

Louisiana Developmental Disabilities Council
Quarterly Meeting
January 19, 2023

RASHAD BRISTO: Good morning, everyone. Thank you for being in attendance. We're going to take about three more minutes.

Good morning, everyone. We're going to call the quarterly meeting of the Louisiana Developmental Disabilities Council to order. Like to thank you for your time. Like to thank our council members for taking time out of your busy day. Those in-person and those on Zoom. Thank you to the public and your interest in the service of the DD Council. Time is now 8:38 on January 19th, 2023. We'll begin with roll call. Ms. Deaville.

AMY DEAVILLE: Ms. Airhart.

LIBBY AIRHART: Here.

AMY DEAVILLE: Ms. Banks.

NICOLE BANKS: I'm here.

AMY DEAVILLE: Dr. Barovechio.

PATTI BAROVECHIO: Here.

AMY DEAVILLE: Dr. Barovechio is present via Zoom and does not count for quorum. Ms. Basile. Ms. Bayham.

MELISSA BAYHAM: Here.

AMY DEAVILLE: Ms. Cosse. It looks like she's still connecting to audio, but she is on Zoom. Ms. Crain.

CHERI CRAIN: Here.

AMY DEAVILLE: Ms. Egle.

JILL EGLE: Here.

AMY DEAVILLE: Ms. Gonzales. I don't think she's here. Ms. Guidry.

CHANEY GUIDRY: Here.

AMY DEAVILLE: Ms. Hagan.

JULIE FOSTER HAGAN: Here.

AMY DEAVILLE: Ms. Hano.

JILL HANO: I'm here.

AMY DEAVILLE: Ms. Harmon.

ANGELA HARMON: Here.

AMY DEAVILLE: Ms. Hymel. Ms. Jordan.

MEREDITH JORDAN: Here.

AMY DEAVILLE: Dr. McKee. Ms. Polotzola.

BAMBI POLOTZOLA: Here.

AMY DEAVILLE: Ms. Richard.

MELINDA RICHARD: Here.

AMY DEAVILLE: Mr. Rocca.

TORY ROCCA: Here.

AMY DEAVILLE: Mr. Rovira. Ms. Stewart.

BROOKE STEWART: Here.

AMY DEAVILLE: Ms. Tarver.

MARY TARVER: Here.

AMY DEAVILLE: Mr. Taylor.

ERICK TAYLOR: Here.

AMY DEAVILLE: Ms. Washington.

RENODA WASHINGTON: Here.

AMY DEAVILLE: Ms. Webb.

VIVIENNE WEBB: Here.

AMY DEAVILLE: Dr. Wilson.

PHIL WILSON: Here, but by Zoom.

AMY DEAVILLE: He also doesn't count towards quorum. And Mr. Bristo.

RASHAD BRISTO: Present.

AMY DEAVILLE: You have a quorum to proceed.

RASHAD BRISTO: All right. Thank you, Ms. Deaville. At this time would you bring up the mission statement.

AMY DEAVILLE: The mission statement of the Louisiana Developmental Disabilities Council is to increase independence, self-determination, productivity, integration and inclusion for Louisianians with developmental disabilities by engaging in advocacy, capacity building and systems change.

RASHAD BRISTO: Okay. Meeting protocols, ground rules. Council meeting shall be accessible via Zoom and live streamed on YouTube. Council or committee members will participate via Zoom and shall be considered present when they display a live feed video of their face with their first and last name. Have microphones muted unless called upon by the chairperson. Electronically raise their hand to request the chair to recognize them to speak. Once recognized to speak by the chair the microphone shall be turned on. After speaking the microphone shall be returned to mute.

Guests may participate via Zoom or observe meetings live on YouTube. All public meetings shall be recorded and may be made available on the council's

YouTube channel as determined appropriate by the chairperson. Public comment submitted during the meeting via any format shall be considered. During Zoom quests may electronically raise their hand to request to comment. Upon being recognized to speak by the chair the microphone shall be turned on. After speaking the microphone shall be returned to mute. Please post comments relevant to the item under consideration in the chat box. Public comments of a person's character will not be heard. If the comment continues after being asked to stop by the chairperson council staff may be instructed to end the meeting. The chairperson will notify the executive committee of the occurrence. Council chair will seek guidance to determine if it is legally appropriate to redact or share the video of the meeting on the council's social media. Also, I do ask that when we are in the middle of a discussion please make sure that we stay within that discussion. I know a lot of times we get passionate and then we start getting into another discussion and sometimes we have to remind ourselves the motion that's on the floor and we don't want to make anyone's previous comment seem dismissed because we start talking about something else 180 degrees in a different direction. So please be mindful of that. Moving forward, we're going to look at our meeting summary. Are there any corrections?

AMY DEAVILLE: The meeting summary is provided in your packet and is also linked online on the website.

RASHAD BRISTO: Not hearing anything. If there's no objection, approved as distributed.

REKEESHA BRANCH: We have a hand raised. Ms. Tarver.

RASHAD BRISTO: I apologize, Ms. Tarver. You have the floor.

MARY TARVER: That's okay. Thanks. I think that I was marked absent on the minutes, and I was there.

RASHAD BRISTO: We will make that correction.

MARY TARVER: Thank you.

RASHAD BRISTO: Do we have any other hands raised?

REKEESHA BRANCH: No other hands raised and no other comments.

RASHAD BRISTO: Okay. Thank you for that. So with the addition of Mary Tarver being marked present,

meeting summary is approved. Next item up for business is the chairperson report, my report. On October 13th I got a chance to meet with my State Representative, Kenny Cox. He's a representative of district 16. I wanted to make him aware of the DD Council. He's my hometown representative. I wanted to make him aware I was the chairperson and I want him to come to know who I am. That way when the time comes when there are any kind of business that's being discussed that could be relevant to decisions that could be detrimental to our community that we serve I want to let him know that I am there and the council's there to be part of the solution and get some kind of guiding direction. And not only that, moving forward when there are bills supported by the council, we would love to solicit his support.

Also, on November 17th I met with State Representative Tammy Phelps in Shreveport. Also, pretty much the same thing. I wanted to go introduce myself. Wanted to make her aware that I'm the chairperson of the DD Council and I'm in her region and love to solicit her support in part of the DD Council when it comes down to anything that we have as far as any kind of bills or just to make sure that when there's any kind of action being taken make sure they take us into consideration and consult with us to see if the decision that's being made would be a benefit or detriment to our services and for our populations. That concludes my report as chair for my service within the last quarter. Anyone have any questions for me? Do we have any hands raised virtually from any council members?

REKEESHA BRANCH: No, sir. And no comments.

RASHAD BRISTO: Okay. Thank you for that. Now the next item up for business is the executive committee recommendations. The motions are on the screen. The recommendation, motion from executive committee was the motion that the executive committee present to the full council annual pay increase for executive director to increase salary 95,000 annually based upon their evaluation. Before we go to the motion, the motion was by Vice Chair Nicole Banks, seconded by Jill Hano. No objections or abstentions, motion passed. Within our internal discussion the executive director was

satisfied being able to talk to, I communicate with the executive director every Friday at 9 a.m. to make sure I'm abreast with what's transpiring. Not only that, we also discussed how request for full staff for the DDC. That request has been fulfilled. Not only that, she's also done-- help me out, Ms. Banks. Something else we discussed. I'm trying to remember.

NICOLE BANKS: Just her interaction with the other people.

RASHAD BRISTO: Right. Interacting with other agencies and things along those lines. With that being said, do we have any-- the motion comes from the committee. It does not require a second unless there's any questions. Do we have any questions by any council members?

SPEAKER: I have a question.

RASHAD BRISTO: Go ahead.

SPEAKER: So it was like an evaluation, was that like a, were we given that evaluation?

RASHAD BRISTO: No. Oh, that's the part. So the evaluation, now Ms. Deaville was hired in 2021. The first year we had the entire council we give an evaluation. That proved to be beneficial and then there were some hiccups with that process. Majority of them returned in not giving a sufficient evaluation due to the fact not having any communication with the executive director. The other thing was majority of them, of course, will remain anonymous, rightfully so. And second, we had new council members who hadn't had an opportunity to have a chance to consult with her. So the executive council had worked with Ms. Deaville closely. So that was to answer your question.

SPEAKER: Did she do a self-evaluation?

RASHAD BRISTO: No.

BAMBI POLOTZOLA: This is Bambi. I've been on the council for over a decade, and it's always been the entire council. I thought I overlooked an email to do the survey, but now that you're saying that we never received it. But I've never seen that. It's always been the entire council. And, of course, people can abstain from doing it, I'm sure, if they don't have enough experience. But I think in the future the entire council needs to do the annual evaluations.

RASHAD BRISTO: Okay. We'll note that. Do you have

any reservations due to the fact that the executive committee did it this year without the full council?

BAMBI POLOTZOLA: I don't have reservations. I mean, I've always thought the executive director we should pay, you know, a higher salary. But I just think everybody should have the input so we can do the professional development and get that input from everyone. That's my opinion.

RASHAD BRISTO: No. I agree. I don't want to single you out. Just a general question. But moving forward we'll make sure, moving forward for the 2024 evaluation we'll make sure the entire council will do an evaluation that will be submitted as well.

SPEAKER: So I'm just questioning it simply because I don't know what the jump in the pay raise is going to be and if maybe somebody could explain where the money is going to be coming from for that pay raise and just to see if there was any change. I mean, I do it with every executive committee that I served on that we were all involved in at least a process or there was a report given to see even if it was a self-report from the executive director to see, you know, on paper what was accomplished or what had changed. And so I don't know, you know, how to go about being a vote if I don't know how big of the jump is and, you know, for money wise and where that moneys are going to be taken from. Just my questions.

RASHAD BRISTO: Okay. To answer your question one of the things to take into consideration, with the exception of the executive director, the rest of the DD Council staff are state employees, so we based, the majority of it was based on the fact that staff receives annual incentives, was it a 2 percent raise?

AMY DEAVILLE: They can get somewhere between a 2 and 4 percent.

RASHAD BRISTO: The annual incentives for state employees is pretty much, unless there's something that's (inaudible) for that work year, most of them by default will receive an annual raise. And that falls upon the state. When it comes down to the executive director it falls on the council. There's really a window that's not much from the deputy director and executive director salaries as it stands. And what would happen is based upon state percentage rates the

deputy director would exceed the executive director or be within a close margin, probably several thousand dollars, with that being said. So those are some of the determining factors as well as job performance. Does that answer your question?

SPEAKER: Yeah. Yeah.

RASHAD BRISTO: Okay. Who's hand was raised virtually, Ms. Hano?

REKEESHA BRANCH: Yes. Her hand was raised first.

JILL HANO: What is in our bylaws as far as if the ED evaluation is done by the full council or the executive committee?

RASHAD BRISTO: Repeat your question, please. We're checking. In that process, I'll yield the floor. Ms. Cosse. We'll come right back to you, Ms. Hano.

JILL HANO: Wait, what?

RASHAD BRISTO: She's checking the bylaws real quick. She's checking for you.

JILL HANO: Oh, okay.

REKEESHA BRANCH: Ms. Cosse had her hand raised.

RASHAD BRISTO: Okay. I'm going to go with Ms. Cosse while Ms. Deaville is looking for a response for Ms. Hano. Then we'll come back to Ms. Hano. Ms. Cosse, you're recognized by the chair. You have the floor. Ms. Cosse.

REKEESHA BRANCH: I think she might be having some technical difficulties. We also have a hand raised in the chat, Ms. Kathy Dwyer.

RASHAD BRISTO: Okay. Before we go to the public I'm going to try to entertain Ms. Hano's question then we'll go to the public.

REKEESHA BRANCH: Okay.

RASHAD BRISTO: I'll read the evaluation process for the executive director. The executive director develops a (inaudible) description for the executive director for the approval of full council. The council develops an evaluation format which is based upon the position description. The following shall be applied (inaudible) job responsibilities. The executive director-- okay. There we go. The council develops an evaluation format which is based upon the position description. The following shall be applied to each job responsibility. Exceeds expectations, meets expectation, needs improvement, satisfactory. The

executive director concurs with responsibilities outlined in the position description (inaudible) format. Annually the chairperson solicits input from all council members of the-- we can stop right there. Yeah. Already made a hiccup. Council members will have the option to self-identify. (Inaudible) annual evaluation the executive committee will conduct evaluations by the executive director in conjunction with the January council meeting. The chairperson and the executive committee will evaluate the executive director on behalf of the council based on the position description and feedback from council members. Based upon performance the chairperson and executive committee make a recommendation regarding salary increase. The chairperson and vice chairperson complete the draft and summary based on the evaluation response and finalize the evaluation with the executive director. Chairperson will provide a summary of evaluation to the council. And the executive director will be evaluated on a quarterly basis for the first year. Thereafter the executive committee will determine the quarterly evaluation necessary. Okay. So I can see what the hiccup is right now. We need to consult with the entire council on the evaluation. We have an opportunity to make a decision here. We can either proceed or we can table, and we can go for evaluation until the April meeting. I'll be the first one to acknowledge that I was out of order with account to the bylaws. I'll be the first one to acknowledge that. So I'm not trying to put anyone in a difficult position. But not able to make a suggestion.

SPEAKER: Just a question in terms of timing. When would the salary increase take affect? Would that be January 1 or July 1?

AMY DEAVILLE: It could take effect whenever. I mean, if you specify a date, that's when it would take effect.

RASHAD BRISTO: If we were to make a suggestion, recommendation this month it could be in effect for the next or following month. Whatever month the recommendations is made.

AMY DEAVILLE: The money, just in case worrying where the money would come from, it's in the budget. I shouldn't need to move any money around to be able to

account for that. Because we have not had, we haven't been fully staffed this whole fiscal year up until a week ago. So there's extra money in the salary line. So then there's always additional money put in every year in our state budget request for salaries because my staff pretty regularly, depending upon government administration, get a raise every year.

SPEAKER: So you don't get that 4 percent every year, that's just based upon us?

AMY DEAVILLE: No.

BAMBI POLOTZOLA: Can I just say a point of clarification. I don't know if other state employees get that raise every year, but I know I haven't. So I don't think that that's happening. I mean, we've gotten like maybe, cause we had some budget crisis and so we didn't get it for a long time, and we got them like maybe every other year. I don't know if that's accurate or not, but I don't get it every year. I don't know if they do.

BRENTON ANDRUS: It also depends on where you fall within that range as well. So if you're on the low end you get a higher percentage. If you're on the upper end you get (inaudible) or a smaller percentage. It varies based on every (inaudible). Each employee it might be different.

BAMBI POLOTZOLA: Okay. So but we're talking about the DD Council.

AMY DEAVILLE: DD council staff received market adjustment as started in May. They got one in July of 21 and July of 22. And I think they had received at least one the year before maybe, a market adjustment from the state.

BAMBI POLOTZOLA: Okay. So it has happened.

EBONY HAVEN: Since I started--

BAMBI POLOTZOLA: So I should go complain to my boss.

JILL EGLE: If not this week, the week after Louisiana releases its budget, the 28.

BAMBI POLOTZOLA: That sounds right, I guess.

JILL EGLE: So and y'all talking about funding, is that coming from the federal government and how the funding is going to go to programs for disability?

RASHAD BRISTO: We're on two different dynamics.

JILL EGLE: I'm sorry.

RASHAD BRISTO: You're asking about programs and we're talking about salary.

JILL EGLE: Oh, salary.

RASHAD BRISTO: Going to be two different.

JILL EGLE: Okay.

RASHAD BRISTO: We have some hands raised also virtually.

AMY DEAVILLE: Ms. (inaudible) was raised, but it's lowered now.

RASHAD BRISTO: Okay. Do we have any hands raised virtually from the public?

REKEESHA BRANCH: Yes. Ms. Kathy Dwyer has her hand raised.

RASHAD BRISTO: Ms. Dwyer, you're recognized by the chair. You have the floor.

KATHY DWYER: Thank you so much, Mr. Chair. Just a few point of clarifications to add to some of Bambi's, having had years' experience in handling civil service and some unclassified positions. There was a comment made that the executive director is not a state employee. In fact, I believe she is, she's just unclassified as opposed to a classified which is considered civil service. Am I not correct?

AMY DEAVILLE: No. You are correct, Ms. Dwyer.

KATHY DWYER: Okay. Additionally, there's a difference between cost of living increases and raises. So there may have been given cost of living increases, but not necessarily raises or vice versa. So just to make sure everybody's clear on that. And I believe with unclassified personnel there's a freedom to get increases at any point during their tenure, if I'm not mistaken. Where civil service employees is typically just on their anniversary date.

RASHAD BRISTO: Okay. Thank you for that. Do we have any other public comment in regards to the topic at hand?

REKEESHA BRANCH: Yes. Ms. Vivienne Webb would like everyone to know she's having technical difficulties with her camera and she's working to get that resolved.

RASHAD BRISTO: Okay.

REKEESHA BRANCH: And Mr. Phil Wilson has his hand raised.

RASHAD BRISTO: Okay. Mr. Wilson, you're recognized by the chair. You have the floor.

PHIL WILSON: Yeah, thanks. Not to beat any dead horses here, but I'll just say that, you know, HDC, Kathy knows this, has lots of unclassified employees and faculty which are yet another division within state employment. And you can ask folks here, this past year we got a raise, but it was the first raise, and I'm looking at Patti, she's probably in the same boat, first raise in probably seven or eight years. So it isn't a simple matter of, you know, if someone's performing well they get a raise. For us, you know, is there enough money for-- the administration decides. So I guess at the end of the day I just want to say that maybe this should be looked at as sort of if there's such a thing as a comparable unit of government to see are they giving raises in a particular year. And I'm talking about merit raises, not cost of living raises. But it would be the same, I guess. Civil service typically gets cost of living. Unclassified employees, unfortunately, are not, at least in the university, are like I said, it's been seven years since the last sort of raise. So I just, bottom line my suggestion is that if there is any sort of comparable unit of government maybe we could sort of benchmark, if you will, to that unit.

RASHAD BRISTO: Thank you for that. I'll be honest, I'll be the first to apologize. I was contrary to what the bylaws stated and we're supposed to do as I just read upfront. So with me being the chair I can't make a recommendation or anything or a motion. But, you know, I'm available. We can entertain this again in the next quarterly meeting or whatever the case may be. I don't want it to be, I don't want anyone to walk away thinking that I was to contrary to what the bylaws said. But it's a decision based upon the council. But I take ownership by being contrary to what the bylaws says. But I do ask your forgiveness for that. But at this point I'm ready to entertain whatever decision that the council would like to move forward with because I don't want to keep us bogged down here.

SPEAKER: I would like to at least have something in hand whether she does her own appraisal, evaluation on herself where she's able to provide something for the new people, the changes that happened in the last, you know, she was here in 21, what changes were made in

2022 that benefited us and why the newer council members should approve that raise. And I'm not opposed to giving executive directors raises. So I'll set a motion to table it and get, at least if the council doesn't want to do the evaluation, at least the executive director to do a self-evaluation.

RASHAD BRISTO: Okay. So we have a motion on the floor. Restate your motion.

SPEAKER: For if the council decides to not want to do a combined evaluation on her that she do a self-evaluation on her before we're to make that.

BAMBI POLOTZOLA: Could I offer just a friendly, I would say we just need to follow the bylaws, do what it says. People can choose not to do the evaluation, but that needs to be sent to all of us. Even though the timing will be off. That's my recommendation.

SPEAKER: And I'm okay with that.

RASHAD BRISTO: So I'll entertain a motion.

SPEAKER: So I motion that we follow the bylaws and I guess reconvene at the next meeting, the next quarterly meeting.

RASHAD BRISTO: Okay. We have a motion on the floor to follow the bylaws in regards to executive director's evaluation.

CHANEY GUIDRY: Second.

RASHAD BRISTO: Okay. And it's been seconded by Ms. Chaney Savoy. All in favor? Wait, wait, wait. Do we have any questions?

REKEESHA BRANCH: We have one hand raised, Ms. Brenda Cosse.

RASHAD BRISTO: Okay. Ms. Cosse, you're recognized by the chair. You have the floor.

BRENDA COSSE: All in favor. Agree. Thank you.

RASHAD BRISTO: Okay. Do we have any other comments from the public in regards to the discussion at hand?

REKEESHA BRANCH: Ms. Vivienne Webb would like the motion to be on the screen please.

AMY DEAVILLE: I'm working on it.

REKEESHA BRANCH: And Ms. Jill Hano has her hand raised.

RASHAD BRISTO: Okay.

JILL HANO: I agree with this. I'm for this motion. I want to follow the bylaws. But at the same time like I don't want to take away money that's already been

promised.

RASHAD BRISTO: Well, what we're doing, Jill, is we're basically, the motion is to postpone until the next quarterly meeting.

JILL HANO: Okay.

RASHAD BRISTO: I'm just summing it up in so many words. The motion is to postpone until the next quarterly meeting that way we can do the evaluation to the entire council. Because being I dropped the ball as the chairperson to make sure that all council members had the opportunity to give evaluation on Ms. Deaville's performance. And then we'll bring it to executive session.

JILL HANO: Okay. And my volume is on very low because I'm trying to catch up on another work, but is Ms. Deaville going to turn in like a summary of accomplishments and what she has worked on through the quarter?

RASHAD BRISTO: Yes. Well, actually not just the quarter. It also included the year of 2023.

JILL HANO: Perfect.

RASHAD BRISTO: 2022. Excuse me, 2022.

JILL HANO: I assumed that's what you meant. Perfect. Thank you.

RASHAD BRISTO: Okay. Do we have any other hands raised? Remind everybody we do have a motion on the floor. Postpone executive director evaluation until the next quarterly meeting. Do we have any more questions? Any more discussion? So we have a motion and second. All in favor by saying aye.

{Collective aye}

RASHAD BRISTO: Any opposition? Okay. Ayes have it. Motion passes. And again, I apologize as the chair for overlooking the bylaws when it came to the evaluation. Goes to the chair, not anybody else. Executive committee or to the executive director. I take ownership. Okay. Moving forward. Now next item up for business, the executive director's report. So we yield to Ms. Deaville for her report.

AMY DEAVILLE: The ED report should be in your packet. It's also linked on the website. The biggest kind of most important things I'm just going to hit the highlights because a lot of this is a recounting of meetings that I attend, that Ebony attends and how

we're spending portions of our time. But the most exciting thing is didn't actually happen last quarter, it actually happened in January, but I'm excited so I put it on here. For the first time since 2019 we have all eight positions on the council staff. So the last, the newest person started last Monday. So we're very excited to finally have all positions filled and we're working (inaudible).

Program performance reporting for fiscal year 22 was due December 30th and the report was completed and submitted on time and they should be working through the review process. If they haven't already started, they should be starting pretty soon. No word on when we'll get feedback on the performance report. It usually takes a number of months before we get anything.

And then I had the opportunity in October to attend the NACDD which is the National Association on Councils, Developmental Disabilities Councils. To attend their executive director leadership summit. Which was a really, it was a good opportunity for me to be able to network with other executive directors who do similar things to what we do and kind of see how states differ and the councils differ from state to state. And those are the big highlights from over the quarter. A lot of time was spent on performance reporting. It takes, I call them for hours and it takes they estimate about a full month (inaudible). And most, a lot of councils have multiple people working on the report and we were short staffed so we had me. So it took me a good part of the quarter to get done. Any questions?

NICOLE BANKS: Thank you, chair. Being that you did go and you met with like other state agencies and other DD Councils, what was something that you want to bring back to our council that you see is like maybe working in another place or something that we can, you know, just something that you feel like you can definitely bring to our council and will improve us?

AMY DEAVILLE: I mean, it's really hard to say because everyone is so different. And then every state is so ruled by the laws of that state. So open meetings law plays a huge part in how councils conduct their business. So we have two days of fully public

meetings for our council every quarter. But a lot of states have council meetings that last half a day and they get everything done. And some of them last like two hours. So it's like there are some councils that spend significantly less time doing this. And so that's very, that's an interesting concept to me. It's probably not something we can adopt here. But, you know, it would be nice. Probably people would like to spend less time here.

But other than that, I mean, some programs are more heavy on programming and then some are more heavy on advocacy. We're definitely a more advocacy heavy state. So then you can just tell from state to state those focus more on advocacy will have bigger wins and systemic change legislatively. Where some of the ones that are working on programming don't ever see those really big gains. So everyone is so different it's hard to kind of take one thing and be like oh, I would love to do this. There are things I would love to do here, but other things kind of prevent, you know, laws of our state kind of prevent some of those things.

NICOLE BANKS: Thank you.

AMY DEAVILLE: Yeah.

RASHAD BRISTO: Are there any other questions from council members in regards to the executive director's report? Ms. Polotzola, you're recognized. You have the chair.

BAMBI POLOTZOLA: So can we be introduced to who the new staff members are?

AMY DEAVILLE: Sure. They're not in the room right now.

BAMBI POLOTZOLA: Or at some point.

AMY DEAVILLE: Yeah. So I will say that Hannah Jenkins who was our administrative assistant moved into program monitor role. And she's overseeing programs like Partners in Policymaking, Youth Leadership Forum and some of our other contracts. And then filling the administrative assistant role her name is Anne Montelaro. And filling the program manager position that was open-- there's Anne.

ANNE MONTELARO: I'm the new Hannah.

AMY DEAVILLE: And then filling the program manager role is Stephanie Carmona. And that program manager role does take lead on planning and performance

reporting and state plan reporting and all of those federal functions. So she will be working to learn some of those reporting features and start working on that because it won't be too long before we have to submit our state plan again.

RASHAD BRISTO: Any other questions from council members in the room before I go to the virtual platform in regards to the executive director's report? Ms. Hano, I see your hand. You're recognized by the chair. You have the floor.

JILL HANO: Thank you. Okay. So I was reviewing your-- that's Ebony, good job. Okay. You have a lot, I saw a few different ITAC office hours. Is that to work on the performance review thingy?

AMY DEAVILLE: Yes. It is. ITAC, which is our technical assistance for the disability council, usually when we're close to reporting time they will start having regular office hours on Friday afternoons so people who have questions or need some help with something can tune in and get some assistance with whatever you need in the reports.

RASHAD BRISTO: Does that answer your question, Ms. Hano?

JILL HANO: Yes, sir.

RASHAD BRISTO: All right. Ms. Cosse, I see your hand. You're recognized by the chair. You have the floor.

BRENDA COSSE: Hello.

RASHAD BRISTO: Yes, ma'am.

BRENDA COSSE: Yes. With regards to Ms. Polotzola's question and the introduction of staff are we still with the policy as a council for the hiring practices of one staffer with a developmental disability or disability? Are we still upholding that? I believe the council had requested it a few years back and the last staffer we had, I'm sorry I forgot his name, but it was right before Covid 19, and it was my understanding that he was helping to manage the Facebook page. Thank you.

AMY DEAVILLE: Sure. I don't know anything about a council recommendation like that being a recommendation so that happened prior to me. I will say that when I hire someone as a hiring manager people can self-disclose if they have a disability, but I cannot ask that question and I cannot require that they disclose.

Even after they are hired I still cannot do that. So people can disclose if they want, but they don't have to. And I cannot ask that question. And then let me also say for the privacy of my staff if someone has a disability or needs an accommodation, I also cannot talk about that. So I struggle to answer that question. I'm sorry.

RASHAD BRISTO: Rightfully so.

BAMBI POLOTZOLA: And this is Bambi. I mean that is a perfect like HR response, but we're the DD Council and we should have some proactive measures in which we are hiring people with disabilities, developmental disabilities. And you do have to honor what the law, but we also make concerted efforts. Such as often times people with disabilities may not be able to work part-time so you can have like WAE positions which are state part-time positions. You can do some job carving. There's different ways to be able to hire people with disabilities that doesn't require maybe using an entire TO. You said there's money in the budget. So I think that, and this is one of the recommendations made before you were here, the DD Council needs to be a model, not just for what the HR laws are, what the laws around employment are, but around how do you hire people with disabilities where the community sees people with disabilities are being employed. And nobody has to say it. The community knows it's a member of the community that is employed with the DD Council. So that's my recommendation.

RASHAD BRISTO: Okay.

JILL EGLE: Other states are doing this for DD council. They hire people with IDD. I mean, I think Louisiana should implement the change with self-advocacy, Bambi. I don't know if it's in the laws, but they need to change that. That's my own opinion.

RASHAD BRISTO: Moving forward--

JILL EGLE: Cause when I used to be on the DD council way before this, I never got no support as a self-advocacy. I had to leave and go to the bathroom and come back and I never got any support. And I'm just trying to make a difference.

RASHAD BRISTO: Right. Moving forward (inaudible) those questions we can make sure they're satisfied, that which is being asked of.

AMY DEAVILLE: I mean, I still can't answer. When we put the advertisements out we always have statements and say we welcome people to apply who have disabilities. If I had someone who applied (inaudible) if they meet the job description and they're able to complete the job and make whatever adjustments need to be made for that to happen.

RASHAD BRISTO: So it sounds like with that being said we need to do our due diligence as council members and the public to let people know that the opportunities are present for gainful employment with the DD Council. Do we have any other hands raised?

CHANEY GUIDRY: I might be a little foolish asking this question, but what do you mean you can't ask if a person has disability or if they disclose it? Because it's been six years since I've applied for a job, and I remember checking the disability box on applications. So I don't know if it's different jobs or.

AMY DEAVILLE: Yeah. There are, a lot of applications have, will have a question about whether or not you have a disability. But with the state, at least, that information, I don't know if the state has it or not, but it does not come to me. Like I never see that. And I think that's a federal reporting feature that they put into place. But I don't see that information.

MELISSA BAYHAM: The only other thing is that through the state as a model employer if someone has a testing exemption for being a VR client the HR department should be sending those applications asking you to interview those particular candidates. So I don't know if that happens or not.

AMY DEAVILLE: It hasn't happened.

BROOKE STEWART: This is Brooke. I just wanted to make the recommendation maybe moving forward having possibly some like targeted recruitment for open positions. Maybe lean on our resources within our council members. Maybe send like the job description to Arc of Louisiana, submit it to like those arenas where we know we have a lot of people experiencing disabilities. I just mean more targeted in our recruitment of positions.

EBONY HAVEN: Can I say something? And just to like comment on that, we did send out the program manager

position on our list serve. So we are encouraging people, you know, with disabilities to apply for the positions. But like Amy said, it's like we get a pool of applicants, and we go off that. So we do try to encourage people with disabilities to apply for the positions that we have open.

RASHAD BRISTO: Unless somebody gives you insight on a name before you get the application. Mr. Taylor, you're recognized by the chair. You have the floor.

ERICK TAYLOR: My thing with that too is-- I got two things. I don't see it on the application if it's saying do you have a disability. And two, when somebody applies for a job some people that's got a disability is basically scared to apply for a job because I have a disability check so that show I got a check. Two, if I go get a job I'm scared if I get that job I'm going to lose this check because if I go over what I'm making then they're going to take. If y'all understanding what I'm saying. It's a situation when you're in a situation like that. People basically be kind of scared to apply for certain things because in the disability world we think okay, first five and you get to a situation where if you're in a crunch where I got to let somebody go. In our mind we thinking okay, we're going to be the first one to go because we scared to speak about the type of disability we have. So we get in a punch box. I think okay, I'm kind of scared if I speak out my disability or if I'm in a crunch with a type of disability I need assistance so I'm going to be the first one to go out the door. If I'm making sense.

RASHAD BRISTO: You make sense. Definitely a two-edge sword. Ms. Polotzola.

BAMBI POLOTZOLA: So I apologize in advance if you sense my frustration. But we have done extensive work around state as a model employer and I think this goes back to the conversation we had yesterday in the education and employment committee is that we need to have staff that has some expertise and experience around education and employment. And as I said earlier, the DD Council should be an example. We can make all kind of excuses of why not hiring people with disabilities, but there's ways to hire people with disabilities and to have targeted recruitment. We have

entire reports as state as a model employer and we're asking our state agencies to do that. And the DD Council should be the shining example. All of our agencies that serve people with disabilities, we should have people with disabilities employed in our office. And if we aren't doing it then it's not just the DD Council, all of us need to reflect on why our entities don't have people with disabilities if we're representing people with disabilities. And so while there's laws, there's always ways of going around that and having that expertise.

So to not have a person with lived experience and not-- I have lived experience as a parent, but I don't have lived experience as a person with a disability, a person with a developmental disability. And I can tell you having those people on your staff changes the culture of your organization. Makes your organization or entity better. So we need to do it for that reason. That of course we want people to be hired, we want people to be employed. There are issues and concerns people have around employment and funding, like social security, losing those benefits and that type of thing. So there's ways to work with people to ensure that they can keep their benefits and what they need. But the DD Council and all of our organizations need to be an example of that.

ERICK TAYLOR: I agree.

RASHAD BRISTO: Mr. Taylor, hold on. Before you've been recognized let me check the virtual platforms real quick to see if you have any more comments. Do we have any council members with their hands raised virtually?

REKEESHA BRANCH: Yes. We have two hands raised. Ms. Brenda Cosse was first.

RASHAD BRISTO: Ms. Cosse, you're recognized by the chair. You have the floor.

BRENDA COSSE: Hello.

RASHAD BRISTO: Yes, ma'am. You have the floor.

BRENDA COSSE: Yes. I concur with the comments during this discussion thus far. And I do want to reiterate that my question emphasize that the council members voted on this. It is in several minutes. It occurred prior to me returning to the council if we want to go back and reference so that we will be knowledgeable of what has occurred prior to us serving

or being hired. Now if we need to have a motion on it, if it doesn't break any HR rules we might need to do that. I don't recall it being removed and I've been serving since Covid. So I do want to reiterate that. I'm glad that we are having this discussion. Thank you.

RASHAD BRISTO: Thank you for that. Dr. Wilson, I see your hand. You're recognized by the chair. You have the floor.

PHIL WILSON: Thank you, Mr. Chairman. So there's really not a lot I can say that goes beyond what Bambi said other than to say that as the sister agency, as the (inaudible) for the State of Louisiana if the council is serious about trying to apply the principles of state as a model employer, we will put some skin in the game. I hesitate to volunteer my staff without at least talking to them, but as you're aware we have several people who understand customized employment who serve on the same committee with Bambi and others that are on the same, the state as a model employer, part of that initiative. I want to be part of a proactive and constructive-- it sounds like there's enough people that are galvanized around this that we don't need to, we just need to look back at our history and see what happens. It's easy to point out what's wrong and it's hard to go forward. And so I would prefer that if the council is so inclined we will work with the full council, with the executive committee, with the director, whoever it is to try to provide some consultation and support around assisting the council to have actual employees with lived experience. And I think I prefer to say it that way than to talk about, you know, people with disabilities. So that's sort of an offer. I can't make any motions or vote today. So I'll try to limit my long-winded discussions. But if there's something that we can do proactively, we will be very happy to be engaged in that conversation.

RASHAD BRISTO: Okay. Thank you, Dr. Wilson. Mr. Taylor, you're recognized. You have the floor.

ERICK TAYLOR: I totally agree with Bambi. And for the disability community, when I say disability community, I'm talking about all of us. When we try to acknowledge what we're concerned about we also need to understand where we're coming from. It's just not

about check. It's about housing. It's about a lot of things that's wrapped around us. If we do this that will weigh this. If we do this, we got to separate this. So there's a lot of people that's not knowledgeable. If we have a whole circle everything that's wrapped around. A lot of us stay in a box where we just okay, if I go try this I might lose my house. I might do this. So we need a lot of people that's knowledge all the way around the table to know okay, they understand it. We're trying to get to a higher point, not a lower point. If I'm making any sense to y'all on that.

RASHAD BRISTO: You are. Yes, sir. And it's noted and respected. Like I said, it can be a two-edge sword. Moving to public comment, I don't see any more hands raised virtually from council members.

REKEESHA BRANCH: Yes. We do have five.

KELLY MONROE: I just wanted to say what might be easier--

RASHAD BRISTO: Oh, we have public present. I'm going to ask that whenever you do comment I'm going to ask that you do come to the table and stand somewhere between Ms. Polotzola. That way everyone has full scope of what you're saying.

KELLY MONROE: Okay. Sorry. So back in the day when I did employment, we would actually get them from LRS. So if a state agency like the DD Council wanted to hire someone with a disability they would contact the local LRS and say hey, we have this position open. We would like to full it. Then that LRS counselor would send it out to the other counselors to reach out to the job coaches. The job coaches would help with the concern that he has and would provide some education on how to kind of work around all of the housing issues or any other public assistance that they may receive. So it's really not that hard to do. It's actually easier to get someone within the state than you go through LRS than it would be if you put a position out there hoping that someone would apply. So I think if there is a position like they had before, what was it, graphics something or maybe administrative assistant or whatever, contact maybe the local LRS office and then they can send it out to the job coaches and the job coaches really should be experienced in all

the other wrap around services to make people successful.

MELISSA BAYHAM: And we have a benefits planner on staff now.

KELLY MONROE: Yeah. And so they would help as well too. So I think it's actually easier to hire someone with a disability than it actually is to hire someone that has to go through the civil service process.

JILL EGLE: Why would they have to have a job coach if they're capable of doing the job?

KELLY MONROE: They don't have to have a job coach, but job coaches also help find jobs for people. So they don't have to be on the job with them if the person knows and doesn't need assistance. But they can provide the job development piece.

JILL EGLE: Do you ever place them working for the state and the government? Because there lies the problem. The state and the government does not want to hire them, and they are capable.

KELLY MONROE: I think they do. It's just that maybe people don't see the positions that are coming through and that are available. I think it's just a lack of communication. But when I was a job coach, I placed many, many people in state jobs making more money than I was making.

JILL EGLE: I used to work for Mary Landrieu and they understand me because I was able to accommodate. But when the freeze took in affect I had to go find. But I think in times the government spends trillions of dollars and they haven't shown no improvement for people with disabilities.

KELLY MONROE: Yeah. That's real deep.

JILL EGLE: I'm sorry. I'm just telling you how I feel. I'm emotional because I just want change.

KELLY MONROE: I know.

RASHAD BRISTO: On the public we have any hands raised?

REKEESHA BRANCH: Yes. We have Ms. Jill Hano just raised her hand. And we also have five comments and a hand with the public.

RASHAD BRISTO: Okay. Ms. Hano, you're recognized. Then we'll do the hand with the public and then we'll do the comments.

REKEESHA BRANCH: Yes, sir.

JILL HANO: I think we are at a crossroads here because-- and Bambi, you may have ideas because you're more better at that than me. If all eight positions are filled how can we find a solution to this if all eight positions. Like I always find myself wanting a happy medium. Like how can we have a person on staff with a disability? But, I mean, like how can this happen with a current full staff?

EBONY HAVEN: I think she's just asking in general. Well, Jill, previously we were fully staffed and I think we hired an additional position. Brenton, if you remember how we hired and you can help me out. The person was part-time and-- but we were fully staffed, but he was part-time.

BAMBI POLOTZOLA: It's a WAE.

EBONY HAVEN: Yeah. It was a WAE.

BAMBI POLOTZOLA: A part-time state position.

EBONY HAVEN: Yeah. There is a way.

RASHAD BRISTO: The acronym.

MELISSA BAYHAM: It's something silly like when actually employed.

AMY DEAVILLE: A part-time position like they can only work for so many months usually.

BAMBI POLOTZOLA: It's 240 hours a year.

SPEAKER: 1245

BAMBI POLOTZOLA: 1245 a year. And my understanding is the agency can request that they can have this each year and get that approval.

SPEAKER: I think the reason it's called when actually employed is because they only get paid for the hours they work. As opposed to other positions you get paid and you earn in leave for the hours you don't work. It's a positive time entry as opposed to a negative time entry.

RASHAD BRISTO: That makes sense. Let me go ahead and entertain the questions from the public. There was a hand raised, Ms. Rekeesha.

CHARLIE MICHEL: Good morning. This is Charlie Michel. I'm executive director of Bayou Land Families Helping Families. Good discussion. And Jill Hano, I agree with you. You can't really fix it right now because we have a full staff, but that doesn't mean we don't want to--

RASHAD BRISTO: We just lost you.

EBONY HAVEN: You're muted, Charlie.

CHERI CRAIN: Okay. Yeah. It said the host muted me.

REKEESHA BRANCH: I'm so sorry. I'm having technical difficulties. I'm sorry, Dr. Michel.

CHARLIE MICHEL: That's all right. I've been shut up by my wife so many times. Okay. So what I'm saying is, I think it was Amy that said it, you have to be very careful with this because while our desire is to have someone with a disability, there are certain human resources responses that are required. However, one of the things that you can do very easily is when you're setting up the job wanted forum and you have a job description and you have the characteristics and all, one of the things that you can put on that advertisement is something, a statement to the effect of something like priority consideration will be given to qualified individuals with disabilities. So you do that. You're not asking them about a disability. You're not precluding anyone else from applying. But when you're doing your rating systems during the interviews you are able to then prioritize the people. And if there's a tie or even a close thing the person with a disability would get preferential treatment on that score.

And the other thing is how do you do this without asking a question like what disability do you have. You can't do that either. But you can have questions like what is your experience with individuals with disabilities. If that doesn't draw out of them that they have a disability or that they are a parent of a child with a disability or they're an educator of students with disabilities. If it doesn't draw that out, then they obviously don't think it's that important so you might want to consider that that's a factor that would make them maybe less desirable for the position you're looking at. But there are many, many human resource laws that get in the way of specifics. But I'll point out too, the DD Council pretty much requires that the Families Helping Families centers have executive directors who are parents of children with disabilities or individuals with disabilities. Most of us, if not all of us, have been able to accomplish that without violating any hiring

practices laws. So there is a solution to this. And just because we may not be able to fix it today, doesn't mean we don't want to set up for it not to be a problem tomorrow. So that's my 2 cents worth. I thank y'all very much and hope y'all have a lovely day.

RASHAD BRISTO: Thank you so much for that. Ms. Branch, will you read us the comments, please.

REKEESHA BRANCH: Yes. Ms. Kathy Dwyer stated she agrees with Bambi. Susan Riehn stated FHF centers are required to have a diverse staff of parents and people with disabilities. Ms. Kathy Dwyer then stated I think one way to help attract applicants with developmental disabilities is to advertise with disability organizations and associations. Jill Hano stated that she likes that. And Susan Riehn said thank you, Bambi. And Ms. Kathy Dwyer just stated to Charlie's point I believe the DD Council contract with the FHF centers require executive directors have a child with developmental disability, not just a disability.

RASHAD BRISTO: Thank you for that. So the takeaways are moving forward we're not going to dismiss this as a technicality when it comes down to being able to provide employment and being compliant. To Ms. Polotzola's point, we definitely want to be the model and we definitely want to be the example because it's kind of hard for us to challenge other agencies and organizations when we're not in the process ourselves. Definitely, even though we're fully staffed, are we able to start implementing anything to that point or (inaudible)?

AMY DEAVILLE: Well, we're fully staffed, but in the future when we have positions that come open I will (inaudible) some of these suggestions. And then we'll look at current needs amongst the staff and if we have job tasks that we can pull together and utilize a WAE for. Sorry, that type of employee. And work on seeing who is available with lived experience.

RASHAD BRISTO: Okay. Remind you we're still at the executive director's report. Do we have any other questions from council members in regards to the executive director's report that's been presented? Mr. Taylor, you're recognized. You have the floor.

ERICK TAYLOR: Are we still at the same thing about job placement for people with disabilities?

RASHAD BRISTO: Well, if you want to. But basically moving forward this was a question that initiated a conversation based upon the executive director's report with employment. I think it was brought forth by council member Cosse. So that's what led to the discussion we had for the last several minutes. But we're still in the executive director's report.

ERICK TAYLOR: A quick question.

RASHAD BRISTO: Go ahead.

ERICK TAYLOR: If we get somebody that's disabled, is y'all ready to bring special equipment in or anything? And the job, do y'all have anything for stuff like that?

AMY DEAVILLE: Yeah. We'll make it work.

RASHAD BRISTO: Any other questions from council members in regards to the executive director's report in the room? Ms. Hano, I see your hand. You have a question about the executive director's report that was presented?

JILL HANO: (Inaudible) you got yourself an employee with a disability.

EBONY HAVEN: We would love to have you, Jill.

RASHAD BRISTO: All right. Duly noted. Is there any other question in regards to the executive director's report on the virtual platform, Ms. Branch?

REKEESHA BRANCH: No, sir. Not at this time.

RASHAD BRISTO: Okay. This report requires no action and will be placed on file. The next item up for business is the budget report.

JILL HANO: I'd be happy to resign from the council.

AMY DEAVILLE: Here's the budget report. It is in your packet and also linked on the website. We are two quarters into the state fiscal year. So this budget you see is state fiscal year budget. When are (inaudible) about halfway through. But for those of you who were in the meetings yesterday where we talked about numbers not quite matching 50 percent because we don't have invoices in, this one's the same way.

But we're doing very well budget wise. So we are at, our salaries are still at 38 percent. And like I said, that's because we had two quarters without two staff positions filled. Total travel is still low, but that's because really the only travel cost we are

incurring are the council meetings that happen once a quarter and not everyone comes in-person. Operating expenses are a little over 50 percent. And then contracts are at 34 percent. But again, some of that, or a good portion of that is because we don't have all of our annual. And that concludes my report unless someone has a question.

RASHAD BRISTO: Do we have any council members in the room have any questions in regards to the budget report that's been presented? Do we have any council members with their hands raised on the virtual platform in regards to the budget report?

REKEESHA BRANCH: No hands and no comments.

RASHAD BRISTO: Okay. Being no questions, no comments this report requires no action and will be placed on file. Next order of business is (inaudible), Ms. Hagan.

JULIE FOSTER HAGAN: I will ask Mindy to chime in and help me with the presentation as well as we go through. I had sent the power point to Hannah. Hannah, are you able to pull that power point up?

HANNAH JENKINS: Yes. One second.

JULIE FOSTER HAGAN: Okay. I'll start talking while she's pulling it up. So wanted to give you guys a little bit of information or a lot of information and tell you where you can go find more information about our LDH business plan. Under Secretary Phillips' leadership he feels it's very important that the Department of Health be transparent about the things that we're working on and that we hold ourselves accountable. And one of the ways that we're doing that is through the Department of Health business plan. We actually started this process last year and we identified several deliverables in metrics to work on throughout the year. And then we've recently, I think it was around November or December, submitted sort of our report card of ourselves and what we were able to accomplish last year. And at the same time presented those things to the public on those actions that the entire Department of Health wants to work on for the upcoming year. And so while we normally kind of focus on disability issues, there's a lot of things in the business plan that effects the general public, but also effects the disability community. So we are trying to

make sure at all council meetings and different avenues that we're able to really share with folks and ask folks, at the end you'll see, and Hannah you can feel free to link this to wherever you need to for folks to get it. There is a link to the entire business plan. I tend to talk fast and I will talk fast, but there's a whole lot more detail in there about things that we're working to accomplish.

So you can go to the next slide. This just shows you, this was for a business plan in our last fiscal year, fiscal year 2022. And we had four major commitments to improve the health and wellbeing of Louisianians with an emphasis on prevention to reshape our team LDH culture and to enhance customer service partnerships and community relationships and promote transparency, accountability and compliance. And so, again, this is our report card. We had 258 deliverables. So for us deliverables are these specific action items that we are going to accomplish. And we met 246 or 95 percent of those 258 deliverables. I will share with you Secretary Phillips felt it's very important that we meet those deliverables and you'll hear her jokingly talk about how some of the staff didn't love that we got this 95. It was hard to get this 95 percent, but we were able to accomplish it. And again, this is our report card and what we find important. The other thing that we did is we set actual goals or metrics. So it wasn't just we're going to meet these deliverables, we're going to do A,B,C,D, but this is how we're going to measure if we have success or not. And we'll talk about some of those as we go. But for the goals we were able to accomplish 88 percent or 37 of the 42. Okay.

I will just run through and give you guys, tell you guys some of the major accomplishments that we had. Again, this is last fiscal years, kind of our report card. We were able to increase access for dental coverage and services for adult Medicaid population, those with intellectual and developmental disabilities, to improve health outcomes. I think you guys are all aware that we were able to have adults in our OCDD waivers be able to have access to comprehensive dental coverage. We'll talk more about what we're going to do this upcoming year.

We were also able to improve access to substance use disorder treatment and quality of care. We opened two OTP clinics that were moved to 24/7. And we were also able to make some improvements for care for individuals with serious mental illness. They rolled out the comprehensive crisis system of care last year and so that was a big deal. For those of you who don't know about 988, if you need more information, please let me know. But we were really excited to implement the 988. Which is pretty much like 911, but for behavioral health, mental health. If you just need somebody to talk to. It used to be what we called the suicide line. It's no longer called that. If you're in any type of a crisis. That's not physical health. If you need to go to the emergency room for a physical health issue please do continue to call 911. But if you know anyone who's, again, anything from considering suicide to I need somebody to talk to 988 is now up and running across Louisiana and we're trying to really make sure folks are aware of that number and that resource is there for them.

Okay. Again, I'm talking fast. If y'all want me to read all the notes. Y'all can see all the notes. We also did work to improve early detection of colorectal cancer and treatment of high blood pressure and diabetes. We were able in the Medicaid population to see that there was a significant increase in the number of people who were able to get those colorectal cancer screenings. Which we know will help to promote wellness in the future. We've also done work on improving health outcomes from pregnancy through childhood. And then work on increasing and strengthening the service delivery system for our venerable residents. And the primary thing there-- I went too fast in my notes.

MINDY RICHARD: I had one little note. On colorectal cancer, why colorectal cancer. Because of all the cancers it's one that if detected early enough has really good treatment and response. And so we were able to improve 2 percent, which sounds like not very much, but when you are able to screen 2 percentage points more people then you increase the ability to detect it and then have people be treated in time to not go down a bad pathway. So that's why that one is a

priority. And it will continue to be a priority in this year's business plan as well. So anytime you have an event or a gathering where you feel like we need to get some of those colorectal screening kits to people please let us know because it's a department wide initiative.

JULIE FOSTER HAGAN: Another important piece of that for this year, I don't know if everybody's aware, it used to be it was recommended you begin those colorectal cancer screenings at age 50. They've now reduced that to age 45. And so we're also in those messaging trying to make sure folks are aware that it's now recommended you start those screenings at age 45. In terms of increasing and strengthening our service delivery more venerable-- see, I need to slow down, residents here we're able to implement and we talk a lot in the DD Council about TEFRA. We were able to get the TEFRA program started on January 1. And we know that we have a lot of individuals and families who've now benefited or benefiting from being able to have access to those Medicaid services.

And we also did some, looked at the turnover. I know we talk a lot in here about the direct support professionals and the need to have direct support professionals to help people continue living in their home and community. We were able to do some rate increases that then required some additional salary floor for our direct support professionals. And we were able to use, anytime folks provide services in waivers they have to clock in and out using electronic visit verification, so we were able to use that system to measure the turnover rate of our direct support professionals. And for OCDD we were able to see a 2.5 percent reduction in our turnover rate.

We were also hoping to have a bigger pool of direct support professionals and we thought oh, we're going to increase that by 5 percent. We did not see that increase of 5 percent. So while we were able to see some difference in keeping people in the field of direct support professionals, we weren't able to see as much in terms of recruiting new staff into the field. And then I'll turn it over to Mindy to talk to you guys about the pay site.

MINDY RICHARD: And just to kind of seg way from

what she's talking about on the direct service workers. In this year's business plan the Office of Aging and Adult Services has also raised that minimum wage and we are working to reduce turnover in that population that serves our participants as well. That's a key focus for us this year.

Another thing that we worked on last year successfully was increasing the permanent supported housing. So our PSH office helps people wrap services around folks with housing. You know, through the years it's been proven that housing equals health. You know, when people have good stable housing, that improves their health. And so this unit was created under a federal demonstration to increase that. And so last year we were targeted with increasing the number of people who were housed, I believe the number was 350, and we actually exceeded that number. And so that's a very high functioning group. They just got another 11 million-dollars in federal funding. And so that work is increasing even more. So that's really solid group of services that we do.

And I think what's important about that program is the amount that a person pays for their housing is dictated by what their income is. And so if they don't have much income, then the housing isn't, doesn't cost them. And so anyway, that team is very highly skilled in all the federal regulations that surround housing, as well as they know the social service part of providing wraparound services.

The other thing that was a target last year was increasing the number of PACE programs. PACE stands for the Program for the All-Inclusive Care of the Elderly. PACE. And so right now we have three PACE programs. One in Lafayette, one in Baton Rouge and one in New Orleans. And so we were charged with increasing that two more sites. And so while they're not open yet, we did select vendors to run those sites and they'll be one in Alexandria and one in Shreveport. And those will be opening probably by the end of this year. Because those sites require, you know, construction and as you well know with all of the supply issues that we've had, those timelines are a little delayed. But the vendor that will be running the one in Alexandria is Trinity. They're a national company that's opened

up PACE programs in other states and done a very good job. And then Ochsner will be driving the one Shreveport.

And so we also were working to increase the enrollment in those PACE programs. And just to kind of give you a little refresher on PACE programming. Pace programs, it's sort of like an adult day healthcare, but it also has primary care physicians and other services in that entity. So when a person comes for the day they can see a doctor. They can get occupational therapy. They can get physical therapy. There's a socialization aspect of it. It's kind of a one stop shop. And so it's really good for people who want to stay living with their families, but their families need to go to work. And they also, it's almost kind of a concierge as far as helping people get their doctors' appointments. They will take them to their specialist appointments. It's all built into this model. And the model is it's a per member per month amount. So it's all rolled into that one amount.

And so, of course, the financing whether they have Medicare or Medicaid, those type of things, you know, have to be worked out. But the enrollment on those, we've allowed in our state budget for 200 slots at each of those three locations. And so we're about between 100 and 150. As you can imagine the pandemic was a challenge to get people into those locations. And so some of those services were during the pandemic. But we're kind of maxed out those 200 in those three locations. And then we'll have two more locations with 200 each. Even though it's not formally in our business plan, we'll be continuing that work from last year's business plan to continue that model of care. And I think that's all I have to say about those objectives. Thank you.

JULIE FOSTER HAGAN: Thanks. You can go to the next slide. Another commitment is just around reshaping our team LDH culture. So similar to part of the conversation we were just having. You know, we've had some concerted efforts to make sure that we're looking at diversity, equity and inclusion within the Department of Health. That includes multiple facets. It includes disability, it includes race, it includes, you know, the geographic locations we have folks. And

we're taking a look at a lot of different measures and metrics. And we have seen some improvements in terms of those folks that we do employ within the Department of Health who meet those criteria. We also want to make sure that we are able to retain, just like other places, the Department of Health also has a lot of turnover and issues sometimes with recruitment so we've had some targeted efforts around some of our HR processes to try to help improve that. Next slide.

In terms of our enhancing customer service partnerships and community relations we've done a lot of work on looking at strategic partnerships with our public universities. They actually have a, it's called the Public University Partnership Program, that was awarded a grant. And so there's been funding to LSU Health Sciences Center and Pennington Biomedical Research Center so we can begin some work on partnerships there.

There's also been a whole lot of work around the sustainability of the public water systems. They are planning to begin issuing letter grades for all water systems in the first quarter. So this right now of 2023. And they estimate that about 15 to 20 percent of water systems throughout Louisiana will likely receive a D or an F. So that will let us know where we really need to start some targeted efforts at improving those water systems and developing a plan to prioritize where we need to fund some of those projects.

We also made improvements on leveraging community partnerships to improve participation in LDH programs and improve program design. So we now have an LDH community engagement toolkit and anytime and, you know, all of our offices, Secretary Phillips has really asked us this year to get back in the public. You know, during the pandemic we've all sort of been inside. She wants us all, and she's told us all, I want you out, I want you in the communities, I want you across Louisiana. But we also know that we want to do that strategically and think about how do we reach the most people. So we now have developed a departmental community engagement toolkit that helps us to think about how do we make sure we're getting in the communities we need to. Ensuring the people not that we're there, but that people know we're there and

actually come and are part of the messaging that we have. So we have a toolkit to help us with that now.

Okay. Next slide. They completed, they developed and implemented a comprehensive Medicare provider rate review process. What this process includes, and we talk a lot about the need for rate increases and different areas across the board in Medicaid. So what this process will do is it takes any and all Medicaid rates that are paid to a variety of providers and on a three year cycle they will do a rate review. In that rate review they will look at what our other states, specifically southern states pay for those services and have a report that's available to the legislature. This way if there is additional funding then the legislature can use this report to see where the biggest gaps or the biggest area of need may be. And again, that's across all of our Medicaid rates.

And then we're also working on improving our compliance with state, federal and agency requirements. You guys all read the newspaper and know sometimes the Department of Health gets called out when it comes to audits or different things along those lines and we really want to have targeted efforts to ensure that we're compliant. Not just compliant with things they find, but really taking a look at how do we make sure we don't have any of those audit findings in the future. So that's, again, a very quick summary of last year.

And then moving forward this year you can go to the next slide. We also have five commitments and we have 18 initiatives, 45 goals and 253 deliverables. And I'll get into each of those so you can go ahead and go to the next slide. Our first commitment is improving the health and wellbeing across the lifespan of Louisianians. So you'll see again just a focus on health. Of course, because we're Department of Health. And one of our first initiatives is to improve health outcomes in pregnancy through childhood. There's a focus on increasing breastfeeding rates. We know that's tied to health long-term and so there's a lot of targeted efforts out there. Whether that's working with our WIC department. We're working collaboratively with SNAP and making sure we have partnerships where people understand the benefits of breastfeeding.

We also are doing a lot of work on ACET which is the Adverse Childhood Experiences in Trauma. We know that this is a key area that needs focus. There's more and more children and adults in our state who are experiencing trauma, and this will help us to really do some targeted efforts to help address the needs of those folks.

You can go to the next slide. Along that line we also have an initiative to improve prevention, early detection and treatment of Chronic diseases. As Mindy said, we're continuing to focus on colorectal cancer screenings, especially with our new messaging. And also working to increase the number of participants screened for cardiovascular disease, blood pressure and diabetes.

One of the reasons Secretary Phillips feels it's so important for us to get out there, at the end of last year we started having a presence, the department started having a presence again. I can't remember all the ones she mentioned. They were at the Southern, Grambling game. They are at the Essence Festival. And we had tables at a few different places. And she said even a couple places we were at when it was pouring down rain we had lines of people lined up to be able to get these screenings. And so to her that just proved like if you're out there in the communities and you make it available people will come. If you make it available for them. And through those screenings you may be able to hey, you really need to go to your doctor now. It's important that people get. We're also going to be again, working to look for any opportunity we can to make sure folks have access, easier access to those.

And then we also want to increase the number of Louisiana childcare centers and schools engaged in childhood obesity activities. Again, an important topic here in Louisiana. Continuing on, we want to increase access to healthier food options to Louisiana residents. And we want to, we're going to start to work on tobacco cessation counseling. We already have some programs in there, but just an increased emphasis on that. And then also working this year towards enrolling children in nonclinical asthma management services.

We also want to increase the availability of our behavioral health services. This is another important topic to Secretary Phillips and definitely a need across our state. I mentioned our 988 access to the crisis call services for individuals and suicidal crisis or emotional distress. We are working to expand the behavioral health systems capacity to meet the needs of people with mental illness. We still in the state have two state operated behavioral health facilities. And one of those is ELMHS and there are people who may need treatment at that facility and they have had a lack of beds to be able to support folks. So this is increasing the number of bed availability at ELMHS and expanding our psychiatric hospital placement options. And then we're also working to conceptualize a system to introduce child and adolescent services to Medicaid members. A lot of work was done for adults in crisis, but now this year really trying to make sure that we also focus on the adolescent population.

The next one is to, and this one you guys I know will be especially interested in. We really want to make sure that there's access. We know that we added the service for people to be able to get comprehensive dental services, adults with intellectual and developmental disabilities. But we also know there may be a lack of dentists out there to provide those services or to provide them in the best way. So this year we're really having some targeted efforts on building the dentists and dental hygienists and dental practices there that are able to provide those services. And so we're going to measure the number of dentists we have that are providing those services and we're also going to look at just because we have it available in our waiver, we're also holding ourselves accountable to look at how many people in our waivers are actually using those comprehensive dental services. And again, a lot of that will have to do with access.

We are also working on, you can go to the next slide, doing a foundational assessment and engagement activities to develop the state sickle cell registry. This will be done through public information campaigns and we'll have a report on our preliminary findings around the sickle cell registry. Okay. We also are continuing another, you saw a commitment last year,

continued commitment this year to increase and strengthen the service delivery for our residents. Mindy, you want to talk about that.

MINDY RICHARD: Yeah. Let me talk about the community choice waiver process. And so when someone needs support services they call and they get on a registry, right. And they get an initial screening and they get on this registry and then they wait. They wait for community choice waiver or another type of service, a long-term service to be offered to them. And so that time from the time they get on that wait list until the time they get a letter that says okay, there's a slot for you. We call that our response time. Well, you know, what we don't have is good response rates. So a lot of times we send people letters telling them that they have a slot, and they don't respond back to us. And so this business plan is really for us to look at that process, talk to people and find out why they didn't respond to us. Was it not clear in our communication. Did we send it to the wrong place, you know. And really when you've had somebody on a wait list for years chances are their communication address or what have you has changed. So we're trying to improve that process so that we can get, number one we can get the slot out to them within 60 days and then we can get a response rate back from them that is more appropriate. Hear back from people. Because if they say hey, I don't need that service anymore or I've moved out of state or some other reason we can take that slot and offer it to someone else. And so a lot of times those slots get held up because we never heard back from anybody. So those are two parts of that process on the front end that we're working on to really overall get services to people faster in the community choice waiver.

JULIE FOSTER HAGAN: Thanks. And then we've already mentioned that we're continuing to work together, OAAS and OCDD to continue to look at that. We know that the direct support professionals is a crisis in our state and just continuing look for ways that we can improve that and then, you know, working to also continue to do some data measures of how are we doing in terms of that turnover rate.

We are also working to really broaden the use of

technology with remote support in our home and community based waivers. We implemented a focus group and that focus group has been meeting or kind of in the process of making recommendations. Once we have those I'll take some of those recommendations to the larger groups and really start to focus our efforts on how can we better use technology in our waivers. We're really learning a lot from other states and other states have had some really great outcomes as they look at using technology so we're excited about that.

Okay. We also, the next initiative is to protect the health and safety and welfare of our nursing home residents in Louisiana. Mindy, do you want to take that one or want me to cover that one?

MINDY RICHARD: You can go ahead.

JULIE FOSTER HAGAN: Okay. Yeah. So we, you know, also if you watch the news folks know that during Ida there were some unfortunate things that happened when it came to some of our nursing home residents. And so one of the things that we are really focusing on is those emergency preparedness plans. Making sure that those facilities have a plan that is a good plan and a plan that works and giving them resources or tools or information if they need help with that. So we are, you know, making sure that we now have a process where people, those nursing home facilities are submitting, reviewing and then we have approval or denial of those nursing home emergency preparedness plans. Again, to make sure in the future we don't have a negative event like what happened before. And we feel like with planning that will help reduce the risk of that happening again in the future.

Okay. Continuing to talk about supporting venerable and underserved populations we also, again, I mentioned this we're continuing our work on the sustainability of our public water systems. We'll, again, use those grades that we have to really start to focus our attention so that we can stabilize the state's water infrastructure.

Okay. We also are continuing to do work, as I mentioned, with what we call, or Secretary Phillips calls team LDH. So within our own agency we are making sure that we're doing work to invest in and empower folks within our agency. We're continuing to work on

our culture recruitment and retention. We now have an executive internship cohort program. Was actually telling one of the council members yesterday about this. So if you know or happen to have children that are in college right now. I think the application period is right now. So they take, you have to have the minimum of two years of college experience, but you can apply for an internship within the Department of Health. And each of our offices will have an intern assigned to them. And it's really just trying to help get college students more familiar with our department and know more about who we are and what we do. And they'll have to complete a project during their internship and that project will have to go towards, you know, improving health and wellness. And so it will take their background and we can tweak the projects to be able to make sure that we're working with them.

We also are doing a lot of work on succession planning. I know even I can speak just for OCDD, but across the board at LDH we have a large percentage of our staff that are eligible or will be eligible for retirement soon. Within OCDD I think 60 to 70 percent of my entire staff is eligible for retirement in the next five years. And so we want to make sure that the work that we have all done and, you know, what we hope folks see as some accomplishments will continue and that will continue to make progress. So we really need to start thinking about succession planning and what happens as some of those staff start to retire so we don't lose knowledge.

So you can go to the next slide. We are also working to expand our workforce development training program. And each of our offices has quality improvement offices, plans, projects, but what Secretary Phillips has asked, and we now have a policy department that's like LDH statewide policy department, she's asked that we have just one LDH annual quality improvement plan and process that we will report out on.

Okay. We also then for the fourth commitment is that we're working to improve performance, accountability and compliance. As I mentioned earlier, we're continuing to look at those audit findings and

make sure that we're doing all we can to not have repeat findings and to be preventative when we can. We're also continuing to work on advancing prevention of Medicaid fraud and waste. And we'll have some internal oversight committees that will work on that. And then developing sustainable, equitable and comprehensive supplemental payment systems. Those are really tied more to our hospital inpatient type facilities, but there are different mechanisms that you can use to reward those that are more quality providers.

Okay. I also mentioned this in a committee meeting yesterday. But we have established the Office of Women's Health and Community Health. That department, just like Office of Aging and Office for Citizens with Developmental Disabilities it will be its own Office of Women's Health with its own assistant secretary. That assistant secretary just started within the last month. So you'll be hearing more about that office as we roll that forward. I'm almost finished.

The next initiative is building statewide capacity to engage in systemic health equity work. We are doing work around building or developing and implementing an equity, diversity and inclusion and health equity framework and integrating those expectations into the performance expectations and measures. And then developing and delivering competency training. So we are, you know, a lot of times you hear people, it's kind of like you have all these programs and then oh, you have health equity over there. Rather than having it separate and apart from everything what Secretary Phillips is really asking us to do is just embed considerations for health, equity, diversity, inclusion in everything that we do rather than having separate expectations.

Okay. We're also working to strengthen, expand and diversify Louisiana's healthcare workforce. Looking at increasing the availability of office space opioid treatment, recruiting new students into the Well Ahead Louisiana Rural Health Scholars Program and establishing Rural Physician Loan Repayment Program. And then we are developing and implementing a pilot on health careers including behavioral health and partnering with Louisiana universities and medical

schools to increase diversity. So we are, you know, along the lines of working with our university partnerships. You know, we see not just with direct support professionals, but across the board. Whether it's case managers or people, you know. So that's primarily social workers or physicians. Or those who really have expertise working with our different populations seems to be dwindling in Louisiana. So we're trying to get into the universities now or early on so we can start to expose new doctors, new nurses, new social workers to some of the things that we do within our field.

Okay. And then again, just continuing our work on expanding collaborations with our community partnerships. And one of those we're working directly with University Medical Center in New Orleans to look at possible long-term reimbursement mechanisms for sustainable support and to examine feasibility in clinical fiscal outcomes within some of the programs. And that's it. The next one gives you the link. And so if you want to send that out, you can, Hannah. Again, I just talked for a long time, but I'm happy to take questions. But I do encourage you guys, there's a lot more detail in the business plan from last year and this year. So if there's certain areas that really interest you, please do go and take an opportunity to review that. And again, know that we really are just trying to make sure folks are aware of all the things we're working on within the department.

RASHAD BRISTO: Thank you, Ms. Hagan, Ms. Richard. Do we have any council members in the room that have any questions? Not seeing any hands raised. We'll move to the virtual platform. Dr. Wilson, I see your hand. You're recognized by the chair.

PHIL WILSON: Thank you. That was very informative, and I see places where you said could collaborate. I did, just to keep it short here, one burning question is are there opportunities to do these, I forget what you called them, advanced internships or internships in New Orleans?

JULIE FOSTER HAGAN: I can ask. Patti, I don't know if you know. I think Office of Public Health may have an opportunity in New Orleans, but I'm not sure. I can ask that question though.

PHIL WILSON: The reason being is we have a graduate leadership program that has people from all kinds of disciplines, and they had to do a capstone project and it just does seem like a very, you know, a good match if we can make that happen. We tried a couple times and got probably out the gate, but we never got all the way there. So I just want to make sure there might be some opportunities here that we could explore.

Secondly, we're getting ready to do our five year renewal which is why I'm not at the meeting physically today. And one of the areas that we are going to add to our portfolio for the next year is community health. So I guess, I don't know if Patti would be the right person to talk to about what we can do, but if you can make a recommendation or I can send you an email, whatever so we don't take up a lot of time right now. But I see Patti shaking her head so I guess that means Patti. All right. That's it.

PATTI BAROVECHIO: I'm happy to help. But if there's any other partners as well. We can talk offline.

MINDY RICHARD: And one thing I would say is within the Office of Aging and Adult Services New Orleans is kind of a home base for our permanent supported housing unit that I mentioned earlier. And so when we get this intern it's possible that we could put someone in that unit. And so if you think that that's a skill set, someone who would be interested in social services and also housing, that might be, depending on who we get, that might be a good fit as well that would be New Orleans office.

RASHAD BRISTO: Okay. Thank you for that. Ms. Hano, I see your hand. You're recognized by the chair. You have the floor. You're muted, Ms. Hano.

JILL HANO: Does anybody know what piece of legislation created the Office of Women's Health?

JULIE FOSTER HAGAN: I don't off the top of my head, but I can find out and send it to you.

JILL HANO: Okay.

RASHAD BRISTO: Anymore hands raised in the room or virtual? Mr. Taylor, you're recognized. You have the floor.

ERICK TAYLOR: Y'all talking about the waivers. I

got a question. Is it where (inaudible) providers?

MINDY RICHARD: No. In fact, no. There's no desire to reduce the number of support coordinating agencies. Is that what you mean?

ERICK TAYLOR: I know y'all got two of them, support agencies.

MINDY RICHARD: We have a lot of those. Yes, sir.

ERICK TAYLOR: Yeah. But is it that y'all trying to eliminate that? And with the housing, what are y'all guys doing with the housing?

MINDY RICHARD: So I guess two separate questions. One is no, we're not trying to reduce the number of providers or companies. Unless there's something you know about that I don't know about, I'm not aware of anything in that regard. In fact, right now we're trying to help those folks boost the number of direct support professionals so that they can handle the amount of work that's on their plate.

The second part in housing, housing is a complex topic. And so our team works with the Housing Corporation as well as we provide the social services that are needed. Because just putting someone in a house or, you know, apartment is not the end. They need additional support services to help them be successful in that location. And so I certainly could connect you to the people that do that work that could answer any questions about what's available to whom. Because it does depend on the person's needs as to which solution is the best for them.

ERICK TAYLOR: Are y'all trying to, when you go try to get an apartment or something, why do we have a cap on where you can stay at? Cause like you go to a certain apartment they say oh, you're not 55 or older. Have y'all ever thought about pushing that cap back or lifting that cap?

MINDY RICHARD: Well, I don't know the details of it, but I know people who do. But I would say is sometimes the funding dictates what we can do. And it also, because we work with the Housing Corporation sometimes that funding drives who the development partners are who owns the apartment who we can work with. So some programs have more widespread use of different people you can work with and then other programs it's like here's the list of people that you

can house people with. And so it kind of depends on where the money comes from as to what's available. And so but I certainly have people who are experts in that area and could answer specific questions.

ERICK TAYLOR: One more question. And I thank you for answering my questions.

MINDY RICHARD: Sure.

ERICK TAYLOR: With housing and you go to certain apartment complex, and you say you're in housing (inaudible). Is it where y'all could have it, and y'all don't people have housing where you're not, I see y'all leaning more to the older people. No disrespect. Y'all leaning more to them and not to the other people.

MINDY RICHARD: Well, I would say, you know, we're the Office of Aging and Adult Services so we help older people, but we also help disabled adults, right. And so that's the population that we focus on. But that's not to say that my folks if they learn of a young person who's not disabled don't know the people to connect them to. The resources to help them. So I do think that it is confusing to know which door do you go into in this housing world. But to go back to what I said earlier, we know housing equals health. And so we try to get people through the right door to get help them get what they need. I hate to give blasé answers, but the truth is if we know more details about the person we're trying to fix, then we try to deliver that person centered solution. So happy to take offline or find out exactly who you're trying to help and we could maybe tell you how to go about doing that.

ERICK TAYLOR: Okay. Thank you.

MINDY RICHARD: Sure.

RASHAD BRISTO: Do we have any other questions from council members in the room in regards to LDH presentation? Do we have any hands raised virtually?

REKEESHA BRANCH: No hands raised, but we do have two comments. Ms. Kathy Dwyer stated colorectal screening is not always easy for individuals with IDD. And Dr. Barovechio stated great overview of the LDH business plan. Thank you.

RASHAD BRISTO: Thank you for that. If there's no objection this meeting will go into recess for the next ten minutes because I see everyone's head starting to bob. We'll reconvene at 10:45.

The time is 10:46. I hope you had a great break. We're going to go ahead and continue our committee reports. The next item up for business is the committee reports. First report is from the Act 378 subcommittee. The chair recognizes Chairperson Bambi Polotzola for the committee report. Ms. Polotzola, you have the floor.

BAMBI POLOTZOLA: The Act 378 Subcommittee met yesterday, and we do not have any recommendations for the council to consider. We did spend time reviewing fiscal year 23 second quarter data for programs within the Office for Citizens with Developmental Disabilities and Behavioral Health and Aging and Adult Services through the Arc of Louisiana. These reports can be found linked in our committee agenda on the council meeting's web page if anyone would like to review.

We did receive follow-up information based on concerns we shared at the October meeting. First, per Act 73 of 2017 each LGE, which is the human service districts and authorities, is required to budget at least 9 percent of their state general funds for developmental disabilities services. It was noted that South Central, Acadiana and Florida Parishes did not appropriate the full 9 percent during the first quarter. South Central and Florida Parishes have rectified this issue, but Acadiana was still short. We were notified that they received a grant which inflated their state general funds, but they were not certain they were going to accept the grant and how that additional onetime funding might impact their state general funds and the Act 73 compliance. So OCDD is working with the Acadiana Area Human Service District to resolve this issue. Typically Acadiana has always contributed more than the required 9 percent of their developmental disability services.

We also had concerns regarding the end of the year individual and family support program priority requests and expenditure report. We noticed that South Central Human Service district had 75 individual and family support requests last fiscal year that did not get reviewed which we felt was concerning. When the department followed up South Central uncovered there was a data entry error. Requests were being entered in

their system twice so no request went without review.

And then lastly, we also noticed the use of the other code for IFS funding, the individual and family support funding was being used often. We did a lot of work a couple of years ago on this issue so we could get an accurate account of services provided and dollars spent on each service. It was noted that in some cases other, the category of other was being used to document administrative fees that may be incurred when a service is provided while the service itself was being documented under the correct category. This issue has been resolved and any fee that is part of a cost to provide the service will be documented in the same category. And that concludes the report.

RASHAD BRISTO: Thank you, Ms. Polotzola. Do we have any questions or comments from the council members in regards to the presentation that's been presented for Act 378 subcommittee report? Not seeing any hands in the room. Do we have any council members hands raised virtually?

REKEESHA BRANCH: No hand raised, but we do have a comment from Dr. Wilson. He said great overview of the LDH plan. Is it on the website you shared on the last power point?

JULIE FOSTER HAGAN: Yes.

RASHAD BRISTO: Yes. It is. Okay. Thank you for that, Dr. Wilson. Any other public comment in regards to the 378-subcommittee report? All right. Not hearing anything, this report requires no action and will be placed on file. The next item up for business is report of the Self Determination Community Inclusion Committee. I had the privilege of chairing that committee. The Self Determination and Community Inclusion Committee met yesterday and made one recommendation to present to the council. The committee discussed activities they would like to see in the council for fiscal year 2024 action plan (inaudible) the plan will be October 23. Self Determination and Community Inclusion Committee recommends the Planning Ad Hoc Committee consider the following activities, initiatives for inclusion for fiscal year 24 and offers this recommendation to the full council for consideration. Voting awareness training specifically for individuals with intellectual

and developmental disabilities. Also, to continue the following current initiatives providing consistent of positive feedback through fiscal year 23 activity 1.1.5 video initiatives and ensure videos specific to voting and accessibility are included. Activity 1.1.6 supported decision making trainings. Activity 2.2.1 first responder trainings. And activity 2.2.2 emergency preparedness and response training.

We also received a lot of great updates from the Office of Developmental Disabilities. A lot of information is included in the report, in our committee specific report linked in the agenda. For the sake of time I'm not going to go through each discussed, but the link in the agenda has a lot of demographic information such as age, race, ethnicity, gender and even regions (inaudible). If that information is something you're interested in please check with Ms. Hagan.

Also, we shared a lot about the upcoming Medicaid (inaudible), which I'm sure she will discuss in her report later after lunch. I do not want to duplicate that information because I feel like she will share that. Finally, we discuss some contractual activities in goals one and two of the councils 2023 action plan. I encourage you all to read the status update that you will receive quarterly for specific updates on activities and the documents linked. So that is the report from the Self-determination Community Inclusion report. Does anyone have any questions in regards to what I just presented?

AMY DEAVILLE: You have a motion on the floor. You don't need a second to (inaudible), but the full council does need to vote.

RASHAD BRISTO: So we have a motion on the floor. It's on the screen. Voting awareness training for individuals with intellectual, developmental disabilities and to continue the following training initiatives. Activities 1.1.5 video initiative. Activity 1.1.6 supported decision making trainings. Activity 2.2.1 first responder trainings. And activity 2.2.2 emergency preparedness and response training. Do we have any discussion? Not hearing any. Any discussion from any council members on the virtual platform?

REKEESHA BRANCH: Not at this time.

RASHAD BRISTO: Okay. All in favor that we accept this recommendation from the Self-determination and Community Inclusion Committee. Do we have any objections? Let me ask that question. Do we have any objections? Okay. The motion will pass by unanimous consent. Thank you for that. Moving forward.

AMY DEAVILLE: Bambi Polotzola will give the Education and Employment Committee report.

RASHAD BRISTO: Ms. Polotzola.

BAMBI POLOTZOLA: It's me again.

RASHAD BRISTO: Yes, ma'am.

BAMBI POLOTZOLA: So the Education and Employment Committee met yesterday, and we have no motions for the council to consider. We discussed the letter that was sent to the Louisiana Commission for the Deaf and there are three finalists being considered for the superintendent for the Special School District and the interviews will be live streamed. That will be on Tuesday. And it will take place at the Special School District campus on Brightside here in Baton Rouge. The Commission for the Deaf will meet tomorrow at the capitol. And that is, you can watch that on the legislative website. And the Commission for the Deaf has worked with the Special School District board to work on having a joint meeting to review the community concerns. And I believe tentatively that's scheduled for February 9th.

Meredith Jordan has also gave an update on the cameras in special education classrooms. The Department of Education has collected policies from all of the city and parish schools. They are still in the process of collecting policies from charter schools, from some of the charter schools. Also, the Department of Education will be presenting their allocation for funding for YLF, which I think is 15,000-dollars, in March to BESE. Advocates are encouraged to attend so the funding is passed. The Department of Education is also looking for feedback for the next round of the IDEA funding which is a special education funding. So please share your feedback.

Melissa Bayham gave an update on the memorandum of understanding between the Department of Education and Louisiana Rehabilitation Services and stated that it is

currently with the Department of Education executive team awaiting approval and they will provide more information at the April council meeting. Melissa also shared that the Department of Education and Louisiana Rehabilitation Services is looking into launching a transition website that would assist families with determining service available once students transition from school to the workforce or post-secondary education.

And then finally the committee discussed recommendations for the fiscal year 24 planning committee. Many issues were discussed regarding our education system, and we also discussed in great deal the lack of advocacy in regards to education and employment. The committee did not come up with a motion.

RASHAD BRISTO: Thank you for that, Ms. Polotzola. Are there any questions from council members in regards to the report from the Education and Employment Committee? Not seeing any from council members in the room. Do we have any hands raised in regards to the report that's been presented with education and employment?

REKEESHA BRANCH: No, sir. Not at this time.

RASHAD BRISTO: Do we have any public comment in regards to the report that's been presented? Not seeing any in the room. Do we have any in the chat, Ms. Branch?

REKEESHA BRANCH: No, sir.

RASHAD BRISTO: Okay. Thank you, Ms. Polotzola.

BAMBI POLOTZOLA: Is it an appropriate time to make a motion?

RASHAD BRISTO: Yes.

BAMBI POLOTZOLA: Okay. So yesterday, the reason why there was no motion because we had great discussion in regards to the need for, like I said, advocacy in education and employment. And we did that after looking at the state plan. And the request was for us to make recommendations that would go to the planning committee to consider including in our state plan. And we kind of left the meeting with us to think about if there's any ideas. And one of the ideas that was discussed yesterday was potentially adding an activity that would have a contract or contract with an entity

that could assist with advocacy for education and employment. Building the capacity for our advocacy and education in employment. And so I will make that motion that the council makes the recommendation to the planning committee to consider adding that as an activity in our state plan to contract with an entity that could assist with building capacity in advocacy for education and employment.

RASHAD BRISTO: Okay. We have a motion on the floor. Ms. Deaville is about to pull it up.

AMY DEAVILLE: Bambi, does it look right?

BAMBI POLOTZOLA: Yes.

RASHAD BRISTO: Okay. So the motion was presented by Ms. Polotzola. Make a recommendation to the planning committee that would add an activity that would contract with an entity that could assist with advocacy for education and employment. I heard Mr. Taylor second the motion.

BAMBI POLOTZOLA: I do have a correction. It would assist with building the capacity. Capacity building. Capacity for advocacy. Cause I still think that our advocacy organization, the leaders in the community that are part of it should be doing the advocating. I think we need to assist with building the capacity to do that.

RASHAD BRISTO: Okay. For the record I'm going to reread. The recommendation, the motion made by Ms. Polotzola is to make a recommendation to (inaudible) activity that would contract with an entity that could assist with building the capacity for advocacy regarding education and employment. And I heard Mr. Taylor second it?

ERICK TAYLOR: Yes.

RASHAD BRISTO: It was seconded by Mr. Taylor. Do we have any questions from any members in the room in regards to the motion as been presented? Do we have any questions from any council members on the virtual platform in regards to the motion at hand that's been motioned and seconded?

REKEESHA BRANCH: Not at this time. But we do have a hand raised.

RASHAD BRISTO: Thank you. Whose hand is raised, Ms. Branch?

REKEESHA BRANCH: Dr. Michel.

RASHAD BRISTO: Dr. Michel, you're recognized by the chair. You have the floor.

CHARLIE MICHEL: Thank you. I just want to say after hearing the conversations yesterday I think this motion is critical. There are so many things going on in the field of education today with LEAP tests and trying to introduce that to students with disabilities in the earlier grades and the ramifications of all that. We had the issues with the cameras in the classroom that while it appears that that is moving forward, there is still not total compliance. So many issues are coming up and I think for someone to be able to be familiar with those issues, familiar with the educational system and also able to make recommendations to DD Council members as well as making recommendations to BESE from the DD Council. I think that's a liaison that is crucial for the success of this. Education is a huge, huge issue. And it takes years for someone to be able to develop that. So whatever we can do to make that a reality for the DD Council I think it will only increase the effectiveness of the DD Council on all on those issues. Thank you.

RASHAD BRISTO: Thank you, Dr. Michel. Do we have any public comment in regards to the motion?

REKEESHA BRANCH: No, sir. Not at this time.

RASHAD BRISTO: One final check. Not seeing any hands. Do we have any opposition in regards to this motion? Not hearing any opposition, this motion will pass by unanimous consent. Do we have any other business that you want to present, Ms. Polotzola?

BAMBI POLOTZOLA: That concludes. Thank you.

RASHAD BRISTO: Okay. Thank you so much. Now moving forward. Next item up for business is Louisiana Rehabilitation Services, Ms. Bayham.

MELISSA BAYHAM: Thank you. So my report is the brightest pink report in here. So first is preemployment transition services. We are currently serving 3,450 students statewide in preemployment transition services. Which includes 14-- I'm sorry. Yes, 14 third-party cooperative arrangements. And those are the arrangements that we have directly with school districts to provide those services by a staff member within the district.

For vocational rehabilitation we have provided

statistics concerning individuals with developmental disabilities as well as our total numbers. So as of right now we have a total of 8,832 open cases in vocational rehabilitation. And 2,861 in preETS cases. And just a point of clarification if you notice this, so above it says 3450 and then below it says 2861. That's because some individuals are served in preemployment transition service spaces only. Meaning they are potentially eligible for vocational rehabilitation. But we also serve individuals who are actually eligible for the program and provide those services. We also provided statistics on open cases in VR of individuals with developmental disabilities and we've done that by region per the council's request. So I have those numbers for you. But we have a total of 2,451 individuals that we're currently serving.

And in the last quarter, which is October the 1st through December the 31st we closed 49 cases. Meaning that those individuals were successful and had competitive integrated employment. And we have also provided the numbers for the rehabilitation employment development specialist position which is our in-house job developer. And I think at this point the only region we do not have a REDs for is the Houma region. You don't see any statistics for region four because we just hired for that particular region.

Our Louisiana Rehabilitation Council, which is the advisory council for Louisiana Rehabilitation Services is always held the Thursday after this meeting. So it will be held on Thursday, January the 26th. We had an issue. We normally have this, I can't remember the name of the hotel right now, but it doesn't matter because there was apparently a sprinkler system went off and now the hotel is closed for months so we had to hurry up and get a contract. I think it's going to be at the Hampton Inn. We're finalizing that hotel contract as we speak.

But I also wanted to also call your attention to the fact that we are recruiting for several vacancies, six vacancies on our council. And I have those listed here. We're looking for a representative of individuals with disabilities who have difficulty representing themselves, a representative of business, industry and labor, a director of a federal section 121

project which is American Indian project, an advocate of individual with disabilities, an individual with physical, cognitive, sensory, or mental disabilities and a current or former applicant for or recipient of vocational rehabilitation services. So there's several vacancies that I think individuals of this council or individuals that you know of could potentially fill for us. So if you have any individuals you can certainly send them my way and we can get them the application for the rehab council.

Benefits planning. I'm sorry, we mentioned this yesterday in the committee meeting. We do now have an in-house CPWIC which is a community partner work incentives counselor. Which for lack of a better way of saying that is a benefits counselor. And 59 consumers were directly assisted with their SSI and SSDI benefits since February 2022. So we are being able to help more individuals with disabilities in getting just messaging out. Because I know this was a topic in several meetings ago about making sure that individuals had access to benefits counseling because as Mr. Taylor actually mentioned I think today, a lot of individuals are reluctant to go to work because of fear of what happens to their benefits. So we do give our consumers access to a benefits planner so they can have some one-on-one attention and direct information about specifically their benefits and how that will affect them if they go to work.

We are also in now year two of our disability innovation fund project. Which is called project STEM Up which is we're doing a collaboration with Southern University in Baton Rouge. So at this point in the project, you know, we've done a lot of focus groups and things of that nature, but now we're getting to the exciting part which is where we'll start actually serving individuals. So Southern is actively recruiting for the positions for that. Trying to remember their job title. I think it's career pathway coordinators. So if you know anybody who's interested in that type of position, they're looking for individuals with case management and rehabilitation experience.

But once those positions are hired we'll also begin recruiting participants which would be

individuals in marginalized groups who are seeking competitive, integrated employment in STEM occupations which are science, technology, engineering and mathematics. And we are projected to serve between us and Michigan, we're partnering with 850 consumers to be served with this project. And those are all my updates. If anybody has any questions.

RASHAD BRISTO: Thank you, Ms. Bayham. Do we have any council members in the room that has any questions in regards to the report that was presented for Louisiana Rehabilitation Services? Not seeing any. Do we have any hands raised, any council members have any questions in regards to what was presented by Ms. Bayham?

REKEESHA BRANCH: No hands raised, no comments.

RASHAD BRISTO: Okay. Thank you so much. Okay. This report requires no action and will be placed on file. Moving forward, the Office of Public Health report. The chair recognizes Dr. Barovechio.

PATTI BAROVECHIO: Good afternoon. Or morning still. Sorry. So my report is usually the bright orange report in your packet. And the Office of Public Health houses many programs under the Bureau of Family Health so our children and youth with special healthcare needs program continues to provide subspecialty clinics, pediatric clinics in areas of the state that lack provider capacity. And those things are outlined in the first part of the report. I think one of the biggest body of work for this target population has been our efforts with our family resource center as we work to expand its capacity and move it to a statewide virtual resource hub. So this service is available to any family in Louisiana, but especially targeting families of children with special healthcare needs.

And through a collaboration with our birth defects monitoring network we've been doing direct outreach to those families with a child that has been identified with a birth defect through monitoring and surveillance. And so one of the big projects of last year is we're working to work in real-time with extraction and outreach. So we hope at the end of this quarter we will be at that real-time point so that once the extraction data is in the system, which is about

six months post birth, we will be reaching out to families with much younger children. Over the last year we've been reaching out to families of children that were anywhere from 18 months to almost three years old as we started this initiative. So now we're getting closer and closer to that point of birth and diagnosis. So that has become a really important activity for us. And just to say that over the last quarter we had reached over 50 percent of these families. And of those families that were reached through these outreach efforts 93 percent of them had an identified need, at least one, most multiple. So we're really excited about this work. We're reaching families we haven't reached in previous efforts. So there's other things about our program, our Families Helping Families project. Each of our Families Helping Families right now are doing provider education. I'm sorry?

RASHAD BRISTO: I think it was just a hiccup on your internet.

PATTI BAROVECHIO: Oh, okay. I'm sorry. So Families Helping Families partners right now are doing provider capacity building events and so I will share those. I don't have any on the current schedule at the moment. That has been fully credentialed, but if our Families Helping Families partners are here and want to put that in the chat. We have some really great provider education opportunities to build their capacity to care for children and youth with special healthcare needs in our community. So those will be happening between now and the end of June of 2023.

The rest of the items in our report I'll field any questions about our home visiting programs, our early hearing detection and intervention programs. But there's a lot of great information in the report.

RASHAD BRISTO: Thank you, Dr. Barovechio. Do we have any council members with questions in regards to the report that's just been presented? Not seeing any hands in the room. Do we have any questions on the virtual platform?

REKEESHA BRANCH: We do have a question from Ms. Sara Waters. She says does the initiative include newborn screening?

PATTI BAROVECHIO: We do administer newborn

screening, so yes. Are you referring to the outreach with birth defects monitoring network?

REKEESHA BRANCH: Yes, ma'am.

PATTI BAROVECHIO: Okay. Yes, we do do outreach to individuals through the genetic screening program. That is very targeted for families that have a positive result, or something has shown up on that initial either the newborn hearing screen or the newborn blood screening for genetic conditions.

REKEESHA BRANCH: Thank you very much, she says.

RASHAD BRISTO: Thank you for answering that question, Dr. Barovechio. Do we have any other questions or any comments in regards to the presentation or report for Dr. Barovechio?

REKEESHA BRANCH: Nothing else in the chat.

RASHAD BRISTO: Not seeing any hands, nothing in the chat, this report requires no action and will be placed on file. We're moving ahead now. We're going to move to our standing council member reports. I'm going to go ahead and give the floor to Ms. Richard, Office of Aging and Adult Services.

MINDY RICHARD: Thank you. Yeah, so I guess I'll refer to this peach-colored sheet which is our statistics and numbers for this month. It's as of 12/31/22. You'll notice that there is some graphs inside this month's report. You all had requested that from our last meeting to look at some of our demographics of our numbers. But I'll just kind of walk you through some of the highlights on this report. The first part of the report talks about our home and community based services and the different ways that we deliver those services. So the waiver registry, remember I talked about that a little earlier, that Community Choice Waiver registry has just under 6,000 people on that waiting list. But only 1786 of those are not receiving some other type of service. So they're actually waiting for services at all. And so I will note that from December to January we saw a huge increase in the number of people that requested services. Almost 1,000 in that one month. And so we had gotten our response time to offer a waiver down to within 60 days, which is our business plan target, and now it's jumped back up to 13 weeks. And so we're working to kind of get those people through the process

so that we can get that response time down. So that's something that we're looking at. You know, we almost look at it on a daily basis, but certainly a weekly basis to see where in the process things are perhaps getting held up. I will say that last year the legislature gave us 250 additional slots and all of those have been filled. And so Steve's doing a great job there.

With regard to the traumatic head and spinal cord injury program last year we were given some additional funds to try to clear out some folks on that wait list and we're working through that. We've already connected people, all of the people that our money would allow us to serve on that so we work through the 20, I believe it was the 2019 and now we're on the 2020 wait list there. And that is funded through state general funds. So that's kind of our limiting factor there. The SPAS, I know there's a whole report that Kelly provides on that so I won't go through those details.

For adult protective services, as far as comparing where we are midyear this year compared to the last two fiscal years everything's kind of about the same. I will note that we are getting ready to do what I'm calling a listening tour around the state to listen, to go out into communities and listen to what we need to be, either what we're doing well, what we need to do better, what people need to know about abuse and neglect. And our first one is next week. I believe it's at the East Baton Rouge Parish Library and can get you more details about that. But we are trying to and would invite any of you to participate in that because we really do want to hear from families and people who need to know from us, you know, how the process works, what information we're allowed to share, not allowed to share and how we can do a better job of that. And so as Julie mentioned earlier we are making a very concerted effort to make sure we're getting in the community each year. And not just in the community, but in the right places in the community talking to the right folks. So getting the word out is half the battle sometimes.

I will kind of just turn quickly to the stats. It's not colored for you, but it's the one that looks

like this. And you'll see that the green bars, the bar chart on the left kind of shows the distribution between some of our different programs. So there's the adult day health care waivers, there's the long term personal care services which is a lot of people get services while they're waiting on a community choice waiver, right. And so then the PACE programs that I mentioned earlier. And then there's a population showing the different regions. These are our public health regions around the state, and you can see they're kind of color coded depending on who we're serving the most. You know, where those participants are located.

JILL EGLE: Y'all have an eligibility requirement when getting government funds? So you have to screen them to make sure it's trustworthy.

MINDY RICHARD: Yes, ma'am.

JILL EGLE: To make sure it's not a bad situation. It has to be safe, correct?

MINDY RICHARD: Yes, ma'am. Sure do. And so then there are some demographics here showing population we serve by race, by gender and by age groups. And I think the other thing that I really wanted to kind of put some energy towards was talking about the changes that we're going to be seeing or the work we need to do on the unwind to make sure that people maintain their Medicaid services. So I guess the first question I have, I see on the agenda we have Medicaid. Is there someone from Medicaid that's on the list or on the agenda to speak? Because if not, I'll talk about it.

RASHAD BRISTO: Not at the moment. We're going to table till after lunch. See if a representative comes.

MINDY RICHARD: Okay. That's fine. I can tell you just the big points of this are that we're going to have to do redeterminations on eligibility. These are, you know, back in 2020 we relaxed a lot of eligibility requirements and now because of the Consolidate Appropriations Act that was passed that timeline will begin in April. And so the key point here is we must, we must get everybody's contact information. Because some of the redeterminations can be done without talking to the participant, but most of the time we do have to get information from them. And so it is going to be so, so important that we all, every person in

this room do what we can to make sure people have updated their contact information so that we can reach them and get the information we need so that they will not have their services cutoff. And so I guess we're going to hear more about it. I certainly can hear from you all anything that you think would be helpful for us to know where to go to make sure people get this message and know how to do that. Because this is an all hands on deck for us and the Department of Health, but it also needs to be an all hands on deck for anybody who works with somebody who receives Medicaid benefits so that there's no drop in services. So I'll defer till after lunch to give information depending.

RASHAD BRISTO: Does that conclude your report?

MINDY RICHARD: Yes, sir. That concludes my report. Thank you for the opportunity to share.

RASHAD BRISTO: Okay. Thank you, Ms. Richard. Do we have any council members with questions in regards to the report just presented by the Office of Aging and Adult Services?

BAMBI POLOTZOLA: I do.

RASHAD BRISTO: Okay. Ms. Polotzola, you're recognized.

BAMBI POLOTZOLA: You said there was 1,000 applicants in December for the Community Choice Waiver?

MINDY RICHARD: So we've seen people come to the registry, 1,000 more people have signed up on our registry just since December.

BAMBI POLOTZOLA: And you had said yesterday that there were more eligible for what service?

JULIE FOSTER HAGAN: Just coming into the OCDD system. In the last three months of the year we averaged about 200 to 250 people that were eligible. Where before that it was more like 100 to 125 people statewide that were found newly eligible for OCDD services. So yeah, that is interesting.

MINDY RICHARD: And then they do say December is usually a big month anyway from year to year, but for some reason this year's, and that's why I noted it, was really a lot more than we traditionally see.

BAMBI POLOTZOLA: And I just wanted to point out, and I try to do this is look back because you keep your report so consistent and just so people we can recognize our gains and our wins. Last year for our

January report there were, from last year January report to this year's January report there's 744 people that are receiving Community Choice Waivers. So the impact on families is tremendous. And for those of you who don't maybe not know what Community Choice Waiver is, my experience is is people are aging and you realize oh, my goodness mom, dad, spouse needs like a lot of assistance and then somebody has to quit their job, or a person has to go into a nursing home. And what this means is that 744 families may not have to have made those big life changing decisions because they have these supports. So I say kudos to your office for that.

And also last year the registry was almost 4,000 more. A little bit less than 4,000 on the Community Choice, basically registry. They're waiting, but the actual waiting list of people not receiving services has gone down 3,000 people. So that's a huge difference and I just wanted to recognize that.

MINDY RICHARD: Thank you, Bambi, for that. And I'll have to say, you know, a lot of that came from last year we got 500 new slots for Community Choice Waivers and this fiscal year we got 250 more slots. And so whatever advocacy we're doing to get those additional slots and the state general fund that is used to support those has made a difference. We can't take entire credit. We're working through our processes better, but we're also getting support from the legislature. We appreciate that.

BAMBI POLOTZOLA: Is there an ask this year for more waiver slots?

MINDY RICHARD: I believe that we did not ask for more this year. I think it's because there are other advocacy groups that are asking for it for us.

BAMBI POLOTZOLA: Okay.

RASHAD BRISTO: Any other questions in the room in regards to the report that's been presented? Ms. Hano, I see your hand. You're recognized by the chair. You have the floor.

JILL HANO: In my packet I got two pages for OAAS. But sometimes I reprint it because I don't like the colors. My eyes are delicate. And when I went on, when I clicked for the OAAS report it was only, I was expecting it to be two pages and it was only one.

AMY DEAVILLE: Right. I tried to pull it up too and it gave me the same thing. So we're going to have to reattach the full report that has those graphics.

JILL HANO: And can y'all repeat-- oh, no. I wrote on something important. Can y'all repeat in 2022 y'all got 500 additional Community Choice slots, correct?

MINDY RICHARD: Yes, ma'am.

JILL HANO: In 23 you got 250?

MINDY RICHARD: Yes, ma'am. That's correct.

JILL HANO: Okay. Thank you.

RASHAD BRISTO: Thank you. Do we have any other questions in regards to the report that's been presented from Ms. Richard?

REKEESHA BRANCH: We do have two comments in the chat.

RASHAD BRISTO: Okay. Ms. Branch, please read them.

REKEESHA BRANCH: Mylinda Elliot ask is there a list of the listening sessions we can access.

MINDY RICHARD: Not yet. They're still being planned, but you're welcome to send me an email and I'll be happy to get that schedule to you.

REKEESHA BRANCH: And April Hampton asked what is the phone number and website to update information for Medicaid.

MINDY RICHARD: Okay. I can give that to you. So the Medicaid customer service hotline is 1-888-342-6207. And that hotline assistance is available Monday through Friday 8 to 4:30. Then a member can also directly make changes to your contact information, which that's the piece we have to get right, by logging onto mymedicaid.la.gov. And then a third way is you can email mymedicaid@la.gov. And then one other thing is you can call the health plan number on the ID card and those folks can help walk through that process as well. So thank you in advance for all your help in that area.

RASHAD BRISTO: Ms. Cosse, I see your hand. You're recognized by the chair. You have the floor.

BRENDA COSSE: Yes. Could we have that list sent out to all the council members if not through a LADDC news that was mentioned earlier. And if we could get some of that information from the second question, if we can have some of that posted in the chat if it hasn't already been done. Thank you.

MINDY RICHARD: Absolutely. Thank you. And so I'll get it to you ladies once we have that schedule and y'all can blast it out to everybody. We appreciate that.

RASHAD BRISTO: Any other questions, comments in regards to the report that's been presented by Ms. Richard? Not seeing any hands virtually. Seeing any hands physically. Any comments in the chat in regards to the report?

REKEESHA BRANCH: No, sir. Not at this time.

RASHAD BRISTO: Okay. Well, this report requires no action and will be placed on file. We're going to table the Bureau of Medicaid for now. We're thinking they may show up after lunch and we're running ahead of schedule. So Dr. Wilson, we're going to yield the floor to you for your report.

PHIL WILSON: All right. Thank you. I'm keep this brief. Everyone should have a document that looks like this. I don't know what color it might be. But just has the Human Development Center logo at the top. I think it stays on there when it goes in the packet. Anyhow, I'm not going to go through the whole report since it's here, but I want to highlight a couple of things that I think are particularly noteworthy. So our early childhood folks have been doing a lot of work and I have to say primarily in Metropolitan New Orleans, Greater New Orleans area. But that's partly because we're doing it on a very slim budget. So traveling around the state is a little difficult with the budget we have. But Maria Blanco is the head of that particular initiative and Katie Rambo works very closely with her. And just want to say that there's a lot of things that are happening with agenda for children and NOWEEN. I realize if you're not in New Orleans might not mean a great deal to you, but Agenda for Children is for the regional TA center for early childhood. And NOWEEN is specific to, it's sort of the baby of Agenda, but just deals primarily with Orleans Parish. But then again, this is kind of New Orleans centric, but the City of New Orleans is one of the first cities really in the country to really pony up a lot of money for early childhood. Because we recognize, as I'm sure everyone else does, if you're a parent and you have children and you don't have

childcare it can be particularly difficult to work. And, you know, with the pandemic and all the other things layered on top of that it's really putting families in a tough situation. I guess also including inflation. We're all feeling that a bit too, I guess.

So the point is NOWEEN and the City of New Orleans with support from in TA and what not from Agenda for Children and the Human Development Center and other players, part C providers and so forth have received a number what they call city seats. Which are basically publicly funded preschool or childcare center-oriented seats, if you will. People that meet income requirements, formally I think around 200 percent of federal poverty rate, their tuition would be waved or paid by, in this case, the city. This same model is probably going to make its way around the state if our legislators get behind it and put some money into it and so forth. But for now the big thing is oddly, I say oddly cause I was hoping it would pass, but I plan for the worse. The city actually had a referendum and it was supported. So the millage here in Orleans Parish increased and it's going to put, you know, tens of millions of dollars into childcare for people in Orleans Parish.

I'm not sure if the income requirements are changing like going up higher in order to qualify. I think that's the case. So I will just say that while we have some numbers in here you can all look at numbers and read all that good stuff. But I guess the real thing is I'm extremely I'll just say proud and happy and whatever that this group of folks, Maria Blanco's team have managed to really do a lot of heavy lifting along with other partners outside of the Human Development Center, obviously. So it's a really good thing.

So what's really exciting is that initially the city seats were supposed to include kids with disabilities in a number or percentage that you would find representative of kids with disabilities should be in these childcare seats. And for two or three years despite the work and the evaluations and the recommendations that Maria and her team gave the folks at NOWEEN and Agenda we weren't moving the needle. We weren't getting kids with disabilities into these

childcare programs. But in the last year that is really turning around. And it's pretty exciting.

Partly the other thing is is we also have a large early Head Start Program. Which is we do training, technical assistance support for childcare providers here in Orleans Parish. And currently serving about 200 families. And the nice thing about that is it's because Head Start and Early Head Start are not unique to New Orleans, obviously. There's possible ways to replicate, expand, move this, these approaches to other parts of the state. And so that's really on our radar for the future is how do we move this out to other parts of the state. And we are working to try to figure out, I don't know if Meredith's in the crowd, I just see all the faces here, but the Department of Ed has been really supportive and helpful for trying to expand this whole approach to other parts of the state. And there was a change, I don't know if people understand what the vendor guide is, but school districts can go to an approved vendor, which the Human Development Center is an approved vendor for K12 education. LDE asked us if we would like to extend downward a bit to do PreK. So those contracts are beginning to occur and so we're actually-- and those happen around the state. We have people in Shreveport, in Monroe and Lafayette and other parts of Ruston. So we are truly doing childcare training, inclusive childcare training and technical assistance kind of work around the state.

As far as the work we're doing through the contracts that we get by virtue of LDEs vendor guide we are trying to constrain that to Head Start Programs or programs that are run by school systems. That's caused some hiccups internally for us because we have early childhood and then we have K12 faculty and staff and people are a little confused about where their lane is. But we're sorting that out and we hope to go much more statewide.

And like I said, there are other things. I would go on and just be really effusive about all the other great things that are going on in our programs and with our partners in the community around the state, but I think you've heard probably enough from me, and the rest is in the report. And I will take any questions

or suggestions now.

RASHAD BRISTO: Thank you, Dr. Wilson. Do we have any council members with any questions in regards to the report that's been presented? Not seeing any hands. Do we have any council members on the virtual platform with hands raised?

REKEESHA BRANCH: No hands and no comments in the chat.

RASHAD BRISTO: This report requires no action and will be placed on file. Ms. Hagan, this will determine when we go to lunch.

JULIE FOSTER HAGAN: I was going to say, just a quick question. Sometimes I take more than 20 minutes. Would you like me to start and stop for lunch or would you like to wait for me to do it right after lunch? I'm okay either way.

RASHAD BRISTO: I tell you what, Ms. Polotzola.

BAMBI POLOTZOLA: You're giving me 20 minutes.

RASHAD BRISTO: Usually your report is a little more brief.

BAMBI POLOTZOLA: My report is the green color report. And on the first page you can see that we have the list of the people who were our GOLD awards.

JILL HANO: Not everybody.

BAMBI POLOTZOLA: Are you teasing me because my report was late? She calls me out because my report's late. But it is there now online and in your packet. So we have the 2022 GOLD awards and they're listed. The recipients who were exceptional recipients many of them are people that you may know who are recipients of the GOLD award. And then below that we have the winners of our inclusive art contest. And the-- I'm sorry. The GOLD awards, the video of it is posted on our YouTube channel and it also will be playing on public stations around the state. Should be doing so now and for next several months. So you might catch a glimpse of it if you're watching public channels.

The Governor's Advisory Council on Disability Affairs met in December. Our next meeting will be in March right before the legislative session starts. And you can see listed on the report several recommendations that the council made. Some of them are things that we're going to be talking about here such as the LAPIE funding. I'm sure Tory will talk

about their ask in regards to their SILAP program.

Also, a couple things. The accessibility issues at the capitol for people who are Deaf. And regards to the legislature, legislation was passed in 2017 and they're still not captioning at the capitol, but hopefully we're getting to the finish line with that. Also, there was a recommendation to have a study resolution to look at how each state agency spends transportation dollars. We have a huge need for transportation in the disability community and just to look and see maybe there's some ways to be able to partner and not have like our transportation dollars in silos. That only gets people to a certain point. Maybe there's some innovative ways that fund could be used. And then also a proposal from Louisiana Public Health Institute about paid leave that they're going to be making a request for.

For the State Interagency Coordinating Council for Early Steps they need parent representation. So parents, I think it's parents of children who are in Early Steps or would qualify for Early Steps who are 12 years or younger or is the qualifications to be considered a parent representative. So if you are interested in that you can let me know. Alicia Vion is our executive director. She's also in our office.

And then the voting accessibility task force. As you can see, they will be meeting on the 24th which is Tuesday at 1:00 in the Thomas Jefferson room at the Claiborne Building. The report was supposed to be due on February 1st, but got it extended to March 1st and they'll be another meeting scheduled on February 10th. And as you can see in the report that there's really concerns about the lack of meaningful discussion about voting accessibility and the physical inaccessibility of the meetings themselves. And so the Secretary of State's office is in charge of this task force, and we've been really trying to work with them about accessibility issues. The majority of this task force are people with disabilities. Many of the people that you know. But we really would like to see people either attend these meetings in-person or make comments. And the DD Council has sent out alerts in regards to when those meetings are happening so that people can get those comments in.

Another thing of interest, which I think is on our legislative agenda, is in regards to virtual participation and open meetings. There hasn't been any progress on the task force that was created for SR, Senate Resolution 147. They had a meeting in November, but I don't think there's been any updates in regards to that. So we still need to work on that. It's a priority for the DD Council and a priority I think for the disability community as a whole.

The Commission for the Deaf will meet tomorrow. Melissa and I have three days of meetings. Melissa serves on that with me. So that will be tomorrow from 9 to 1 in the capitol. You can watch that from the legislative website just like you watch legislative committee meetings. Or you can attend in-person. And then we have the Special School District has their selection of superintendent on January 24th. And as I shared yesterday in the Education Committee there's really a lot of concern around the Special School District Board which I think we all should be concerned with. First off, because it is an example of what I think is probably legislation that was not the best legislation in creating this new school board. And secondly, it really shows a lack of understanding of culture because the Deaf community, they are a culture and they are a culture that has been historically oppressed. And sometimes we don't think about that. We'll think about it in terms of education because it's a school board. But you have an entire culture and you're not respecting that. And sometimes it may come out that people, I think talking about people are Deaf or any other group that has been historically marginalized. And it's not only the feeling that they feel like this is their children and what their children should get, but they're carrying that burden of what they experienced, what their grandparents experienced. Because Deafness is something that can be carried on, you know. It can sometimes be a genetic issue. So I think that the amount of trauma that it's causing to that community of what's happening and the disrespect for their culture and their language. Not intentional. I really don't think people are really trying to do it intentionally, but it's not being intentional and not disrespectful to it. So I think

it's a lesson for all of us to learn and think about as we engage with different entities. And so I think that's all that I have.

RASHAD BRISTO: Thank you, Ms. Polotzola. Do we have any comments or questions in regards to the report that's been presented by GODA? Do we have any hands raised?

REKEESHA BRANCH: Ms. Jill has her hand raised.

RASHAD BRISTO: Ms. Hano, you're recognized.

JILL HANO: Bambi, (inaudible) the December 12th, the council meeting.

BAMBI POLOTZOLA: I'm sorry, Jill. Can you repeat that.

JILL HANO: Are the minutes up for the December 12th council-- oh, my God. I literally can't. Are the minutes up for the December council meeting?

BAMBI POLOTZOLA: You're calling me out again.

JILL HANO: I'm not. I'm asking a question.

BAMBI POLOTZOLA: I'm joking. We normally don't post the minutes until they're approved by the council, but I can certainly send you the draft to be able to see what we have in the draft in the minutes.

JILL HANO: Okay. Thank you.

BAMBI POLOTZOLA: Okay.

RASHAD BRISTO: Do we have any other questions or comments in regards to the--

JILL HANO: You know you love me.

BAMBI POLOTZOLA: I do.

MINDY RICHARD: I do have a quick question. I forgot to ask at the end of my presentation was those graphs that I gave you all, would you like to see those in a monthly basis or are some of the ones we need to track monthly, quarterly and not others. I don't know if the age and gender are going to change that much so I don't know if that's helpful to you all to see that every quarter. I'm happy do it, but it is staff time to put it together so if it's not something we want to look at, but we do want to look at some of those graphs I'm happy to include them going forward. I forgot to ask if you all wanted to keep getting that or not. Do you mind looking at that again.

BAMBI POLOTZOLA: I liked it. I looked at it. And don't necessarily need the gender. I mean, I think it's interesting that we have 2/3rds are women than

men. But I thought it was also interesting that we have, there's 80 percent African Americans that are receiving those services. Which is great. I was afraid we would have some disparity. But yeah, I like the region and the racial breakdown. The gender and the age are not as important.

MINDY RICHARD: That's kind of what I was thinking too. Do you all agree?

NICOLE BANKS: Yeah.

MINDY RICHARD: Okay. And as far as the different programs and the distribution between those different programs, was that interesting to you as well? I don't think that's going to change dramatically from quarter to quarter, but I'm happy to provide it if it's something you want to see.

RASHAD BRISTO: What say the council?

BAMBI POLOTZOLA: You're including that on the front?

MINDY RICHARD: Yeah. We are. Just not visually. Okay. All right. Well, then we'll continue to report out by the region and the race, and we'll drop the other three graphics. Thank you very much for that.

PHIL WILSON: Pardon me for trying to be acknowledged.

RASHAD BRISTO: Go ahead.

PHIL WILSON: Okay. I'm sorry. I just didn't know cause I had just dropped off the internet for a while because our internet's unstable here at LSU right now. I think obviously that must have been Melissa talking, is that right just now?

RASHAD BRISTO: No.

MINDY RICHARD: Mindy Richard.

PHIL WILSON: Oh, okay. Never mind then. I take my comment back. I can see the whole table. It's hard to tell who's talking.

RASHAD BRISTO: We haven't mastered the 3D version yet.

PHIL WILSON: I got you.

RASHAD BRISTO: Ms. Cosse, I see your hand. You're recognized by the chair.

BRENDA COSSE: Oh, chairman, I had lowered it. Dr. Wilson asked my question. The person didn't identify themselves and if you're virtual we can't really see who's talking. Thank you.

RASHAD BRISTO: Okay. Thank you. And please note whenever we have comments like that just self-identify for clarification.

MINDY RICHARD: I'll do better.

RASHAD BRISTO: Before we break for lunch, I do want to just make a special recognition. On the GOLD awards for 2022 Ms. Kathy Dwyer for (inaudible) award. For educator of the year, Dr. Charlie Michel. For family of the year, the (inaudible) family. Many of y'all remember Mike, a former council member. And also employer of the year Susan Riehn of Southwest Louisiana. All of those have components or components of the DD Council and it's just real refreshing to see that they're recognized for their labor and their advocacy. So with nothing else being said at this point we'll go ahead and recess for lunch. Going to ask everyone to reconvene about 12:55 so we can be as punctual as possible. At this time we will recess for lunch.

RASHAD BRISTO: Good afternoon, everyone. Trust that you had a great lunch. We're going to call back to order the Louisiana Developmental Disabilities Council. The time is now 12:58 January 19th. We've come to our standing member council reports. I see Mr. Brian Bennett with Medicaid. Mr. Bennett, if you're ready, we're ready to yield the floor to you for your presentation.

BRIAN BENNETT: Okay. Thank you so much. Good afternoon, everyone. I'm Brian Bennett. I'm with our Medicaid agency in the Medicaid program support and waivers section. I'm the section chief over that area. And I'm going to, should I share my screen with the report or?

RASHAD BRISTO: Yes.

BRIAN BENNETT: Okay. So I'm going to highlight just a few areas of Medicaid's report. Starting out section three the Act 421 Children's Medicaid Option. Get to that section. So I think most of you or at least some of you are familiar with this program. The Act 421 Children's Medicaid Option Program or TEFRA as some people call it, that was authorized under the 2019 or in the 2019 legislative session under Act 421. We launched that program earlier this year or earlier last

year January 1st, 2022. So the program's been up and running for just over a year now and at the end of last year we had approved 787 children in that program. And I have a little bit more recent data. Actually, as of last Friday we have 827 children in the program now approved. And essentially what this program does is it offers Medicaid coverage for children that have disabilities or complex medical conditions and it disregards parents' income. So where they would have otherwise been ineligible because of their parents income this program allows them to gain Medicaid coverage.

We do have a website for the program. If any of you would like more information about that program or how people can apply. The website address is LDH.la.gov/act421. And on that website we have information about what that program is, who may be eligible for the program and the steps that are needed to apply. And we've also listed that at the top of the next page. There are four basic steps to applying for and enrolling in that program. And just very briefly you need to complete a Medicaid application. You then need to meet a certain level of care. Either nursing facility, ICF or hospital. If a disability determination has not already been completed, one of those is necessary. And then once steps one through three are completed then you're actually enrolled into the program and you get your welcome packet for Medicaid and your Healthy Blue Louisiana plan. So again, if anybody would like more information on that program they can visit the Act 421 website. We've included some information for people that may be interested in applying or if you know of someone that may be interested that may qualify for that program please encourage them to visit that website.

The next section, section four dental coverage. So last year we launched dental services for adults enrolled in three of OCDD waivers. The NOW, the Supports and the ROW waivers. The dental services went into effect July 1st of 2022. And kind of in line with that one thing that the department is working on right now per Act 366 from the 2022 legislative session we're currently working to launch dental services for ICF residents. So right now we are working on filing

everything with CMS and working to get those approvals. We're working through our rule making contract amendments and rate setting. And right now our estimated timelines to launch those services are May of 2023. And that will be dental services for those residing in ICF. And assuming we get CMS approval our estimated timeline for doing that is in May.

And skipping forward on page nine, Self-Direction. Let me scroll to that section. So and our Self-Direction Program we've seen pretty steady growth in that program over the past few years. Right now there are over 2100 people participating in the Self-Direction Program and they receive services through one of our two fiscal employer agents. Either Acumen or Morning Sun. And you can see from the chart that it's broken down enrollment by waiver that most, over half of our enrollment is in the NOW waiver and most of the participation in Self-Direction is from the OCDD waiver. So over 90 percent of our total enrollment in the Self-Direction program is from individuals enrolled in either the ROW, NOW or Children's Choice waivers.

Skipping ahead to section nine, electronic visit verification or EVV. Congress passed a law a few years ago, it's call the twenty-first century CARES Act and that required every state to implement electronic visit verification or EVV for certain services. So back a few years ago we started implementing EVV for our personal care services. We're fully implemented with our various personal care services right now. I think we completed that by the end of 2019. And there's some information included about our rate of compliance with our provider agencies. But one thing that we're going to be working on in 2023 is to stand up EVV for home healthcare services. The federal deadline to implement EVV for home healthcare services is at the end of 2023. So we have a little less than a year to get that up and running. So throughout the rest of this year we're going to start working with our home healthcare providers due to programming that we need to launch EVV for those services and make sure that those providers are trained so that we can be sure to meet the compliance deadline by the end of the year.

Another update, and I put this in the EVV section because it involves our EVV contractor, but for our

home and community based data management EVV system we currently have a contract with SRI that we're looking to re-procure. We issued a request for proposals for that work in May of 2021 and after we evaluated all the proposals that we received we issued an award in October and that award was to SRI. However, a protest was received on that award so we're currently kind of in a holding pattern to transition to that new contract until we receive a decision from the Office of State Procurement. But essentially what this contract does is it provides a lot of support for our various HCBS and waiver programs. This contractor, they prior authorize all the services under those programs. When a provider delivers services they report the services to this contractor and they make sure that all of the services were delivered in accordance with LDH policy. So policies that OAAS, OCDD and Medicaid has set up. They make sure the services are being delivered in accordance with those policies.

And then they also house a lot of our HCBS and waiver data and reports that we rely on. So that's a pretty important contract and we're just waiting on the outcome of that protest to decide how to move forward with that award. I think that wraps up my presentation, but I would be happy to take any questions if anyone has any.

RASHAD BRISTO: Do we have any council members have any questions in regards to the report that's just been presented?

ERICK TAYLOR: Yes. This Erick Taylor.

RASHAD BRISTO: Mr. Taylor, you're recognized. You have the floor.

ERICK TAYLOR: I have a question for you. A couple questions. First, I'm hearing that counselor people, that y'all pulling them out the home and putting counselors that got degrees and that's licensed in.

BRIAN BENNETT: I'm sorry. I didn't catch that question. Could you repeat it.

ERICK TAYLOR: Yes, sir. I can. Y'all pulling the counselors out that comes into the home and counselor people, y'all pulling them out and then one counselor come in that's licensed to counsel?

AMY DEAVILLE: So Erick, is this about behavioral health services?

ERICK TAYLOR: Yes.

AMY DEAVILLE: Okay. And your question yesterday was about people are already receiving some counseling services like in their home.

ERICK TAYLOR: Correct.

AMY DEAVILLE: But now Medicaid is requiring those people to be licensed.

ERICK TAYLOR: Right. The ones that you already have in your home they would stay in place one day and then another counselor come in another day that's licensed in the home instead of putting one in and now putting two in. I was asking him that question.

AMY DEAVILLE: Okay.

BRIAN BENNETT: I'm not familiar with that program. I might need to discuss that with the Office of Behavioral Health. Who asked the question?

RASHAD BRISTO: Council Member Erick Taylor.

BRIAN BENNETT: Erick Taylor. Okay.

RASHAD BRISTO: And what we can do is we can provide you with Mr. Taylor's contact information and vice versa that way he can have a follow-up conversation with his concerns and his questions.

ERICK TAYLOR: Another question I had.

RASHAD BRISTO: And he has another question. Mr. Taylor.

ERICK TAYLOR: Is it true Medicaid is cutting back on the funding for the people that get long-term service?

BRIAN BENNETT: Not that I'm aware of. We're not cutting back funding at this point in time. In fact, I think recently we've increased rates for long-term care.

ERICK TAYLOR: Okay. What I'm hearing, I'm just asking a question that I hear and the best way to get it is from that. Another question is y'all now, is y'all qualifying the people that's in your home, is it that y'all trying to fix that where the people that's in your home as you're trying to give them more qualified to be in the homes?

BRIAN BENNETT: You mean the workers that deliver services in the home, are we working on maybe improving those qualifications?

ERICK TAYLOR: Yes.

BRIAN BENNETT: I think, again, I might have to

check with OAAS and OCDD on that.

RASHAD BRISTO: Ms. Hagan, you're recognized. You have the floor.

JULIE FOSTER HAGAN: So at OCDD, I'll let Mindy speak for OAAS, but we don't have anything right now that we're actively working on in terms of changing the credentials of what is required from the direct support professionals. We have received recommendations that we need to look into things such as like a career ladder where you may have additional qualifications of the direct support professionals for people who maybe have more complex needs that they have and we are actively exploring that. But we don't have anything in place right now that is anything different than what's required by licensing for direct support professional.

ERICK TAYLOR: Y'all think it would make the program much better?

JULIE FOSTER HAGAN: The concerns that we hear from folks is that right now we already have a direct support workforce crisis and so if we change without trying to kind of phase something in or think about how we do it then you might, for example, if we just said, you know, beginning in the next year direct support professionals have to have some certain training or credential and we don't have the money to increase the rate because right now the minimum that can be paid is 9-dollars an hour. So if you have someone with higher credentials it may be hard to find them. The fear is that if we change that too fast without trying to build a system first to accommodate that you're going to have people who then don't have anybody because the crisis is so severe. So we're trying to balance the need. Yes, I do think people who provide those services could use more training and more experience and practice so that we see better quality services. But at the same time we're having to balance it with being able to make sure that we still have a workforce who's able to do that. And so we have to do a lot of things I think hand-in-hand without making big changes really fast. Does that make sense?

ERICK TAYLOR: Yes.

MINDY RICHARD: And it's the same answer for the Office of Aging. I will say we are exploring ways to provide the training more consistently, so it doesn't

depend on the employer to get that quality training. That if we can help with the consistency of that training in allowing an easy way for people to get trained, then we have more comfort that they're getting the right training no matter who they work for. So we are working on that. But not a licensure like Julie said. We don't want to do anything that makes the workforce even harder for people to get into. Yes, sir. Good question though.

RASHAD BRISTO: Satisfied, Mr. Taylor? Okay. Do we have any other council members with questions or comments in regards to the report that's just been presented by Medicaid? Ms. Hano, your hand's raised. You're recognized by the chair. You have the floor.

JILL HANO: What was the dental act that was passed in 2022?

BRIAN BENNETT: So I just caught what was-- were you asking what was in place in 2022?

JULIE FOSTER HAGAN: What was the dental that was passed in 2022.

BRIAN BENNETT: Oh, okay. So earlier this past summer when they had the legislative session the legislature passed a bill that authorized dental services for people that were residing in ICFs. Kind of similar to how they added dental services for adults receiving OCDD waiver services the year before. So that's one of the things that LDH is working on right now is to pull everything together so that we can put those services in place, those dental services for people that are in ICFs. So that adults living in ICFs will have access to comprehensive dental care.

JILL HANO: Okay.

RASHAD BRISTO: Do we have any other questions or comments from any council members in regard to the report that's just been presented?

REKEESHA BRANCH: Ms. Kathy Dwyer has her hand raised.

RASHAD BRISTO: Okay. Ms. Dwyer, you're recognized by the chair. You have the floor.

KATHY DWYER: Thank you, Mr. Chair. Mr. Bennett, hi. I'm Kathy Dwyer. I think we may have met at the capitol. I was the one that helped champion both Act 450 and I'm sorry, I don't remember the act now for the residents of ICFDD facilities with the dental

legislation. And you may have said this already, but I may have missed it while caring for my daughter. What is the status of implementing those services for individuals residing in ICFDD facilities? I understand you had to work out the formula because of the state plan requiring Medicaid to pay a certain portion of dental, but it wasn't the full comprehensive care. So have y'all finished with that and if so, what are the next steps and how long will it take to then get it implemented?

BRIAN BENNETT: So based on the timelines that we're working with right now we are working to get it implemented May of 2023. That's what we're shooting for right now. So in the next few months. What we have going on right now is we have our dental waiver, that amendment is under review with CMS right now. And then we're also working to get our rulemaking published. The contract amendments with the dental plans, they're working to get those put into place. And finalizing the rates for the dental plans. So May of 2023 is our tentative timeline for launching those services.

KATHY DWYER: Okay. Thank you. And just to make sure I understand you correctly, you've submitted a revision for the state plan to include the dental services for that population. You're waiting for CMS approval on that, correct?

BRIAN BENNETT: We've submitted an amendment to our dental waiver. That's what's under review with CMS.

KATHY DWYER: Okay. And then you have, you're working with the providers, the dental plan benefit managers on the contracts and so forth?

BRIAN BENNETT: Yes, ma'am.

KATHY DWYER: Okay. All right. Thanks so much.

RASHAD BRISTO: Anymore public comment or hands raised?

REKEESHA BRANCH: No, sir.

RASHAD BRISTO: Okay. Not seeing any hands raised, no other public comment the report that has been presented by Medicaid will require no action and be placed on file. Thank you, Mr. Bennett.

BRIAN BENNETT: Thank you.

RASHAD BRISTO: Moving forward we'll have our report for Office of Citizens with Developmental Disabilities.

JULIE FOSTER HAGAN: Good afternoon, everybody. So on our report some of the data that you see is data that we just have been consistently reporting for some time so that we can do a comparison of the number of people receiving home and community based waivers over the years as well as, you know, kind of the total cost of those waiver services over the years. And then we also look at the average cost for our waiver participants. One of the tables, one of the tables is new though. We were asked at the last meeting similar to what Mindy provided in terms of some demographic information. So you now see a table that's been added that gives a breakdown of the total number of waiver participants by region and by race. That's now included in a table that we have. Again, that's the first time, similar to what Mindy said, if that's easy to read let me know. If we can present that in a different way that might be easier to read let me know that as well.

The next piece of information is related to the participant services database. Our screening of urgency of need. We've been working with Ebony on updating kind of how we present that data. And so you'll see some current quarter data. We are, I will say we are seeing an increase in the number of people, in the percentage of people who are scoring a SUN score of three or four. Which means they have urgent or emergent needs and then therefore get a waiver offer. And so I know we also kind of work with you guys closely to watch the Developmental Disabilities Council in the past has asked the commissioner to keep a million dollars in the New Opportunities Waiver fund so that if we ever do get close, remember right now if somebody gets a score of a three or four they're able to get a waiver opportunity. If at any point-- we no longer count slots, we just use the budget. And so you can see that we have a lot more people receiving services, but we have been able to continue to provide those waiver slots to folks or waiver opportunities to folks because we can do it within our budget. But we closely watch our budget to be able to see if at any point we run out of budget, because it is starting to cost us a little more, some of that's because of Covid, you know, we would have to reinstitute a waiting list

if we hit our max on our budget. So we closely watch that. We're not in fear of that happening this year or next year, but the council has written a letter in the past and the commissioner has gone on record to agree that they will maintain at least a million dollars in that New Opportunities Waiver fund so that if we need budget to make sure we don't have to go back to a waiting list that's there.

And we also closely watch the New Opportunities Waiver fund. The way that money gets put into that fund is if we have a surplus. And we have had a budget, a state budget surplus over the last two or three years, I think three. And so we have had money added to that New Opportunities Waiver fund consistently for the last three years. So again, we closely watch all of those things. When we know that the SUN scores are going up when we first did the screenings it was about 15 percent of the people, total people we screened received an offer. You can see now it's up a lot higher. It's closer to like 30 percent of the people are screening at a three or a four. So again, we'll closely watch that and continue to provide you guys with any updates related to that. It's hard, like the analysis we do. I'll be honest, I can't do it. I have a business analytics team who looks at that, they look at the projections. Because I think before we've tried to say well is there some data we can present the council so the council can take a look at that. And I'm happy to provide you guys with that information if needed. But it's kind a whole team who has algorithms and other things that they do to do budget projections and to take a look at the number of people. It's hard to present the data in a way that's easily able to be represented and make sense. But if there are any suggestions you guys have or any other data that you guys want, feel free. And we're happy to provide it if we're able to get it.

We do, the next section talks about some things that we have going on with our employment and our supports waiver. We are working, for those folks who do, who are in our waivers and have employment services or day habilitation services we've been doing a lot of work over the last couple of years. We heard from our stakeholders that, stakeholders including people

receiving services and providers. At one point we had different service definitions, different rates, different everything. If you were in a Supports Waiver or Residential Options Waiver or New Opportunities Waiver what everybody says, y'all need to streamline those and make them the same. So we're almost there. We're really close at having the services all the same. There's some waiver amendments we have out now. That way no matter which waiver you're in you'll have the same types of services.

We've also changed so that, you know, before Covid a lot of times if someone wanted to go to a day program they had to go to an actual facility with other people and usually that facility only had people with disabilities. It wasn't an integrated or inclusive facility. So we've also changed so we have a lot more services that can be provided in the community. So instead of going to a facility you can have a day program provider who actually just goes and picks folks up and they do things in the community as opposed to having to go to a facility. And then we've adjusted the rates to be able to allow for that. So again, we're not there yet, but we are really close to having all of that aligned. Having all of those new services available. And also doing some changes related to our employment services to make sure folks can have access to their job coaches and what we call follow along once they do get employment. And so we're really excited that those will all be consistent and that we're really close to that.

And a lot of that was, we really needed to do it, but there also was a federal rule passed called the Home and Community Based Settings Rule that really pushed us to start looking at that. And states have really until March of this year to be in compliance. We did have to ask, states were able to ask for a corrective action plan and we did ask CMS for a corrective action plan just to give us a little longer. Because we know that there are some day program, they call them day program facilities, but they do employment in day programs that just haven't been able to reopen. Some in the New Orleans area, some in the Lake Charles area. Between Covid and the workforce shortage and just devastation in some of those areas

from the hurricanes we have some providers that haven't been able to open back up yet. And so we just asked if we could have a little bit more time because we do want to try to get all providers to be in compliance because what will happen if you're not in compliance the state won't say that you have to shut down. You're not in compliance we won't be able to give you any Medicaid dollars anymore.

JILL EGLE: For like auditing at the end of the year, correct?

JULIE FOSTER HAGAN: Right.

JILL EGLE: You know what I heard at the group home. Do y'all do a lot with Magnolia in Jefferson Parish?

JULIE FOSTER HAGAN: They haven't reopened yet. The day program hasn't reopened yet.

JILL EGLE: I thought somebody text me and said they had where they go out into the community, did reopen. They still haven't?

JULIE FOSTER HAGAN: To my knowledge, unless it happened in the last couple of weeks.

JILL EGLE: Do y'all provide services for them too?

JULIE FOSTER HAGAN: Uh-huh.

JILL EGLE: Oh, okay. So you represent all of Louisiana's parishes and services?

JULIE FOSTER HAGAN: The services that are under the Department of Health for people with developmental disabilities, yes. I have to be careful because there's lots of other agencies that do stuff. I'll talk a little about our waiver and the American Rescue Plan Act. But before I jump into that, Brian, I wasn't sure if we were going to cover it. So Brian, if you're still on the line, and Mindy, you guys, if I say anything incorrect or you guys want to jump in. I do want to talk a little bit about the public health emergency because that's directly tied to our waivers and it's tied to some other funding. So there's been a lot going on at the federal government level related to the public health emergency and some of the dollars that are tied to the public health emergency. So way back in 2020 the federal government gave states some money through what they call the CARES Act, and it gave, it's like a 6.2 percent extra federal dollars that you could drawdown while the public health

emergency was in effect. And in essence it said states are going to continue to get this extra money as long as the public health emergency is in place. However, one of the things that states had to agree to is that you wouldn't take anyone off of Medicaid while you were getting this extra enhanced fund. So at this point I think I heard Tara say the other day we have about 2 million people on Medicaid in Louisiana. And that number is much higher than it would have been had we been, you know, regularly renewing the eligibility determination for Medicaid. But again, since 2020 we started getting that money and under Covid we haven't been able to reduce that. So you heard us talk a lot about the PHE ending tied to waiver. And I'll talk about that in a second, but in general we've also had a lot of presentations on once the PHE ends everyone is going to have to go back through Medicaid determination or renewal. And we've talked a lot or heard a lot of folks talk about needing to have your most current contact information because we kept planning, okay, maybe it's going to end in another 90 days. Maybe it's going to end, but we just kept kind of kicking that can down the road. Or not we, the federal government kept kicking that can.

So in the budget bill that President Biden signed the last week of December, I think, one of the things that passed in that budget bill that they call the Omnibus Bill was that they were going to begin to reduce that 6.2 percent extra funding you were going to get, we were going to get on April 1st of 2023. Regardless of if we still have a PHE or not they're going to start reducing it. And what they're going to do is every quarter it will go down a little bit until December of 2023. So December 2023 we won't have that extra 6.2. And again, it's going down incrementally. And as a result of that they said okay, states, starting April 1st you can start to do renewals of folks' eligibility, Medicaid eligibility and then begin to take people off the roles who don't meet the requirements for Medicaid in whichever way. Because there's multiple different pathways to get into Medicaid, right. So we will start, our agency, our LDH is going to start May 1st sending letters out to folks. And so, and Mindy alluded to this earlier. So we are

back to saying no, this time we really, really mean it. We really, really have to have the right contact information because there are certain things people are going to have to do to be able to go through that Medicaid eligibility determination again.

The other thing that they said though in December that is different is that states cannot remove someone from Medicaid if the only thing that they have is their physical snail mail address, right. So they said states have to have a second way to try to contact people. So that if there's a return of your mail or whatever, or that's the only way you don't get to somebody you have to have a second way. So we are, as Mindy said, we've been asked to be all hands on deck to let people know not only do we need your mailing address, but we also need an email and/or phone contact because we will have to do two methods of contact if we just don't hear back from people. So that's one of the things we're trying to, and I think somebody in our committee meeting yesterday had the suggestion the food stamp office and the social security office. I did check and they do plan to make sure that we're getting those offices, having the information out of all those offices. We will have a whole year so it will start, you know, we're starting, but we have until, you know, 12 months. So what I understand is they're just going to kind of divide up the people who have to go through eligibility. So anytime in the next year, well, from April to April people may, you know, I don't know that there's a certain, I don't know if you can know when to expect to get it. But folks just need to know to expect to get that in the next year. And it's just really, really important that folks pay attention. Check your contact information. Those numbers that Mindy gave earlier. And we will make sure we get to DD Council because I know they're developing a fact sheet right now of ways that you can go check. You know, I just want to make sure my contact information is correct or here's an email if you didn't have it before or phone number. It's just really, really vitally important that folks have that information.

So before I get into okay, so what does that mean for waivers. I'll stop there, Mindy or Brian, if y'all are still on, if you want to add anything to that.

MINDY RICHARD: I think I have two things. You covered it great, but I think the two things I would add would be now this getting contact information is really completely separate from the public health emergency. So what this act did was it said regardless of what we do with the public health emergency, now we got to start doing this Medicaid eligibility. So it's not tied to it. So you don't say oh, let me just listen to the news and find out when the emergency's over then we'll start worrying about that. No, we got to worry about it now.

And then the second part of it is there are financial penalties to us as a state for not having that due diligence in contacts. So what that really means to all of us who use state funds and people who live in Louisiana and benefit from state programs and state activities, is if the state starts getting penalized financially it means something else doesn't get the money. And so that's why I say it's really all of us. It's all of our mission. Not just the folks in Medicaid. Because those dollars will have to go to pay our penalties and then we won't be able to use them other places. So anyway, I think we've made enough of a drop about it. I'm like, I hope everybody can-- and we'll be trying (inaudible) on creative ways. Like for example, my team is like hey, when an adult protective service investigator goes in a home to talk to someone, they need to ask that person does anybody in this home get Medicaid. If so, let me give you the information to go in there and check your contact information. Because it doesn't matter if it's their child, their cousin, their neighbor who happens to be in there. We need everybody to do that. It is a get the word out type campaign. So anyway, I think we've made the point.

JULIE FOSTER HAGAN: All right. So for the waivers, that means that we've had a lot of flexibilities and things in place that are still in place. But what we are planning to do in middle to end of February OCDD is going to be going and doing, we're going to be doing some road shows. So we'll be in, for us there's 10, 9 or 10. We'll be in all regions. We'll be holding some town hall meetings. We are working with some of the Families Helping Families directors and the LGEs. Also

work with DD Council, GACDA. We want to get the word out to as many people as possible. Several legislators have actually also told me they want to be included. So we're going to be including invites to those who asked to be included there as well. And what we'll really be talking about is what is, kind of what was going on before Covid in our waivers, what we've been allowing flexibilities on during Covid and then what that is going to look like in the future. So that families and people can really begin planning. We've made a lot of changes in our waivers compared to what we had in place beforehand. So there will be a lot of things that change. And so this roadshow will really be helping focus and help people understand, you know, it's very important to people for family members to continue to be able to serve as paid caregivers. And so we will continue that, but what CMS says is we have to have some guardrails. And to be honest from things that I've seen there has to be certain things in place. So we're going to be sharing with you guys, we've had some focus groups. You'll see on Amy and Ebony's report some of those they participated. We had representation from families in a diverse group. But we'll be sharing with you guys kind of what will happen. What are the things that will be in place.

We also, tied to the PHE, have an opportunity to do some different things with the American Rescue Plan Act. And I've talked with you guys about a lot of these before. I'll only update on a couple of them. The START, we've talked about that. The START team is a group of people who come in, they are nationally recognized at doing real systems development for people with intellectual and developmental disabilities and behavioral health concerns. And we finally got that contract approved. So we're hoping in April we'll start. And I will be reaching out to you guys because we want to have participation with them to bring to light, they really will come in and just help us do a gap analysis and make recommendations to us about what we really need to do in our system.

The other thing that's kind of a hot topic lately is the bonus payments. Have lots of question about bonus payments. And this does cross with Mindy as well so, Mindy, feel free to jump in. We had originally had

a plan and done a lot of communication around having bonus payments to go to direct support professionals and our support coordinators. The original plan that we had, our department got contacted by the Department of Labor and they said that the plan that we had in place would actually, the bonus payments would be subject to overtime rules. And we all kind of said what, huh, cause that's a bonus payment. But there's a whole series of rules and laws out that would make those bonus payments be subject to overtime. And so we had to just kind of stop and go back and regroup. What is-- it's not final yet because the new plan still has to be approved by CMS. So the reason bonus payments haven't been made yet is because we changed that plan. It's been out for public comment. So unfortunately, we had originally planned to do retroactive bonus payments and then prospective bonus payments as long as we have the money to do so. It was the prospective bonus payments that folks said would be subject to the overtime rules.

So what the new plan, and again, I'm not giving dates ever again. Because October 1 people were like Julie, you said I was getting my bonus payment. Where's my bonus payment. So I don't know when because I don't know if CMS will have questions. But we will not do prospective payments, but retroactive payments for the direct support professionals who worked at least 16 hours. And, you know, we've also had lots of questions on if you're a supervisor, doesn't matter. If you worked and clocked in with EVV 16 or more hours in a month, you're eligible. So it's not tied to only a certain category. It's just pulled from EVV did you work 16 hours. Or even for support coordinators and some supervisors held a caseload too. If you had those, you know, at least 10, not the billable hours, but entries or whatever in the system for support-- so there's some thresholds. Then you will be eligible. And the bonus payments instead of 150-dollars will be 300-dollars per eligible employee per eligible month. For the people who use a traditional provider agency the 300-dollars will go to the provider with a minimum of 250 must go to the worker per month. And then in Self Direction a portion of that. So it will be the same 250 because we had to use a portion of that to be

able to make those payments out through our fiscal intermediaries.

Again, once we have CMS approval, we're communicating what the final plan is to everyone. We will hold a webinar for our providers and a webinar for our folks in Self Direction to explain because a lot of people say what do I need to do and what's going to happen. Our goal is really, from what I understand from our contractor, he'll be able to give providers and, you know, kind of like here's a spread sheet, here's your eligible employees, here's the month. Check, check, check. These are the ones that they qualify for and this is the check you're expected to give them. My understanding is that they're trying to make it as easy as possible to understand when you get that check what you have to do. But we'll be holding a webinar so people really understand all the ends and outs of how that happened.

I know folks really want a target date for that, but I'm just really hesitant because at any time CMS could ask us some more questions. And they have been a little slower. I don't know if folks were aware or knew Ralph Lollar. He worked for CMS, and he was a very staunch advocate for disability services, and he did a lot with CMS. And he unfortunately passed away on Christmas day. Complications with Covid. And so that whole section that does approvals and stuff. Like he really oversaw all that.

JILL EGLE: Julie, say it (inaudible).

JULIE FOSTER HAGAN: L-O-L-L-A-R. So things have slowed down a little, understandably. They're trying to get caught up. That's why I'm even more hesitant to give an anticipated date cause until we have that approval we can't move forward.

I think the rest of the report gives you some information on Early Steps. For those of you who may not have heard Brenda Sharp who has been the Early Steps director for many, many years now is retiring. So we are actively working to fill her position right now. She had originally said the end of February, but we want to make sure we have like a 30-day transition. And it took us a little longer to get through the process so she's agreed to stay longer to make sure we have a transition. Yeah, Brenda's been overseeing that

program for a really long time.

And then some more information about the activities of our resource center and our, you know, efforts at diversion and helping people remain in the community. So I said a lot so I'll stop there and see if anybody has any questions.

RASHAD BRISTO: Thank you, Ms. Hagan. Do we have any council members that have questions in regards to the report presented by OCDD?

BAMBI POLOTZOLA: Julie, I have a question in regards to the infrastructure for the technology. I know you said you have a stakeholder group. But could you give an example of what that technology would look like.

JULIE FOSTER HAGAN: I can, but basically what we're trying to do is say what do we want the technology to look like. So we have started, there was a resolution passed not in 22, but in 2021 legislative session asking us to study for people who have elopement issues. There's technology you can use that might help. Cause I have to be careful because when I first heard tracking I went what, that's a civil right. You can't do that. But it's not about, it's some tracking and it's only if folks have elopement issues and in terms of a safety issue.

What other states-- it can be anything. So the other thing that sort of scares people when you start to talk about technology people say well, are you going to use technology to replace direct support professionals. My answer is maybe. If it makes sense to, then yes. If it doesn't make sense, then no. And what other states have seen is, you know, we do have a lot of people who receive waiver services who don't really need a direct support professional to help them with mobility or bathing or meals, but they're there to help make sure they don't make bad decisions. And so 24/7 they have somebody with them just to make sure they don't make bad decisions. Well, sometimes they don't want people there with them 24/7. And again, if I don't need to hands-on provide assistance. There are many things that other folks have found. They actually found that by reducing the time that you have a direct support professional and just doing things like when you get home from work there's like an alarm bell that

goes off. You could do video or just audio. And there's somebody that says hey, how was your day. Are you doing okay today. Are you good. Do you need assistance today. Are you all right. And the person says all right, nothing. But then they might have backup. If you say no, I really need some support. You know, you can try to talk to them, or you have a backup direct support professional comes in. That's just one example. In Ohio they did it and they can show a substantial reduction in behavioral ER visits, behavior concerns and stuff because I don't know about you, but if somebody was with me 24-hours a day just to make sure I didn't make bad decisions I wouldn't want that either. And I would want you to go away and I would probably tell you.

But if I'm a person who maybe uses a wheelchair and I have to have help, you know, routinely to go from my wheelchair to the couch or somewhere else and there's something where it's hands-on well, no. Technology's not ever going to take the place of a direct support professional for those kinds of things. So what we're really trying to study is what do we think we can do in Louisiana. What are the needs that may be out there. And how do we even start to think about it differently in our service system.

You know, I mentioned earlier I'm not worried that in the next two to three years we're going to have a waiting list again, but if we trend the way that we're trending in four or five years even with a million dollars in the NOW fund we're getting there. If we continue to see the number of people go up who are at home, and I hope we do, but then the average cost is going up because we're one of very, very few states who actually offer 24-hour a day, seven day a week one-on-one for people. Most states if you require that they have like a waiver group home or something where you're sharing and it's not just one-to-one. Not that you can't get 24-hours in other states, but you're not doing it on a one-on-one. That's really expensive and that's what really starts to drive your cost up. So I think that we're going to have to really strategically start to think long-term because we're not going to build this in a year, right. I mean, this is a three to five year project to start building. So it's just

how do we start to look at. And again, that's a far example. There's also tons of really cool things people are doing for transportation. Apps on your phone that help you get from point A to point B that's paid for through their waiver services because, you know, there's usually a cost associated with that. There's just lots of different things that are technology related that people are doing.

We didn't even have, we had some ability to use technology in our waiver, but we had zero providers to be able to provide like say assistive technology. So we've also been working with LATAN who I think just became enrolled as a waiver provider and then we're working with Lighthouse to become an enrolled provider. So even some of the assistive technology, assistive devices that they have, now once we have providers then that will become part of our waiver services. So we're kind of starting small and then looking to build that infrastructure.

BAMBI POLOTZOLA: And so what peaked my interest was that my son's support coordinator asked is there any time that he can be by his self and I'm like no. I mean, like he can, but like how will I make sure nothing happens, that type of thing. But then on the other side my values are that he should be independent. And it goes against my values as well to have a camera or tracking device, that type of thing. But then I was like, okay, if I put a camera in the house that's at a place like walking through the kitchen and I can see he's moving around. And so I did that and it like really created like a lot of easing my concern. And it also, he does not want somebody in his face all day long. He's loves people, but like he'll walk away. It made me think about how can I move towards my values of him being independent and at the same time, you know, I looked at like he goes to the UL Life Program and a lot of these students live on campus. You know, majority of them. Like 18 out of 30 live on campus. Okay, those other students that he's in school with are living independent on campus. He can stay at home while I go to the store or whatever. And so just really made me think about it. And to think about like him not having to use as much hours of support that maybe, you know, I can go shopping for two hours and he'll be home

watching whatever videos he wants to watch, and I can be still comfortable about that. So I think that's good. It peeked my interest.

JULIE FOSTER HAGAN: And there's all different ways. Like Ohio set it up where I mentioned you can send a backup staff. You can do it with backup staff, without backup staff. Cause, of course, if you have backup, then you have to have somebody who can go. So there's all different ways. And some other states have done it. In fact, there's a big push right now and only a few states have done it. It's following the same pathway that Employment First did. They're called Technology First States. And they're kind of like it gets together a task force and you start to study and make recommendations. But there's only like four or five right now, states, that have the technology. I've looked at it, I just don't know that we're ready for it in Louisiana. But there's definitely a push and that's kind of got my eye too is looking at some of that. Again, it would do very similar to what you guys did with Employment First initiative.

RASHAD BRISTO: Ms. Hano, I see your hand. You're recognized by the chair. You have the floor.

JILL HANO: Okay. I was curious. I had a lot of questions. So 2022 Act 366 was signed in 2022, correct?

JULIE FOSTER HAGAN: That's the dental for waiver participants, Jill?

JILL HANO: I think it's ICF.

JULIE FOSTER HAGAN: Okay. Yes, that was 2022. The waiver one was 2021.

JILL HANO: Okay. Cool. And then I was curious because in our meetings before today why is yesterday you gave a presentation on the TEFRA populations, why are the numbers from that presentation a little different than the ones on the Medicaid handout?

JULIE FOSTER HAGAN: Because of the time we pulled it, I'm sure. Cause there's people getting approved, new people getting approved every day.

JILL HANO: Okay.

JULIE FOSTER HAGAN: The timing of the report.

JILL HANO: Okay.

RASHAD BRISTO: All right. I don't see any other hands.

JILL HANO: Thank you.

JULIE FOSTER HAGAN: Uh-huh.

RASHAD BRISTO: Do we have any comments in the chat in regards to the presentation, the report?

EBONY HAVEN: Just one comment from Ms. Cristy Curtis. She just said agreed, Bambi.

MEREDITH JORDAN: I was just going to say I was so sad to hear that Brenda is retiring. But I guess we have to let her go. But please, and I'll shoot her a note as well. But please just tell her how much we appreciate all the work that she has led for many, many years. Making sure our youngest children get those early identifications and the screenings that they need that impacts them K through 12. And so I know we'll continue our partnership, but we are sad to see her go. I was very sad to see her go.

RASHAD BRISTO: Okay. Do we have any other comments in regards to the presentation that was presented by Ms. Hagan. Not seeing any, this report will be placed on file and requires no action. Ms. Jordan, yield the floor to you for your report from Department of Education.

MEREDITH JORDAN: Thank you. So my report is on the light pink paper. And I have a couple things to update you all on, tell you about. Events and work that's going on that we all know the work is massive and extensive, but I'll try to give you all some of the things I believe you all are maybe interested in. So the first thing, we have started what we are calling, you all are familiar with, our annual Teacher Leader Summit that happens every May. It brings over 4,000 teacher leaders, educators, superintendents, special education directors, administrators from across our state together. We have launched what we are calling Teacher Leader Summit Extensions where they are regional person events that kind of extend on the learning that happens annually. Because we are really trying to increase our support and even, you know, post-pandemic get back to some of these collaboratives that allow for those really valuable discussions, models to happen and collaboration across our state with our educators. So we launched in November our first set of what we are calling Summit Extensions where we really dove into strategic planning with our

school systems. And what does, you know, in order to have a really comprehensive strategic plan, a part of that is a comprehensive professional development plan for all educators. And one of the things that we released was the professional learning roadmap. My part in that and what we did at these extensions was really to emphasize the importance of having that special education director and leader at the seat, in a seat at those tables in those meetings. That special education leader. We communicated the importance of having them on that system level instructional leadership team, those decision making teams. We brought in models for what that would look like. That included those special education leaders sitting at that table and we modeled what an effective instructional leadership team would look like and how you analyze data and look at all children. And what next steps do we need to take to ensure that we are moving outcomes for all children including our students with disabilities. So we kicked those off in November.

We also launched some additional in-person sessions in January. And again, these are in-person. And we really started in January really talking at these extension activities about best practice in literacy and math instruction. And again, also bringing together those special education leaders into these summit extensions as well. So we're really excited about expanding that learning and expanding that support for our system level leaders and our special education directors across the state.

Additionally, my team began, you know, years ago we used to have in-person quarterly special education director meetings to share announcements, professionally develop, build capacity and those haven't happened for quite some time. But we started those again. We heard, I've heard a lot of feedback from special educators, they really value that in-person learning, getting all of them at the table together. You know, we have LASEA who we partner with the department, our special education administrative association that's outside the Department of Ed. And we partner with them and we, you know, vice versa, we attend their events, but really kind of bringing back together our SPED leaders across our state in our own

in-person meetings. So we started, we held our first, we're calling them our SPED leader collaboratives. We started our first one in December. December 6th we had a lot of really great feedback after that meeting. And, of course, they want them to continue. So we are going to work back up to quarterly. We're going to hold one more this spring prior to our Teacher Leader Summit. So I also very much recognize when we also over professionally develop, and we over meet with people. But it is so needed to get these individuals together to start collaborating again. And really problem solving and addressing the challenges that we see in our school systems and helping to support them.

And so in December we had a full day of professional development. The best part about that is the networking and being able for them to build connections. We do have (inaudible) that we're really bringing them together. So the networking was huge. We got a lot of positive feedback on that. We talked about best instructional practices. They engaged in quite a few problem and practice sessions. They were able to kind of choose based on their system needs and what they're seeing with their children with disabilities data, what are the challenges. And we had different rotations set up that they were able to choose and go to something that was relevant to them and they could walk out of that with some action steps. What can I take back from this day to change practice. That's always our goal in professional development. You know, it's important to have announcements and to share updates with them and what's coming. But also those actionable steps that they take away from those meetings and go and change lives, right. Outcomes for their children and improve support for their educators that they're supporting in their school systems. So it was a really great day. We'll have another one, like I said, this spring and then we'll work up to supporting them in those in-person sessions quarterly.

Also wanted to share an update with you all. Our Steve Carter Tutoring Grant portal, I believe I also shared with this just through email with a lot of connections here and different stakeholders that I work very closely with. Because being, not selfish, but I wanted our students with disabilities to get this

information and for their families to apply and get this tutoring money and this tutoring voucher for our children who really need it. And so this came out of legislation, but didn't receive any funding. And the department committed 40 million-dollars in ESSER money to support these tutoring vouchers for families who have children reading below grade level. And so it's not enough, right. I mean, we have so many children that that is their struggle. The vast majority of our children with disabilities are specific learning disability, reading. And so we knew, I knew there's going to be a cap. They're going to have to cut this off when we hit that 40 million-dollar mark. And so I did try to get this out to our avenues to get our families of children with disabilities to register. The portal is fully open now. But when we first launched it, they were able to register, get their email in so they would get notification when it opened. So they would kind of get first dibs, so to speak. So that portal is open. I have the website linked here. This particular voucher tutoring program provides support for kindergarten through fifth grade learners. Like I said, (inaudible) tutoring providers so then that family gets to choose which tutoring provider they believe will work best for them. And so I wanted to bring that here and just let everybody know that that, you know, again that's out there. Families can log onto the portal, register. They'll have to work with their school system to get some of the information needed to upload in there. And using their state test scores. Or if they're younger grades then literacy screeners that are required. Those are the documents that families will need to prove my child's reading below grade level and qualifies for the thousand dollar voucher. So we're really excited about that and what the support that that will provide to our families and our children.

Additionally, our division has launched, so the next piece on my report talks about some foundational literacy modules for educators that we released and we're really targeting here our special educators, interventionists, even English learner educators. Any and all educators can sign up to receive this free professional development. So we have legislation in our state that requires science or reading training for

all educators in K3. What my division is very vocal about and what we know is we have middle schoolers and unfortunately we have some high schoolers in our state who cannot read. And so what my division said was we want to partner, like this is great, we want to start early. We have a huge early literacy focus and initiative in our state. But also recognizing the need, and I hear it all the time, specifically even our middle schoolers. And so we are launching free PD models for educators grades four through eight. But we have really done a lot of communications really targeting and encouraging our special educators to sign up. Those who are providing interventions for children who are struggling to read. And our children with disabilities who have reading interventions happening. You know, as someone mentioned yesterday, you know, providing those content strong educators who know and understand how to teach reading. We have to make sure that the folks supporting that know how to teach reading systematically. And so these will be provided for free. We are still accepting registration. We have just under 600 educators across our state signed up. The good thing about it, because we do put a lot on our educators, we do ask them to attend a lot of training and attend the latest and greatest. What we wanted with this was for our educators to be able to do it at their own pace. And so they will have access to these modules for the next year. So through January 2024. So they can kind of work that into their current professional development plans. They can do that on current professional development days in their school systems. You know how sometimes students will be off and it will be a learning day for educators. So they can kind of work these modules into their current professional learning plans and educators don't see it as something else. But it's not required. And we have almost 600 educators that have said I want this, I need this for my middle schoolers and to help them learn how to read. So we're really excited about that.

The next piece, I know we also hear about the needs around mathematic support. And so the next piece I wanted to share with you all, which is huge. So this is our Zearn statewide access. Zearn is a partner who is going to be providing

statewide, basically math intervention program aligned to our high-quality standards. So we're kind of addressing a lot on the literacy side and providing reading intervention and literacy supports. Now-- and we saw in our state assessments results improvement in literacy. And for the first time this year our fall literacy results, so those K through literacy screeners we saw our children in those grades score better on their fall literacy screeners.

We didn't see, so we didn't see as much growth in math. And so now we are looking at, you know, how do we pivot here and do a math refresh and say how do we support high quality math intervention. So this is one activity that will help us to do that. So we're going to provide access to Zearn for all of our public elementary and middle schools, no additional cost. And so we have so many more schools are providing intervention periods during the school day which is great. We know that's a high yield strategy even for students with disabilities. We say all the time they need high quality instruction and they need what, they need more time sometimes to achieve success. And so this particular intervention will ensure high quality math intervention that school systems can build in at no cost into the school day. That is huge for me as we think about children with disabilities is equitable access. So to be able to provide it at a free cost to do it during the school day. Some schools will, of course, use this like for after school tutoring, but they'll also be able to use it during the school day where we have all of our children in school. We have our children with disabilities who require, many of them, math intervention and so why not provide that statewide free access for our educators to have a tool to support them. We are offering the free professional development around this right now. So the (incredible) has already started to support our math educators on how to use this intervention before we provide the statewide access to the actual intervention instruction for math.

The next update on my report I'm also really excited about. Y'all know we like free, so I always like to emphasize the things that we're doing that we're providing to school systems to help them access programs and access resources that are no additional cost to them. So actually, you know, when I was in a school system we had Bookshare. Some of you who are educators in the room are probably familiar with Bookshare. Bookshare is a company that provides accessible electronic text, articles and books to children who need that level of accessibility. Children who have print disabilities, right, can access electronic books via Bookshare. When I was in the school system, we had to pay for that. We had an annual site license per child. OSEP, so the US Department of ED and the Office of Special Education Programs is now providing this free access for all states. And so we are going to be rolling out, we are in conversation with Benetech who is the nonprofit entity who is providing this electronic access to these materials and to these books. We are in a process of figuring out for our state how do we roll out statewide access to these electronic materials. We have some hoops to jump with OTS, Office of Technology Supports, but we are excited to push this out.

And again, so just for clarity, you do have to qualify for electronic accessible materials. So I do want to caution us from thinking like this is an opportunity for all children. Because for all children we want them to learn how to read printed text, right. That is an ultimate goal. But we have some children who need those accessible materials, who need to hear it auditorily or get that electronic access. And so if they meet that eligibility criteria of having a print disability they'll be able to access this for free. And our school systems will be able to get them logged in and set up via their IEP. That's what they will use to determine that criteria within the school system and provide that access to Bookshare.

The next two announcements here are really just kind of what's coming, what are some events

happening. So Melissa and I mentioned yesterday to the Education Committee about our Jump Start Convention. That convention will be held February the 8th here in Downtown Baton Rouge. And it's going to bring together our career and technical education school system administrators. We'll have special education directors there as well. Child welfare and attendants personnel. And this will be a one-day conference that is really focused on professional development opportunity around career and technical education. And really setting up those post-secondary outcomes for children for our students in high school. What is the day after high school look like for them. We did a session last year where we had a panel that was extremely popular. People were, our educators, our CTE folks, administrators, superintendents were kind of filing out into the Raising Cane Center kind of hallway and it was really great. We had a panel. Melissa was with us. We had several school systems who were model schools and had set up inclusive career and technical educational programs and making sure their children with disabilities had access to those career and workplace learning experiences. We had a parent there who talked about her experiences with her child in their high school and what that meant to really connect them to a paid internship. We had a superintendent there who talked about the importance of having that system level all the way from the superintendent having that vision of children with disabilities or at the center of every decision in the school in that particular parish. Knowing they were building a brand new career technical education center and knowing that their children with disabilities were going to be in the middle of all of those decision makings. And that they were going to have to have access to equipment that was accessible and safe for them in those career and tech ed environments. And so it was really great. And so I expect that this year's presentation will be just as popular. We're kind of calling it like a 2.0. And part of that was Melissa and I working together. We want to talk to

them a lot about the LRS opportunities, what those third-party agreements could look like and the importance of having a transition person. Making sure these children have those accessible experiences in high school and really changing their experience on the day after. What happens, what opportunities are out there for me when I graduate. And so I'm excited about Jump Start.

I mentioned our Teacher Leader Summit that's coming up in May. That will be a crazy busy week. We will also have our Early Childhood Conference will follow that and so it will be that weekend. So it's the same week as Teacher Leader. And then over the weekend we do our Early Childhood Conference because childcare centers never close. Bless them. So they need conferences happening on the weekend. And so we will also have inclusive practices sessions there. We know that is a need for us to support our early childcare centers more and helping them prepare their environment. And know when that child with a disability comes to their doorstep how they can provide access and provide support for those families. And I know Dr. Wilson and the LSU center will be there as well presenting in partnership. I think someone mentioned yesterday SEAP is next week, the 25th 9:30.

JILL EGLE: Is that the state independent?

MEREDITH JORDAN: That's our State Special Education Advisory Panel.

JILL EGLE: Do y'all do a lot of work with Teach for America out of New Orleans?

MEREDITH JORDAN: The department and our educator development division used to contract and do work with Teach for America. I don't work with them specifically. I haven't yet.

JILL EGLE: Do you also oversee Orleans Parish Schools, like Willow?

MEREDITH JORDAN: So Willow Charter?

JILL EGLE: It used to be.

MEREDITH JORDAN: They're a part of Orleans Parish Schools.

JILL EGLE: It used to be last year, but they merged. Newman, all those uptown.

MEREDITH JORDAN: Yes. They're a part of Orleans Parish School.

JILL EGLE: Anytime the kids get off Mardi Gras break you guys are closed too.

MEREDITH JORDAN: No. We get Mardi Gras day. So I told you guys about SEAP. And then my next related service advisory council is in February. And so I didn't put anything here on my report, but I will bring back and kind of add this to the work that our related service council is doing to ensure and really study in our state the provision of related services. So we have OTs, PTs, speech language pathologists, ABA therapists, school psychologists who are sitting on that commission and helping us to make recommendations on how to make the provision of services better. How do we recruit more people to more service providers to do that work. And so they will meet again in February. And I'll take any questions.

RASHAD BRISTO: All right. Thank you, Ms. Jordan. Dr. Wilson, I saw your hand. I'll yield the floor to you.

PHIL WILSON: Actually, I put my hand up way early when Meredith was talking. I had a question about, that she answered in her thought. But I'll just say what it was basically to make sure this is right. When you were first talking, Meredith, about the PD for around reading and math literacy stuff and then you went from there into the Teacher Leader meetings, summits or whatever. I was wondering if special ed teachers were directly invited and included in the math and reading piece because obviously, you know, we're trying to keep, you know, one of the reasons why we try to push for inclusion is so the kids are exposed to the regular curriculum and end up walking away and learning to read and do basic math. All that sort of stuff. I think, am I correct that special ed teachers are, in fact, part of that PD for the math?

MEREDITH JORDAN: Yes. Always.

PHIL WILSON: That's great. That's fantastic.

RASHAD BRISTO: Do we have any other council members with questions or comments on the report presented by Ms. Jordan? Not seeing any hands in the room. Ms. Cosse, I see your hand. You're recognized by the chair. You have the floor.

BRENDA COSSE: Good afternoon. I had a question with regards to the Special Education Advisory Panel. If we could hear some of the roles that are within the federally mandated composition. And if there are any vacancies and when do you anticipate (inaudible)?

MEREDITH JORDAN: Absolutely. And we'll actually be talking about getting our next selection committee together at our next meeting. Yes, every year, Ms. Cosse, we have a couple of folks who roll off intentionally so that we never lose our whole panel at the same time. I do know that we are looking for one more individual, at least one more individual with a disability. And then I'll have to look and see who else, what other roles roll off this year. And I can also tell you right now the roles that we have on our panel per that legislation. And each and every one of these people and the role they play are so important. So we have the majority are made up of parents of children with disabilities. We have to have individuals with disabilities. We have teachers. We have a representative of higher education. We have a local educational individual who is a homeless liaison. So someone in their school system who is acting as the McKinney Vento homeless liaison. We have to have an administrator or a director or a supervisor of a program serving students with disabilities. We have to have a representative who is responsible for delivering related services. We have to have a private school representative. And we have to have a vocational community or businessperson who provides transition services on our panel. A representative from the state child welfare and foster agency. And a representative from juvenile justice or the adult, the Department of Corrections, adult correctional agency. So those are all of our roles, Ms. Cosse. Thank you for pointing that out.

RASHAD BRISTO: Okay. Do we have any other council members with any questions in regards to the report that's been presented by Ms. Jordan with Department of Education?

EBONY HAVEN: Ms. Cosse put her hand back up. I think she has another question.

RASHAD BRISTO: Ms. Cosse, I see your hand. You're recognized by the chair. You have the floor.

BRENDA COSSE: Mr. Chairman, if you would permit, I would like to make a comment. I believe that almost every agency that is at the table-- hello?

RASHAD BRISTO: Yes, ma'am. We hear you.

BRENDA COSSE: I believe that almost every agency present had some type of advisory council to engage stakeholders with disabilities and if we could always have that highlighted in their report, especially how individuals can engage in the advisory our council. Most of them have the application process. Thank you.

SPEAKER: Uh-huh.

RASHAD BRISTO: Ms. Jordan, you'll take care of that?

MEREDITH JORDAN: Absolutely. Happy to.

RASHAD BRISTO: Do we have any other comments or questions from any council members before we go to the public? Not seeing or hearing any. I'm sorry. Mr. Taylor.

ERICK TAYLOR: You were saying that the reading (inaudible).

MEREDITH JORDAN: Yes. And it takes your notes and reads them back electronically. So those decisions for students, so that's not something that we provide as a state. But there are children across our state who within their IEP those type of accommodations can certainly be provided. So that would be an assistive technology for a child who would benefit and need from that type of notetaking.

RASHAD BRISTO: Okay. Do we have any public comment?

EBONY HAVEN: So there's a couple of comments in the chat, Meredith. Ms. Christi Gonzales says in regards to the foundational literacy modules in my parish we are required to only utilize unique learning system which only goes up to third grade. I have students who are currently reading at a seventh grade level although we are required to benchmark and use ULS. I feel that this is a disservice to our students. Ms. Develin Patrick. She ask, Ms. Jordan, pertaining to the Steve Carter literacy grant, can you report on the number of slots that are left or available and can you also speak to whether or not you expect the number of tutors available to increase. I'm grateful for the grant, but the list of tutors is very small, especially

if you don't have one in your area.

MEREDITH JORDAN: Yes. So two things. Christi, I agree with you on the unique curriculum. And it sounds like the grade level expectation and the rigor isn't meeting perhaps the needs of your students. And I know that you are having those conversations with your school level leadership. I am also in conversation about for students, and I'm looking for, students in our self-contained classes, students who have more significant disabilities. That is the population of students I understand that the unique curriculum is typically used for. We are looking for better-- I hear this sometimes about unique learning and it is hard. We are also modifying and working to update, for example, our ELA guidebook curriculum. Christi, I know you're familiar with that. We are working on creating documents that provide for modifications and accommodations of our high-quality ELA curriculum for students with significant disabilities. We can't do that for math curriculum because we don't own it. The state doesn't design any of our own math curriculum. So I do think that curriculum for students with disabilities is an area that we need to look at possibilities and address. I know that that is a struggle when your students are at a level and the curriculum isn't meeting that need. And the other question was about I'm going to see if I can find the number of slots available before we wrap up. I don't know the number of slots that are still remaining for the literacy grant, the vouchers, but I'll see if I can find out before we leave.

EBONY HAVEN: And then do you know if the number of tutors is expected to increase.

MEREDITH JORDAN: So we have a list of approved tutoring providers. I don't know that we expect that list to change. It's my understanding that those providers on the list have multiple. So many of them are, a lot of them are former educators who have consulting groups. Different people who are putting on these tutoring programs. And so it's my understanding they have multiple people employed. Cause that was one of the pieces as we looked at the tutors to approve them, what's your capacity is a huge question. But I don't know if the list will be updated to add more.

EBONY HAVEN: There's a couple more. Dr. Charlie Michel says I am beyond thrilled that LDOE has reinstated the quarterly meetings for SPED directors across the state. It once again gives the opportunity to all of the special education directors both new and veteran to learn of important changes and practice in law at the same time so that they can better support each other. This will help move from the everyone for himself to the former team effort which motivated collaboration. Great news. Ms. Devlin Patrick said she apologizes, but can you give the date and time of the next SEAP meeting once again.

MEREDITH JORDAN: January 25th which is next Wednesday at 9:30 at the Claiborne Building.

RASHAD BRISTO: Does that conclude the comments in the chat?

EBONY HAVEN: Yes.

RASHAD BRISTO: Okay. Do we have any other questions in regards to the report that was presented by Ms. Jordan for Department of Education? Not seeing any hands in the room. Not seeing any hands on Zoom. This report requires no action and will be placed on file. The next item of business is the report from the Governor's Office of Elderly Affairs, Ms. Cheri Crain.

CHERI CRAIN: Thank you. For those that do not know, the Governor's Office of Elderly Affairs is designated as the state unit on aging for the Older American Act and provide certain services to the population. They're listed there. I'm not going to touch on every single one of them. I'm just going to touch on highlights on some of the programs and what they're currently doing. So our first one is a long-term care ombudsman. Last quarter and the quarter before we kind of announced a new initiative that we are really heavily on is getting volunteers to help with those ombudsman services. We do have an ombudsman in each region, however the feedback that we were getting from those facilities is it was just not enough. So we started kind of a certification program where volunteers go through a series of trainings and then they can be certified to help those constituents who do have complaints whether it is, you know, the food's too cold or, you know, they don't feel like they're getting the assistance that they need to take

baths or whatever the complaint is. They can feel that they can go to somebody who's impartial and will be the representative to talk to that facility director or whatever to try to resolve that issue. So we did complete our first completion of certification. We had six people. We are beginning our second round of that certification training and currently we have about 11 to 12 people. One is still kind of iffy. She's looking at everything to make sure she wants to get involved with that. The data from that program specifically we will wrap up, we wrapped it up at the end of December, December 31st, and they have till the end of this month to actually commit to going into that training certification program. So I'll know next quarter actually how many commit to doing it.

Now we go to the next program which is our Elderly Protective Services Program. So since July 1st EPS has opened over 2,600 cases being 2,612. Of that number 236 cases were classified as high priority. 1,424 cases were classified as medium. I did give the breakdown as to the types of abuse that were reported. Unfortunately, you know, with the highest number being self-neglect. EPS is, you know, looking at all of these types of abuse and trying to see, you know, what we can get our home and community based service unit to actually help identify where we can get the help, where they need it, what region and try and see what we can do to, you know, make people aware. Whether it's the neighbors or whether it is, you know, the staff that is actually delivering the meals. You know, to just kind of pop your head in and say hey, when you're delivering the meal and just kind of see if they look clean, if they don't. Or if they can identify anything where self-neglect needs attention and get that information back to the council. And then ultimately getting it back to our home and community-based service to try and see where we can kind of fill that gap and bring those numbers down.

The next program is the ADRC. Our ADRC did get a grant in 2021 which kind of was the vaccine, try to boost that up. And in that initiative, we implemented an alert media type call out system. Not only for our staff when it comes to disasters, but we've implemented it to our Councils on Aging so that if there's any

resources that become available she's able to push that information out statewide with one text instead of emailing each director and then they get to it and they read it when they want. So the directors have been able to sign up for the program and then decide where they want that alert to go whether it's email or phone. And if they want a text or if they want a call and it being an automated system. So they can also sign up their assistant directors and secretaries. So they get to choose how far they want it to go down within their own structure as to what staff need to get that alert. So we're trying to get some data on that to try and see, you know, how that went well. They were going to test it out during hurricane season and thank God there was none so they didn't really get to test it too much. So hopefully-- they tried testing it out when we had closures for bad weather and we had to close the state offices. So we kind of used it internally to test it since we couldn't get councils. So we're trying to get that data to see how many people actually responded saying because there was questions like did you have any damage to your house. Were you able to return to work the next day. Did you need any assistance. That kind of thing. Those are the kind of things we ask the councils when there is a disaster. You know, is there anybody in your structure organization that had loss of life or damage to their house. Because ultimately if your staff is damaged or your council's damaged you can't always necessarily provide the services so you have to have an alternate place and then look at your emergency plan. So those are the kind of information we're trying to gather to see where we can improve that alert system.

The next program is MIPPA which is the Medicare Improvement for Patient and Providers Act. So open enrollment is every year from October 15th to December 31st. So this program is a federal grant that we have to write a proposal every year. We have pots of money to do different types of enrollments that help Medicare eligible clients enroll for their services. So what happens is a client can go into one of the councils, they will then fill out their enrollment and then help them decide what is the best options for them for their insurance. If they should have a supplemental

insurance policy, if they shouldn't and what types of low income subsidy whether it's Medicare savings plan, they will go through all of that with them.

We're trying to look right now at the data over a four year period starting with pre Covid numbers until now because the units that the councils are providing are way less now than what they were. And which we know is mostly Covid because their senior centers and the councils are closed every time they had a Covid outbreak they would have to close, sanitize, you know, wait, reopen. So we're trying to look at that because for the first time starting in 2020 our grant was extended by 12 months. And then 2021 it was extended by 12 months. And then this year when the new grant was available that made us have nine grants open at the same time for the same services and so there was an abundance of funding because they couldn't provide the units in 2020 so now they're having problems trying to catch up. So ultimately what it has done is we have an abundance of money and they can't provide the units to get the money because the centers are still having Covid outbreaks and they're having to close. And you have seniors that just do not want to come in because they're scared of catching Covid. So they're not able to provide those units of service.

What we normally do to allocate those funds out is we ask them to fill out a notice of intent to say okay, what is your anticipated number of units you believe you can provide. Well, with them projecting the closures, units are way less. So where they used to provide 1100 units, they're lucky if they can provide 500 units. So this new grant that we were just awarded in 2022 ends the end of this 2023. So we're looking at the data, doing analysis of okay, what is a good number of all 19, 20, 21, and 22. We look at it. What is a good number that we believe that they can provide and we're not going to ask them to do a notice of intent. What usually happens is notices of intents come in the end of September. We have to hurry up and run the contracts, get them through the process. Which everybody knows if you do a contract it's a process and it takes time for the contract to start October 1. It's very hard to do a contract in three weeks and have it approved.

So what we're doing is normally the grant gives you an estimated amount, what you're getting for each pot of money in a spreadsheet so that we basically know the estimated amount. And so what we're trying to do is think of ways that we can get the agency, the Council on Aging to boost up their media to say we're here all year. We might not be able to do your Medicaid, but we have other enrollments like your Medicare low subsidy income. All those are open year-round. So try to drum up media to get the seniors comfortable to come in, sit down and talk-- we're talking about probably trying to increase the money per units since it does take them longer now to sit down with a client and go over two or three years instead of one year. So just kind of give some background information on that.

Our next program, which I don't really have on here, it is our home and community based service unit. They're working on with the councils for their area plans. So kind of like Julie and them have their business plan, this is kind of like a lower level at the councils. They each have an area plan that they have to do. It's a five-year plan. They also have disaster plans that they have to do every year. Anyway, so they're working on area plans to get with the councils and see what they plan on doing over the next five years to enhance the services, enhance the number of units that they're doing. Whether it is going into the homes, helping them, you know, with their baths, whatever that they do. I don't know all the services cause that's not my unit. But I only know some of those services. So just to try and let people know that we're here. We are here to assist whatever way we can. The councils are, you know, more than willing to help. It's trying to get that comfort level back to that senior to let people in is the biggest thing that we're coming across on feedback as to why they don't want the services. It's not necessarily they don't want them to help themselves, it's because they're scared to get Covid, or they've had it. It's just all kinds of reasons is what we've gotten on the survey.

So what we do at GOEA when we get those area plans we take all that data and we wrap it up into what we

have as our state plan. It's very similar to doing a business plan, but it's called a state plan for us. And we are currently working on that now. So when the state plans, I mean the area plans are due we will wrap all that data up and then we'll do the state plan. It will go out for public comment. And that is our plan that is going to cover 2024 to 2029 and that's due at the end of June. So we have a little bit of time, but not really when you look at the prospective of you have to wait for the area plans to come in, do the data analysis, put it out for public comment. So we're busy working on that.

The only other issue that I neglected to speak on was with Elderly Protective Services same as every person, the turnover is great. We've been-- our unit manager is really tired of interviewing. Yes. So, you know, you get somebody in. You think they're a good fit. The person thinks they're a good fit. They go through training and they're like oh, this is not for me. Elderly Protective Services is not for everybody. You have to go out, you have to go to these people's houses. I can tell you I couldn't do it. Just some of the things that I have seen, pictures that I have to print out on my color printer, there's no way I can do it, so I get it. It's trying to get those people and then retain those people is very difficult when you have a very high caseload. You know, we're talking they have 100 caseloads a piece. That's double what they should have. The national level is 50 cases. So to try and keep somebody is very challenging. Then you have people that we've had, two people that just retired. That's your knowledge, your longevity. They're going through a lot of challenges right now.

The ARPA funds that we received we were actually able to hire some WAEs. We did ask for ten positions last session. We were given five. Or course, it's never enough. So we did supplement that and fill those other five and I think we actually did nine WAEs instead of five to kind of fill those and try to work that caseload to bring that number down on our people because they're stressed out. They're overworked, you know, and underpaid. So that's one thing that we just discussed in our managers meeting two days ago. So we're just kind of working those out and trying to the

best we can. And talk about those bonus pays per say to help that and we have gone through civil service and we're trying to see what kind of incentives we can do for hazard pay for them going out into the public's house and so forth. Other than that, that's really all the highlights I have. If anybody has any questions.

RASHAD BRISTO: Thank you, Ms. Crain. Do we have any council members in the room that has any questions in regards to the report on Governor's Office of Elderly Affairs? Not seeing any hands. Ms. Cosse, your hand is up. You're recognized by the chair. You have the floor.

BRENDA COSSE: Good afternoon. Can we explain the Councils on Aging again. And they're regional?

CHERI CRAIN: So, Ms. Cosse, the councils, there's a council in every parish. The regional is what I mentioned for the ombudsman. So are you wanting more information on the ombudsman or the Councils on Aging?

BRENDA COSSE: Councils on Aging.

CHERI CRAIN: Okay. So the services that we provide if you look at the top of the first sheet those are the ones that we provide, the services according to the Older Americans Act. What we do is we actually contract out to the Councils on Aging to provide those services. So we basically oversee and just administer the funding and then the councils actually provide the services. So we monitor those services that they provide. We ensure that they are providing meals that are nutritional. That's just some examples. So they actually provide all the services and we just oversee. Did that help?

BRENDA COSSE: Thank you.

CHERI CRAIN: You're welcome.

RASHAD BRISTO: Do we have any other council members with hands up? Or any questions in regards to the report that was presented by the Office of Elderly Affairs by Ms. Crain?

EBONY HAVEN: There are no hands raised or chat.

RASHAD BRISTO: Nothing in the chat. This report requires no action and will be placed on file. We're going to take a ten-minute break and we'll come back and let Mr. Rocca do his report.

TORY ROCCA: A two-minute report.

RASHAD BRISTO: If there's no objection we'll just

go ahead and push through.

TORY ROCCA: It will be very brief.

RASHAD BRISTO: Mr. Rocca, I yield the floor to you.

TORY ROCCA: Sure. So my report just consist of a brief update on one of our programs and a couple examples of work the programs are doing. The first one is our Community Living Ombudsman Programming. In this program trained advocates known as ombudsman advocate for people with developmental disabilities who live in the over 500 state licensed privately run group homes across the states to ensure their rights are protected and free from abuse and neglect. October 1st of 2022 and January 15th of this year. That program filed five complaints with HSS and they included allegations of neglect of health, lack of access to medical care, unexplained death and lack of access to appropriate clothing. The program continues to work collaboratively with appropriate agencies to ensure accountability when conditions warrant. We do have an example of (inaudible) doing one case. Sometimes include more than that, but sometimes the department director wants to include more or less and we do have confidentially concerns and we do have to ask our clients their permission before we reveal information about their cases. So a lot of our stuff is covered by confidentiality concerns.

Next program is a similar program to that, but it advocates for people who are in HCBS. It is the Supported Independent Living Advocacy Program that serves individuals with developmental disability who are receiving OCDD waiver services and supports in order to live in their homes in the community. And that program typically does the same thing as the first program does, it's just for people in HCBS. And we are only offering that program in the New Orleans and Baton Rouge areas. As Debbie mentioned we are trying to expand that. So one of our objectives this year is to get enough funding. Because that program is funded with 75,000 from the state and a 75,000-dollar federal match. And we can cover the Baton Rouge and New Orleans area with that. We would like to expand it to several other regions of the state and we are asking the state this year to support that. And we estimate

about 75,000-dollars per region. That requires no action from this council at all. We're just updating on what we're trying to do to expand it because it's working well right now and we just want to reach out to more across the state. And that's really all I have.

RASHAD BRISTO: Do we have any questions or any comments in regards to the report presented by Disability Rights by Mr. Rocca?

JULIE FOSTER HAGAN: Just one. And I can send you the updated information. We actually have had several ICFs that have closed over the last three or four years. We only have 490 in ICFs in the state now.

TORY ROCCA: I will update that and let my people know.

RASHAD BRISTO: Any other comments or questions in regards to the report that was presented?

ERICK TAYLOR: (Inaudible).

TORY ROCCA: That is a good question. Ombudsman throughout the state. I don't know the exact schedule. I can find that information out for you. That's not the department I run, that's someone else's department. So I can ask and find out how often we go in. We do go in in response to complaints. We also monitor on a regular basis as well. So I don't know how often.

ERICK TAYLOR: Y'all going in (inaudible)?

TORY ROCCA: So as a courtesy we do let them know, however if we want to do an investigation or just go look at somebody's records on federal law, we actually have authority to just go. So as a courtesy we tell people that we're coming and sometimes we will come with attorneys and ombudsmen. And occasionally people don't understand that we have authority to do this. So they'll say sorry, it's not a good time for us and our legal director will say we were telling you as a matter of courtesy (inaudible). So we do go in and do investigations as a courtesy, but people know in advance. But if they say no, don't come on that day the usual response is we're coming that day and I was letting you know as a courtesy.

ERICK TAYLOR: If y'all get an emergency complaint how quickly do y'all move on it?

TORY ROCCA: If it's an emergency, I don't know the exact timeframe we get a complaint what would constitute exactly an emergency. So let me write down

your questions. I don't know exactly the timeframe. I would imagine as quickly as we can depending on staffing.

RASHAD BRISTO: Any more questions or any comments in regards to the report that was presented by Disability Rights Louisiana by Mr. Rocca? Do we have any chat?

EBONY HAVEN: No comments in the chat.

RASHAD BRISTO: I'm hearing a lot of papers start ruffling. We're going to move forward to public comment. Do we have any public comment? Mr. Sprinkle.

JAMES SPRINKLE: As all of y'all know this is something I'm serious about. This council created Families Helping Families 30 years ago. And so many turnovers on the council over the years I lost track. People don't know what we're all about. And as those 30 years I've been a director. The last 22 years I've seen a lot. And the directors, I want to thank you on behalf of all the directors for y'all's great service over the years to create what has been one of the most outstanding developments I have ever seen. Over the years the demand and supply helping those people with disability has increased dramatically. And we have tried our best. Overall it's been a very, very great success for everybody. And we just wanted to appreciate that. Thank you for that. And we thought our duty and we really wish what I'm going to call a non-standing council member, non-standing meaning we don't (inaudible). You guys support funding for us. But to have a space where on the quarterly reports we could have a sheet that combines what all the centers have done. Put all the directors together, put it on a sheet and hand it to you. (Inaudible) you could read it. And we may have a director, whoever it may be, two minutes, three minutes, max to get the information out. If you have a question, ask a question. So my request to you or opportunity or say we offer you as a group this opportunity to take advantage to learn about Families Helping Families on a regular way that's going to be easy and non-invasive. Get a paper, report. And I'm sure one of the directors here, and they may end up saying here it is, any questions or maybe they have maybe three minutes max. Think you can handle that? I know how important everything is. And after being here

for 22 years I'm 72, I'm the oldest, you know I'm not going to be around much longer. I should have been gone a long time ago, but I'm having fun. But anyway, that's what I would like to ask, propose to you folks.

RASHAD BRISTO: I did check with the Parliamentarian. Is there any objection to an additional report being added? No objection. Okay. So from my understanding just for clarification, this report will give the chair basically a paragraph of what each FHF center is doing around the state and just be presented by one director that way we stay abreast to what Families Helping Families is doing since we are a parent of Families Helping Families.

JAMES SPRINKLE: Right. You are the parent. You created it. Maybe not y'all here, but you did. And all the time communication between the centers and this council has been almost nonexistent. You have bits and pieces being thrown out. And if you're new, who the heck is Families Helping Families.

RASHAD BRISTO: We'll remedy that if there's no objection with moving forward adding it to the agenda. Is there any objection? Okay. I'll confer with, leave it in the hands of the executive director and deputy director to adjust the agenda accordingly.

JAMES SPRINKLE: (Inaudible).

RASHAD BRISTO: I see a hand up. It may be addressed to you. I'm not sure. Ms. Hano, I see your hand. You have the floor.

JILL HANO: I'm sorry, y'all. What are we agreeing to?

RASHAD BRISTO: Okay. I'll sum it up. Basically the Families Helping Families executive directors are asking for a place on the agenda to report what they're doing quarterly that way as the council we know what's going on at all ten regions.

JILL HANO: Hell yeah.

RASHAD BRISTO: Do we have any other comments?

JAMES SPRINKLE: Just me. I just really want to say personally it has been my pleasure for the past 22 years to be of service to you and the developmental people out there. A lot has been accomplished, miracles have happened, so many I could write a book about. I stand at 72 years old been through what all I've seen, what's happened, the attitudes, the great

people. And I've watched council members drop off, die off. I have a board of ten people who they've been here since I started, can you imagine that. Employees of my center have been here 20 years. Anyway. Thank y'all.

RASHAD BRISTO: Do we have any other comments, public comment at this point? I'm seeing folders are being closed.

BAMBI POLOTZOLA: Can I, I just want to make one comment. I want to congratulate the former Chaney Guidry who is our council member who got married since our last. Congratulations.

PHIL WILSON: Congratulations.

RASHAD BRISTO: Going forward she'll be recognized as Ms. Savoy. Ms. Dwyer, you're recognized by the chair.

KATHY DWYER: Thank you, Mr. Chair. Appreciate it. Just one thing I had emailed you about. I had asked that back in October if the council could reconsider the motion about, reconsider my suggestion to amend the motion for the open public meeting legislative item to include notifications of a virtual hybrid option and how to register. So that that's made available to the public. If they do go ahead and, you know, move for hybrid legislative meetings. I feel the legislative meetings being, having hybrid option is very important for individuals with disabilities including the elderly. But without notification that that option exist people would not be able to participate. You had said you would consult with the executive director and get back to me, but I haven't heard from you.

RASHAD BRISTO: Thank you for that.

AMY DEAVILLE: Somebody would have to amend that advocacy agenda. A motion.

RASHAD BRISTO: Okay. Someone would have to amend the agenda item and a motion would have to be made while we're in council.

KATHY DWYER: Well, I would appreciate if not this meeting the next meeting somebody amend that if it's not too late. Notification is as important as participation. You can't participate without knowing the options are there.

RASHAD BRISTO: So true. So true. What will be the pleasure of the council?

ERICK TAYLOR: Say it again.

KATHY DWYER: There's got to be somebody agreeing with me.

JILL HANO: I agree.

KATHY DWYER: Make a motion, Jill.

BAMBI POLOTZOLA: Maybe a misunderstanding because like what you're saying is is that the options to participate are on the public notice that are like required right now. So like on the public notice, which is the agenda, typically you have where whatever the public body is meeting, the times, the dates. And so what I have found in the body, as the public bodies if they are providing another option than in-person that that link or however you get it is on the agenda as well. Is that what you're asking, Kathy, is that it just be mandated that it is?

KATHY DWYER: I would prefer it be mandated so that it's clear that it's necessary as opposed to it being an option. I know a lot of our mandates still are not being followed, but at least we have something, you know, to remind them that they are required to do that. Whether or not, I don't know. I'm just wanting to make sure all the Is are dotted and the Ts are crossed.

BAMBI POLOTZOLA: So now public meeting law requires that a public body puts the time, date, location. And what you're saying is also the virtual.

KATHY DWYER: Include the virtual option of how to participate virtually.

JILL HANO: And mandate it that agencies, by law agencies put the virtual option on the meeting notice.

KATHY DWYER: Yes.

RASHAD BRISTO: What will be the pleasure of the council?

NICOLE BANKS: Can we just add that onto the next one like when we do our publication for the next one, can we just add it on there?

JILL EGLE: No. Cause--

EBONY HAVEN: We already agreed to make sure that the public and all of the people that are participating in our meetings on our notifications we have added that where we explain how people can go and register for the meetings and participate virtually.

KATHY DWYER: Right. But I am asking for all other agencies including the legislature. On your agenda

item you're asking for a virtual option to be made available for all public meetings, correct?

EBONY HAVEN: So I think what she's asking for is for you guys to consider amending the advocacy agenda item that you guys created at the last meeting for open meetings law. She's asking you all to amend that to add that public bodies add information about how you can register and participate virtually.

KATHY DWYER: Correct. Thank you.

BAMBI POLOTZOLA: I think that's an expectation. I mean, if you're going to do it virtually you would expect it to be publicized.

KATHY DWYER: An expectation is different than a mandate. Expectation is not required.

BAMBI POLOTZOLA: I'm okay with it. I'll make that motion because--

KATHY DWYER: Oh, thank you.

BAMBI POLOTZOLA: Yeah. I would expect that to happen.

KATHY DWYER: Right. But you and I both know it doesn't always happen.

BAMBI POLOTZOLA: Yeah.

KATHY DWYER: So I'm just trying to make sure all our families and individuals receive the information so they can start participating.

JILL HANO: If Bambi is officially making a motion, I'll second it.

AMY DEAVILLE: Can you give us a second to word it or can you word it, Bambi?

BAMBI POLOTZOLA: Amend the legislative item for open meetings to include advocacy that the meeting notice include all participation options.

KATHY DWYER: Can you add all participation options available.

EBONY HAVEN: You have to state it again. I'm sorry. I'm going to share it and then you can see what I have so far. I was trying to add some stuff. I'm sorry.

BAMBI POLOTZOLA: I make a motion to amend the public meeting law legislative agenda item to add that..

AMY DEAVILLE: All participation options.

BAMBI POLOTZOLA: I would say are included on the meeting notifications. And it should be like, cause a meeting notification I could just send Ebony an email

and say hey, I'm notifying you of a meeting. What is it, the required, like the official. Would it be the official meeting notification. What do you call it?

AMY DEAVILLE: I think they just call it the meeting notification. I don't know that they have an official name for it. Seconded by Jill Hano.

JILL HANO: I second.

RASHAD BRISTO: Okay. So we have a motion to amend the public meetings law, the legislative agenda item to add all participation options are included on the official meeting notification. Made by Ms. Bambi Polotzola and seconded by Ms. Jill Hano. Any discussion? Do we have any public comment in regards to the motion?

KATHY DWYER: I appreciate the motion.

RASHAD BRISTO: Do we have any abstentions? Do we have any objections?

ERICK TAYLOR: I have an abstention.

RASHAD BRISTO: You abstain. We have one abstention. Do we have any objections? With no objections it's passed by unanimous consent. Do we have any other public comment? Any comments from any council members? Ms. Jordan.

MEREDITH JORDAN: One last announcement. We have 10,000 additional literacy tutor voucher seats. So on my report you have the information in the link. Share on social media. Get it out to our students, our families with disabilities please. 10,000 remaining.

RASHAD BRISTO: Transition this into announcements. Do we have any announcements from any other agencies? The only other announcement that I have is next quarterly business meeting will be April 18th and 19th of 2023. Any other comments, questions or concerns? All lines clear? All right. This meeting is now adjourned. 3:15 p.m. Thank you so much for your time and contribution to the DD Council.