

Louisiana Developmental Disabilities Council  
Self-Determination and Community Inclusion Committee  
April 17<sup>th</sup>, 2024

BROOKE STEWART: Brenton, would you mind doing the roll call.

BRENTON ANDRUS: Sure. Dr. Barovechio. Ms. Crain. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Here.

BRENTON ANDRUS: Ms. Harmon.

ANGELA HARMON: Here.

BRENTON ANDRUS: Mr. Piontek. I see him. Ms. Richard.

MELINDA RICHARD: I'm here. Thank you.

BRENTON ANDRUS: Mr. Rocca.

TORY ROCCA: Here.

BRENTON ANDRUS: Ms. Stewart.

BROOKE STEWART: Here.

BRENTON ANDRUS: Ms. Lauren Womack.

LAUREN WOMACK: Present.

BRENTON ANDRUS: Ms. Tangela Womack. You have eight and that is a quorum.

MICHAEL BILLINGS: Brenton, can you add me on?

BRENTON ANDRUS: I can't do that.

EBONY HAVEN: You can appoint him.

BRENTON ANDRUS: Would you like to appoint Mike Billings to the committee?

CHRISTI GONZALES: Yeah.

MELINDA PERRODIN: And I'm interested too.

CHRISTI GONZALES: Okay.

BRENTON ANDRUS: So just for the record, Mr. Billings, present.

MICHAEL BILLINGS: Yes. I'm present.

BRENTON ANDRUS: Ms. Perrodin. You have ten.

BROOKE STEWART: Okay. Thank you, Brenton. Before we get started I just want to remind you all of a few rules. For committee members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run monthly please keep side conversations to a minimum and comments related to the topic we are

discussing. For those committee members who are attending virtually remember you must be on camera and have your first and last name showing to be counted towards our quorum. Please keep microphones muted unless called upon by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. Once recognized by the chair your microphone will be turned on. After speaking the microphone will be returned to mute.

Also the Q and A and chat is to only be used by those needing an ADA accommodation to participate in the meeting. Public comment will not be accepted via the Q and A and chat except for those individuals who requested the accommodation. As for order, committee members in person and virtually will be allowed to speak first. Public members in person will then be called on followed by public participants virtually who have raised their hands. Comments in the Q and A and chat will be addressed last. As with all hybrid meetings it can be difficult to keep track of those wanting to speak in person and virtually. Please be patient. All comments and questions from committee members and public may be limited to two to three minutes or less shall we run into time constraints so please keep that in mind. Also, comments about a person's character will not be allowed. Finally, members of the public will have the opportunity to provide public comment before each vote and during designated public comment periods. The chair may also use their discretion to determine if comments will be accepted outside those times.

Everyone should have reviewed the October meeting summary which was attached in the agenda you have received via email. There's also a copy in your committee packet. And I need a motion to adopt the October meeting summary.

BRENTON ANDRUS: You'll have to unmute, Tony.

TONY PIONTEK: Hello. I'll pass.

BRENTON ANDRUS: Okay.

BROOKE STEWART: So Tony Piontek recommends to adopt the October meeting summary. Is there a second?

LAUREN WOMACK: I second.

BROOKE STEWART: Is there any discussion? Any public comment? Okay. Based on the updated public meeting law we will now do a roll call vote. Brenton, can you please do the roll.

BRENTON ANDRUS: Dr. Barovechio. Sorry. A yea would be to pass the October meeting minutes. A nay would be not

to pass it. And abstain if you wish to abstain.

PATTI BAROVECHIO: Yes.

BRENTON ANDRUS: Ms. Crain. Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Yes. This is a huge waste of time.

BRENTON ANDRUS: I didn't make the law, Ms. Hano. Ms. Harmon.

ANGELA HARMON: Yes.

BRENTON ANDRUS: Mr. Piontek. Mr. Piontek, yes. Ms. Richard.

MELINDA RICHARD: Yes.

BRENTON ANDRUS: Ms. Lauren Womack.

LAUREN WOMACK: Yes.

BRENTON ANDRUS: Ms. Tangela Womack. Okay. Mr. Billings.

MICHAEL BILLINGS: Yes.

BRENTON ANDRUS: Ms. Perrodin.

MELINDA PERRODIN: Yes.

BRENTON ANDRUS: Nine yeas. Your motion passes.

BROOKE STEWART: So thank you, Brenton. The motion to accept the October meeting summary has passed by a vote of nine or unanimous. So first on the agenda is an update on noncontractual activities. We have Julie Hagan from OCDD who will share with us updates from the department. Julie, would you like to get us started.

JULIE FOSTER HAGAN: Sure. So a few updates and then I'll be happy to take questions you guys have. In terms of a legislative update the only piece of legislation that OCDD has specifically is House Bill 829 by Representative Lions. And that is legislation-- our Early Steps Program is required to have something called a statewide interagency coordinating council. We abbreviate that to SICC. And right now that SICC operates under the Governor's Office of Disability Affairs. And so we just send money from OCDD to the governor's office and they hired an executive director and then paid travel costs and things like that. We did work with Bambi before on this and have worked with the new governor's office as well. In every other state except two other than Louisiana the SICC position and coordination happens under the program office that the SICC reports to. So I think Wyoming and Alaska are the only two other states where SICC reported under the governor's office. But it's there in legislation in

statute so we had to do a bill in order to move that operation of the SICC from Governor's Office of Disability Affairs back to OCDD.

The members of SICC are still appointed by the governor so there will be no change there. I have no influence whatsoever nor does the Early Steps staff on who the SICC members will be. So there's no change there. It really is just kind of the executive director and then the operations would then be under OCDD and under Early Steps. At this point it's passed the house. It passed on the house health and welfare and then it was heard on the floor this week and it passed. So now we'll hear that on the senate side.

The only other one that OCDD-- there's lots that we watch and I could probably spend two hours telling you. The only other one we're more directly involved with in planning is Senate Concurrent Resolution 17. You guys may be familiar. There's a program called the Medicaid purchase plan program. That plan is still in place and it is for people who meet the Social Security Administration definition of disability and have employment or jobs. And so they are able to potentially continue to be Medicaid eligible under this program if they have certain income limits. About ten years ago they increased or changed the income limits and so you weren't able to make very much at all or you wouldn't qualify for the program. So this resolution and some advocates that we know were asking that we go back to the income limits that were in place before increasing, those income limits for eligibility so that those folks with disabilities who are working still have an opportunity to maintain their benefits. The department doesn't have any concerns with this bill. There is a fiscal note tied to that. So we have been studying that and will continue to study that. Those are the primary things that we're following legislatively.

We are continuing to work on spending money for American Rescue Plan Act Section 9817. I had reached out and you guys saw, DD Council, we have the STAR team that is really trying to help us do an environmental scan with recommendations for supports in our state for people who have intellectual and developmental disabilities and also co-occurring behavioral health concerns. They felt like they didn't, in the initial work they did, they felt like they didn't hear enough from actual people with lived

experience. They didn't hear a lot from folks in rural areas. They wanted to reach out to a few more behavioral health, mental health providers themselves. And then finally to the Department of Education. And so they did come and we had several meetings. We do have one final meeting. They want to make sure that they talk with-- they had heard concerns from the community in terms of the behavioral health services folks can get through the Department of Education, specifically children. So they do have another meeting scheduled with Meredith Jordan and some of her team so that we can talk through that. We anticipate getting a report from them that we will share publicly and then working through their recommendations on things we want to implement. We do have an opportunity through some additional funding to be able to fund that.

I should have also started with so when you guys have heard me talk about the American Rescue Plan Act I've shared with you guys that we had until March of 2025 to spend our money. Three other states requested and got permission for an extension of that. So more time to spend the money. And so we will be asking CMS for permission to use the Rescue Plan Act dollars to extend them through December of 2025. So instead of March to go through December, it's not free money, but it's free money, you know. But we're going to need more than just March of 2025 to spend it. So by going until December some of these things that I've been talking to you guys about that we want to implement it will just give us that additional time, whether it be for spending or to do pilots or whatever we need, so that we can really make sure that we fully invested those funds in things that are important for us.

We are excited in terms of the technology. We're working with several of the LGEs have said that they want to work with us. We've added some technology services to our waiver but what we find is a lot of people don't really know exactly what that means. When you say technology somebody said well, can you make a list. Well, maybe I can try but there's a list of 100,000 things that technology could be. And the different forms. And so but what we're doing is working with the LGEs to try to set up some opportunities for people to do demonstration. So if you think that you may, if you think technology may help you be more independent throughout your day then we would have a location at the LGE where LATAN could meet folks at the

LGE, let them try this different type of technology to see if it's something. Because you can get technology through state plan services as well as through waiver services. So this isn't just for waiver folks. It's for anybody in our system to be able to go. And you could potentially try it and then know better about what you may want to use. And so we'll be doing a lot more announcements in the next month or two. So for our next meeting I'll have a lot more detail about that because we're working through the logistics with the LGEs right now on that piece.

We are also continuing to do work. You guys have all told me loud and clear we need an electronic plan of care and assessment that people can more easily access and be able to track progress and things like that and electronic format. We're continuing to move forward. And I'm still crossing my fingers that especially now that we can have that extension through December, if they approve it, to really be able to fully implement our electronic assessment and plan of care that we've been building for about 20 years now in different forms or fashion. And we may finally be able to get across the line there.

And then finally I had had a couple questions around we had talked about, and some of you may have heard me testify, that we asked CMS for permission to use some of the Rescue Plan Act dollars to do a rate study or a rate analysis. And we did just hear last week that we got approval from CMS to use the funds for that rate study. So it just got approved last week so I don't have a lot more to say about it other than I think I saw Mindy come in. We'll be working with Mindy and her team at OAAS as well as Medicaid on rolling that out and what pieces are. We have already engaged with some of the contractors we have to be able to make sure that that happens. So again, I don't have a lot more to report out other than it's approved and we're working through the details there.

A few other things that Brenton brought to my attention that they have been getting some questions about at the DD Council is around SUN screens. And we have also heard some concerns at state office around people who would like to have the SUN screen done in person rather than by telephone. So just so that everybody has the history there. When we first started doing the SUN screenings which is the screen that helps to determine if you have unmet needs that could be supported in the waiver. And if you do, then what are

the urgency of those unmet needs to help determine if you have a waiver offer. When we started that about-- well, we actually started it probably eight or nine years ago because we first screened everybody on our list. Those were all done in person. And so staff would travel to a person's home. They would do those in person. We during Covid when we shifted to not in person for anything we shifted those to do them either by telephone or by Zoom. And initially when we did that the feedback that we had gotten from folks was they felt like it was fine to do those by telephone or by Zoom. And the community was sharing with us they didn't feel that the in person was necessary. Especially because I only have six staff that are dedicated to doing those SUN screens statewide. And folks do know that we were having some delays in being able to be responsive and get them done quickly. So with us being able to shift to do them virtually we were able to really catch up and we were able to really significantly reduce the delays.

That being said, we do understand that there are a lot of families who have said that they believe the SUN screen should be done in person and that they would be more comfortable having it that way. So that is an option and it really has been, but I don't know that everyone was aware of that or knew that. So we are doing some work on our end to make sure that people do understand that while our primary means of doing the SUN screen is virtually or through telephone or Zoom there is the option for in person. They can request that when they call into the LGE. Or they should get a phone call to schedule their screening and at that point in time, and this is for immediately, at that point in time they can say that they prefer to have it in person. Now we are working on our end process wise to make sure that we are letting people know that that is an available option. But it may take some time. So if somebody is getting a SUN screen now and you say oh, nobody asked me. It is going to take us a little bit of time to make sure everybody understands that. People can ask and it is possible to ask to have that SUN screen done in person, you know, rather than by telephone or virtually.

And then we also have had-- and we've received some of the same questions around TEFRA. So I did go back, and DD Council this was back in 2020, when we were rolling out our TEFRA program, and if we need to find some of those

resources and kind of make sure folks have them again we can do that. And we also know on our end we need to make sure that the local governing entities that are assisting people enrolled in TEFRA have all the most relevant information as well. But when a child-- so with TEFRA, what the TEFRA program is it's for children under the age of 21 who can be considered eligible for Medicaid regardless of their parents income if they meet certain criteria. And so there's actually two different points where eligibility has to be assessed. So what the local governing entities do for us, or the human services districts and authorities, is they assess if a person meets the level of care determination for entrance into TEFRA. And the level of care determination is your intermediate care facility level of care, nursing home level of care or hospital level of care. And there are certain criteria that a child must meet to be eligible for that level of care.

There is also though through Medicaid to be eligible they also have to go through a process called MEDT. And I always have to look at what that stands for. Medical eligibility determination team is MEDT. And so they do also have to go through that MEDT process. MEDT is different than level of care. So MEDT uses the Social Security Administration definition. And we are seeing and finding that some children that are deemed eligible through the level of care but then when they go through the MEDT evaluation they are not deemed eligible through that medical eligibility determination team. It is two different sets of criteria that they are looking for. To date we have of the 4,784 children who have applied for Medicaid, we've had 110 of them who might have qualified for level of care but then did not qualify through MEDT.

And so the ask of us has been to make sure that the LGEs let families know that information. That even though they've become eligible through the level of care determination process to make sure families understand there's still that MEDT component. We've also been asked can you just do one and not both but by federal regulation we have to actually do both. So a state can't decide that we want to do one or the other. It has to be both level of care determination and the MEDT determination. What we will do on our end is to make sure that again, it was in some of the original documents that we did showing that you have to kind of go through both of these processes. We had



worked with the TEFRA workgroup on some of those processes. So we will recirculate those and make sure that information is getting out because what our understanding is there's some families were told that they met the level of care determination, thought they were in TEFRA only to then get a letter saying no, you're not eligible because of MEDT. So we'll work on our end to make sure that is communicated in the way it needs to be communicated to families and we help increase understanding.

And then the last thing that Brenton always sends me a list ahead of time of things that he's getting calls about and it's normally things we're getting calls about too in our office. So the last thing that I had on my list of things was to talk about some concerns folks had brought up around children that are aging out of the children's choice waiver and moving into our adult waivers. And so there is a federal requirement, and you may have heard me talk about it during the public health emergency and some other things. There is a federal requirement that we have to exhaust any available state plan service before we use waiver services. So we can't, per federal mandate, use waiver services in place of state plan services. You know, we hear sometimes things like well, the rate in waiver is higher than the rate in a state plan service or there may be different requirements. But we are still federally mandated to have to use our state plan services before we start using our waiver services. We understand that as we have started to come out of Covid, started looking at different things, some children that are aging out that in practice that may not have happened in the way that it needed to. So we have been looking at our processes. We have been working to clarify some of our processes. And the information that's come back to us is as we've done that clarification there were some people who were in that period of going from a children's waiver to an adult waiver and there may not have been adequate time to really plan for and have the appropriate discussion through planning that that needed to happen with that transition. So we are working on our end to make sure that we educate everyone to make sure that folks have-- so what should happen is at least six months before someone is aging out of a children's waiver into an adult waiver, and I don't give an age because remember with children's choice you can age out at 18 or at 21 depending on what's happening. But there should

start to have conversation of that transition from the children's waiver into the adult waivers at least six months before you anticipate someone would be transitioning. So there should be those conversations.

In order though, because one of the things we've talked about is can long-term personal care services meet your needs or not. And so there is a process where you have to apply to see if you are deemed medical, if you have met medical necessity that's required for LTPCS, if that service is something that actually can meet your needs. You can't do that until 90 days before you're turning, I believe it's turning 21. I always get confused on the age. But 90 days before your age eligible to have that. And so part of the planning process needs to be a conversation around if you're getting in-home supports will long-term personal care services meet your needs. If so, start to apply for that, for those. Again, at that 90-day period and to allow for a transition period.

Again, we understand that in practice that didn't happen as we were having these conversations so we are working to make sure that there is that appropriate, you know, people understand that during that transition period, during that timeframe these are all things that should be considered. Again, so that if we're not sure if long-term personal care is the appropriate service or not we have time in that 90-day window before you age out to apply, see if you meet that. Then that helps determine next steps in your planning process and individual processes. There may be other state plans services for an adult as you age out. And so again, during that planning process all of those things should be discussed, should be considered, should be a part of the conversation. And so we're working to improve our education to those folks that are having those conversations to make sure we're all really on the same page about what needs to happen during that planning process. So I will stop there and I will turn it back over to you, Brenton. Or I don't know if you want me to just open it up for questions about any of the information I shared.

BRENTON ANDRUS: Yeah, if people have questions.

LAUREN WOMACK: If you could just say what are the strategies y'all are using to maybe get the information out there. Because I keep getting frustrating feedback from people. It's not in plain language. I think everybody

here could agree. It's extremely difficult for even people that researched the stuff to understand. I know there are platforms, learning web-based platforms that may be the state uses for state training. Maybe it can be a (inaudible) contract for some of these things that the support coordinator can be obligated for mandatory training. And then that way if there's turnover then we're not keeping extra trainings. These trainings can just be available and can be updated by OCDD with any information available. Probably could also be available to the public. I think we need to focus on making it plain language. Especially for people with disabilities, developmental disabilities because it makes it very difficult for families, even educated families to figure out what to do, where to go. And I know from experience it's frustrating and you want to just give up. And I'm sorry but the excuses just aren't good enough anymore. We have the technology now. It's time to stop blaming Covid. We need to move forward and stop saying we're doing our best and find solutions.

And then my other question is can you share some of the focus groups that you talked about. What are some things that y'all are finding maybe are the same practices to increase direct service worker workforce. Or some of the summaries of the meetings y'all had. Some of the outcomes.

JULIE FOSTER HAGAN: Sure. So in terms of the comment on plain language I 100 percent agree and we have begun for all of the items that are on our web page doing our best to make sure-- we actually have sent several of our staff to courses that help you understand how to do plain language. And Lauren, if you're aware of some platforms please let me know. What we've found is there's a few different things that we've tried that are supposed to help things be more in plain language or done at a certain reading level and they just don't-- because we have to use certain terminology around home and community-based waivers and things like that it just did not translate well. So that's why we determined that we needed to have folks educated. So we do have our staff who are doing some coursework on how to make sure things are in plain language so that we can do better. And I hear you loud and clear it's time to do it. We are trying to do it but we're not there yet so I do understand the frustration. We are

working on looking at everything though on our web page to try to make sure that those public facing documents we have, we're not putting anything out yet unless I've had one of my team members who have been educated on plain language take a look at that.

I would say one of the things we're trying do for the support coordinators there's definitely a need for training and with turnover you need to have that recorded and have people do that. But what we've really identified is there's also a need not just for training but for coaching. And I think a lot of people use those terms the same way but coaching is different than training. It's not watching it. How to report it. But how do we get ourselves back in the field more than we were able to be and do some true coaching around person-centered planning, around making information available. And so you'll be seeing us do more of that coming up.

In terms of the focus groups we have a few different focus groups. We had a few focus groups around discussion around value-based payment models. And so one of the things that we are allowed to do through CMS is you have the regular rate that you pay to providers but you're able to set certain benchmarks that providers meet that are related to providing quality services. And if providers meet those benchmarks then they're then eligible for a value-based payment. So we've had a lot of discussion, a lot of feedback from different groups. We had people receiving services as well as people providing services and advocate groups at the table. Where we are with that is we anticipate next month being able to roll out to folks, I think it's either next month or the month after, what those value-based payments will be. There will be different things that people can apply for to be able to do that. So we had that focus group has started and stopped.

We have a second focus group or another focus group that is specifically for people in self-direction and who use self-direction. It's focused on people receiving services but we also have support coordinators, local governing entities and the fiscal intermediaries at the table. And so we are, where we are with that group is we spent a couple of meetings doing an exercise that we call what's working and what's not working and kind of coming up from each person's perspective. So it was from the

persons receiving services but then the LGEs had some things from their perspective that wasn't working. So we had a list of about 25 things that everybody felt like wasn't working and needed some systemic attention. We took those 25 things, sent it out to all of our members in self-direction advisory group and said we want to prioritize these. So you guys tell us what your priorities are. We're going to eventually address all of them, but what are your priorities so we can tackle things one at a time. We got feedback around those priorities and now what we're doing is taking those in priority order and going through each one of them with that self-direction advisory group and working through it until resolution.

The first thing, the thing that was first and foremost in everybody's mind, if you use self-direction you should be familiar with something we call the self-direction handbook. And while we had recently done an update to it folks felt like that needed more attention. And so we're taking chunks of that self-direction handbook at a time and getting it updated so it can be a full user guide. And, Lauren, to your point, it will be super important as we're doing that update that we make sure we're using plain language and thinking about things like that. Looking through that lens as we continue to update that.

And then the third focus group or the third group that I talked about earlier was the Administration for Community Living, ACL, which is part of the federal government. They have started a resource guide and it's an entire web page dedicated to strategies around addressing the direct support workforce crisis. They have offered for states to apply for a technical assistance grant. And where we are there is in the process of applying. If selected for this grant then we will be at the table, we'll be pulling in community members to be at the table with us as we participate in that technical assistance opportunity and really look towards what are things that we can do that will make a difference for our direct support workforce. So those right now are the three main types of groups that we have going on. Is that what you were looking for, Lauren?

LAUREN WOMACK: Yes. Have I asked you before when you brought up the value-based payments is one of the criteria anything that would require the funds to paying the direct service workers more funding for value performance, any of their performance measures or evaluations. Or would it

just be basically providers and then they would have to take those funds and do what they will do with those.

JULIE FOSTER HAGAN: With the value-based payment I had brought that back and with the value-based payment I don't know that we're able to mandate that it would go to direct support worker pay. They were looking at what we could do with it is say if an agency is paying their workers more than the 9-dollars an hour that's required that might be something that they could submit to us and we could consider reimbursing the provider or something for a value-based payment for doing that. But there's nothing we can do within the money that's allocated for value-based payment. That money does go to the provider. It doesn't go to the worker. So I was able to confirm that.

LAUREN WOMACK: And then I just had one more thing. I understand what you were saying about the coaching verses just the information. I'm on LRC and they are using-- they're having a similar problem with their certified rehabilitation counselors. There are not enough for vocational rehabilitation and they aren't properly trained. They are in the process of getting a training system for all their new counselors that they're going to use for training. So that might be something to reach out to Melissa Bayham who's been director and see what she's using. Because I'm a certified rehab counselor and it's similar in that for a counselor and its skills. And it's not just information. When you're a support coordinator, you're a case manager as well. It's more than just the information. It's about the tools to convey it. So I just wanted to share that with you.

And then the last. I read that CMS was in the process of coming out with a rule about that workers had to get 80 percent or something of some kind of a funding with the rate. Can you speak to that or is that?

JULIE FOSTER HAGAN: Sure. It's called the home and community-based service access rule. I was in a meeting not last month and CMS asserted that it will be out as a final rule before April 30th or 31st. It will substantially change the way home and community-based services are provided across many different avenues. There is language around critical incident reporting and abuse and neglect reporting and investigations and follow up. There is information around information technology and how we do things. There's information about a

grievance system. There's more stringent requirements to have people using services at the table for any and all Medicaid focus groups specifically. So that would include us, but even more globally at the Medicaid level.

It also requires that we have transparency with our rates and services and that we look at rates. And one of the requirements within that transparency and within looking at rates is around a requirement in the proposed rule it was a requirement that 80 percent of the rate that a provider receives has to go to the direct support worker. And that was what was in the original rule. CMS has referenced that again. When the final rule comes out we'll know more. There's also some transparency around reporting on your waiting list and things like that. There's a lot of discussion around this.

In June the National Association for State Developmental Disabilities Directors is doing a policy forum that we're going to have federal partners there and have states there who've started to try to tackle some of these things. And again, I've shared, and Mindy and her team and OAAS have looked at it. It will impact people, anyone who receives waiver services, home and community-based services. So it will impact the behavioral health population, the aging and adult-onset population, the IDD population and Medicaid and the Medicaid services. It originally gave us three to five years to come into compliance. A lot of states said we think these are great ideas but when you're talking about having to do things through technology it takes us two years just to go through a procurement process with a vendor. And so we really are going to need more than those three to five years to get us kind of across if there's anything tied to IT. But yes, I do anticipate in my upcoming DD Council reports to this group as well as the full council you're going to hear me talking a lot more about the access rule. You're not going to hear me shut up about it for at least five years if not longer because it will have substantial changes for all home and community-based services.

LAUREN WOMACK: Thank you for answering my question.

JILL HANO: I have a question.

SPEAKER: Go ahead, Jill.

JILL HANO: But she was before me. You said something about this HCBS rule. You said it was coming out on April

30th?

JULIE FOSTER HAGAN: It will have to come out before then. So I'm not really an expert in things around this nature but what they've explained to me is that because this is a presidential election year if CMS gets this rule out after April, so if they get it out after May there is the potential that Congress could take action to try to block the access rule. If they get the rule out before April 30th then Congress can't take action to stop it. And so they're trying all they possibly can to get it out before that April 30th so that they don't have the potential of congressional action to stop it. Does that make sense?

JILL HANO: Okay. Yes.

SPEAKER: So my question is about the SUN screening and SUN scores. What happens to the twos, the ones and the zeros?

JULIE FOSTER HAGAN: So the original plan for people who have a zero, one or two is that we would go back and we would rescreen within whether it be a year or two years or three years or four or five, I'm not remembering the exact number. Depending on what your score was is when we would go back and rescreen. We are still trying to do that but there is delays there. Because, again, what we've found is that that was one of the delays we found by having only six screeners and we are working to try to get more resources to be able to do the SUN screens. But we were having to do, we have to do the SUN screens for folks who initially come in as well as folks who are asking for rescreens. And then we were working on those zeros, ones or twos.

So our priorities are those people asking for re-screenings because their situation has changed and the initial folks. And we are still working our way through the zeros, ones and twos but it is taking us longer than we originally anticipated it taking because I don't have enough resources to keep up with the volume. We've assigned different people in our office to be able to participate in doing those so that we can try to, but at this point if you have a zero, one or two and your situation changed from when you had your original screening then I would suggest that you call the local governing entity, let them know that your situation has changed from when your original screening was and then you will get a rescreening. Those are prioritized sooner than us trying to get the zero,



ones and twos. Because we want to make sure that if you have had a change in your situation we can get there. Again, if your situation changed please do reach out to local governing entities, let them know you need a rescreening and then we will make sure that happens.

SPEAKER: So my situation, it's an odd one. My three kids they just turned 18. I did a SUN screening for two recently and they said oh, my gosh. It's been seven years since your last SUN screen for your son, the third one. Because they're triplets. Nobody wants to rescreen him. And the situation changed the day after the lady left town and I've been trying ever since. So what do I do if the lady I talked to who did the screening for the other two kids, can you get me on a list for screening?

JULIE FOSTER HAGAN: Yeah. So if you have an individual specific question you can send that, we have an email address, it's ocddinfo. So that's ocddinfo and there's someone who monitors those throughout the day. They'll send it to the appropriate person. Derek White is the person in our office who's over the SUN screen. So they'll get it to him so that we can make sure someone's able to get back with you to get that screen scheduled.

SPEAKER: (Inaudible) faster on the rescreens. How fast are we looking at because we have other members in my region asking also.

JULIE FOSTER HAGAN: The last information they gave me based on the data that we've reviewed is that with the rescreens they're able to do them within two weeks.

SPEAKER: Okay. So about two weeks. And then, let's see. Going back to the second part, the TEFRA process. You have to do the 90 L part of it and then the MEDT one?

JULIE FOSTER HAGAN: You don't have to go through the level of care first. When you apply they start both at the same time. We're just finding that people are typically getting through the level of care process faster than they're getting there through MEDT. But you don't have to wait until one finishes to start the next one.

SPEAKER: So what kind of information do we need to apply for that exactly? Is it the same as applying for social security? (Inaudible) medical documents as well or (inaudible).

JULIE FOSTER HAGAN: I'm not 100 percent sure. Let me see if any of those resource documents that we have there. I believe that in those documents they have the

information. But if not I'll ask our team to get that added so that we can get that information out.

SPEAKER: Thank you. And then on the changes in self-direction handbook, are those online yet or still being done and updated?

JULIE FOSTER HAGAN: Right, no. We've just started that process. In fact, there's a meeting this afternoon that conflicts with this.

SPEAKER: Okay. (Inaudible) trying to go through the process right now. And he's like (inaudible) as a family. And I'm like yeah, they're looking at you as if you're the employee too. They had a few other questions and I was just trying to see if there was something they could access online. Thank you.

JULIE FOSTER HAGAN: Okay.

STEPHANIE CARMONA: You have one hand raised.

CHRISTI CURTIS: So I would like to suggest, I'm currently going through the transition process with my son and I could go into detail but I will save everyone and respect y'all's time. I would like to suggest that we as a whole as a community, all organizations involved work on some kind of document or booklet to give to families early on in the transition process so that they have an idea of what all of these processes are going to look like, what they're responsible for doing, what it all entails. And I'm talking about guardianship through waiver transition, through planning for after high school, all of it. What are the options after high school. What are your options for guardianship. What the transition from children's choice waiver to adult waivers, and whatever services look like. This has been a really stressful process on me as a single mom and I can only imagine that our families who aren't familiar with these processes and procedures are giving up and it's just a lot. It has been very taxing. The process was started at two months and two weeks before he turned 21 and so that's even late to start this process. Everything is working out. We've had the in-home assessment for LTPCS. But I've been planning for this transition knowing it was going to take place for at least the last two years. I feel like I've been planning for a lot longer than that. And I did not find out about having to apply for LTPCS, which was my responsibility, until two months and two weeks before this 21st birthday. So I would really, really encourage everyone to work on something to

give out to families and individuals with disabilities on this transition process. Everything is changing at once and all of their doctors change too, keep that in mind. And some have more doctors than others. It's a lot going at one time. And if we can make that easier for families we should, we need to. That's all I have.

STEPHANIE CARMONA: And we have one other hand raised, Ms. Kathy Dwyer.

KATHY DWYER: Thank you. And excuse any background noise. Getting back to the value-based services I would like to strongly encourage that we do include what percentage of providers paying more than 9-dollars an hour. I think that's something critical given the shortage of workers. And what it boils down to a lot of people are not receiving the services that are in their comprehensive plan of care because of the shortage of workers. So I think that's an important component. It shows how the providers are managing the funds they are receiving.

Also, Julie, I know you and I spoke about this. I also encourage you to make sure all providers submit the required audit reports and those audit reports be used, you know, whether or not they submit them be used in the value-based system and whether or not there aren't any negative reporting in the audits. Not sure what the appropriate term is. But those audit reports should show any findings that are concerning and if there are concerning findings then that should reflect on the value-based services.

BROOKE STEWART: Thank you for those updates, Julie. Next on the agenda is an update on Families Helping Families of New Orleans. Members, we have been discussing Families Helping Families New Orleans since the summer. The center is currently on probation due to concerns about center management and functioning which was brought to light in their fiscal 22 legislative audit. In your packet you have an updated quarterly report which the center has been providing as a part of its probationary status. And you also have a copy of the center's fiscal year 23 legislative audit which was recently released via the legislative auditor's website. Before we begin with questions and discussion I would like to turn things over to the center's executive director Aisha Johnson who will share with us the things the center has been working on this year to address council and member of the public concerns. Ms. Johnson,

you have the floor.

AISHA JOHNSON: So this has been a trying year for the center with losing the additional funding and being on the probationary period. And I am actually grateful that we did the probation period because it allowed me to look into a whole bunch of other stuff that was I think a little bit left to the wayside during those periods of time that we had those audits. I've, of course, released that last bookkeeper. We actually contracted with a new bookkeeping company. So it is an outside service that meets with me often to make sure and ensure that things are going correctly.

I've been able to share every month the reconciliations that have been done monthly. I have been able to share our quarterly updates. And in those quarterly updates not only am I sharing the financial status of the organization, but I'm also sharing the additional things that the center is doing. So how we've increased our advocacy efforts. Expanded program impact. The zero complaints that we have received since those last complaints that we received I believe during the summer around that time that all of this came to light. We haven't received any of those. More community engagement with less funding. We've still been able to meet all of the organization's needs and meet our vision and mission which is always the goal to ensure that the families that we serve are served and are served to the best of our abilities.

We had a new audit. There were still some unresolved things that needed to be fixed. However, we did make strides and we did resolve a lot of the other things that were included in the audit. We were able to go back, because this is still financial recordkeeping from the previous bookkeeper, and we were able to go back during this audit for our new bookkeeper to try and start correcting all those things once we received this audit. There was one thing that was unresolved was engaging an auditor in enough time to have our audit completed. We actually engaged our auditor in September of this year. They said that they could have the audit done by December 31st. September, October, November. That's four months. But they still didn't have it. We still weren't able to accomplish getting it done by December 31st. What I've done to rectify that is I have already verbally engaged with the same auditor already and so at the end of the fiscal

year, which is June 30th, we should receive our final closing of the books at least by July 15th, I believe, where everything from that end of the fiscal year has already come in for her to close the books. And then the audit can begin end of July, beginning of August. The reconciliations was also one thing that was unresolved and that was because the new bookkeeper had to go in and redo reconciliations or do the reconciliations that weren't done at all. And so that's why we got that hit. However, we have been submitting our reconciliations monthly to the council and those have been done in a timely manner.

Supporting documentation was also one that was unresolved on the audit. Out of the 45 documents that have been requested 40 were submitted. The five we found were misidentified in Quick Books. So, for instance, there was an 85-dollar invoice for, she had it under direct mailing or something and it was in fact another company's invoice. So that's why the invoice was unable to be located until after we were able to sit and match those things and then correct those in Quick Books. I did take a Quick Book's course just to update myself and to be a bit more knowledgeable of how that program works. You know, within the organization I'm not allowed to go into there and change numbers and work with numbers and all of that. Those different things that I worked along with the bookkeeper and making sure all those things are reviewed and put in correctly. And so it's been really different working with an outside entity that is very professional and not lax at all and just on top of me and on top of our books regularly well. And so I believe that we are headed in the right direction as you guys can see from the updates that I've been providing. We are headed in the right direction and we strive to continue heading in the right direction in hopes that when we do our next audit, which would be the 2023 audit financials, that we would have even better outcomes and less unresolved items. Do you guys have any questions for me?

SPEAKER: So what is your title?

AISHA JOHNSON: Executive director.

SPEAKER: What happened to the search?

AISHA JOHNSON: So we started the search and we got a few resumes and they weren't qualified for the job or when they got to the portion of pay it was not in the pay grade that they wanted. So right now I am fixed or on hold until

we find a replacement or something changes.

BRENTON ANDRUS: I had one question. As I was looking through the audit there was that they recommended you all upload into a Cloud.

AISHA JOHNSON: Yes. For our receipts and invoices and like our mail. So we have implemented a mail system so anything that comes to the mail Ms. Sharla will scan it and we have a Cloud that it goes into. Now whenever he needs something it's submitted electronically so I don't have to go and look through paper receipts or anything. It's all uploaded to the Quick Books Cloud.

SPEAKER: You have on there community engagement partnerships. What types of partnerships have y'all ventured into since there was some complaints about community engagement. So what type of activities are you guys doing now with less money?

AISHA JOHNSON: Well, what we've done is we've gotten more into the parishes that we hadn't been able to get into a lot which is Plaquemines Parish. And so we've worked with the Plaquemines Parish Community Care Center and we've been having our staff go out there and visit clinics, visit with the schools making sure everyone knows about Families Helping Families. They know our complaint process. If not, we can add that to our website, a complaint process. Like what are the things that you do if you feel someone at FHF is not addressing your needs or what are the next steps. We've done partnerships now with different schools. We have ventured onto different boards-- I'm sorry. I'm losing train of thought. Different boards that we all will sit on to provide input on special education services. Letting families know that Families Helping Families is there. We've been going to autism walks. We've been going to different community events handing out our information. Those are things that we've always done, but we wanted to try it increase that to make us more visible because since Covid we hadn't been able to get out more like a lot and so now we're just out there more. We have our computing for youth program that we started. So we have been working diligently with LRS with different employment agencies. So we're starting to get out there more with a lot of that. And we're consistently making new partnerships every day. We have actually started getting info used signs to show we're partnering with you. You can call on us. We can call on you. Whatever it is that you

guys need us.

LAUREN WOMACK: Just maybe a suggestion. It's really helpful when an agency can give us more quantitative data than maybe specifically what events you went to, how many people you sent, things like that. Just broken down for more transparency and just to show the magnitude of the different events that you did instead of just very general. Just more helpful in the future.

AISHA JOHNSON: Sure. We actually have a bigger report that we do monthly and it has on there the amount of all of the individuals that we serve, all the workshops that we've done. All the information that we've disseminated that month and all of the names of the workshops that we've done. The amounts. That's one thing that I can actually submit.

SPEAKER: Yeah. In the packet we have a chart with the information. But just keep in mind when they turn their report in your form was already created and sent out to you guys. So their information is not completely updated on here. But if you need the numbers I have the numbers.

CHRISTI GONZALES: Yeah. I didn't know it was all together.

LAUREN WOMACK: Thank you.

BROOKE STEWART: Is there any other question?

BRENTON ANDRUS: So part of the probationary period was the leadership assessment. I know there's been some troubles getting it done so I just wanted you to explain what the barriers have been so everyone was aware.

AISHA JOHNSON: The type of assessment that was requested we can't find anyone that does it. And so I actually, we had a performance, an assessment that I did with my entire staff and all of us, a lady from an HR organization came and she did this assessment on all of us is to see what our level of leadership was and what our learning styles was and our leadership styles. And so I actually had reached out to her to see if that was something different that she could do based on what was requested. And so the first thing she said was that wasn't good enough. And I was like I don't think so. I've reached out to several different online platforms to try to find that specific leadership assessment. But it's been no luck at all. So I'm actually just waiting for the lady who did that first assessment to see if she can tailor something to that to what was requested. But that's pretty much where we are

with that now. But I've been trying since we got the probationary thing and it's been really-- that's the only thing that hasn't been easy for me to find to get done.

BRENTON ANDRUS: And I think because I looked at that assessment type thing that was done and I think the concern there was it was not person specific. So it wasn't necessarily looking at you as an individual based on conversation. It was more of like you were this type of personality or you were this type of leader. These are some of the strengths and weaknesses of this type of leader. As opposed to this is what Aisha does and then be like these are great things, these are some concerns. I think that's where I felt the assessment was not covering specific, you and your supervisors. It was just more of a general. I could take it and possibly get the same results. And it says we have the same strengths and weakness but it doesn't necessarily address my personal strengths. I think that's what I was looking for and that's what was discussed in the meeting in July. So I think that's what you were alluding to that particular thing you haven't been able to find someone to do.

AISHA JOHNSON: Yeah. And I've asked around if anyone knew of anyone who does this or has had this done.

JILL HANO: So when you had trouble getting someone to do the leadership assessment did you contact the council?

AISHA JOHNSON: Yes. And I asked if there was anyone that we could go to because I had been having that issue. So yeah, I definitely kept them abreast of what I've done.

BRENTON ANDRUS: Just an update on the reduced funding. How has it impacted your center. Tell us about what cuts you've had to make or what decisions you've had to make to offset. Because part of what you just discussed was a lot of things you were already doing you're still doing and you're making it happen. So what has happened, like what sacrifices have you made or what changes have you had to make just so they can get a picture of what that funding was utilized for, what it's no longer being utilized for.

AISHA JOHNSON: Right. And I think the biggest thing was for me as a leader, and because this was something that happened under the leader's eye that I didn't want to impact my staff real big. And so what I did was I cut my salary by a whole bunch, at least by 30 or 40 percent. I cut my salary so I could ensure that my staff would still have a living wage because most of the grants and the other



contracts that we receive are totally tied to deliverables. We do have deliverables for the DD Council. However, we are able to use that funding for operations as well. And so we also have things like our audit which is 12,000-dollars every time. And that's including that. Then we also have, of course, office supplies. Our main cuts there. I didn't want to cut anything that was dealing with making sure that the people that we serve did not get the services that they needed.

And so I just basically, I work all the time anyway so it's not like I'm not doing it. This is for me and I think for more directors when we have these conversations these are not jobs for us. This is a passion for us. This is because we have children with disabilities. We have family members with disabilities. This is because we want to make a difference. So even when we did not, even when we had full funding, or even back when we didn't have full funding there was a time, and my staff could attest to this, there was a time where I would always cut my salary first because the most important thing is them out doing the foot work and making sure that services can be done for our families. I never ever want our families to go without having services in that region at all. It's a big region. There's always a need. Everything. And then my staff, my staff has family members who have children with disabilities. They are people with disabilities. They get social security and they have to have this living. So for me as a leader I'm going to take that on and make sure that my staff is able to continue doing what they need to do to make sure that the population is served, is never underserved.

So the meat to the bones cuts were you cannot have paperclips. You have to find other paperclips somewhere else. We will recycle staplers. We will share staplers. No, you can't have a new mouse. Let's figure this out. Use the actual thing. So those are the types of things that I cut. You know, those things. If we can send people things electronically let's do that and let them print it out their self. Those are the places that we made cuts. I put a cap on travel. And so it's only a certain amount of travel that you can do. So we want to make sure that we are traveling to the most important events. And sometimes my staff will just do it and not ask for reimbursement. And so and that's what Families Helping

Families is all about.

We've had this big, huge bump in the road with these audits. I have woken up from the trance that I was in from Covid and all the personal things that I had going on at that time where I was not solely focused on-- well, solely letting this person do her job and believing that she was going to just do her job. Now that is no more and I feel that we are definitely making progress. We are a center that loves what we do. We take cuts every year. We fight for cuts every year. We're at the legislature every year nonstop. So it's more of what we believe in than the cost of what it is.

EBONY HAVEN: So Aisha, I'm just asking about the board meetings that you guys have. How often are y'all having board meetings?

AISHA JOHNSON: Quarterly.

EBONY HAVEN: And how do you advertise for them?

AISHA JOHNSON: We do it on our-- so we have it outside our door and then we'll send it out through our constant contact. We have a person that sends it through our constant contact. And I believe sometimes Rickki or one of my state people will post it on the social media pages.

EBONY HAVEN: I'm just wondering do you guys ever have public members attend the board meetings?

AISHA JOHNSON: Everything is open to the public.

EBONY HAVEN: Do y'all ever get any public members?

AISHA JOHNSON: Sometimes.

EBONY HAVEN: Okay.

BRENTON ANDRUS: So I know one of the things in the 22 audit, cause the most recent one was 23. So 22 audit there was cash flow concerns. Some of what you just mentioned looking at more administrative cuts, office supplies, things like that to make those reductions without impacting services and programs. If you would receive your full funding back, whatever that may be, we haven't gone through the legislature yet, I would imagine some of those corrections will be still in play, right. More fiscally responsible. But one of the things y'all had mentioned that you wanted to do was look at other opportunities for financial stability like fundraising and things like that. Have y'all been able to come up with game plans for that? Have you been able to do more fundraising?

AISHA JOHNSON: One of our updates every year we have our champion awards where we honor individual champions in

the community who have done great things for the disability community and we also use that as a fundraiser. And that fundraiser brings in a lot. This year we brought in about 45,000-dollars. And I think because we honored Gayle Benson and Congressman Troy Carter. And then we always honor a local schoolteacher or a community archivist within the community to be honored as well. But it's a ticketed event and also a sponsorship event and people buy sponsorships. And so that's one of the things we do.

And then we do a lot of grant writing. We've been able to secure funding from that. That's our biggest fundraiser. And then in between those times we're writing grants and asking for individual donations and so forth. And our board donates funds as well.

BRENTON ANDRUS: And so within this timeframe, so July to now has it increased, like your seeking of donations and fundraising and those types of things. Or like the amount of effort and the amount of activities that are happening. Or do you think it's pretty much been the same as previous years?

AISHA JOHNSON: I think it's been pretty much the same. I know that last year we did raise a little less for our champion award. I think the bigger the name the more money that we get for people to come in. And so I think that's why this year we really upped the amount we got.

And then I always seek opportunities for also donations of office supplies or something to that extent. So I'm always thinking something. And also the staff as well. They do their birthday fundraisers or social media. They do their own fundraisers on the side.

BROOKE STEWART: I just had one question with the executive director salary. I just want to know like-- I think I may have saw the posting. But are you offering the salary, like is it the deducted salary that you're offering?

AISHA JOHNSON: Yes.

BROOKE STEWART: So what is that?

AISHA JOHNSON: 43.

BRENTON ANDRUS: For the new director, is that what the question was?

BROOKE STEWART: Yes. For the new director you're offering 43,000. And that's currently your salary?

AISHA JOHNSON: Yes.

BROOKE STEWART: Is there any other questions or public

comment?

JILL HANO: I have a question but I don't want to sound dumb. So if you have on the job posting what the salary is why do people come in the interview and say the salary is too low?

AISHA JOHNSON: It's not posted. We don't post it.

JILL HANO: Oh, okay.

NICOLE BANKS: Is there a reason why the pay is not posted?

AISHA JOHNSON: No.

NICOLE BANKS: Maybe you might eliminate some of that.

AISHA JOHNSON: Well, I think what the board is doing now because there's also some other positions that may be eliminated and so there may be a chance to raise that salary. So we don't want to post it and then that's not it or it could change. Or maybe we could do a range. That could be a conversation, a salary range in there.

ERICK TAYLOR: If you stay on as a new director came what would y'all do different not to be in this?

AISHA JOHNSON: We're already doing it. I'm already putting in the work. Especially through the probationary period, request the documents. We've done-- I actually have a new finance person on the board and so he's actually looking at some new stuff too. And so things are in the works and progress is being made. And so all I can do is continue pushing for change. And, you know, and fixing things so that we're not here again. And, you know, and I can just tell you honestly that before this I've never been here at this table. I've always been at public comment. I've never had any issues with the DD Council or anything with except this. So I'm pretty sure with your support, with the DD Council's support and with the support of staff and the FHF directors that we can get back to where we were before this.

BROOKE STEWART: So is it your intention to rectify all the issues and stay as the executive director?

AISHA JOHNSON: It's my intention to rectify all of the issues.

BROOKE STEWART: And stay on as the executive director?

AISHA JOHNSON: Even if I leave I will still have to support that new incoming director so I will still be around to help with that. I really believe that I don't want a person to come up and inherit this mess. I would really like a person to come in and this has all been rectified

and cleared and have a fresh start with you all. If that makes sense or how that makes sense.

BROOKE STEWART: Are there any other questions or comments?

BRENTON ANDRUS: I was waiting to see if anybody said anything. So there are some decisions that need to be made. So our contracts start over again in July. Right now we don't know if we have (inaudible) to work with for our centers or if we have a million dollars. That's still to be determined. Budget is heard in appropriations next week. It will be voted on. It still has a long way to go after that. But since the council made the decision to cut funding in half for FHF NOLA we thought it would be best to bring it back to determine what you would like to do moving forward in July. Again, we have to start writing contracts very soon to determine if you want to restore funding, to determine if there's any additional information you would want on a regular basis from the center. What are your thoughts essentially. What you take away you give back or you don't. It's back in your hands since that's the action that was taken in the past.

BROOKE STEWART: I guess to answer you, Brenton, my thoughts are based on the quarterly report I just felt like if they're doing fine with the less funds let's just keep it at the less funds with the continued quarterly updates since we have the same executive director. So continue the quarterly updates and keep it at the half funding. Those are my initial thoughts.

SPEAKER: With you making those changes with the less funding, like she just said, and prove yourself(inaudible).

CHRISTI GONZALES: Like a probationary period.

SPEAKER: Yeah. Working towards it doing certain things. I don't think we should give the additional funds back.

LAUREN WOMACK: I'm sorry. I couldn't hear the last part of what you said.

SPEAKER: I didn't think they needed to get the additional funding back right now. Not saying never.

STEPHANIE CARMONA: Patti has her hand raised.

PATTI BAROVECHIO: Have I been acknowledged? I'm sorry. I'm getting bad reception.

SPEAKER: We lost her.

AISHA JOHNSON: I have a question until Patti gets

reconnected. So if we're doing better and moving forward we still don't need, even though we've made those changes and we've done those things, you guys feel we still don't need the additional funding? So I'm trying to see if we're getting penalized because we're still doing good even with the less funds.

SPEAKER: I think the issue is that you're reaching out in the community and it seems like you're covering all your bases with the less funding. Eventually, but it's almost like a probationary period of possibly getting the funding back after a certain time.

BRENTON ANDRUS: So they are currently in a probationary period. You would be looking at an extension, I guess, based on what y'all are saying. But they're already in a probationary period. That's what this year was for. Remove the funding, see what improvements we could make, figure out what we're going to do moving forward.

MICHAEL BILLINGS: How would that affect funding for if you wanted to increase it as far as contract, would we have to agree on an amount now if we wanted to increase it going forward? In the middle can we increase it as they improve?

BRENTON ANDRUS: It's very complicated. So we have our state general funds. We have to use them. So what we've done this year is our other centers have divvied up that additional funding, the 55,000 whatever it is that was not provided to FHF NOLA. That went to other centers. If, let's say, you want to revisit it in January and you decide in January you want to give funding that gets complicated in how the contract process works. It gets very delayed. We have to actually go through and amend contracts, amend budgets. See if we can actually get approval to do that. Not saying it's impossible, but it's complicated. We would also have to figure out that funding. Because the other complication is we would have to figure, all right, let's say you decide halfway through the year restore all the funding. We still have half a year's of funding we can't give them because that's part of the probationary period. We would have to amend all contracts because the other centers would have to amend the takeaway funds.

EBONY HAVEN: We would have to amend all the contracts.

MICHAEL BILLINGS: So would it behoove us to adjust somewhere in between if they made some improvements rather

than fund them fully or to leave them at that rate for a whole other year?

AISHA JOHNSON: And we are still, you know, my staff we work harder to still meet the additional deliverables that's in our contract that was included with those additional funding and we had additional deliverables within the probationary period. And not to mention my staff and myself we still are going to the capitol all the time and making sure that we can continue receiving the additional funding.

STEPHANIE CARMONA: I'm sorry. I don't mean to interrupt. I have a member of the committee on Zoom that has their hand raised. Ms. Melinda Richard.

MELINDA RICHARD: Hey, guys. So yeah, this is my thought. Kind of two things in my mind. One is that you mentioned that the audit that they started in September didn't get done by December. And looking at the total budget I would have thought they would have been able to do that in four months.

AISHA JOHNSON: Exactly.

MELINDA RICHARD: Yeah. So I think that where I am is to leave things the way it is until we have a new audit where we can have a better comfort level of what their things have met, all the benchmarks that need to be met from an accounting standpoint. It sounds like you're on track but without kind of in black and white showing that those findings have all been resolved I'm reticent to move in a step forward in more funding.

The other thing that I wanted to ask a question of actually is in the third quarter performance data the NOLA Families Helping Families, the biggest category there it appears is the first metric that is the annual target of 2,850 referral units. Is that something that you have control over or are those people that come to you?

AISHA JOHNSON: Those are people that call us. Any interaction that we have that's what that is with the outside. And then this number is probably going to grow. Right now it's 2,150. Because we don't submit our reports until the 10th and this was submitted on the 4th.

MELINDA RICHARD: Okay. So that's a cumulative number is what you're saying?

AISHA JOHNSON: Uh-huh.

MELINDA RICHARD: Okay. Yeah, because I just noticed compared to the other Families Helping Families it was much

lower and not really a great percentage of the target. But if it's accumulating you may make up some speed after that third quarter and the last quarter. Same thing for the training events because it's substantially less than the others. Okay. I just wanted to understand. I'm kind of a numbers person. The outreach visits, those sort of things.

I would say meeting those targets would be an important thing to speak to the council in a quantitative way that hey, you know, you're able to function at those targets that have been identified. So I guess I just wanted to let you all share with you all where my head was as far as I think it would be to extend the probation until we see those audit reports and have a better comfort level to increase the funding. That's all I had to share.

STEPHANIE CARMONA: Patti, did you want to go ahead and share now that you're connected again.

PATTI BAROVECHIO: Thank you. I had some of the similar concerns about like when the next audit would come. But also considering the challenges of maintaining and recruiting staff, qualified staff at that reduced level over a long period of time. So just wanting to know like when we would get kind of the next update on how things are going fiscally. And having that documentation to ensure we are on the right track.

AISHA JOHNSON: So the next audit isn't until, like I stated earlier, the end of the fiscal year which is June 30th. And then we possibly-- so I already verbally engaged with the auditors so that as soon as the books are closed they can start the audit which should be July 15th is what my bookkeeper says as long as she has all of the things that have come in. All of the billing, you know, sometimes our billing is not on time. We have until the 10th to actually submit our billing. And so funds that are supposed to come in aren't coming in at that time for her to close the books. So it all depends on when things are in or so on and so forth. But that is the timeframe for that.

I can say that although we have functions and have been fully functioning without less funds eventually it will come to a point where we will have to cut some of our staff time at some point because that is funds that-- of course when I cut my salary and then we're cutting that meat, but there's also the fundraising that we put towards the rest where we fell off and stuff like that. So it depends on,



like Brenton said, continue to fundraise and how we're getting that funding.

NICOLE BANKS: From my understanding they've been on a probationary period for a year, right?

BRENTON ANDRUS: Since July. Not quite a year. This fiscal year. For nine months.

NICOLE BANKS: Right. And like we said, I hear everybody concerns which we're not giving them or not increasing the funds. But I know how grant writing works and I know that sometimes you get grants, sometimes you don't. And like she said, she probably will be able to operate for a little bit like that cutting her pay, cutting staff. I'm just looking at it from all points because if we're going to cut that then you know the quality of people are going to get cut too, right. So then we're going to end up back in the situation again. So I'm just saying we just need to consider. I'm not saying raise it all the way to the amount that it was. Because what Ebony and Brenton stated if we change anything so many contracts got to be changed. Everything has to be done all the way over. So I'm just saying just consider that too.

BROOKE STEWART: Christi.

CHRISTI GONZALES: I agree with what you said. What about like a step increase?

NICOLE BANKS: Right.

CHRISTI GONZALES: As they show, you know, movement to what they're doing and prove themselves, step increase. Like a little raise here. Little raise here. Do a little bit more. Along with the audit.

BRENTON ANDRUS: I just wanted to provide a point of clarity, I guess, that your meeting is almost over. But also I went and looked at the legislative auditor website because one of the questions was when does the audit usually come out. Typically in the past years it looks like most of the center audits have come out around the March, April timeframe. So if you're waiting on anything for the fiscal year 24 audit to come out around this time next year is probably when you will get it. With regard to the step increase I'm either saying you figure out that amount not step by step because that's nine contract amendments every step that you take.

JILL HANO: So I think the main problem was we said we're going to put you on probation but now hearing the conversation we as a committee never really established how

long that probationary period was going to last. And also hearing different comments like we've only gotten two quarters since this whole thing started in July. Two quarters is such a short period of time in a probationary period. So just throwing that out there.

BROOKE STEWART: Lauren.

LAUREN WOMACK: I make a motion to take the funding that they're at now and increase it to 50 percent from that. And then after the audit see how they're doing. If they're doing well and they're meeting it, set that date for getting the rest of the funding.

BRENTON ANDRUS: It sounds like you have a motion on the table. You can't take comment until you get a second but I did need some clarity. You mentioned going up by 50 percent. Do you mean restoring half? So we cut, let's say 55, that's not the exact number, but so half of that is what you're looking to restore pending results of the fiscal year 24 audit. In full disclosure that audit is going to come out this time next year you'll be talking about it. The remainder of that funding is not going to get to her until the next fiscal year. I don't think we would be able in three months, being able to reprocess these contracts just based on the timeframe. So it might mean you want to increase however much for the next fiscal year then this time next year you determine and start on July 1 we go back to full. But the timeframe when that audit comes out--

LAUREN WOMACK: Okay.

BRENTON ANDRUS: I don't think.

TONY PIONTEK: Since she did a first, I'll second it.

BRENTON ANDRUS: So I guess since it was your motion, Lauren. Unless you're looking at restoring half of the funding that was removed pending approval from the legislature to have that. But restoring half that funding for fiscal year 25 pending the...

BROOKE STEWART: What I want to know is 50 percent enough to cover like to make sure the staff can still work full time. Like whatever that is to make sure the current staff can still work that their hours won't get cut.

MELINDA PERRODIN: If we restore the funding maybe make a motion or something to have more financial oversight to make sure the money's being spent properly.

AISHA JOHNSON: And we can still submit the reconciliations. That's not an issue to continue to do that. Whatever it is that is requested. Everything that

has been requested we have done and we've been compliant. The only thing was the leadership assessment.

MELINDA PERRODIN: So is the board of director aware of the audit? Are they overseeing the way y'all spending the money?

AISHA JOHNSON: Yes.

MELINDA PERRODIN: And how often do y'all replace the board?

AISHA JOHNSON: We actually just had a new election. And so they have a two-year term.

MELINDA PERRODIN: Do y'all look for people that's experienced with financial since y'all in a situation like this?

AISHA JOHNSON: Yes. We have lawyers. We have finance people on the board. And I just want to be clear with the audit. There was no finding of misappropriation of funds or anything like that. It was just bad bookkeeping that they found on the bookkeeper's part and not enough oversight from me with the bookkeeping. So that was the huge issue with that. But there was no findings of misappropriation of funds or mishandling of funds or anything like that.

BROOKE STEWART: Lauren, did you want to restate your motion?

BRENTON ANDRUS: Lauren has put a motion to restore at the 28,000 because that's about half the 55,555 to make it work instead of the 27,777.50. So restoring the 28,000 to FHF NOLA's budget in fiscal year 25 with the opportunity to receive full funding fiscal year 26 pending the financial audit results from fiscal year--

LAUREN WOMACK: Pending positive outcomes.

BROOKE STEWART: Will additional funding support staff to make sure no one gets cut?

AISHA JOHNSON: This will be in addition to the next fiscal year and we have a board meeting next month and that's where we rework the budget. And so we can add this into the budget and then we'll have a new budget.

BRENTON ANDRUS: Supposed to put it on the screen. Sorry, y'all. So the self-determination and community inclusion committee recommends restoring 28,000-dollars to Family Helping Families of New Orleans budget in fiscal year 25 with the opportunity to receive full funding in fiscal year 2026 pending positive outcomes on the financial audit for their fiscal year 2024. And will recommend that

to the full council for consideration. If you agree with the wording that was motioned by Lauren, seconded by Tony. So now you have discussion.

BROOKE STEWART: Discussion?

STEPHANIE CARMONA: This is from Kathy Dwyer.

KATHY DWYER: Thank you. Sorry. I didn't realize I had to unmute too. Not to complicate matters any but with the amount that you want to restore would it be possible to require a portion of that be directed toward the new director's salary so maybe they might have more success with recruiting someone.

EBONY HAVEN: So the initial-- well, I think whenever you guys decided to put the probation in place you all wanted that money, the additional funding to go towards the debit. And so we contacted legal and they told us the council cannot put those stipulations on additional funding. So we have a contract with them. We have deliverables that they have to meet through that contract and that's what they're contracted to do with that funding. So we can't put stipulations.

AISHA JOHNSON: And as you saw from the audit (inaudible).

BRENTON ANDRUS: And also to be clear this is all based on us getting the full million dollars from the legislature because if we don't then funding remains the same for FHF NOLA and all the centers get cut essentially.

BROOKE STEWART: Was there another public comment?

BRENTON ANDRUS: I don't see any other.

BROOKE STEWART: So the motion to restore 28,000 to Family Helping Families NOLA's budget in fiscal year 25 was an opportunity to receive full funding in fiscal year 2026 pending positive outcomes on their financial audit for fiscal year 2024 will be recommended to the full council. Roll call.

BRENTON ANDRUS: Yeah. We have to do a roll call vote. So just a reminder, you have to have your camera on if you're a member of the committee and you're virtual to be counted towards a vote. A vote of yea would be to restore that funding, 28,000-dollars, Families Helping Families NOLA. Nay would be you're against it. And abstain if you feel like you need to abstain due to a conflict. Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

BRENTON ANDRUS: Ms. Crain. Ms. Hagan. Ms. Hano.

JILL HANO: Yes.

BRENTON ANDRUS: Ms. Harmon.

ANGELA HARMON: Yes.

BRENTON ANDRUS: Mr. Piontek.

TONY PIONTEK: Yes.

BRENTON ANDRUS: Ms. Richard. Ms. Lauren Womack.

LAUREN WOMACK: Yes.

BRENTON ANDRUS: Ms. Tangela Womack. Mr. Billings.

MICHAEL BILLINGS: Yes.

BRENTON ANDRUS: And Ms. Perrodin.

MELINDA PERRODIN: Yes.

BRENTON ANDRUS: Six yeas, one abstain. The motion does-- sorry. I'm using a different list. Mr. Rocca.

TORY ROCCA: Yes.

BRENTON ANDRUS: So that would be seven yeas, one abstain.

BROOKE STEWART: So motion passes. Okay. So we will be moving on now to...

BRENTON ANDRUS: So, if I may, madam chair, we should conclude our meeting because all of the contractual updates that we would have discussed are included in your status of planned activities. I would encourage if you haven't read the status of planned activities please reach out to staff if you have questions about those activities. But for the sake of time.

BROOKE STEWART: Thank you, Brenton.

BRENTON ANDRUS: We're cutting into education.

MICHAEL BILLINGS: I move we adjourn.

SPEAKER: I second.

BRENTON ANDRUS: Adjourn at 3:09.