

Louisiana Developmental Disabilities Council
Self-Determination Community Inclusion Committee
July 17th, 2024

MIKE BILLINGS: It is 1:02 p.m. and Brenton, would you mind doing the roll call please.

BRENTON ANDRUS: Sure. Dr. Barovechio. Can you hear us Dr. Barovechio? We'll come back. Mr. Billings.

MIKE BILLINGS: Here.

BRENTON ANDRUS: Ms. Crain.

CHERI CRAIN: Here.

BRENTON ANDRUS: Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Here.

BRENTON ANDRUS: Ms. Harmon.

ANGELA HARMON: Here.

BRENTON ANDRUS: Ms. Hymel. Ms. Nguyen.

PASQUEAL NGUYEN: Present.

BRENTON ANDRUS: Perfect. Mr. Piontek. Ms. Richard is not here. I don't know if Ms. Istre is here. I think that might be tomorrow. Not sure if she's here today. I see Patti. Dr. Barovechio, can you hear us? Dr. Barovechio, can you hear us? Mr. Rocca.

TORY ROCCA: Here.

BRENTON ANDRUS: Ms. Stewart. And Ms. Womack.

LAUREN WOMACK: Here.

BRENTON ANDRUS: And you have nine so you do have a quorum.

MIKE BILLINGS: All right. Thank you, Brenton. Before we get started I would just like 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 smoothly please keep side conversations to a minimum, comments related to the topic we are discussing. For those committee members who are attending virtually please 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 and request to speak and wait to be called on by the chair. For attendees electronically raise your hand to request to

speak. Once recognized by the chair your microphone will be turned off. After speaking the microphone will be returned to mute.

Also, the Q and A 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 except for those individuals who requested the accommodation. As per 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 participating virtually who have their hands raised. Comments in the Q and A will be addressed last. As with all hybrid meetings it can be difficult to keep track of all those wanting to speak in person and virtually. Please be patient. All comments and questions from committee members and the public may be limited to three minutes or less should 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 an 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 of those times.

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

TORY ROCCA: So moved.

MIKE BILLINGS: Tory Rocca has motioned to recommend-- I'm sorry. He motions to recommend the approval of the meeting summary. Is there a second?

ANGELA HARMON: Second.

MIKE BILLINGS: Is there any discussion?

JILL HANO: I'll do it, Mr. Billings.

MIKE BILLINGS: Thank you. So Jill and Angela Harmon seconded. Is there any discussion? Is there any public comment? Okay. Based on updated public meeting law we will now do a roll call vote. Brenton, would you call the roll.

BRENTON ANDRUS: So yea or yes you pass the April meeting summary. A no would be to not pass that motion. Dr. Barovechio. Ms. Crain.

CHERI CRAIN: Yes.

BRENTON ANDRUS: Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Yes.

BRENTON ANDRUS: Ms. Harmon.

ANGELA HARMON: Yes.

BRENTON ANDRUS: Ms. Hymel. Ms. Nguyen.

PASQUEAL NGUYEN: Yes.

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

Rocca.

TORY ROCCA: Yes.

BRENTON ANDRUS: Ms. Womack.

LAUREN WOMACK: Yes.

BRENTON ANDRUS: Dr. Barovechio.

PATTI BAROVECHIO: I'm here but I have a conflict.

Lanor Robinson will be joining on my behalf.

BRENTON ANDRUS: Got you. While we have you here do you vote to approve or not approve of the April meeting summary.

PATTI BAROVECHIO: Approve.

JILL HANO: I'm sorry, Brenton. Yes from me.

BRENTON ANDRUS: Got it. So we have eight yeas.

Motion passes.

MIKE BILLINGS: Thank you, Brenton. A motion to accept the October meeting summary has passed by a vote of eight to zero. Next we're going to do the noncontractual updates with Julie Hagan. First on the agenda is an update on noncontractual activities. We have Julie from OCDD who will share with us updates from the department. Julie, would you like to get us started please.

JULIE FOSTER HAGAN: Sure. So right now at the federal level there are lots and lots and lots of regulatory changes that are being made that will have an impact to our IDD community. I'm going to talk with you guys in depth about one of them being the access rule but I do want to make sure everybody's aware that there are others as well. There is an update to section 504 ADA or the ADA compliance. Very substantial and significant changes that will impact people's ability to have access at physicians' offices and hospitals. There's a lot around discrimination for people with disabilities in terms of having access to medical care being driven by some of the things that happened during Covid and prioritizing who got certain medical treatments. There's a lot around website development. Some of you may be familiar with the Olmstead which requires that people

with disabilities be able to live in the least restrictive environment. Before we all had to follow Olmstead because it was a federal law. Well it now codifies it in section 504. It's more than just kind of a finding but things that hold more authority in terms of what we have to do. So I'm still trying to learn a lot more about that, but I do think that's something as well that might be helpful for the council to have more information on and I'm happy to provide that. Again, we're still working to gather information around that.

There was also federal regulation changes around adult protective services. So there is now formal guidance for any and all abuse and neglect investigations for things that our adult protective services agencies have to follow. That does apply to child protective services, adult protective services. Some states don't have elderly protective services like we do. Some do that in APS. But these new regulations that are coming from the Administration on Community Living will apply to all. And it really just puts into place specific requirements that were not in place before.

And then there were also some federal regulatory changes around institutional settings. So there's some reporting that our ICFs are going to have to do that they did not have to do before. There is some discussion around minimum staffing requirements that we'll be looking at. There's a lot of inter connectivity especially with section 504, APS and the access rule. The Centers for Medicaid Medicare Services Administration for Community Living came out with these regulations kind of around the same time and we've been to a few conferences now and had some meetings with them where we know, you know, a lot of times CMS will put something out and they don't talk to like Administration on Community Living or the people who are doing sort of like your ADS rules or your section 504. They talked about they worked on these hand-in-hand so one kind of complimented the other. And I'll show you some examples of that as we look through the access rule. But they are encouraging states to really make sure that we have communication as we look towards coming into compliance.

So I'll jump into the access rule. I'm not going to read every single slide. I tried to give more information and I'm happy to take questions on this but what I guess I do want to share what CMS has said is they put this

regulation out about the access rule. You will see in here that we have some things have one year for us to come into compliance. Some things are as far away as six years before we have to come into compliance because they're going to take a little bit longer for us to work on. But what CMS did was they put the rule out and they said they would work with stakeholders and states to find some additional sub regulatory guidance. So there's the rule and I wanted to make sure everybody sort of has a high-level understanding of the rule because I've already started to get a lot of calls about this from people like well, what exactly does this mean or what does that mean. There's still a lot that we don't know and we will have to wait for that additional guidance before we know exactly what we have to do to be in compliance with some of these rules.

But as we go through it you'll see. So the access rule itself covers, and we're going to go through each of these areas, but it covers all that. It's a huge rule. It's probably about 600 pages if you read it. I tried to read the whole thing. I kept falling asleep. But it's a lot and there's a lot of things that sort of try to summarize it and help us understand what that means. This is just like when the settings rule came out in 2014 we spent ten years talking about the settings rule. We're still talking about the settings rules. This new access rule will be one that we're talking about. Some of it does say we have to come into compliance in six years. States have all said there's really no way we're going to do this in six years. So I anticipate that we'll have to ask for some extensions along the way with some of these things because as you'll see there's a lot of reporting we have to do. Anything that says reporting it's not like we just kind of have this neat little report that we can suddenly put on the website. That would be easy. It's the how are we actually going to gather the information to be able to report on it. You have to have an IT system which then takes time to build it and to think about it.

Again, we'll kind of go through what I've done. I will share with the council I put this presentation together for the council and because I've gotten so many questions we are in the process of planning a webinar or some way that we can really start to more broadly communicate this information. There is a home and community-based services conference in August and I know a lot of our team members

have members that are going. So I was really going to wait, that conference, there are intensive, I think it's a four-day conference and there's intensives from CMS where they're getting into more details of this throughout the conference. So once we have an opportunity to attend that and tweak or modify anything we learn from that we're going to really be talking about trying to do webinars and information sharing. I am looking at doing another roadshow like I've done before around October, November timeframe and we'll talk a lot about this here as well.

So you can go on and go to the next slide. One of the things that CMS talks a lot about as it relates to all of these is the person-centered planning. We really do now, everyone in Louisiana does have a person-centered plan that is updated every year. So we are-- and as part of that there is a functional need assessment. One of the things that we're trying to make sure is we believe the assessment we do would meet compliance but we need to make sure. We don't know is CMS going to come out with more specific requirements about what that assessment needs to look like. And then we'll have to tell the number of people who do get their plans updated every year. Again, we already report this in terms of compliance and so we do feel like this is one from a compliance perspective that we are in okay shape with. Now the quality of the plans is something they'll start looking at and we do believe that we have room for improvement or opportunity for improvement when it comes to the quality of what is in our person-centered plan.

Next slide is the incident management. This one's going to take a lot of work. So right now in Louisiana we call a lot of things critical incidents. When a person, for example, has pneumonia or has three falls in a certain period of time we call that a critical incident. In the new access rule when CMS is mentioning critical incidents they were talking about things that fall really more in the realm of abuse, neglect, exploitation. You can see those. They're saying your critical incidents must include verbal, physical, sexual abuse, neglect, exploitation, misuse or authorized use of restrictive interventions or seclusion, medication errors that cause negative impact and then unexplained or anticipated deaths. So when there is one of those events that happen there are now reporting requirements that we will have to define. They are going to allow states to define what is the length of time of the

investigation that must be done, what is the process you follow. Which we have now. We already have that in place. What we will need to look at and what we're still not sure of are they going to give us definitions of these things. Are we going to get to have the definitions. Because when you look across the board different people define these different ways so we're going to need to have some work on that.

The other thing that's interesting, and this is where-- you know, I mentioned that we have the APS rule that came out. This is where those two kind of intersect. It requires that as states not only do we make sure that we're investigating things that were reported but that we're using opportunities to pull other data from other data systems to make sure that we're able to have a way to catch unreported things. Maybe somebody went to a hospital with a broken bone. Well, we need to be able to pull that there was a broken bone from our Medicaid data when they went to the ER and then make sure was a critical incident filed on there. Was there potential abuse and neglect that needed to be investigated. We are also going to have to be able to bump into the APS which for us, and Natalie may want to share more. Natalie didn't get a chance to introduce herself. For those of you that don't know that's Natalie Istre from OAAS. She's the deputy assistant secretary. APS falls under OAAS but we'll have to figure out how to connect with EPS and child protective services which are in different sections but there is now a requirement that we figure out how we access where appropriate and how appropriate mechanisms that we can look in those systems to make sure there weren't things that went unreported in our system so that we can investigate it. That's going to take some work to figure out, you know, we'll have to have agreements, we'll have to figure out how that happens.

And then again, not only do we have to have the investigation done but we will have to have mechanisms that we're looking at kind of aggregate data. And that we have the ability to track and trend that so we can look for problematic areas across the state and in different ways. So you can see we have three years to do that. We do have, you can go to the next slide, but kind of the last piece of that is that it then states have to have an electronic system within five years. So they gave a little more time. So we have the benefit in Louisiana that we already have

a system that APS uses, our program offices and OAAS and OCDD uses, Medicaid uses, health standard uses to report critical incidents. So at least we have something in place now. However, it doesn't do any of the reporting or aggregate data so we still have major work to do. Some states don't even have a system at all that's electronic to collect that information so they gave more time because some of the feedback they got is it's going to take time to build a system that will do all of these things. So again, all these things that you can start to see are going to cost us some money.

It also requires that we have a grievance system. This is something that we will have to build in Louisiana so that when there is a grievance, whether it is related to (inaudible) performance or provider performance that there is a mechanism, you know, for folks not following their plans of care. That there is a mechanism for people to be able to file that grievance, that we have a process that ensures that that's looked into and responded to within the 90 calendar days. So unlike the critical incidents they did say states can set, if they did set a timeframe in the requirements for this of 90 days. And that we make sure that we have information in plain language so that people understand where to go and how to file that grievance and what information has to come. And we have two years to do that. And this one we're not worried about having to-- about the fact that there's a grievance, we're worried about how you actually get an electronic system in place that can track and allow all that to happen.

Probably the one I've gotten the most questions about then is around the payment adequacy. So this one I think will probably be of great interest to the council and others because I know we've had conversations around this. So we are now going to have to report on the percentage of the rate that is paid to the direct support worker by service and by providers. We do have to separate out payments to workers for self-direction because they understand that that looks a little bit differently and then separate out facility related costs. So this is for any service that's provided by a direct support type worker. Including habilitation and employment type services. So within three years we have to say this is how we're going to do it and then within four years we have to be able to have a mechanism to be able to report that out.

And then there is an additional requirement that within six years, and so they give more time to be able to do this, that within six years we assure that 80 percent of the rate that the provider receives is going to the direct care worker. That sounds easy to figure out but it's not because there are-- like what do you count in that 80 percent. Do you include-- how do you include overtime. How do you include benefits. How do you include paid time off. How is all that bundled and calculated in that 80. We're looking at value-based payments. So how do you count those. Some people have said why is it so long. It's so long because there are a lot of things. This is going to require a lot more guidance from CMS to us in terms of what their expectations are for us to be able to have that. I've already started getting questions on my end. Our IFS service from the NOW and the CLS service from the ROW and the family support from Children's Choice we have a (inaudible) so the 80 percent payment does not apply to habilitation services (inaudible). But the question is because there's a (inaudible) in your rate does that mean that it does or doesn't count for those other services. (Inaudible).

There is also the ability to have a hardship exemption and a separate small provider exception that those providers wouldn't necessarily then be held to the 80 percent. They clarified for us (inaudible) that that's only temporary. That that doesn't mean that if you need a hardship or a small provider exemption that you don't ever have to (inaudible). It just means that there may be some reason that those providers need a little more time and you have the ability to give those exceptions. Sort of like you do in the setting rule where we did for employment providers if you're not in compliance (inaudible).

And then this is something you else you guys may be interested in. You have to develop something called an interested parties advisory group which are people receiving services, family members receiving services, direct care workers directly that (inaudible) look at our rates and develop our rates. You have to have this interested parties advisory group that advises us on what those rates need to look like. We have to do some rate analysis every two years. So we have to enact this group at a minimum of every two (inaudible).

Waiting list and access reporting. We will have to

report on the average amount of time from the approval of services to when services begin. So we are still waiting on some guidance. We'll have to have some guidance. So for us does that's mean from the time that you're linked to your support coordinator to the time (inaudible) services does that mean (inaudible). Like we need some additional guidance in terms of exactly which specific timeframes they're looking for.

And then they're also looking-- and I'll be honest with you, (inaudible) they're looking at the percentage of authorized hours. What they said is that they're worried that there are a lot of people who are not (inaudible) and I get that. But we know, even before our (inaudible). I have gone on record too to CMS to say like is there some way that we can consider that because I don't want to lose the flexibility of what we have within our system. And like to me there's a difference if you're not meeting the hours because you don't have the workers or you're not meeting the hours because you didn't need us or something. So I'm hoping that we have some way of reporting that.

And then for us on the DD side we will have to talk about our screening that we have for individuals that are on the list for eligibility and the rescreening frequency, the number of people on the list and then again, the average amount of time people are waiting. So we will have to report that to OAAS and OCCD. We do a lot of that now but again, some of these the definitions and the data (inaudible). And we have three years to do that. CMS has told us that they're working on a dashboard and ways for us to report it. (Inaudible).

This is something we probably know the least about now is the quality measure set. We have a certain set of indicators that we have to report from CMS on our waivers every so often and they're updating those. There are some indicators that are like standardized assessments that we have to use. We already do the (inaudible). That's one of the approved ones. So we do have some measures. But they're going to come up with lots of other measures. Some that we'll get to define. Some that they'll tell us what we need to have. There is a call out right now if any of you would be interested in participating on a CMS workgroup. They have a call out and if anybody's interested I'll shoot you the address to apply for it. But you can write to them and tell them that you would like to

be a part of the group that is determining what the quality factors are that states will have to follow and that states will have to report on to show that we're actually (inaudible).

Next is website transparency. We do put a lot on our website right now. We are always looking for ways to make that a little bit more user friendly than what we do. We did hear lots of concerns about that. So that one they don't have a lot of guidance on that except we have to be able to have access. Now in that section 504 I mentioned earlier there's a lot of information about what is required with section 504 compliance in terms of what we have to have on the website, how you get to it. You know, the number of (inaudible) and there's lots of different requirements for folks that are able to access that--.

{No audio}

JULIE FOSTER HAGAN: So there's currently an MCO Medical Care Advisory Committee that will have to be re purposed to be called the Medicaid Advisory Committee. We do have an MAC (inaudible). Some of the membership will need to change on that committee to (inaudible). There's a lot of focus on what happens in hospitals (inaudible) around that so they'll need to begin some discussion around community-based services which are not part of (inaudible). (Inaudible) committee that is made of specifically of people who (inaudible) people who receive services, family members who support them (inaudible) part of the beneficiary advisory council and then (inaudible). (Inaudible) we need to inform Medicaid policy (inaudible). It will be limited to Medicaid. (Inaudible) things outside of our department. (Inaudible). That has to happen within a year so that would be pretty quick that you are starting to see once we wrap our minds around making sure we have our agendas (inaudible) and what not. (Inaudible).

So the next two slides are really just so when you look at this it says one year, two year, three year, four year on a lot of them but the next two slides are just two different ways of looking at it in terms of the things that we're required to do and what timeframe in terms of to be able to get us to implementation. (Inaudible) slides on some other presentations (inaudible). Before Covid I used to come to DD Council all the time and say hey, we want feedback on what you would like for our major activities.

I didn't do that during Covid because (inaudible) to spend our dollars (inaudible) working to finalize all of our rescue plan dollars and then working on the access rule. (Inaudible). But again, sometimes folks kind of say what about this and what about this. And so while we're working through these there might be different components (inaudible) as we relate to this (inaudible) focus a lot of attention. Are there any questions about that?

JILL HANO: Can I just say what I hear instead of testing you, Brenton, because when you first started talking, Julie, it sounded like you were on a microphone that blew out so I don't know. But now all I hear is mumbling.

BRENTON ANDRUS: Yeah, we're going to have to take a break.

{Break}

MIKE BILLINGS: So we have quorum?

BRENTON ANDRUS: Let me go ahead and do a roll call real quick just to make sure but I think we do. Dr. Barovechio-- what's that?

JILL HANO: Great meeting, Mr. Billings.

BRENTON ANDRUS: All right. So just doing a quick roll call guys. Mr. Billings.

MIKE BILLINGS: Here.

BRENTON ANDRUS: Ms. Crain. She stepped out.

SPEAKER: I see her.

BRENTON ANDRUS: Okay. Ms. Hagan.

JULIE FOSTER HAGAN: Here.

BRENTON ANDRUS: Ms. Hano.

JILL HANO: Here.

BRENTON ANDRUS: Ms. Harmon

ANGELA HARMON: Here.

BRENTON ANDRUS: Ms. Nguyen.

PASQUEAL NGUYEN: Here.

BRENTON ANDRUS: Mr. Piontek.

TONY PIONTEK: Yes.

BRENTON ANDRUS: Ms. Richard is not here but we have Ms. Istre in her place. Mr. Rocca.

TONY PIONTEK: Here.

BRENTON ANDRUS: Ms. Stewart. And Ms. Womack.

LAUREN WOMACK: Present.

JULIE FOSTER HAGAN: I'm happy to take questions but I would invite Natalie from the OAAS perspective and Brian who's on the line from the Medicaid. This impacts all of us equally. So if there's questions you guys have, Brian,

Natalie, please feel free to jump in from you guys' perspectives as well.

MIKE BILLINGS: All right. Thank you, Julie, for those updates. Anybody else have any questions for Julie before we move on? All right. Next on the agenda--

ERICK TAYLOR: My concern is at first you said you're not in compliance with things. Can they say y'all not in compliance. How long they giving y'all to be in compliance with some of this?

JULIE FOSTER HAGAN: Yeah, so that last page shows you there's some things that we have to do within a year and then some things that go all the way up to eight years. So they kind of extended it saying different things have to be in compliance in different years. So we have time to work through them.

ERICK TAYLOR: And what major things they give you to be in compliance, what is the major things that y'all have to work on?

JULIE FOSTER HAGAN: All of them. Yeah, we have to work on-- I think what you're maybe talking about, Erick, I think some of them we will have more work to do than others. So one of the things that's kind of nice that they're doing at the national level, whether it's with the different conferences and things like that, is when you look at all of the states for some of these some states are already doing these things, like one or two of them and doing them well. And all of us kind of have different things. So at all these conferences and things we've been going to it will be CMS who kind of gives you more information about the requirement and then it will be a state who says hey, this is how we've done this in our state and this is how it worked. So there might be things you can learn from them so that you're not just kind of starting from scratch.

And so that will be happening over the next few years. And then CMS will be giving more guidance out to us in terms of how to come into compliance. My worry is that a year seems like a long time but when you're actually trying to make any kind of change in government a year is nothing. So if you have to get a contract or you have to get people to help you. Because we don't get any more staff in Medicaid or OAAS or OCDD. There's lots of new things we have to do but we don't have any more staff to do it. And then if you want to contract to hire somebody to come in and help you do it, which we can do but it cost money, so

they're not giving any extra money to be able to come into compliance with any of these things. So we're going to have to take a look-- that's why I was saying we have to really look at what are we doing, and I hate to limit what we can do, but I don't know how we would do much more than this and what we've already committed to doing with the Rescue Plan Act over the next few years as we try to look at compliance.

ERICK TAYLOR: Okay. And then you said about the adult protection thing that y'all was looking more at the adult protection thing. That means you're looking at some of your cases with adult protection or you're looking at more with-- I may not be saying it the way that you would understand it. Is you looking at the serious cases or how y'all looking at that?

JULIE FOSTER HAGAN: So Natalie may want to speak to the APS rule change. That's more around our process and how we do things and what the adult protective services have to do for investigations. On the access rule side what it means is that we have to take any time there's an investigation that's called in we have to be able to have a mechanism that we're looking at that data and tracking and trending. Like is one person having a lot of incidents or are we seeing one provider that has a lot more incidents than others. And so we might need to see what's happening in that provider agency. So we have to have a way that we can look at that.

And then when it comes to APS what we also have to have is sometimes an investigation gets called into APS so they start an investigation. That's supposed to be reported by somebody in our critical incident system. If it's not reported in our critical incident system there might be unreported incidents. So we have to have a way that we figure out how do we bump other systems so we make sure that there's not things that are going unreported and then maybe not investigated or not followed on. But Natalie may have more about the rules specifically. I don't know a lot about those changes.

NATALIE ISTRE: I don't know a lot about that either. APS doesn't report directly through me. But I do know that we've been working, Louisiana Adult Protective Services, has been working with a consultant over the past year and I believe that we are pretty much ready to go and in compliance with the rule updates and we'll be presenting,

in fact, at a conference coming up here in Arizona on the work that they have done and the updates they have made to policies and procedures to align to those final rule requirements. So I think we're pretty good. I believe there's a crosswalk that Sharon put together, our director at APS, that I can find and share with the group. But I'll write that down. But yeah, as far as I know that work is if not completely done, 90 percent of the way there.

ERICK TAYLOR: My concern is that if y'all got a case with more places or companies and that if it's going on regular how would y'all handle that where somebody is being protected? But you also got people covering up situations that's being covered up on a regular basis if you understand what I'm saying.

JULIE FOSTER HAGAN: So adult protective services just goes in kind of if it's against somebody in the community or a family member. Our health standards section investigates when it's against a provider or a direct support worker. And so because health standards is our licensing and certification they have the ability to go in and do a look at anybody that's receiving services with that provider. If they find something they can fine and sanction them. If they don't fix it they can actually take their license from them so that they can't continue to be providers.

ERICK TAYLOR: But how can y'all do that if you're being noticed that you're coming out. If you're being noticed that you're coming out and it's being hidden, okay, they can know somebody deep in here and say okay, you're coming out and boom and y'all never know the case going on because they being hid. Let's clean this up real quick before you guys come out.

JULIE FOSTER HAGAN: I don't think they give notice when they come. I think if they get a call they usually go out-- they don't call a provider and say hey, we're coming. They just show up.

ERICK TAYLOR: Is that being protected without y'all knowing?

JULIE FOSTER HAGAN: That probably could happen. Unless, unfortunately, because I don't know how you find that. But I think what they really want to be able to do is use our-- so when you're looking at aggregate data like that and you see are there more people going into the hospital or is there a pattern at least drawing your

attention to the fact that we need to go pay more attention to what's happening over here.

ERICK TAYLOR: Okay. I'm not trying to hold you guys up. I got some questions. That 80 percent that y'all speaking on do that 80 percent goes to the providers even though if that person downtime do their provider still get paid for that downtime? That person say okay, I want some free time for two or three hours do they still get paid?

JULIE FOSTER HAGAN: No. When a provider, so when you have a worker that worker can only-- so when you have a worker let's say the worker's supposed to be there from 8 to 4:30. When they get there at 8 they have to clock in electronic visit verification. Let's say at 2:00 you go you know what, I really want you to go home. I'm good. I'm not feeling well. I want to go take a nap or something. Well, at 2:00 they have to clock out with EVV. Cause they can only clock in and out when they're working with a person. Now they can do it at your home, in the community, they can do it anywhere, but they have to be with you. So then when the worker clocks on and off that's what the provider then bills for those hours. So then that provider can only bill for 8 to 2. So you just lose from 2 to 4:30 because there wasn't any work provided. Is that what you're asking?

ERICK TAYLOR: If that person says okay, I wants to do it this way do the provider have more rights than that person?

JULIE FOSTER HAGAN: No. Absolutely not.

SPEAKER: Person centered.

JULIE FOSTER HAGAN: The person has the ability to say that. Now let me say this to make sure because I'm thinking through. So let's say that the person says go home. Use the same thing I said. They say go home at 2:00 but the worker is worried that if they go home that person could be in harm or jeopardy in some way. Now they would need to be some conversation then about that. So they can't just leave and then, you know, because we do have that situation sometimes. We have people who receive waiver services who use illegal substances sometimes. We've had cases where they've said go home and we know that they may be about to go purchase something that they shouldn't and we have concerns about that. They do have an obligation then even though yes, it's the right of that person to say no, I don't want any services. You go home at 2. If they

feel like something bad's going to happen then there needs to be some conversation around that because we need to make sure we're protecting them.

ERICK TAYLOR: I have another question. I got another question with y'all. Why is y'all trying to push for family members to work with clients because I don't think that should be, I think y'all putting certain people in harm by pushing for workers to be with family members.

JULIE FOSTER HAGAN: I am not pushing for family members to be workers. We have allowed it when the family member wants to do it and the person receiving services wants their family member to do it. But I'm in no way shape or form trying to force family members to be the worker.

ERICK TAYLOR: I feel like that's (inaudible).

JULIE FOSTER HAGAN: For the family member to be the worker?

ERICK TAYLOR: For the family members to work with consumers that get this service. I think that's a dangerous loophole. That's not good because a family member can take over and they feel like they have more control over that person by working with that person.

JULIE FOSTER HAGAN: That's why person-centered planning is so important because it should be that and we put safeguards in place that if a person does not want that to happen--

ERICK TAYLOR: I don't mean to cut you off but I feel like if that person got more power over that family member and they tell that person okay, be quiet because I have this and they're locked into a situation where if I get rid of that person.

JULIE FOSTER HAGAN: They might not have anybody else.

EBONY HAVEN: I just wanted to ask a question to follow up on that. There are other safeguards, right, support coordinators are supposed to follow up or do emergency, not emergency visits, but like pop-up visits more so when the family member is the worker. So that's a safeguard that OCDD has put in place to make sure those family members are doing what they're supposed to do.

ERICK TAYLOR: I understand but I got one more question. This is my question. Even though you got that guard it's a loophole that I want them to look at that's not good in a full circle because if you're looking for abuse or if you're looking for anything that's being covered up if that family member locked they looking at a check, they looking

at controlling everything that needs to be controlled and I want them to look at it to see okay, we need to look at the situation.

JULIE FOSTER HAGAN: I agree. And we're trying right now, same thing. So this isn't required of us but we are trying, so in our EVV system, I just mentioned electronic visit verification where they clock in and clock out. So every single direct support worker is in that system. And I think it's just now finished figuring out how we identify when one of those workers is a family member living in the same home so that we can be doing some additional data checks around additional things that we can be doing to help make sure that that person is safe and not in a situation like you're talking about. Unfortunately I do know those exist. I see them so I do know those exist. And we do think how can we mitigate those. But at the same time how can we mitigate that without just saying no, it can't happen. Because there are also times when it's working and it's working very well. You don't want to go in all one way or the other. I think that's why there's safeguards. And having not just reportable things, but data and other ways we can check things that help us know if it's going well.

STEPHANIE CARMONA: For the incident management system in the reporting requirements, like the electronic system, are they for consumers or for administrative?

JULIE FOSTER HAGAN: Administrative.

TONY PIONTEK: I fully see and know who you are but I also know the difference between professional or parents. But there is a difference when you have professional people. There's a half and half with that. And I've had numerous of occasions assisting people like that at my own high school. And it can go either way. It's not just always professionals. It's not always just parents. It's half and half. You got to have a fairness on both sides in some way shape or form. And for my example I had homeroom in my old high school. It was chaotic but once that teacher left she put me in charge. There was no doubt. They just knew who I was and I said sure, that's not a problem. You can step out. It's how you look at it for the whole picture.

JULIE FOSTER HAGAN: Okay.

MIKE BILLINGS: Thank you, Tony.

TONY PIONTEK: You're welcome.

MIKE BILLINGS: Anymore questions? Let's move on with our agenda.

JILL HANO: Can I be recognized?

MIKE BILLINGS: Yes, Jill.

JILL HANO: Sorry. So Julie, what is this total compliance timeline?

JULIE FOSTER HAGAN: I think it goes all the way up to eight years.

JILL HANO: Okay, cool. Thank you.

JULIE FOSTER HAGAN: Most of it is six years. The quality measures go all the way to eight years.

JILL HANO: Okay. But by six years you think this will be in compliance?

JULIE FOSTER HAGAN: Do I think what will be in compliance?

JILL HANO: This thing.

JULIE FOSTER HAGAN: All of it?

JILL HANO: Well, I'm just going to write six years. All right. Cool.

JULIE FOSTER HAGAN: Yeah, I mean, I don't have a crystal ball. What I can tell you that states are really pushing for, and I think we were talking about this in the break, what a lot of us are pushing for is because the rule came out much quicker than rules typically come out and because there's not sub-regulatory guidance yet in most areas, and I appreciate that they want to hear from stakeholders and states and you guys and providers before they come out with the sub-regulatory guidance. But because there's so much unknown what I think a lot of people are pushing for is could you say, for example, pick person-centered planning that's due in three years. Well, can it be due three years from when you get out the sub-regulatory guidance so we know specifically what we're supposed to do instead of three years from July 1, 2024, which is what it is right now.

We've asked if there will be considerations for extensions. What CMS has just continued to say is we'll consider that when we get there. And Brian might fuss at me because I probably shouldn't say this but if you want Julie's honest opinion is no, I do not think we'll be able to come into compliance with all this in the timeframe that they have. But if we have to I guess we'll have to figure that out and we're going to need a whole lot more resources to be able to do that and there's just not a lot of other

resources, a lot of those resources available. Brian, you can fuss at me if you want to. And you guys may feel differently. It will be very, very difficult for that to happen.

BRIAN BENNETT: If I could just to add to Julie's point. I think when she was mentioning the sub-regulatory guidance I think that that's very important because the rule kind of vaguely states what we have to do but it's that detailed guidance that we get from CMS which is so important because we don't want to start down the path of developing our policies or building these new systems to comply with everything and then get further guidance which will cause us to have to change everything. I do actually agree with you, Julie, that it's going to be tough to meet those timelines as they're currently laid out. Especially since CMS published all these rules without the detailed guidance ready to go when the rule was published. Because we likely won't get a lot of that for about another year or so.

JULIE FOSTER HAGAN: Some of it not till 2026 is what they're saying.

TONY PIONTEK: That's interesting. How so when someone said 2026?

JULIE FOSTER HAGAN: Yeah. CMS is saying some of the sub-regulatory guidance won't come until 2026.

TONY PIONTEK: Okay.

MIKE BILLINGS: Lauren, you have a question?

LAUREN WOMACK: I guess this is for all, collective. When we were going through the bylaws we were saying like we could recommend subcommittees for any of these objectives. Is that something that the council could request a subcommittee to help you with any of these objectives to start getting-- even if we don't have guidelines just you could send the group something or stakeholder questions or something to get y'all started. Would that be helpful?

JULIE FOSTER HAGAN: I do think it would.

LAUREN WOMACK: Or is that something we should put on the agenda for maybe next--

JULIE FOSTER HAGAN: I was going to say maybe October because we'll know more after we go to the conference. And then whether you guys decide to do subcommittees or whether we decided to use, like cap 30, 45 minutes as a standing agenda item in this committee meeting spent to certain topics and we could identify the topics and let people know

ahead of time so they can be thinking about ideas and we could use it like as a brainstorming. Like the interested parties advisory group. Maybe we could have an agenda item one day. Like what do we think that needs to look like. Who might that be. How do we reach out to those people and you guys can give us recommendations since you have OAAS, Medicaid and OCDD all here.

LAUREN WOMACK: Us because we're here anyway.

JULIE FOSTER HAGAN: Again, just a suggestion maybe instead of-- I know sometimes it's hard for people to find more time so instead of some of the other reports--

LAUREN WOMACK: I don't know if we could go sit in a different room if we're doing lunch.

JULIE FOSTER HAGAN: Defer to you guys on how best to do that.

LAUREN WOMACK: I don't know how that works. But I was just saying a committee to help because this seems like a big undertaking. I know this affects a lot of people.

MIKE BILLINGS: All right. I'm going to ask that we move onto the next item on the agenda. We're getting behind on our schedule. Next on the agenda is an update on Families Helping Families New Orleans. Members we've been discussing Families Helping Families New Orleans since this summer. This center is currently on probation due to concerns about center management functioning which were brought to light in their fiscal year 22 legislative audit. At our last meeting due to ongoing concerns in the FY23 audit you recommended to the council and they approved to restore partial funding to the center this fiscal year. In your packet you have an updated quarterly report which the center has provided as part of its probationary status. Now I would like to turn things over to the center's executive director, Aisha Johnson who will share with us the things the center's been working on to address council member or the public's concerns and what the center will be working on in the coming year. Ms. Johnson, you have the floor.

AISHA JOHNSON: Hi. So we've been actually just closing out and closing out all our books and everything from the previous fiscal year. We started, I started engaging with our auditors. We've also completed the center's financial review which we were shown to have a 10,000-dollar deficit that we ended with. So ended with 10,000-dollars in the red. Which wasn't bad even though

we had those additional cuts and even though we cut certain places. But we did have an increase of like 2 percent of additional funding that we were able to obtain. We continue our community outreach partnerships. This fiscal year we are just preparing to continue to work with our partners on more outreach in Plaquemines Parish, more outreach in St. Bernard Parishes and increasing our outreach in Orleans Parish as our population continues to grow.

We have our advocates are in the MHSD centers on Monday and Wednesday to meet with families. So what I'm trying to implement now is more involvement in the community instead of having our advocates and stuff just sitting behind the desk and waiting for our calls to come in. So we want to be on certain days we're going to be out in the community and meeting our people where they are especially in Plaquemines Parish because of transportation, etc. And yeah, we're moving forward.

We're excited about what's to come this new fiscal year. We do have some concerns with our State Department of Ed contract so we're waiting to hear what's going to happen with that, finally, I guess by August to see what's going to happen with that. That may impact our budget that we have, that the board has adopted this year. So yeah, that's basically where we are. I'm not sure if I missed anything. If you guys have any questions for me.

MIKE BILLINGS: Any questions?

BRENTON ANDRUS: I have a question. So hey, Aisha, it's Benton. I don't know if you can see me but hopefully you can hear me. So you had mentioned you ended the year with a 10K deficit. I had heard, and I do not know if this is accurate, that there might be a handful of layoffs at your center. So I'm wondering is that tied to the deficit or is that tied to reduced funding next year if it is accurate.

AISHA JOHNSON: Say that again. I'm sorry. There was a handful of what?

BRENTON ANDRUS: I had heard that staff, there was going to be a handful of staff at the center that would be laid off or furloughed or whatever language you want to use. I don't know if that's accurate.

AISHA JOHNSON: It's not accurate.

BRENTON ANDRUS: Okay. So you don't foresee any layoffs of staff at your center?

AISHA JOHNSON: Well, the only layoff that we have is that our assistant director will be leaving and with our education staff there will be some hours cut due to whatever the SDE cuts will be. But there's no layoff.

BRENTON ANDRUS: Okay. And as far as the 10K deficit this year I know y'all had adopted a budget next year, is an anticipated deficit and what's being put in place to keep out of the red in FY25 knowing that some of that funding may not be there, may not be able to be recognized?

AISHA JOHNSON: Yeah, so we've started, and I don't know if y'all knew, but I have a development person and we have started our efforts with our annual fundraiser which usually brings in a pretty good amount of funding based on the, you know, the honorees we'll know how many, how big that pot would be. But we've projected, last year we raised about 56,000. We're projecting about 80 to 85,000. I have also been in talks with folks at Congressman Carter's office to speak possibly about funding or them helping us with funding as well. I have a meeting with them tomorrow. And also just a bunch of grant writing and fundraisers and working with the community to get additional funding.

BRENTON ANDRUS: Thank you.

AISHA JOHNSON: Oh, and we also have some pledges. Like folks that have pledged and said they would donate this fiscal year and the amounts that they would donate so we have that backup as well.

BRENTON ANDRUS: So does the center at all, I know some centers do this, I don't know if you're the one where essentially you created budget scenarios. One if all your funding comes through fruition, one if it's partial. Do you have that?

AISHA JOHNSON: Yep. And if our budget doesn't come to fruition we would have like a 30,000-dollar deficit.

BRENTON ANDRUS: And so would y'all have plans in place if that 30,000 is seen on the horizon to be able to offset that so you're not in the negative?

AISHA JOHNSON: Yes, we do.

BRENTON ANDRUS: Okay.

AISHA JOHNSON: Yeah. And the board, we have a new board treasurer and of course a new board president and so there's been a lot of things, a lot of talks around all these things that we're putting in place. So yeah, I think yeah.

BRENTON ANDRUS: Okay.

MIKE BILLINGS: Anymore questions? Stephanie.

STEPHANIE CARMONA: I'm sorry. I just have a quick question. Under the major fundraising campaigns I see the gala raised 56,000. Is that the profit or is that the total amount that was raised?

AISHA JOHNSON: The total amount that was raised.

STEPHANIE CARMONA: So I guess my question is how much was actually raised because how much did it cost to put on the gala?

AISHA JOHNSON: It cost about 10,000, maybe 15 to put the gala on. We keep our costs very low. We have a space that's donated and other things. So yeah.

STEPHANIE CARMONA: Okay.

MIKE BILLINGS: Anymore questions? We'll move on. Next we're going to move onto our contractual activities. And we're running a little low on time so I'll ask y'all to keep it brief and refer folks to the packet.

AISHA JOHNSON: And we met all of our deliverables for the last fiscal year. I'll just say that.

MIKE BILLINGS: Thank you. So Hannah, will you start us off with Partners in Policymaking.

HANNAH JENKINS: Yes, sir. Partners in Policymaking last quarter we wrapped up the year, we had 18 graduated of the 20 that started. A good bounce back from last year. Try to keep it quick. It was awesome. This is Rebecca's second year as a coordinator. She's been doing great. A little pro as we had multiple of the PIP graduates that applied for council membership. So that's always exciting to see the graduates apply and fingers crossed. Any questions on Partners? Cool.

Next up is the Youth Leadership Forum. That also just happened this last quarter. It was held in June at the University of Louisiana in Lafayette. We had ten delegates in attendance. Also a great event. Lots of speakers and panelists. Our former chair Rashad Bristo came and spoke. Entertained everybody as Rashad does.

BRENTON ANDRUS: Did he do his pushup?

HANNAH JENKINS: Oh, yeah. They had him do a pushup. They had him tying his shoe. They really wanted to test all the knowledge he had, his skills. And he happily obliged. He was like sweating. He kept them entertained and went well beyond his schedule. But so it was awesome. Next year we're going to move it back to July. They found that it was a better schedule to have it in July verses June. They're also looking at possibly changing universities.

There's been a couple of hiccups. I don't believe it's not that ULL's not an option, they're just going to widen the search a little bit. And one other thing they have the ACA accreditation, they've requested it. They came to the program a few weeks back to do some different questions and things like that. So fingers crossed because they'll find out in October if it does receive ACA accreditation. And it will be, to my knowledge, the first YLF that's accreted so that will be great for Louisiana. Shoutout. Any questions about YLF?

CHRISTI GONZALES: Our teachers did receive an email for the first time about the program. So I did let everyone know that it was received and shared all over Iberia Parish.

HANNAH JENKINS: Great. That's awesome. I heard they doubled down on all the efforts to get it out there this year. Obviously every year we're believing it's just going to become super well known just like Partners. It just keeps growing. Any other questions? All right.

Moving on. Navigating the systems. We just finished a couple, the last training sessions on de-escalation in times of behavioral health crisis. We're in the middle of trainings on person-centered and trauma-informed care. There's two more of those sessions that are going to be happening. One in Alexandria, one in Central Louisiana. So we'll be finding out about the dates on those and sharing that information. And then lastly training wise they'll have a virtual training on how to pick a provider. That's also being scheduled so we'll push that out as soon as we have information on it.

MIKE BILLINGS: All right.

SPEAKER: Who's doing the trainings on the trauma informed care?

HANNAH JENKINS: That is going to be Hustle and Grow, the contractor. So they might be collaborating, you know, try to collaborate with others.

MIKE BILLINGS: Any more questions for Hannah before we move on?

HANNAH JENKINS: And I have one other thing, sorry. Sorry, Mr. Charles. It's not on the agenda but we did, I wanted to shoutout to Mr. Tony Piontek. We're doing a disability pride campaign called share your story and Mr. Tony Piontek shared his story and he was on our Facebook today shining bright with a big smile. So I just wanted to share that because it's not too late if anyone wants to

share their story. You can find it on our Facebook. If you want to share a story about your child, that's great too. We also had some parents whose children are older asked the questions to their children or videoed their children. It's up to you guys. That would be great to see a few more council member faces.

TONY PIONTEK: If you see my hand can I add? I know all of you. I just connected with Christy before this started but look up the website NDSCcenter.org. Right now the whole world is actually there at the whole event. The Down Syndrome Congress event that's in Phoenix. I didn't know if y'all knew that.

MIKE BILLINGS: Thank you, Tony.

TONY PIONTEK: Anytime.

MIKE BILLINGS: All right. Thank you, Hannah. Now Rekeesha, will you give us an update on LaCAN, Families Helping Families and the voting initiative.

REKEESHA BRANCH: Yes. As of June 2024 LaCAN has over 6,800 individuals registered for the council and the LaCAN list serve to receive information and action alerts. Since October the 1st of 2023 there has been a total of 19 action alerts with 1,667 actions taken. And we've had eight yellow shirt days with a total of 150 in attendance with 12 testimonies that were provided. As far as the training, the meetings since October the 1st, 2023 a total of 229 LaCAN members have participated in 23 virtual and in-person regional LaCAN member meetings to discuss various topics including the agenda and outcomes of the 2024 legislative session. The legislative process, how to become an active member, ways to take action. Also how to connect with your legislators.

On the 27th of last month the LaCAN leaders and FHF directors participated in the legislative session debriefing meeting to discuss ideas and strategies for approving advocacy activities and its effectiveness for 2025 legislative session. And right now the LaCAN leaders are conducting community input meetings, we also call them member meetings, to discuss any concerns and possible ideas for the 2025 legislative advocacy agenda. As far as the legislative visits during the previous legislative session our LaCAN leaders supported members in a total of 49 formal legislative visits of which 30 of those visits were with key committee members to discuss the year's advocacy agenda. And that's it. Any questions?

All right. So I'll roll on down to Families Helping Families. Since October the 1st of last year centers have assisted approximately 22,500 individuals with disabilities and families with information, referral, peer-to-peer and other supports. There have been over 49,000 units of information and referrals completed with 251 trainings conducted with over 6,000 in attendance. Centers have conducted a total of 462 outreach activities to hospitals, pediatricians, school districts, applied behavior analysis clinics and physical therapy clinics. The centers are currently in the process of being scheduled for audits. The results of those audits will be provided in the next quarterly meeting. So that's it about FHF. And also in your package you will have the quarterly performance data. Just a reminder that this form was created right before their deadline to determine everything so it's not completely updated but it will be updated with the final numbers on next quarter.

BRENTON ANDRUS: And in October you get a yearend review document that will list everything, all of the deliverables, what's met, what's achieved, what hasn't been.

REKEESHA BRANCH: Yes. So the last thing-- well, any questions on FHF? Okay. So the last thing I have is disability voting rights. The council has collaborated with People First of Louisiana to offer ten statewide training opportunities. One would be web-based and nine were supposed to be in person to empower and educate individuals on voting rights for people with disabilities. As of October 2023 one web-based training occurred with four participants in attendance and five in-person trainings have occurred with 60 participants in attendance. The in-person training included representatives from the Secretary of State's Office to provide hands-on experience with voting machines for both early voting and election day voting. And that's it.

MIKE BILLINGS: Thank you, Rekeesha. Do we have any questions for Rekeesha? Thank you. Now Brenton, will you give us an update on the remaining initiatives.

BRENTON ANDRUS: I suppose. So there's just two more initiatives to talk about. One is our first responder pilot. That's activity 2.1.1. This is our fourth year with Interaction Advisory Group completing this training opportunity. It's also the final year. I know there was

a lot of discussion at the last meeting and at our planning committee meeting of should this initiative continue. I know a lot of people were interested in this particular initiative continuing. But this year has been a very stagnant year. I do think the council made the right decision to move forward as this initiative, at least at this time, because our contractor has really been having difficulty getting first responders to participate in trainings this go round this year. In fact, there was a virtual training event that happened on April 30th and there were four people that attended. They were from Plaquemines Parish Sheriff's Office, Terrebonne Parish Sheriff's Office and the district attorney's office. And that's been it. That's all they have been able to arrange as far as trainings go. There was an agency-wide training scheduled for Plaquemines Parish Fire Department and I believe there was a medical issue of some sort for the training coordinator there and he wanted to postpone the training because he wanted to make sure he was available whenever that training occurred. So I'm hoping whatever that issue is is resolved before end date of the initiative and we can get back out to Plaquemines Parish for that training.

And I believe they're currently working with the Marrero Fire Department and different surrounding agencies there to try and get a training session scheduled a little bit later this summer. They were also supposed to go to I think it was the Autism Society of Acadiana had some sort of conference or meeting or something that they were doing at the end of June and our contractor was going to be there to host the training at that time because there were supposed to be some first responders that would attend. Since that happened at the end of June I have not received that information yet as far as how that training went, if it was able to happen.

One of the things I did ask the trainer to do, I guess it was earlier last month, was maybe pivot away from first responders since we're not getting a whole lot of traction there and maybe try to cater trainings, virtual training opportunities to our self-advocates, family members, caretakers. I know in previous years he has done trainings of that sort and he has kind of started up his own master class type sort of trainings. And so if he's able to offer those we encourage him to do that just to try to get some

information and some trainings out there for folks. And of course he is also looking at if he could get some virtual trainings scheduled for first responders if they would attend that. But it just really just hasn't been successful.

One of the things that Dustin, who is the contractor, would do when he comes down here to do a training he then goes to other fire departments, police stations, areas down here and kind of has that face-to-face sort of conversation about the training. Which I think in previous years has helped get these trainings scheduled but without getting anything on the books on the early end of things he hasn't been able to be here with some of those agencies. There have been 100s, I would say at least over 500 first responders throughout the past four years that have been trained so I do think this initiative was successful and that might speak to why maybe we're having a little bit lower turnout or interest now because we have exhausted a lot of those agencies that are willing to participate. We also do run into occasionally agencies that they have their own sort of disability related training that they participate in so they don't feel the need to participate in the initiative we have. So that's it for the first responder initiative. I don't know if there's any questions about that one?

Next is our emergency preparedness and response training. That is also in its fourth and final year. So there are two trainings left in September so those are the two trainings that you can attend if you want to participate in this initiative if you haven't been to it already it's your last two opportunities. We did have a training session in Alexandria that was April 29th through 30th. There was one in Baton Rouge in early May. May 1st through 2nd. I did go to the Baton Rouge training and we had a good turnout there. There were about 13 in Baton Rouge. Not quite as many that had registered but we usually always have a few that don't show up. And then in Alexandria we had 21 individuals attend that training. And normally anywhere between 20 and 30 has been a good range of how many people attend these trainings. I want to say generally around 35, 40 they no longer take registrations or you're on a wait list. So decent turnout for those trainings.

We have Shreveport is coming up. Let's see. When is that. Sorry, it's going to be Lafayette for September 9th

through 10th. And then Shreveport is currently scheduled for September 11th through 12th. I will say I've already sent out an LADDC news advertising these trainings. I'll be sending another one out at some point this week. If you are interested in attending the one in Shreveport you need to hurry up and register so our registration numbers can reflect the expense for me to bring in Niagara to do that training. Right now there are only three people that are registered for that training. And I've told them if that registration does not increase by next week we're going to go ahead and cancel that training because it's not fiscally responsible for him to come in for three people.

The Lafayette training has, I think last we checked, it was in the teens. Oh, no, it's higher than that. It's over 20 people have registered for the Lafayette training so I'm pretty confident that one is happening. But Shreveport, again, if you know people in that area, any of the surrounding areas that are involved in emergency management or they are providers, if they are support coordinators or people, anyone that is responsible for an individual with a disability during times of emergencies I think it's important that you let them know that they can attend this training. Some of you may recall we did have a training in Shreveport scheduled last year that had better attendance numbers so we did host the training and only I think two people showed up. So we took a gamble of trying to go back out there because our contact out there assured us that the interest was there, people have asked about it. So we put efforts to bring the training there and it doesn't look like that interest is there anymore. So if you want to go register, otherwise if we can't get those registration numbers up, Lafayette will be the final training.

I think I reported out at the last meeting he did do a virtual training. One of the great things about this particular initiative is it doesn't stop once we have concluded with our grants for them to work on this initiative. They remain in the state. They offer continuing focus groups and advisory groups. And I don't want to say continuing education, it's not quite that. But they do offer these virtual meetings that previous attendees from this training can attend to get updated information or to get updated materials. So they never really truly leave the state. They're not here doing

trainings anymore but if you do attend these trainings you get access to continuing training opportunities that they do offer.

And just a shoutout to Volunteers of America because for the Alexandria and Baton Rouge trainings they provided all attendees there with lunch. We don't normally provide lunch for these trainings. You kind of go off on our own. You get an hour lunch break. But Volunteers of America provided lunch for all members for the past two trainings so we really appreciate that. It speaks to the connections that our trainer has with folks here in Louisiana. Any questions on this particular initiative? All right. That's all I got.

MIKE BILLINGS: Thank you, Brenton. Okay. Just some announcements left. Please note after this meeting the Education and Employment Committee will be meeting in this room. Tomorrow is the full council meeting which will start at 8:30 in this room. Those that have registered to participate virtually you should have those links to the meeting in your email. Does anyone on the committee have any other announcements to make? Do we have anyone wishing to share public comment?

SPEAKER: A response to your question. HSS visits are unannounced. Those visits are unannounced, the health standards visits are unannounced. They confirmed that.

MIKE BILLINGS: With no public comment we will adjourn this meeting.