to come up with something for the sake of having an activity under this. It's got to be something that's needed and wanted by the educators.

CHRISTI GONZALES: I definitely want training because we haven't had any in so long. I hate Google and Zoom training. This is not bad because we get to converse and interact. But to hear someone speak for an hour while you're just sitting there does nothing for me. And I couldn't tell you what it was about after. I tune it out. I really do. Because it's not in-person. And we've done it for so long. That's just not how we are as people. You know, we need that connection. So to me it's not a good-- I need to hear, see. I'm multisensory. I like the in-person stuff.

AMY DEAVILLE: We can delete this activity. I believe that when, you know, trainings arise that we know about we push them out on social media. So when it comes to those types of things it would fall under emergent issues and we push it out. And yeah, I mean, when it comes to the types of training that teachers need, I think that the teachers know best, themselves. And hopefully they are able to work with their administrators.

MITCH IDDINS: You would think that if there's a

lack in training in some area, particularly working with kids with developmental disabilities, that those teachers, like Christi that are working with these kids, would have an avenue to express that and have an avenue to-- there is no avenue to say hey, look. Just like she was saying with the IEPs. She sees a lot of issues with those IEP meetings. Her ideas that there just needs to be more training in this area. So do the teachers that are involved have an avenue to express hey, we need some training in this area.

CHRISTI GONZALES: We're getting surveys and at the bottom it says what other type of training would you like to see. No matter what you put down there that doesn't say it will happen. So that kind of thing. It's always what they want us to do. Most of the time they group regular ed and SPED together. And we just sit there and listen. Because it does not involve nothing to what we have for our students. It's a waste of time.

MITCH IDDINS: How often do they give these surveys to the teachers?

CHRISTI GONZALES: It depends on if we have a meeting. They'll give it to us after. Maybe once a year, twice a year. Every time we have a meeting.

MITCH IDDINS: Okay.

CHRISTI GONZALES: But we don't ever get feedback.

MITCH IDDINS: There is some specific questions on there about what types of training and education would you like?

CHRISTI GONZALES: It's just a blank. Yeah. Just a blank. So yeah. But like I said, many times we're in trainings that don't pertain to anything that we do. So we just sit there for a half a day doodling, making lists.

MITCH IDDINS: So if this council had some recommendations for trainings for teachers in special education and we made those recommendations to the schools and got that information to them in some capacity, would the schools still be the ones to decide whether or not they would allow the teachers to participate?

CHRISTI GONZALES: I think it would be up to the principal. But I think if it would come down from the

SPED office and that these trainings are, you know, really important I think they would allow us to attend.

MITCH IDDINS: Right. If they came through the council.

CHRISTI GONZALES: Yeah. A lot of it stops at the SPED office and it doesn't go any farther. And it might just be this is just like my experience. It might be different from others. I mean, we have a whole state to consider. So but I'm just saying as a teacher, I know we're like oh, this is good. You know, we give it to them and sometimes never hear. There's no money to have this training or anything like that. We don't have time to converse with other teachers sometimes even on our own campus. You know, about an idea or things like that that, you know, is beneficial to us. Instead of, you know, testing questions.

RASHAD BRISTO: I doubt it's just your district. I seriously doubt it.

MITCH IDDINS: I doubt that too, Rashad.

RASHAD BRISTO: Thank you for the input.

CHRISTI GONZALES: You're welcome.

RASHAD BRISTO: So where do we stand with this one?

MITCH IDDINS: I think my recommendation is that we remove this activity because I agree with Amy in that as these needs arise-- look, we can make recommendations for training opportunities and educational opportunities for teachers, but it's ultimately up to the schools whether or not they're going to do. I guess unless it comes down through, like she said, Department of Education or SPED. So but I think it could be addressed under 3.1.6.

RASHAD BRISTO: Do other committees members stand in agreement?

CHRISTI GONZALES: Yes.

RASHAD BRISTO: All right. Thank you for that.

AMY DEAVILLE: Objective 3.2 really goes into employment initiatives. Activity 3.2.1 is provide funding to build the capacity of employment providers and customized employment in a manner that leads to certification through a competency-based certification program. This activity we have been contracting with the Arc. And they have been providing through Mark Gold and Associates a customized employment

certification program for some direct employment providers. The initiative has not, over the last couple of years, has not done as well as we would have liked to have seen. A good portion of that is about Covid and having to move things virtually. And it's been, you know, a number of people with developmental disabilities have not wanted to work during Covid. And some have not been able to work during Covid for medical reasons. But we've had a lot of problems with getting learning partners for the people who are completing the program. So all in all this particular activity has not really gone how we would have ideally liked to have seen it go. In addition, LRS is working with LSU Human Development Center for them to become basically like a trainer of this type of customized employment certification program. So LRS is kind of taking what we started and kind of moving forward with it from here. So our staff recommendation is that this activity be discontinued for next fiscal year.

RASHAD BRISTO: So you heard the recommendation. What do the committee members, do you have any questions? Any concerns? Mitch, you're recognized.

MITCH IDDINS: Do we have any idea why they're having such a hard time finding learning partners? And is having a learner partner kind of the key to this whole program?

AMY DEAVILLE: You can't finish it until you have a learning partner to work with to basically take what you've learned and everything up until that point and really kind of work with this person to help them find employment. So I don't really know why there's been such a struggle, but there has been. LRS has basically just told me that they have asked and people who would potentially be learning partners don't really want to commit to all of the time that it takes. Cause it is a longer more intensive process.

MITCH IDDINS: Amy, who are the learning partners? Give me an example of a learning partner.

AMY DEAVILLE: A learner partner would be somebody with a developmental disability who's seeking a job and you want to use a customized employment method to help them find employment.

MITCH IDDINS: That one's a little tough because I

see a lot of potential in this program. And I like the philosophy of it. And it's unfortunate that they haven't been able to, you know, retain learning partners from LRS.

RASHAD BRISTO: I see, Christi, your hand. You're recognized.

CHRISTI GONZALES: Yes. If I can restate this in a way I understand it. Is this almost like the child going to work and having an IEP at their employment? That is customized just for them that helps them work at this job in an employable manner.

AMY DEAVILLE: So usually a customized employment process where we have whoever is working with that person who is seeking employment work with them on what are your interests, what are your skills, what can we build up. And then really looking for a job that fits what they've already got working for them. And some instances helping businesses create a job for that person.

CHRISTI GONZALES: Because our curriculum in the state does this. We give them their learning style and we do that through the school system.

RASHAD BRISTO: Do you find it to be effective?

CHRISTI GONZALES: Some of the times, yes. I do two of them. One is like they check the box I'd rather work alone instead of with a group of people. Just different questions like that. And then there's another one-- oh, I can't think of the website. But I've had a few of my kids go and take the few questions that they have, and it's come out almost exactly what the kids really want to do. So I think there are programs that we have available that can still do the same thing and they're free. You know, we do have them available in the state already. The only thing would be like this one's specifically for that one agency where they're going for employment. That's the only difference.

AMY DEAVILLE: And keep in mind too, LSU HDC will soon become an entity that can continue to train people in this method. So even if this activity is discontinued for us, customized employment training doesn't go away. The certification will still be available. It will just be available through LSU HDC.

SPEAKER: Okay.

MITCH IDDINS: Do we know how many? This is two certification classes are currently in process. Do we know how many people are currently in those classes, Amy?

AMY DEAVILLE: I know we're waiting on four learning partners. So we have four people who would be that close to being done if we could find learning partners for them.

MITCH IDDINS: And like you said, the learning partner is actually the person with a disability looking for a job?

AMY DEAVILLE: Uh-huh.

MITCH IDDINS: And the job-- and basically this is the person taking the certification is the job developer working with the learning partner, right?

AMY DEAVILLE: Yes.

MITCH IDDINS: Got you. So let's say you have four people that get their certification, but in order to get the certification you're going to have to have a learning partner and meet certain milestones with that partner to complete your certification?

AMY DEAVILLE: Yes.

MITCH IDDINS: Basically get them employed, right?

AMY DEAVILLE: Yeah. I mean, I think it's basically that person being able to demonstrate the skills that they learned through these other classwork modules that they did. Basically demonstrating those skills and showing them in real life that you can do them.

MITCH IDDINS: Okay. One last question. What kind of feedback are you getting from the folks at the Arc about the program?

AMY DEAVILLE: I think they like the intent of the program. And I think that they also had, you know, some higher hopes for it. But it's just been an extremely difficult time to try to make it happen through Covid and even now. It's such a long process for people to go through. You have a lot of people that dropout before they make it to the end. They're also aware that LRS is working with the LSU Human Development Center for them to become trainers. So the Arc is aware of what's happening.

MITCH IDDINS: Okay. How do you feel about the recommendation with this activity?

CHRISTI GONZALES: I like the concept of it, but I just feel that it's maybe quite extensive. Because if we have a learning partner complete the program, you're not sure if you have that employment agency. We might have more learning partners than employment. And that's the only thing. Then the time that it takes to complete the certification is very, it sounds like it's very lengthy. I like that it's a certification program. I really do. I know in our area we received a grant to add in something for our kids to go through a certification program and they'll be certified to go into employment at a job. And most of them are these kids that are hands on kids. Not paper pencil kids. So having this certification program would be very beneficial. It just seems to me like this one, it's time consuming. Ours, like the one we're getting now, it's just maybe a year and we can get like two or three different certifications at one time. That's just my opinion.

MITCH IDDINS: Okay. Thank you.

CHRISTI GONZALES: I mean, I really like it, but you just have to have, like I said, those employers, but it doesn't seem like they're getting many to complete the project.

MITCH IDDINS: Right.

CHRISTI GONZALES: What I'm worried about is having enough for those who finish the program.

MITCH IDDINS: I just wanted to make sure we had given it enough time because we were in a pandemic and things were really, really difficult when they started the contact.

CHRISTI GONZALES: Yeah. We can recommend to keep it for one more year and just see how it does since we're kind of like edging out of that pandemic and we can see what happens next year, you know.

MITCH IDDINS: Rashad, go ahead. I'm sorry.

RASHAD BRISTO: I was just about to ask what conclusions were you coming up with?

MITCH IDDINS: I don't know. This is a tough one for me. I know I've already asked this, but has the Arc expressed that they would like to continue with the

program?

AMY DEAVILLE: The Arc, in essence, is like a financial agent for this initiative. Mark Gold and Associates is the entity that is actually doing the training.

MITCH IDDINS: Oh, I see. Okay. I see. Well, I'm just going to go with the staffs' recommendation that we end the program.

RASHAD BRISTO: How do the other committee members feel? Agreement? Okay. All right. We'll move forward.

AMY DEAVILLE: All right. Activity 3.2.2 provide financial support to conduct seminars with chambers of commerce throughout the state on the benefits of hiring people with developmental disabilities. We have contracted with O'Neill Communications. They are currently doing this. This is the second year. And Marilee, I don't know if you wanted to talk about it.

MARILEE ANDREWS: Sure. Yeah. So O'Neill Communications, this is the same contractor that we talked about way earlier today that does the videos. They also do this for us, the employment seminars. So Amy is correct. this is the second year. The seminars from last year were pretty well attended. They were very well put together. There were some challenges getting participation from the chambers of commerce in each region. So that was a challenge. They were, however, able to pull off these seminars in every region. We did combine one and ten which is pretty common for us at the council. And this year the employment seminars have a little bit of a different model. They're doing more of a storytelling format. And that is something that they are working on now. We actually just looked at the plan for it and they're kind of ramping it up. So that is where they are with those seminars right now. I was going to say my computer just restarted randomly so I can't pull it up. But there is a link. It's a banner. Very similar to the banner we showed you guys earlier with the videos. I think banner number three on the website which is right before the videos banner. If you click there, it should take you to something. And I cannot see what.

EBONY HAVEN: Right there. The third banner. And

that's the schedule.

MARILEE ANDREWS: Right. So it's hard for me to read from here. Yeah. They had one. I believe the second-- yes. There we go. the next one's coming up. it says April 12th and 14th because They're doing it twice, basically. They're just providing it twice. So that is the schedule. The participation has been really great. And again, the format's a little bit different this year. It's not really, you know, so connected with the chambers of commerce. And I think that's why it's been more successful because the contractor has been able to use their expertise in creating these seminars. This is what the contractor does. So we gave them a little bit of room to do what they are trained to do and it's coming out really beautifully.

RASHAD BRISTO: Christi, I see your hand. you're recognized.

CHRISTI GONZALES: Ebony, was this the video that the webinar I participated in in March?

MARILEE ANDREWS: Yes. It probably was, Christi.

CHRISTI GONZALES: Okay. I just wanted to make sure. That was a long time ago.

MARILEE ANDREWS: Was it about like a kickoff for the series?

CHRISTI GONZALES: Yeah. It was a kickoff. I just wanted to make sure. It was very good, I have to say. I had to make sure that was the same one.

EBONY HAVEN: Was Jeff Arceneaux the host, Christi?

CHRISTI GONZALES: No. It was a lady.

MARILEE ANDREWS: Laura.

CHRISTI GONZALES: Laura, yes.

MARILEE ANDREWS: So Jeff is the host for the series. So I think Laura hosted it for the kickoff. And I believe Jeff spoke if I recall correctly cause I attended it as well.

CHRISTI GONZALES: Yes. I'll go ahead and pass this onto our vocational teacher. And the employment, our businesses in our area that they go work in, they love our kids. And I think this would be great for them to watch. And, you know, I'll print out a flier on it and that way they can do it on their own time.

RASHAD BRISTO: That was way back in March, right?

CHRISTI GONZALES: Way back in March.

MARILEE ANDREWS: I understand, Christi.

CHRISTI GONZALES: I mean, I'm old, you know. All those teacher things.

MARILEE ANDREWS: No. It's not because you're old. It's because you're doing so many different things.

CHRISTI GONZALES: Yeah, but it's 50 coming up, you know.

EBONY HAVEN: She's telling her age.

MARILEE ANDREWS: So I don't know if you guys have any more questions. The contractor is really, really great. I mentioned it's the same contractor in the videos.

MITCH IDDINS: It's a great activity and I recommend we keep it.

RASHAD BRISTO: All committee members in agreement?

CHRISTI GONZALES: Yes.

RASHAD BRISTO: Okay. Thank you for that. Moving on.

AMY DEAVILLE: 3.2.3. Advocate for employment support professionals to complete high quality professional development for the improvement of provisions in employment outcomes. This is another one of those activities where if you have ideas on guidance to give, we would really appreciate it.

CHRISTI GONZALES: Let me ask. Is this like for paraprofessionals in the school system?

AMY DEAVILLE: No. These are employment support professionals. People who work to help people with developmental disabilities find jobs. So people who provide customized employment or supported employment services typically.

CHRISTI GONZALES: Okay. Got you.

RASHAD BRISTO: Mitch, I see your hand. You're recognized.

MITCH IDDINS: Well, Amy and I had talked a little bit about this via email in that these SSI beneficiaries, which a lot of people with developmental disabilities are receiving an SSI benefit. And, you know, there's been a lot of discussion about benefits planning and if enough people are having, gaining access to benefits planning and things like that. And I can say with confidence, no. Most people are not

getting benefits planning before they go to work. And when that happens it just creates a huge disincentive for people when you get that letter from Social Security Administration saying you're in overpayment status. And what I see all the time is these folks that are attempting to work for the very first time, they already have all these preconceived notions and fears, and anxieties about can I work, what can I really do, can I be successful at this, I really want to do it. They get some people supporting them, maybe at LRS or some other employment network and a lot of times they're placed in a job without ever sitting down and talking to a benefits planner. It happens all the time because there's lots and lots of people attempting to work for the first time in this era of everybody should have an opportunity to work and certainly people with disabilities should have an opportunity to work. So there's lots and lots of various supports out there now via supported employment, rehab service, employment networks through social security's ticket to work program, whatever.

But what's lacking is before you ever go to work you should have the right information. You should be able to make an informed choice. Once you have that information about what's right for you, about what level of work that you should be trying to attempt, or what type of job you should be trying to get, and how much money you should be earning. But people aren't getting that information. And so what happens is they get placed in a job or they find a job and they start working and they start making money and all of a sudden-- sometimes it takes as long as three years before Social Security Administration ever finds out that you got into an overpayment status three years ago. All this money that you've been earning in the meantime, they want it back. They want 20,000-dollars back. 30,000-dollars back. They're going to take the majority of your SSI benefit to pay it back. Well, you know, it creates this huge problem for people. And so people get scared to death. And what it does is they just decide it's not worth it. The headache's not worth it. The anxiety's not worth it. So they never attempt to work again.

All of that can possibly be avoided, or at minimum, you get the right information if an overpayment does occur, you're prepared for it because someone has sat down and told you what might could happen, what it is and how the two of you or the team is going to address it when it does happen. So then it doesn't become as much of a disincentive for people. I know this because I've seen it happen time and time again. We're an employment network. New Horizons is an employment network for the Social Security Administration. We do the ticket to work program. And so I always try to insist that people get connected with a benefits planner. But to my knowledge we only have one benefits planner contractor in the state. And how is that possible you can provide benefits planning to everybody in the State of Louisiana that is attempting to work for the first time without even getting the information that there is such a thing as benefits planning. Who a lot of times people go to work without ever being a mention of benefits planning and what that is.

And so my recommendation is that-- well, let me just say this. My feeling is that benefits planning should be readily available on your local level. Well, who's on your local level. It's your regional state office. Vocational rehabilitation. It's your employment network in your community that are maybe working with the Social Security Administration through ticket to work. It's your supported employment contractors. These are the folks that are sitting down talking with individuals and getting to know them and getting to know their employment needs. And getting to know that person personally and trying to help them find a job. These are the folks that need to have the basic knowledge about benefits planning. What is benefits planning. What are work incentives. What particular work incentives are associated with my particular benefit cause they're different. The rules for working are very, very different if you're on SSI or social security disability insurance.

So my feeling is there needs to be more benefits planners. They need to be in your community. And quite frankly, a benefits planner, whoever's providing

employment supports to you needs to be able to provide benefits planning. Or at a minimum get you connected very easily with a benefits planner in your community. And there's just not enough of that going around. There's not even enough talk about that going around. So my feeling is that we need to find a way or make some recommendations to find a way to get more people involved in benefits planning. I've always felt like, and I'm saying a mouth full, but and I've always felt like Louisiana Rehabilitation Services and those counselors that are working one on one with individuals should be required to be certified in benefits planning. That could be costly, but look, you know, you're investing in people's lives. You know, if you really want to see the success in successful case closures and you don't want people to bail out because they've gotten this letter from Social Security Administration that they're in a 30,000-dollar overpayment status and they just give up on the idea of working. That can all be avoided just by making sure you've got a good benefits plan in place. So my advice would be that we try to find a way to get vocation rehabilitation involved and any other employment network working with somebody involved.

One last thing I'll say on that is SSI beneficiaries and social security disability beneficiaries should be required to get benefits planning before they're ever able to assign their ticket to VR or any other employment network. If they agree to sign their ticket to a voc rehab agency for employment supports, they should be required to get benefits planning before they ever go to work. If they're going to assign their ticket to some other employment network, they should be required to get benefits planning before they can ever assign their ticket. Or at least as part of a ticket assignment they should be required to get benefits planning. Right now they're not required to get benefits planning. It's just suggested. Oh, you might want to get some benefits planning before you go to work. It's just suggested that they are. So anyway, I said a lot there, but I'm kind of passionate about this issue because I see it as the biggest disincentive to

employment for people with disabilities. Just the fear of attempting to work and all the rules and regulations around it. People depend on those benefits, you know. It's their security blanket. Quite often you attempt to work and what happens is you get that blanket yanked right out from under you. All of a sudden, your check's cut off. Now you can't pay your bills. You're in jeopardy of getting evicted. It creates so many different problems. You lose your food stamps. You lose this. You lose your housing subsidy. Blah, blah, blah. Within benefits planning you get to talk about ABLE accounts. And potentially establishing an ABLE account. All that's involved in benefits planning. Or could be. Again, we need to find a way to get benefits planning more available to people on a local level. And make sure that the people that are providing employment supports have the training and knowledge and expertise, like I said, to at a minimum be able to explain the work incentives to people, what they are and how that could potentially, and how earning money could potentially impact their particular benefit.

RASHAD BRISTO: Thank you, Mitch.

MITCH IDDINS: Sorry that was so long winded. It's a big problem, but people just don't talk about. It's such a huge problem nationwide. Not just here, everywhere.

RASHAD BRISTO: We appreciate the input. You just said the truth. Any other committee members? So how do y'all want to proceed?

MITCH IDDINS: Well, the 3.2.3 says advocate for employment support professionals to complete high quality professional development. Well, high quality professional development should include-- if you're going to be helping anybody get a job who's on a social security benefit you better have extensive knowledge of work incentives. And how earning money impacts those benefits. If you don't have that knowledge and experience then you need to be able to very easily connect your client with someone that does, you know. What if all of a sudden you had all of these folks providing employment supports to beneficiaries decide that you know what, I'm not going to place anybody else on a job and I'm not going to do anything else to help

anybody get a job until they had benefits planning within the next 30 days. Could our current contactor handle that kind of influx and do benefits planning for all of those people statewide if they were required to do it in the next year even. Probably not. It would be extremely difficult because benefits planning it's individualized and it's specialized depending upon what kind of benefit the person is receiving. And what kind of other, maybe, subsidies or supports they're receiving like food stamps, like I said. And housing subsidies. You know, any other financial assistance or government assistance they might be receiving. Anytime you're on a benefit and start earning money it begins to immediately impact all of those things. Food stamps, housing subsidy, how much you get to help pay your rent. All of those things are impacted. And people don't realize that when they go to work. And all of a sudden, they're in an overpayment and social security wants to take your benefit away from you. Well, now there goes your other subsidies, potentially.

So I just don't think that people understand how important it is that people know what they're getting into. I'm all for working. It's the golden key of opportunity and I've always said that. I'm all for working and I'm all for everybody getting an opportunity. But I also know that a lot of people are very dependent on these benefits. Their lives revolve around their ability to use this money to pay bills and survive. And just to step outside your comfort zone and get a job and start trying to earn money while you're receiving these benefits without knowing what you're getting into, it can create a lot of problems for you. And it happens all the time. But again, if you've had someone sit down with you and explain the work incentives to you and explain how earning money is going to impact those benefits that you're receiving, no matter what they are, then it's not quite as scary. It doesn't become quite as complicated. If an issue does occur, some sort of overpayment does occur, at least you're prepared for it, and you know what it is. And then you can decide how you want to proceed from there. I don't know how we accomplish that. How we get the Social Security Administration to help us with

this to insist that beneficiaries are getting benefits planning before they go to work. But that really is one of the key things is to get, in my opinion, to get the Social Security Administration on board so that, you know, so that these beneficiaries can get benefits planning before they ever go to work or as part of their ticket assignment to either a VR agency or some other employment network. I see your brain churning over there, Brandon. Come on. Speak up. I know you got something to say over there.

BRENTON ANDRUS: I'm just soaking it in.

MITCH IDDINS: I know you're probably going I wish he would shut up so we could move onto the next thing.

MARILEE ANDREWS: No. Never.

EBONY HAVEN: Mitch, I think we all agree with you.

MITCH IDDINS: This issue gets me riled up. I tell you. I've got a friend that has worked here at New Horizons for many years, and he's worked here off and on probably for about, I guess about seven years now. And in that seven-year period do you know he's still receiving-- he works part-time and still receives a disability insurance benefit. He's been in three overpayments. In those seven years he's gotten three different overpayment statuses. One of those overpayments was for as much as 60,000-dollars that they wanted back from him. Now here's a guy that's disabled, receiving a disability benefit and attempting to better his life by working part-time. Got a family. Got children. And they want 60,000-dollars from him. And they're going to garnish his entire benefit until he pays that money back which can take as long as 1400 years to pay that money back. And he's gotten into three of those. Two of those were actually not his fault. Two of those we had to fight and fight and fight with the Social Security Administration because they had sent him conflicting letters with conflicting information about conflicting dates and times that this overpayment occurred. It becomes a nightmare. What we ultimately had to do was get our congressman involved. And once we got our congressman involved, they kind of dug a little bit deeper into each situation. Both times Social Security Administration had to concede and say yeah, we goofed. You're right. It's our fault.

But my point is had he not had someone to advocate for him and had he not, like most people don't, and had he not know that look, this ain't right. This ain't my fault. I didn't do this. You know, we would have just accepted it like most people. Even though it blatantly not his fault. It was a blatant mistake on Social Security Administration's part. Had we not fought it and fought it because we knew that they were in the wrong, he would have done like most people do. They just say oh, I got to pay this money back. What am I going to do. They're just going to take my benefit for the next ten years until I pay this money back. But that happens all the time. Again, some of those things can be avoided. You can do better by making sure that you know what you're getting into when you're working in the first place. You can get somebody that has some training and education about benefits planning and work incentives to sit down with you and say look, you're going to start earning money. Let's look at what you're receiving. And let's plan to see how we can help you work and do well and avoid overpayments and all of those things. I don't know. I'm rambling now. I don't know what to do about it. It's been an issue that's been going on for so long. I think I told Amy in my email that about 15 years ago when I was on the Medicaid infrastructure grant advisory council-- Brandon, were you involved in that all those years ago? I don't remember.

BRENTON ANDRUS: No. Not me.

MITCH IDDINS: Okay. Well, that advisory council was huge. There was a lot of people on that advisory council. I think there was about 60 people that were on that advisory council from all over the state. It was about 15 years ago. Maybe a little longer ago. This whole issue of overpayments was an issue even then. I was passionate about it then about trying to figure out a way to help people not get into this whole overpayment thing. And we were in a room, and we were talking it and Elaine asked me to kind of talk about it, so I was rambling then like I'm doing now, going on and on. I finally stopped and I said look, how many people in this room know of someone that's had an overpayment or is currently in an overpayment status.

Everybody in the room raised their hand. Everybody in the room raised their hand. And that was 15 years ago. And not much has been done to address the situation since then. It's just like this thing that nobody talks about.

EBONY HAVEN: So Mitch, I guess the question, or not just Mitch, but the committee, like where does the DD Council fall in? How can you all-- or what activity can we come up with in order to fill those gaps? Cause clearly there's a gap where people aren't getting the benefits planning before they start to work. So what can the DD Council do as far as their action plan to address that gap?

MITCH IDDINS: And you're right. It has to continue with advocacy. So our focus probably needs to be advocacy. What are we going to advocate for. And who are we going to advocate with. Do we have anybody that serves on the council with the Social Security Administration? An agency representative from the Social Security Administration.

EBONY HAVEN: No.

MITCH IDDINS: Well, we need one, don't we. I mean, most of our developmentally disabled individuals have never worked before. So a lot of them are on SSI. Security Supplemental Income. That's the benefit they're receiving. And so when you start earning money and you're on SSI it has an immediate effect of how much money you're eligible for on a month-to-month basis. So those individual when they start working, they're immediately impacted by earning income. So it would be great if we, maybe, advocating to have the Social Security Administration have a representative on the council from the Social Security Administration. We've got every other agency just about on the council. Why can't we not have someone from the Social Security Administration come and be a representative for the council. That way we can advocate with them about these issues. Bring these issues up in our regular meetings and talk about them so that they can hear our concerns for the folks that we represent. And maybe we can begin to advocate for some changes. I do know that there are some changes potentially coming down the pipeline for SSI beneficiaries through the SSI

Restoration Act. If y'all haven't heard about that, they talked about it in the disability policy seminar--

RASHAD BRISTO: Hold on one second, Mitch. Let me ask a question. Can that be explored, about SSI? Cause they're federal and we're state. I'm just curious.

AMY DEAVILLE: Right. I don't know. I'd have to look into it. I really don't have any idea.

RASHAD BRISTO: I didn't want you to go too far without kind of making sure that we did take that in consideration.

MITCH IDDINS: Okay.

RASHAD BRISTO: Let me ask another question.

MITCH IDDINS: Yes, sir.

RASHAD BRISTO: I'm asking Amy. How far are we along on this agenda?

MITCH IDDINS: Yeah. I don't want to take up any more time on this, but as far as what recommendations we can make for 3.2.3 for activities around this. Says staff needs more guidance and specific plan on how to get this activity accomplished. My advice is to advocate for more benefits planning professionals. Let me just say this, advocate for more professionals that are providing employment supports to people with developmental disabilities, have training and education regarding benefits planning. That would be my recommendation. How we get that accomplished, I'm not sure. But that would be my recommendation.

RASHAD BRISTO: We heard the recommendation. Do the other committee members concur? Okay. And this dynamic (inaudible) and definitely passionate about it.

EBONY HAVEN: So Mitch, if I add that wording right there, advocate for employment support professionals to complete high quality professional development on benefits planning, do you think that would be sufficient to cover what you just stated?

MITCH IDDINS: I think so. Let's see. Advocate for the employment support professionals to complete high quality professional development on benefits planning for the improvement of service provisions and employment outcomes. Yeah. Because ultimately it is all about employment outcomes. It's about getting people back to work and keeping them working without

fear of losing everything they've got in the meantime. Because that happens a lot. That's just one thing we can advocate for. I would like us to do some exploration on whether or not we can have somebody from the Social Security Administration on the council. You're right, Rashad. I understand that's federal, and this is a state council. But it would be a good question to ask.

RASHAD BRISTO: No doubt. That's all I was asking. Definitely going to ask for that to be explored. Because any resource we can bring to the table that would, you know, possibly lighten the blow. The hick-ups so many people are encountering. Worth exploring.

MITCH IDDINS: Worse thing they can do is say no.

RASHAD BRISTO: Worse thing they can do is just say no. Not like we haven't heard that word before.

MITCH IDDINS: You're right. I know.

RASHAD BRISTO: All right. Thank you.

MITCH IDDINS: Thank you.

AMY DEAVILLE: So if everyone is good with those changes, we'll move to activity 3.2.4 which is advocate for employment providers to have access to financial incentives to support unserved and underserved populations including people with the most substantial employment support needs in competitive, integrated, individualized employment. This is another advocate for activity. The only people that we can really advocate on this about is LRS. So if anybody has any other ideas about that, a more specific plan.

RASHAD BRISTO: How is that working so far with LRS? Like with LRS executing this?

AMY DEAVILLE: I don't think that there really has been much activity to report on that. I don't know how long this activity has existed in our plan. I would imagine a few years.

BRENTON ANDRUS: I mean, a lot of the education and employment activities have been around for a while.

RASHAD BRISTO: Go ahead, Mitch.

MITCH IDDINS: I have a question about the activity. Advocate for employment providers to have access to financial incentives. What does that mean exactly?

AMY DEAVILLE: That would mean that LRS would have to somehow-- well, there would have to be some sort of a provider rate incentive, I guess. If you happen to provide your employment services to somebody who is in an unserved or underserved population.

RASHAD BRISTO: I'll put it in context. When I worked for DOC, Department of Corrections, when I was doing reentry there was incentives for employers to hire ex-offenders based upon the fact that they were an ex-offender. It gave them opportunities to take advantage of supplements and tax breaks. So I'm guessing this is kind of an equivalent. Or am I just off base? I'm just asking.

AMY DEAVILLE: I think so.

EBONY HAVEN: Sounds like it would be something like that.

RASHAD BRISTO: Sounds like this would be something in that same format.

MITCH IDDINS: LRS is an employment provider. They are the state employment provider. It sounds like it's saying for them to have access to financial incentives to support-- is it saying that LRS needs more money to serve the rural and underserved populations? I'm not sure what it's saying here.

AMY DEAVILLE: We're not really sure either.

BRENTON ANDRUS: I would imagine it's not exclusive to LRS. Otherwise they would have probably specified LRS in there.

EBONY HAVEN: I think it's other employment providers that maybe LRS is in connection with where they would be able to provide the financial incentive for those employment providers to serve those individuals that are underserved or unserved.

MITCH IDDINS: Advocate for employment providers to have access to financial incentives. LRS doesn't need a financial incentive to serve these people. They already get funded federal funds and state funds. And employment networks don't-- other employment networks like ticket to work providers don't need financial incentives. Those financial incentives are paid to them by the Social Security Administration through milestones as these people go back to work. Milestone and outcome payments. So they don't need financial

incentives to serve these folks. They just need a ticket assignment. I'm really not sure what this activity is asking. If I had maybe some idea of what we've done in the past few years regarding this activity, what kind of activities we've done maybe it would clarify it a little bit for me. But I'm not really sure. Is that a fair question?

AMY DEAVILLE: It's a fair question. And also this activity has probably existed a number of years as well. I don't think there's been much movement on it.

RASHAD BRISTO: Is it possible this was put in place before certain programs have been implemented now? Talking about like ticket to work and LRS. Was this more like directed towards private employers as opposed to the agencies that we work with now?

AMY DEAVILLE: I assume it would have to be geared towards private employers because I don't know why they would have geared that activity towards LRS.

RASHAD BRISTO: I'm just wondering is this one of those things that was at the time when it was put in place some of the mechanisms that we have now weren't in place, but they are now, and this kind of is not quite as relevant as it was when it was initially an activity that was brought forth. Saying out loud.

MITCH IDDINS: Well, maybe it's saying any employer have access to financial incentives. Well, what is a financial incentive for maybe a potential employer of a person with a disability. It might be that they get tax breaks for providing accommodations or doing a curbed cut. Or, you know, some financial incentive for them to hire the person. Maybe that's what they're talking about.

RASHAD BRISTO: But who's going to be the one to incentivize them?

MITCH IDDINS: Well, maybe it's saying that we advocate that they have access to that information. If I'm an employer and I'm going to hire a person with a disability what's in it for me. What incentives are there in it for me if I hire this person. Maybe it's saying that we continue to advocate that employers have access to those incentives. That they know about them. That they know that they exist. That they know that they can get tax breaks for hiring someone. Or this or

that. Maybe they can help get the cost of providing a reasonable accommodation in a workplace for someone. I don't know. That seems more logical to me that it might be addressing that type of thing.

RASHAD BRISTO: I'm inclined to agree with you. Is it possible that we can revise it, or do we need to keep it like that?

EBONY HAVEN: Yes. That's why we're here.

RASHAD BRISTO: Mitch, I actually liked the language that you just used. It makes it more reader understandable.

EBONY HAVEN: So can you repeat it, Mitch. And then I'll try to add the language.

MITCH IDDINS: Well, maybe we advocate for employers, not employment providers, but employers of people-- maybe we advocate for potential employers of people with disabilities to have access to information about incentives to hire them. Something along those lines. Incentives to employ people with disabilities like, you know, reasonable accommodation cost or tax credits to hire X number of people in the workplace. Something along those lines. Cause those things exist. You can find those things on-- there's some information about those on-- oh, I have to think about it. What is it. I'm drawing a blank. I mean, those types of things do exist. You can get tax breaks sometimes for hiring people. You can get help with modification cost. Like if you want to modify a bathroom and make it accessible sometimes an employer can get up to 10,000-dollars in tax write-offs for that sort of thing. So some of those incentives are out there in place. So maybe, I don't know, maybe that's what this whole thing is about. This whole 3.2.4 is asking, is just maybe the way it's worded, is kind of confusing. Or maybe I don't know what I'm talking about.

RASHAD BRISTO: Actually you started making a lot more sense than what I was reading. I don't know about the other committee members. That actually brings more, gives me better understanding.

EBONY HAVEN: Okay. So Mitch, I'm going to read what I think maybe encompassed what you just said. So advocate for potential employers to have access to information about financial incentives to support

underserved and unserved populations. Including people with the most substantial employment support needs in competitive, integrated, individualized employment.

MITCH IDDINS: Well, let me read that back. Instead of saying to support I would say to hire unserved and underserved populations. Matter of fact, I would just say to hire unserved and underserved populations.

BRENTON ANDRUS: Mitch, ultimately, we're just trying to make sure that employers have information about the benefits of hiring people with disabilities.

MITCH IDDINS: Right. Exactly.

BRENTON ANDRUS: So I guess we don't even need to worry about the advocate for piece. We just need to have it as an action item of we need to make sure that this information gets out there to potential employers.

MITCH IDDINS: Maybe more specific. What information. Incentives to hire people. Financial incentives to hire people. Because that's what 3.2.4 says. Financial incentives to support unserved and underserved populations. Because those are important for employers. I mean, you might have an employer, and I know you all agree with this, be more apt to hire a person that's applying if they know that they can get some help with the cost of modifying a bathroom for them because it's currently inaccessible to them. But they want to hire them. But it's going to cost them 15,000-dollars to modify the bathroom. But if they can write off 10,000-dollars of it they're more apt to hire that person. Where do they get that information? We need to make sure that they have access to that information.

BRENTON ANDRUS: Did we take information out of that and try to get it into the hands of more employers. So earlier we had talked about these employment webinars that were happening. And there's one that comes up in June that talks about benefits and a retention plan. They say LRS tax incentives, benefits planning, ABLE accounts, financial benefits, et cetera. So there might be information included in that particular webinar that we can use to be able to get whatever we want out to different employers to make sure that they have...

MITCH IDDINS: I can also email those websites where that information is readily available. I just got to-- I can't think of it off the top of my head, but I can get that information to you.

BRENTON ANDRUS: Right.

MITCH IDDINS: But yeah. That would be a way to do it. You're right.

EBONY HAVEN: Okay. So what I have right now is ensure potential employers have access to information about financial incentives to hire unserved and underserved populations including people with the most substantial employment support needs in competitive, integrated, individualized employment.

MITCH IDDINS: Those last 1,2,3,4 words were a mouthful.

EBONY HAVEN: I know.

MITCH IDDINS: Competitive, integrated, individualized employment. Wow. Well, maybe just the most substantial employment needs or supports. Most substantial employment support needs, period. I don't know if you need competitive, integrated, all that. I would just take that out.

EBONY HAVEN: Are all the other committee members in agreement with Mitch's suggestion?

RASHAD BRISTO: Okay. I see thumbs up. All right. Thank you for that. Next activity.

AMY DEAVILLE: Activity 3.2.5 is about sharing benefits planning services. And I believe we've really already covered that as something that needs to stay in, and we need to continue to publicize that those services exist. That they're out there. You can access them. Here's how. Activity 3.2.6 is advocate for systems change based on emergent employment issues. We keep emergent issues activity in every goal. I'm not sure why it's highlighted.

EBONY HAVEN: Well, both of those are highlighted because-- just keep in mind those three things that were highlighted were the recommendations sent to the planning committee from the education and employment committee for your consideration to either, I guess, add things to those or consider changing them up to make them a little bit more specific or adding another activity.

AMY DEAVILLE: So 3.2.5 was Mitch's recommendation in committee. So I believe we've covered that. 3.2.6 I'm unsure what changes they wanted made. ACL recommends that we keep an employment an emergent issues activity just as a catchall, kind of for anything that comes up that we need to focus on. So I don't really know what kind of changes.

EBONY HAVEN: I'm going back up because activity 3.2.3 and 3.2.5, did we want to keep those separate? I guess those are two separate things.

MITCH IDDINS: Yeah. Those are two separate things.

EBONY HAVEN: Got you.

RASHAD BRISTO: Okay. And we're good with 3.2.6. So 3.2.7.

AMY DEAVILLE: 3.2.7 is advocate for information on post-secondary opportunities and access to LRS preemployment transition services in school districts for all students with disabilities. Our recommendation is to discontinue this activity because Louisiana Rehabilitation Services is taking point on completing that activity.

RASHAD BRISTO: Does anybody have any objections? To reemphasize what she said, LRS is taking initiative of it. Do any committee members have any questions or concerns? All right. We'll make the removal.

AMY DEAVILLE: Activity 3.2.8. Advocate for increased Louisiana Rehabilitation Services counselor positions including administrative, legislative and funding efforts. This type of activity is really more of a legislative advocacy type of activity. So we recommend discontinuing the activity. If it is something the council wants to do, we revisit it for next year's legislative advocacy agenda.

MITCH IDDINS: I agree. That could be an emergent need if Louisiana Rehabilitation Services is in a position where they need funding, they're going to certainly let everyone know and we'll begin an advocacy campaign like we've done in the past.

RASHAD BRISTO: Other committee members in agreement? All right. Thumbs up. Thank you.

AMY DEAVILLE: Activity 3.2.9 is conduct research to examine the effectiveness and advocate to support

efforts of the Louisiana Medicaid buy-in program. If this activity is continued this is another one where we'd really like some ideas, or guidance, or a plan on how to proceed with this.

MITCH IDDINS: Well, I can just mention a few things about that. I remember when the Medicaid buy-in program was part of the Louisiana Medicaid infrastructure grant advisory council activity. We actually looked at a model, I believe it was from Kansas City, that had a buy-in program. Like I said, this was about 15, 16 years ago. And we really liked, we actually loved their buy-in program because of how flexible and versatile it was. The income limits for the earned income limits were really high. So a person with a disability that couldn't get any other kind of insurance and was making a decent, earning a decent wage could buy-into Louisiana Medicaid and still make a decent living. I think at that time when it passed through the legislature a person could be earning 80,000-dollars a year and still get full Medicaid benefits. Plus you could also get personal care attendant services and things like that that were built into the buy-in program. But then when Bobby Jindal was governor for some reason, he basically wanted to completely do away with the Louisiana Medicaid buy-in program which is called the Louisiana purchase plan. He wanted to do away with it. Instead of doing away with it they slashed the earned income limits down so low that just about everybody that was on it at the time got pushed out of it. Because these guys that were working and benefiting from it and getting Medicaid and also getting LTPCS they were basically pushed out the program because they were earning too much money. So if anything needs to be done with this program, I still think that it's a great program. There's a lot of people that are working. And as more people go to work and start earning money and maybe even get off of benefits, but don't have insurance, here's an opportunity where they may be able to buy-into Medicaid. But they got to raise the income limits again. That's one thing that needs to happen. They need to raise the earned income limits substantially back to maybe close to what they were

back then. Like I said, a single person could earn up to 80,000-dollars a year and still qualify for Medicaid. Now based on how much you were earning depended on the type of premium you might pay to buy-in. But the premium costs were still really, really low. Even if you were earning 80,000-dollars a year, you might not pay but 50-dollars a month to buy into Medicaid. It really was a fantastic program. It really was. We worked really hard on building this program. Anyway.

RASHAD BRISTO: It's kind of started trying to cover that gap.

MITCH IDDINS: Right. You're right.

RASHAD BRISTO: Somewhat. Not by much, but somewhat.

MITCH IDDINS: But, you know, if you were earning, probably if you were earning 80,000-dollars a year you're not going to qualify for Medicaid expansion. If you're a single person you're going to earn too much money. And not qualifying for Medicaid expansion you can't get personal care attendant services through any other program earning that much money either. Community choice waiver. But you could get LTPCS because you had full Medicaid. Even if you were earning that much money and buying into it, you were paying a premium for your Medicaid, and you still were eligible to get personal care attendant services to help you get up and go to work. Which is what I loved about it. But anyway, it was a great program and Jindal kind of came in and dismantled the whole thing.

RASHAD BRISTO: So we're going to go ahead and stay with it?

MITCH IDDINS: I say yes. I do. I say yes.

RASHAD BRISTO: Okay. So are other committee members in agreement? Okay.

MITCH IDDINS: Some thumbs up and some head bobs.

RASHAD BRISTO: All right.

AMY DEAVILLE: That is the last activity that we have on the plan unless anyone has any recommendations for new activities. I'll pause for a minute there to make sure no one does. A bunch of double negatives. Okay. We're going to quickly go over the budget. I'm going to share my screen if you want to stop sharing.

I've been working on this since while we've been talking. This right here, B, was our current fiscal year's budgeted amounts for the plan. And this is what we're projecting to spend on fiscal year 23's plan. So most amounts are remaining the same. Partners will stay the same. LaCAN stays the same. So you can see where things have changed.

RASHAD BRISTO: I like this. This recognizes what we were discussing since we discussed today.

AMY DEAVILLE: Yes. So right now we have about 693,000-dollars obligated. We probably have about 7,000-dollars more that we could obligate. So if you want to assign that amount of money to one of these, to one of our existing activities we can do that. Up to you.

RASHAD BRISTO: Just for the sake of clarity for the committee and myself. So we have 7,000-dollars left to spend that we could designate to what we discussed today?

AMY DEAVILLE: Yes.

RASHAD BRISTO: I'm going to ask this question. We were already flirting with this about the first responder training. What are your thoughts on that one?

CHRISTI GONZALES: Increase it some more, is that what you're asking?

RASHAD BRISTO: Well, we have that 7,000-dollars that's available.

CHRISTI GONZALES: Okay.

RASHAD BRISTO: Or we could put it in YLF?

CHRISTI GONZALES: My choice is YLF.

RASHAD BRISTO: Okay.

MITCH IDDINS: I agree with Christi that if we're going to allocate it, YLF.

CHANEY GUIDRY: YLF.

RASHAD BRISTO: Okay. So it looks like it's unanimous. We'll allocate the remainder 7,000-dollars to YLF which will give it 22,000-dollars. I think that's pretty good because it was initially commented about 20,000. So thank you so much for that. You can go ahead. I'm sorry.

AMY DEAVILLE: No. That's good. So your budgeting work is pretty much done and so is your planning work.

We're going to take the document that Ebony was working on during the entire time and basically just clean it up. And that is what will be presented to the full council in our April meetings for adoption. And just so for the new members so that everybody knows, after the full council adopts the plan, then we send it out for a 45-day public comment period. And then if we have comments, then we may reconvene and make some additional changes if we have to.

RASHAD BRISTO: So we're at the conclusion.

AMY DEAVILLE: We are.

EBONY HAVEN: Do you want to go over the changes real fast? I can just show that document real quick.

RASHAD BRISTO: That's fine. And while she's getting together, again, I want to say thank you so much again for this sacrifice. I know this is a Friday. And we had new committee members. Vivienne, Christi, Chaney, I really appreciate you being a part of this. Mitch, I'm coming back to you. I think it's just real instrumental that as new council members you get a chance to see how instrumental you really are, and you get an opportunity to see how effective you can be in the decision and the direction that the council's going. Mitch, again, I appreciate you very much. I know you're getting ready to roll off. And for those committee members that don't know it, Mitch is getting ready to roll off, but he's been a plethora of knowledge. I've known him for many years professionally and personally. And I knew he would be an asset to the contribution to this meeting. Now, with that being said, in the next couple of meetings Mitch is going to need someone to be just as vocal. Christi looks like you're running a tight second with Mitch. So Chaney and Vivienne, someone's going to have to get ready--

CHRISTI GONZALES: Just my mind turning.

RASHAD BRISTO: Right. Something about getting close to 50. I know it. March being so far away. I know. With that being said, all jokes aside, thank you very much.

CHRISTI GONZALES: You're welcome. Thank you.

RASHAD BRISTO: How much you've really been a contribution to today's meeting. Thank you.

EBONY HAVEN: Okay. So I'll just go through the changes that you guys have made. So we're keeping Partners in Policymaking. We are keeping LaCAN, of course. The events contract is going to stay at 30,000 because we're not having a conference. We're going to continue to support the Families Helping Families centers with our state general funds. We're going to keep the video contracts and maybe come up with new ideas based on the targeted disparity with the women's health activity that you guys added. We will continue with supported decision making. Of course, social media will continue. And the activity that we have for each goal is to advocate for more meaningful opportunities for stakeholder input. The new activity that you all added was activity 1.1.9 and that's to provide financial support and technical assistance for the youth leadership forum. And I'm increasing that amount to 22,000. We're continuing with the people first initiative. Giving them 25,000. Activity 1.2.2 which is to provide support for participation of individuals with developmental disabilities and those cross disability and culturally diverse leadership coalitions and advisory bodies. Of course, activity 1.2.3 was advised by the ACL to remove that from our plan because that's internal and we should already be doing that activity. Activity 1.2.4 for council participation in national training. We increased that to 15,000. For goal number two you decided to take away activity 2.1.1 just because the contactor was having issues with spending the funding due to the limitations and prohibitions. Activity 2.1.2 we combined with activity 2.3.1. So we'll continue those. We just combined them. Activity 2.1.4 we decided to discontinue that activity. Or you decided to discontinue that activity because the ROW pilot is no longer in place according to OCDD. For activity 2.1.5 this is one that you guys tabled. I'm glad we went through this because we decided to get rid of the first portion. I think we added the first portion to activity 2.1.2. We decided to discontinue the second portion with the Covid exceptions because OCDD is addressing that. But we did not go back to consider individualized emergency preparedness considerations

for people with severe disabilities and medical issues. Now just keep in mind that there is another activity that you all increased the funding for emergency preparedness. But it's not individualized.

BRENTON ANDRUS: Not necessarily.

EBONY HAVEN: But there is still an activity in the plan that covers emergency preparedness. So I don't know what the committee would like to do with this activity?

MITCH IDDINS: If it's covered in another activity then we can just do away with this activity 2.1.5 altogether.

RASHAD BRISTO: Is that the consensus of the committee? I see thumbs, okay. Thank you.

EBONY HAVEN: I'll go back and take it out. So activity 2.1.6 the committee decided to take that one out because there are lists that cover those providers. You all added activity 2.1.7 and that's to advocate with Louisiana Department of Education to provide appropriate accessible sexual education to high school aged students with developmental disabilities. So moving onto objective 2.2. For activity 2.2.1 for the first responder trainings you increased that allocation to 80,000. And then for activity 2.2.2 you increased that allocation for the emergency preparedness trainings to 50,000. You discontinued activity 2.2.3 which was those continuing education opportunities because they are outdated, and you can't get the CEUs for those right now. Activity 2.24 we kept because we have to have that one. And then you all changed your targeted disparity to focus on women's health. Females with developmental disabilities and their families will have increased access to health services and health education. And then you added activity 2.3.1 which is to conduct research and collaborate with LDH to address accessible educational materials for women's health topics. So moving onto goal three. We are continuing activity 3.1.1 which is LApie. We're going to continue to fund, the council will continue to fund them at 40,000. Activity 3.1.2 you're continuing. As well as 3.1.3. We decided to discontinue activity 3.1.4 and 3.1.5. I'm sorry. I didn't put that in red. 3.1.6 we're continuing because that's the emergent education

issues. 3.1.7 advocate for meaningful opportunities for stakeholder input which is included in each goal. We decided to discontinue activity 3.1.8 just due to the trainings that teachers already have available to them. And then objective 3.2. You decided to discontinue the customized employment trainings for activity 3.2.2. You decided to continue the employment seminars. Activity 3.2.3 we added, or you added language specifically for benefits planning services for those employment support professionals. And then 3.2.4 we changed the language to that one to ensure potential employers have the information about the financial incentives. We're keeping activities 3.2.5 and 3.2.6 and discontinuing 3.2.7 and 8. And then we're going to continue to conduct the research about the Louisiana Medicaid buy-in program for 3.2.9. Okay.

RASHAD BRISTO: Thank you very much. Anything else in closing?

AMY DEAVILLE: No. Just thank you so much for your time and your effort. It was a long day, but you got through it.

EBONY HAVEN: Thank you guys so much.

RASHAD BRISTO: Thank you again, y'all. Y'all enjoy your weekend.

MITCH IDDINS: Thank you, guys. Thank y'all for all the hard work you guys do. Y'all do a great job and I have a lot of respect for each one of you on the staff and just appreciate your support over the years for me and for these new folks. And you guys do a fantastic job. You work hard and I know that, and I appreciate y'all.

BRENTON ANDRUS: Thank you.

EBONY HAVEN: Thank you.

MARILEE ANDREWS: So sweet.

MITCH IDDINS: All right. See y'all next time at your next meeting.

RASHAD BRISTO: All right. Have a great weekend.