

Louisiana Developmental Disabilities Council
Self-Determination and Community Inclusion
Committee

January 29, 2025

BROOKE STEWART: Good afternoon everyone. It is 12:53 and I would like to call the meeting to order. Rekeesha, do you mind doing the roll?

REKEESHA BRANCH: Not a problem. Dr. Barovechio. Mr. Bennett.

BRIAN BENNETT: Present.

REKEESHA BRANCH: Mr. Billings. Ms. Crain.

CHERI CRAIN: Here.

REKEESHA BRANCH: Ms. Julie Foster Hagan.

JULIE FOSTER HAGAN: Here.

REKEESHA BRANCH: Ms. Jill Hano.

JILL HANO: Here.

REKEESHA BRANCH: Ms. Angela Harmon. Ms. Kelly Aduli.

KELLY ADULI: Here.

REKEESHA BRANCH: Ms. Nguyen. Mr. Rocca.

TORY ROCCA: Here.

REKEESHA BRANCH: And Ms. Stewart.

BROOKE STEWART: Present.

REKEESHA BRANCH: We have seven. You have a quorum.

BROOKE STEWART: 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 smoothly 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. For attendees electronically raise your hand to request to speak. 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

is only to 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 requesting 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 participating virtually who have had 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 so please be patient. All comments and questions from public may be limited to two minutes at the chair's discretion. So please keep that in mind. Depending on time constraints we may also limit comments to once per issue. 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 of those times.

So everyone should have reviewed the October meeting summary which was attached in the agenda you received in the email. There is a copy in your committee packet. I need a motion to adopt the October meeting summary. Tory Rocca motions to adopt the October meeting summary. Is there a second?

JILL HANO: I'll second.

BROOKE STEWART: Is there any discussion? Any public comment? Okay. We will now do a roll call vote. Rekeesha, can you please call the roll.

REKEESHA BRANCH: Dr. Barovechio. Mr. Bennett.

BRIAN BENNETT: Yes.

REKEESHA BRANCH: Mr. Billings. Ms. Crain.

CHERI CRAIN: Yes.

REKEESHA BRANCH: Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

REKEESHA BRANCH: Ms. Hano.

JILL HANO: Yes.

REKEESHA BRANCH: Ms. Harmon. Ms. Kelly Aduli.

KELLY ADULI: Yes.

REKEESHA BRANCH: Ms. Nguyen. And Mr. Rocca.

TORY ROCCA: Yes.

BROOKE STEWART: Thank you. The motion to accept the October meeting summary has passed by a vote of six to zero.

So moving on. First on the agenda is an opportunity for us to consider activities to recommend to the council to be included in our fiscal year 26 action plan which will begin October 1st, 2025. In your packet is a printout of this year's action plan which list our current goals, objectives and activities. Keep in mind we are responsible for goals one and two of this plan and all of the activities that this committee may recommend should align with the council's current goals and objectives in the plan. Also what we come up with today is simply a recommendation. Should the council agree with our recommendations the planning ad hoc committee members will determine what items will be brought forth to the council for a vote at a subsequent meeting. I think our best option is to come up with ideas that we can collectively agree on as a committee and make one motion with all of our ideas. Would anyone like to start sharing their ideas? I would like to recognize Tony Piontek for his comment.

STEPHANIE CARMONA: Tony, did you have something you wanted to say?

REKEESHA BRANCH: Tony, can you hear us?

TONY PIONTEK: Can you hear me now?

STEPHANIE CARMONA: Yes.

TONY PIONTEK: Okay. Thank goodness. This idea of being on this committee are we able or are we capable to do more than what we're just doing now for this committee to spread this news to other nonprofit organizations rather than just us on this topic?

BRENTON ANDRUS: So right now what we're doing, Tony, is thinking of ideas for next year's action plan. So you currently have an action plan with the council that says this is what your council is working on this year up until September 30th. So right now what we're talking about is what would you like to see us do starting next October, what kind of things you would like to see the council work on for the next fiscal year. And so certainly if there are any organizations out there that would also like to chime in we do have public comment. They can provide their

recommendations. Committee members can provide their recommendations. But right now we don't have anything to share or to push out to other organizations if that's what you're asking.

TONY PIONTEK: I do know this has been a very pivotal piece for us where we are in region four with our two Representatives Blake and Beau. What just happened?

STEPHANIE CARMONA: I just started sharing my screen.

TONY PIONTEK: Oh, okay. So transportation has been a big pivotal part of our area. I have talked about it many times to both of them and we really hope we can find out the necessary steps and the process of getting public transportation where I live. We're just the parish. We're not like a big university because they have buses and stuff already in place and I keep fighting for it because we really need it over here. And the last time I talked to both of them was when both of them were going through their steps of being as a representative for our area. So that's what I'm really hoping to push a little more. Making a real first impression of how transportation is for us over here.

BRENTON ANDRUS: Thanks Tony. We do have also for just committee members to know your next step after looking at your action plan for next year is going to be the five-year plan. And one of the areas listed in that five-year plan is transportation. If we're being honest I don't know that you'll be able to put something in your action plan next year that's going to solve the transportation problems because we've been looking at that for years and we still don't have a solution. (Inaudible) our five-year plan. This current five-year plan. So there hasn't been a lot of work that was done on transportation issues. But if that's something the committee is interested in looking at in the five-year plan that could be an area of emphasis we could potentially look at what we could do over the next five years to address some of those transportation issues.

VIVIENNE WEBB: So there's another thing that I've been thinking about that we may want to add. As we all know recently we lost Lauren Womack to a car crash and

I started looking into what driving is like for wheelchair bound people and they tend to die in car crashes a lot more because it's not as safe for them as it would be for an able-bodied person. Could we maybe work on some sort of legislation or some sort of law that might help increase any safety measures or type of like restraints or safety mechanisms that could help in situations like a car crash.

BROOKE STEWART: I know that Rekeesha you're taking notes.

JILL HANO: Because now I'm kind of getting myself confused and I don't know what all the plan entails but would that be legislation or would that be maybe to offer training or whatever because that's a really, really good idea.

BRENTON ANDRUS: As far as legislative options we would have to look into that to see what is possible. Certainly if you're looking for like something you want to do in next year's action plan let's say you could, if it makes it through the planning committee and all that, you could look at doing some sort of proposal about different trainings that you might be able to do about safety measures. But we would have to do some research on like what would you be training about. Are you trying to train individuals. Are you trying to train the people that are manufacturing the vehicles or that are doing the adaptations. There's a lot that goes into it. Just have to see what's possible to get done next year (inaudible). But if it's legislative and you want that on your legislative agenda as well.

JILL HANO: Because last time we recommended training the training did not go over well. It was only one year.

BRENTON ANDRUS: Yeah. And in this situation you would probably have to make sure that you actually have someone that could train on these particular issues. That's the purpose of sending out a proposal to make sure someone is equipped to do some sort of training like this that could help individuals or families or whoever the provider might be that are doing these adaptations. Stephanie might be able to chime in.

STEPHANIE CARMONA: I just wanted to kind of echo what you mentioned though. If we are looking specifically for activities for this coming action plan

doing as much as y'all are wanting to with that and like the outreach for it the action plan might not be the best option but the five-year plan concepts might because those are bigger and then we have more time to accomplish them. Because I think they're great ideas. I just want them to be realistic because we still are going to have to do the research. Figure out exactly what it is you're looking for and then find somebody that can actually do a training. Whereas if it were a big concept we would have time to maybe have some kind of-- and this is just off the top of my head y'all. Coming up with like-- I'm trying to think of the word I'm thinking of. Like a program to get the information out maybe in the first year and then like getting all the research. Just kind of building it from the ground up because we just don't know what direction to take with it at least quite yet. And because it's such a big idea I would say that that would probably be more of a concept.

BRENTON ANDRUS: And that could follow that transportation area along with access, which is what Tony was talking about.

VIVIENNE WEBB: I was thinking more along the lines of legislation to legally obligate manufacturers to make safer vehicles for wheelchair bound citizens that way less people die in car crashes. That like these complications could have been avoided had there been more protections for our wheelchair bound citizens. And in addition think of some mechanisms or some ways if they do get in a car crash they aren't just stuck. But I think we need to explore legislation and not just trainings around that.

BRENTON ANDRUS: I think that type of legislation you're probably looking at more of a federal, national type piece of legislation because you're asking manufacturers to change how they're making vehicles. They're not going to do that through a state mechanism. So we would have to look at more of a national.

VIVIENNE WEBB: How would we go about that?

BRENTON ANDRUS: Five-year plan. You put this on your five-year plan. We would do what we can here, which might involve trainings and things like that and then getting advocacy around this issue. Start having people talk to their senators, their congressman and

see if we can bring some sort of legislation.

BROOKE STEWART: I was given some recommendations, ideas, concepts for some ideas, some that Jill and I had just highlighted. One was FMLA leave, that type of style for parents of individuals with disabilities to help sustain employment and prevent job loss or instability. Another one we had was to require Medicaid to cover both standard and electric wheelchairs. Not just one or the other. DSWs allowed to stay with patients in the hospital when family cannot be there. Healthcare coverage for DSWs. And then task force training for abuse and neglect was some that we highlighted. Are there any comments?

JULIE FOSTER HAGAN: So the one you mentioned about the DSP payment when they're in the hospital. Up until about a year ago or maybe even less than a year ago CMS had kind of a strict allowance that said you cannot. They consider that double billing. They started to tell us that in some cases we may be able do that so I know we've started exploring kind of to better understand what we can do. So just letting you guys know that is on our radar at OCDD. I know we've had some conversations with Medicaid about it. What we're trying to figure out-- it's brand new. They didn't just go from you can't pay for it till now you can. It's like you might can but with certain caveats. We're trying to understand what that means. Because we would have to put it in our waiver application and make it part of our rate. So we're trying to find out are there other states that are doing this and how are you doing it. How did you get it approved from CMS. So not saying you guys couldn't put that on your agenda. Just letting you know that that one is something we started exploring because we have heard from a lot of families and people receiving services that it's a problem when they can't have the DSP. And the assumption that the hospital should then provide that care is that it's not happening. Realistically not happening. But again, we're trying to study because last year if you would have told me that I would have told you CMS doesn't let me. Now I know there's some way that I can do something, I just don't know what it is yet. Brian, if I said that wrong.

BRIAN BENNETT: I think that's right. That sprung

up as a result after Covid there were several things that popped up during that time period that prompted CMS to look at that again. But like Julie said, it's not just a blanket approval for everyone to do that. We would have to negotiate that with CMS and you would have to provide the justification as to why it was needed. What's needed that the hospital wouldn't be performing. And I think it would have to be specific to the person and laid out in their individual plan of care that their need is this so this is why the worker is needed at the hospital.

BRENTON ANDRUS: So two questions. One would be I guess for Julie or Brian. But I know that the topic of workers being allowed to stay at the hospital has come up numerous times. How often do you have like any sort of updates? Because I don't want to say an update every time we have a meeting but if every six months or something maybe get updates here at this committee about that particular issue. That could be a way that we could look into it I guess and see if there's something we can do to help once y'all get more information about what you can or can't do we can get information out there.

The other one was more along the lines of the things that you mentioned. Is that your concepts for the five-year or is that stuff you want to try to accomplish next year? Because right now y'all want to differentiate between what you're doing next year or what you're going to try to accomplish over the five-year span. Because some of those sound more like five-year concepts to me.

BROOKE STEWART: Five year.

BRENTON ANDRUS: Okay.

STEPHANIE CARMONA: So I did put in your packets and on the screen that has this year's action plan. So we're looking for things like these activities. And it's just more to is there something that we need to add or something under, what is it, goal one and two that needs to be added. So we're not really going through each and every one of them, but if you're looking at it and you're reading community-living and supports, looking at these things that are in the goal did you do that in any of these activities or is there something lacking that you feel like oh, you know what,

we didn't do anything with affordable healthcare. Let's look at something to do next year like that. Or even preventive health services which is the objective for that.

BRENTON ANDRUS: It can also be something if we are working on a current activity that you are very passionate about you can also recommend continuing that the activity. I know these activities are just getting started so we don't have a lot of information on successes but in past years sometimes y'all have been really passionate about certain activities and want to make sure the planning committee knew don't cut. So if you have something like that.

BROOKE STEWART: Yes, Christi.

CHRISTI GONZALES: What have we done for activity 2.1.2?

STEPHANIE CARMONA: I can tell you that because that is something I monitor. This one was rewritten at the end of last year. So the 2024 plan. We did a bunch of research and what I found was if this wanted to be done the only way to get it done would be to hire an outside entity. So that would be hiring some kind of contractor to put on a training that would be just like any of the other trainings that we host. So they would set it all up. It cannot happen through the schools. LDOE has it in there on policies, procedures. So they have health but sex ed is not mandated. So it is very specific to each school district gets to decide and each one gets to decide what curriculum they use and then that curriculum is approved from LDOE if I remember correctly. That has been last year when we had this conversation with Meredith. So when we changed it for this one it was just let's see what kind of accessible sex ed can we have. If it can't be done at school what can we have.

So the two things that I do want to point out, and I don't think I have any update on, it might have been quarter four at the October meeting. YLF, Youth Leadership Forum, they have a session on dating and relationships and that is one of your activities that y'all are funding. So we felt that that helps us meet this activity. And then we also have-- which I don't know because they haven't done any trainings on it yet, but the one that's the abuse and neglect and

exploitation training. I'm not sure if this is something they would touch on. It wouldn't be for like middle and high school people, but it might go into how to recognize those things. And I don't know because we're just starting to work on it. That's just an idea where we are with this one specifically.

JILL HANO: Can one of y'all, I don't really know, but can y'all kind of go in depth with what we're sending out to do in the yearly action plan verses what we're trying to send out in the five-year plan. Something in my head thinks in roundabout ways. But in one you can change anything and the other you can change activities but not objectives or something.

REKEESHA BRANCH: You're asking if we can change activities but the objectives stay the same? That's what you're saying?

JILL HANO: I think.

STEPHANIE CARMONA: Are you asking like what are the differences between what we can put on the action plan and what goes in the five-year?

JILL HANO: Yeah.

STEPHANIE CARMONA: Okay. So for the action plan we are specifically looking for activities. So things like activity 2.1.3. This is something that y'all came up with and voted on and said we need to have training for people that have co-occurring disorders to navigate the system or both systems, right. So y'all came up with that activity and then that went and it was voted and put in. For the concepts they're broad ideas of a big thing that you want to accomplish. So this might only take a year. A concept could take three years or five years. And I would think of them almost as like-- I guess as an example one of the ones from the last five-year plan was that they wanted to do research on the first responder stuff and then go into a training. And then I think it was like a three-year timeline of how they were going to build up this training. So that would be a bigger concept even though we have the activity. I know it's confusing.

JILL HANO: Because our goals stay the same. So if one of the objectives or activities change or vice versa. I don't know if that was a question. Like what can change when?

STEPHANIE CARMONA: Okay. So for the action plan

for the activities that you're coming up with that is just based on the rules and objectives that we have now. So that's not going to change. Just the activities are going to change. For the five-year plan when we get to that, which is going to be some time probably in the summer when we really start planning, we're going to rewrite goals, we're going to rewrite objectives. So the whole thing is going to change.

JILL HANO: Okay. That is exactly what I wanted to know. Thank you.

STEPHANIE CARMONA: You're welcome.

BRENTON ANDRUS: I like to think of the five-year when they say concepts more so like ideas. So we have the idea that the transportation system is broken, right. So that might be a concept or an area of emphasis you want to focus on. But we're not worried about the marching orders. But for the action plan next year we want marching orders, specifics of things we can do, like Stephanie said, according to those goals.

JILL HANO: That breaks it down really well, Brenton. Thank you.

BRENTON ANDRUS: It sounds like y'all have come up with a lot of concepts.

JILL HANO: That's what we're designed to do today is to come up with concepts, right?

BRENTON ANDRUS: Yes. We have it broken up in the agenda though because I think it would be a lot easier if you do one motion where you just focus on activities next year. And then pick this conversation back up and do the concepts. Or do the concepts now and do your action plan next. So just kind of reverse your agenda a little bit. It's just easier to separate them so you don't get confused about what's going to be a concept, what's going to be next year so that's why we broke it up. But that is your goal today. And if we have time we'll get to other things on the agenda. But your goal today is to come up with concepts and to come up with ideas for an action plan for next year. Or a recommendation I should say. And it doesn't mean that we're actually going to do it. It's just what's going to go to the planning.

BROOKE STEWART: I have a question. It's under objective activity 2.3.1. What have we done so far?

JILL HANO: Do we have a quorum? Does Brenton have my packet on the premises?

BRENTON ANDRUS: I don't know. We would have to check on that in a minute. We do have a quorum but I don't know about the packet. For 2.3.1 Ebony has worked on that so I don't have all the details because she's not in the room. But we started making progress in conversations with them trying to see if we can partner and assist them with looking at the materials that they were making. Can we help maybe print some of the fliers. Can we help with distribution. The thing is whenever the administration changed a lot of things were shaken up in that particular department and so we've kind of been letting them get settled before we can start engaging again to see what direction they want to go in now and see how we can help.

JILL HANO: We have a status report, ladies and gents. Who wants it?

BRENTON ANDRUS: The status report is printed out and is in your council meeting folders. Which we do not have in this packet but we can get that for you today. Stephanie does have the information up on the screen, at least for the activities, and the status report will tell you what's in there.

BROOKE STEWART: That is one that I would like to continue.

BRENTON ANDRUS: Talking about the women's health, yeah. That was our targeted disparity. So what would really be helpful is if you also had some specifics of things you might want to accomplish through that. Because sometimes when we say collaborate it gets complicated because we don't have much direction.

BROOKE STEWART: One I would say I'm personally passionate about is preventive screenings for women. Like mammograms, pap smears, things of that nature. That's one that I would like to include in the activity. Preventive cancer screenings.

JILL HANO: So would we make an objective to specifically include?

BRENTON ANDRUS: So I think what you're saying, Brooke, not trying to put words in your mouth, but just for the note takers, still want to continue 2.3.1?

BROOKE STEWART: Correct.

BRENTON ANDRUS: But include maybe more language

that says we should focus specifically on maybe preventive screenings. Specific to cancer or just preventive?

BROOKE STEWART: Preventive screenings.

BRENTON ANDRUS: Okay. So just kind of clarifying that activity language a little more.

STEPHANIE CARMONA: I'm sorry. I'm going to be a little, just to clarify even more. Are you looking at trainings for individuals?

BROOKE STEWART: So I'm thinking of like accessible, like inclusive educational materials. Like something that shows maybe like how to introduce this topic to your patient. Provider focused, you know.

BRENTON ANDRUS: Present and explain the information in such a way that's more understandable to folks, that kind of?

BROOKE STEWART: Correct. Because I'm thinking when my six-year old she will be a 40-year old woman and I would like my daughter to be screened and have a mammogram. So how would that be addressed with the parents and the provider and I guess that type.

STEPHANIE CARMONA: I do have a comment that I was asked to read if y'all are good with that from Tony Piontek. He is wanting to looking into a source of getting people trained with experience in home-bound, handicap accessibilities and trainings and finding someone that can assist in those areas. So that was his comment.

BROOKE STEWART: Would that fall into the activity 2.1.4 oversee implementation of community and family supports?

SPEAKER: Can you repeat what the training was for.

STEPHANIE CARMONA: Yes. He just says training people who have experience in home-bound, handicap accessibilities and finding someone that can assist in those areas. Like training to find someone that can assist them. He said to get training for people to have experience in home-bound, handicap accessibilities and in finding someone that can assist in those areas.

REKEESHA BRANCH: Tony, are you referring to DSW training?

STEPHANIE CARMONA: Would y'all like me to allow him to talk so he can explain. Tony, can you explain a little bit more. There you go Tony.

REKEESHA BRANCH: Tony, can you hear us?

STEPHANIE CARMONA: Tony can you hear us? Tony, if you would like to just kind of raise your hand if you wanted to explain a little bit more of what you were thinking. I see that your hand is raised. I'm assuming that you can hear us but we cannot hear you. Tony, just try to type it in the Q and A and I will read it once you have it all typed.

REKEESHA BRANCH: Do you guys have any other ideas?

CHERI CRAIN: So ideally would it be a good starting point to basically look at the objectives, stay under goal one now and see if it's something we feel has been started off well and we want to continue. And then look at them and see well, we really haven't made much progress in this. Maybe it's not something to continue in the action plan. I think some people are on the borderline of what is actually five-year and what is action plan.

BRENTON ANDRUS: Yeah. So I think right now get five-year out of your brain. We're not doing any concepts. We're not looking at five-year. Strictly looking at what you want to do next year. And kind of like you were saying we're either adding, taking away. Or as Stephanie mentioned goals and objectives in your plan cannot change. Only the activities change. So if you read a goal and you're like oh, we're doing this, that and the other but that last sentence we're not doing that. So what kind of activities do I need to do to accomplish that part. So that's what you're looking at. You can say hey, let's continue working on women's health you might also see oh, you're doing this project and yeah it hasn't been going well or we've done it for a few years. Maybe the recommendation is we don't continue this. You might not have something you're replacing it with in your mind just yet. You might be freeing up the money from that contract for something that might come up in the education committee, might come up on the floor tomorrow. Or you might think of whenever you're graciously volunteering your time on the planning committee and you're thinking about things you want to do on that committee as well.

I will say last year y'all did a really good job of really going through a lot of the activities and removing things that we had been doing for many years.

We have things that kind of stick around because it really helps us with our advocacy goals like Partners, LaCAN, Youth Leadership Forum. Because those things, even though it's the same program it's different folks that are coming in and out of that program every year. So stuff like that I would recommend keeping those things around. But we did a lot of sweeping changes last year. So those of you that were here last year that's kind of the thought process, right. Looking at what we can bring new, what we can freshen up instead of just doing the same ole, same ole. But as y'all learned in the retreat yesterday this has to come from you. We can't tell you what to do on your plan.

JILL HANO: Can y'all give us ideas? Maybe oh, yeah, we like that. I would have never thought that.

BRENTON ANDRUS: I feel like I hear Sheryl from the retreat telling me I can't do that.

STEPHANIE CARMONA: Just a reminder. There will be staff recommendations when the planning committee meets. We'll have gone through and have some recommendations but this is really to get y'all's ideas so we can start looking into them and getting them together.

BRENTON ANDRUS: It's our recommendations to you during planning time is the feasibility of doing what you would like to do. Can we actually do that. And then we might have an alternative for you.

BROOKE STEWART: For activity 2.1.2 I know we talked about that but I know we mentioned we can't necessarily address sexual education so should we reword that? I think we should take it out. Like the sexual education. I think we should take like accessible-- I don't know. I think we should just put in provide appropriate-- sorry. Go ahead.

JACKI PIERCE: At Bayou Land Families Helping Families starting in August I received a few phone calls from family members who as parents and professionals who their children have severe intellectual disabilities are going through puberty and they don't know how to handle it. So maybe (inaudible) to their parents and educate them because a lot of the parents have that mindset oh, he's got the mindset of a five-year old. He shouldn't be doing that. But they're still having those-- I'm Jacki.

BRENTON ANDRUS: Just some history if you haven't been here. SO we did an initiative around that for like five years. I think we did it for four or five years. It started with adults with disabilities, then caretakers, someone with a disability of any age where we did that exact thing. We talked about relationships. We talked about health. And so I mean it kind of seems like looking for something maybe not as focused on the relationship part but the sexual part of something that we've done already. The problem I think that we're running into is probably those parents that are going through puberty now aren't concerned about that training when we offered it five years ago but now it's important to them. So doing another round of trainings I don't think you're going to not get your money's worth because my kid isn't going through puberty right now, I might not go to that training. And then five years from now I'm going to want you to go back and do that training. So that is something you might want to look at is there a provider out there that can help some sort of curriculum, not curriculum maybe, but some sort of training that can be recorded, provided and the resources put online where you can access it later so it's not an active project. They basically would have a year to come up with these things that we can then go live with. And we're basically paying them for their time. Because we're going to lose people and some of the information if it's generic but still informative enough you may not have to worry about it changing by the next year.

We did a similar concept with some healthcare modules way back in the day. But I would recommend you look at that as opposed to doing another round of trainings so we can have that as something that they can just access. But another barrier that we ran into whenever we did this training in the past there were no providers that put in their SOP that they would do this sort of training for anyone under the age of 18. So there were no teenagers involved, which I think is kind of the focus based on the way this was written, middle school, high school. So the providers weren't willing to touch that unless the parents were in the room and the kids aren't going to talk about this stuff with the parents in the room. So you may also want to consider

if they can do something more targeted towards high schoolers that they can have access to that we can put online. Maybe some parents they might have access to. I would go that route instead of another round of trainings.

SPEAKER: To what Brenton just said (inaudible) LSU Allied Health (inaudible). Can it be done that way maybe in that respect?

BRENTON ANDRUS: I think it would fall back into that area of it's an outreach that's only happening as long as we're paying.

SPEAKER: (Inaudible) however they do that as a model.

BRENTON ANDRUS: Right. Their model is probably they fund that initiative every year. So if we're looking at doing something like that each year you continue this activity for years and years to make sure it's done. What my point was we did initiatives like this in the past and it wasn't applicable to that many situations (inaudible).

SPEAKER: (Inaudible).

BRENTON ANDRUS: Right. So every year they're paying for that. What I'm saying is I think you need to look at an activity where this is going to be something that people can refer to, like have a really nice training or something that's just available online.

SPEAKER: (Inaudible) how do I address this (inaudible).

BRENTON ANDRUS: Yeah. If they are school age then we have the minor situation.

SPEAKER: But they're already doing it in eighth grade. (Inaudible).

BRENTON ANDRUS: I think yours is an ongoing initiative that can be done. Which can certainly be done. And mine is something that we don't have to continuously fund the same project over and over so we can do new things. But it's certainly something y'all can do.

SPEAKER: (Inaudible) more geared towards the parents, you can go online and access it continuously and the other is more hands on.

KELLY ADULI: I'm just thinking could this be part of our master plan to roll into our website, right,

because we're hoping to build this website. And record the trainings that they're available all the time for everybody regardless of your kid's age. And not specific to a certain region and you can't get there because of transportation. So I just feel like if we can roll it into our website that we're trying to create it would solve a lot of these problems.

STEPHANIE CARMONA: I have a committee member that has a comment and then I also have a public comment.

BROOKE STEWART: Patti, you're recognized. Dr. Barovechio.

PATTI BAROVECHIO: Hey. How is everybody. I like the way the conversation is going is that if we used the Human Development Center to maybe create some enduring materials whether it be like what you need to know about X. And like you said that it's linked to a dynamic website, right and then we get our partners like Families Helping Families to post links to these types of materials or utilize them within their services with families so that it is there, accessible. And just as you mentioned, I don't know who was speaking, but about transportation difficulties getting to this one-time event in your region for an in-person lecture. So I think I love the idea of contracting someone with that expertise to develop the materials whether it be a training or some handouts or patient discussion cards that physicians could use. I think those types of resources would serve us really well. Because then you have Families Helping Families when they get a call with a family in their region they can easily oh, let me send you this or let's go over this. So I think that's a great idea and it would give us more bang for our buck. It would be there for prosperity.

STEPHANIE CARMONA: Then you have a public comment from Adrienne Burns.

ADRIENNE BURNS: Hi. I think you guys actually kind of covered the way I was thinking. I'm an adult with a disability and I have two kids with autism and I'm concerned-- they're young, they're super young. But I'm concerned about how to explain consent because I have a little boy and I have a little girl so I have both worlds. I just want to make sure that because like they love to play on each other and jump on each

other. I'm like you can't do this if they don't want you on their body. It's difficult for them to understand at the moment, especially because they're siblings. But I want to be able to navigate that if I could put that into something that would be a great aspect of the materials when you guys get to that. That would be really helpful I think.

SPEAKER: Thank you Adrienne.

ADRIENNE BURNS: Thank you.

JILL HANO: I'm not going to remember the contractor but it was either 23 or Safe Haven they had a really good curriculum for this topic for YLF. The previous commenter said they had a booklet and it really went into all that consent. In plain language broke it down what's consent, what you can or cannot do. And I'm just thinking like a five-year plan if there's something (inaudible) Safe Haven would be a good like avenue to look into for if we needed a training.

BRENTON ANDRUS: I was just going to say you brought up a great point. I think based on the conversation of this topic you could look at a two-fold approach. You might do some things next year in your plan because we have goals it would fall under, obviously, it's kind of in there. You can also look at accomplishing some of these things through your health areas and emphasis of your five-year plan if you want more long-range impact. So next year you might not be changing the world like we're talking about here but over the next five years you're going to change lots of things. But just a reminder you only have 20 minutes left.

REKEESHA BRANCH: So we're going to have to kind of wrap up this particular topic. But so far I have preventive screening for women to be possibly added to 2.3.1 activity. For 2.1.2 information targeted towards high schoolers and/or the parents, the puberty/sex education awareness. Possibly add that to the website. And also add activity 2.2 for more training for home and community-based workers.

BROOKE STEWART: For activity 2.1.2 I just would like to remove sexual education and put healthy relationships instead of sexual education that way we can talk about like consent and things like that.

BRENTON ANDRUS: So what are you trying to do? Are you still looking at that research aspect of that activity or you actually want to do something with that? For now it says do research.

BROOKE STEWART: No. I guess with activity 2.1.2 I would like to remove conduct research and I guess just provide some best practices, recommendations to families. I think one of our comments said so they can talk about consent and things like that.

VIVIENNE WEBB: I think it's really important to not get rid of the sex ed aspect of things. Especially because most of the disabled population doesn't get that sort of education in school. And like even if you're not gearing it towards minors you can gear it towards young adults. And it is a very important concept to learn not to mention it can help keep lots of people out of prison because they don't understand boundaries in the same way as neurotypical students because no one ever taught them, they never found a way to teach them and they don't know about their bodies. And that's something they really need to learn about not just boundaries and relationships because social aspects are a part of (inaudible). But you also need to teach them about themselves and just the sex ed part in general is incredibly important and we can't just completely disregard it.

BROOKE STEWART: I think that could be encompassed with the healthy relationships aspect.

VIVIENNE WEBB: They're two different things. Healthy relationship does not correspond with sex or sexual education.

BRENTON ANDRUS: When you write your plan you can be specific in your activity.

BROOKE STEWART: Should we move on to the five-year plan?

BRENTON ANDRUS: You're going to need to do a motion of what you want on your action plan. We're going to need a second.

BROOKE STEWART: Mylinda Elliot.

MYLINDA ELLIOT: I know we're trying to move on but I wanted to mention I'm the parent of a 36-year old, I don't know how that happened, with an intellectual disability. When I talk to her I have to be very plain when I talk to her about sex. I'm not sure if the

people that we're looking at to help are going to understand healthy relationships and all the intricacies of sex education just using that term healthy relationships. I agree with the young lady that was speaking. We probably need to say sex education. That was it.

BRENTON ANDRUS: You're going to come up with two recommendations. One is everything you want to do in next year's plan and two is everything you want to have for concepts for the five-year plan.

BROOKE STEWART: But first I need to ask would anyone like to make a motion with these recommendations which will be on the screen. I feel like it's a very touchy topic. Erick.

ERICK TAYLOR: I truly think this is a very touchy situation and I think that we just need to be very careful.

BRENTON ANDRUS: Well, that's going to be the trainer or whoever is developing whether it's here or there are the ones that are going to figure out a way to present this information that is comfortable for those that are seeking this information in a professional manner. We're just saying that's something as a council we may want to look at and then the burden is going to be those that we contract with to put this information in a package, however we decide to implement that package.

ERICK TAYLOR: We're limiting that, this fund?

BRENTON ANDRUS: Possibly. This is strictly just an idea. Like if the council approves then the planning committee is going to look at these ideas and decide what they think should be a priority. What it might cost to do these things. How much money they might want to assign to these different things. And then it's going to come back to y'all as a full council as a recommendation at the next meeting.

EBONY HAVEN: We only have ten minutes so I just want to say this because it may wrap up the discussion. These are only recommendations. Where these conversations could be had is the planning committee for the next action plan which will be before the April meeting. So you guys can discuss and debate whether or not you want to include puberty, sex education, sexual development in that particular meeting. These are just

recommendations to send to the planning.

BROOKE STEWART: Discuss more tomorrow.

EBONY HAVEN: Not even tomorrow. At the planning committee.

CHERI CRAIN: Just overall ideas. Not how you're going to implement.

EBONY HAVEN: Yes. We don't even have to get into the weeds. You'll get into the weeds at that planning committee.

BRENTON ANDRUS: Clarity though for parliamentary reasons. Has there actually been a motion made?

EBONY HAVEN: No.

BRENTON ANDRUS: Because otherwise you wouldn't be able to do the conversation.

BROOKE STEWART: Given that we have ten minutes, Vivienne, can you please keep it to less than a minute.

VIVIENNE WEBB: Okay. You don't want to use the word sexual development but I do want to stick with sex ed because it covers not just development but it covers a broader area. So consent, helps to behave in public verses private, what's acceptable, what's not. Where and how to do things verses, you know. And you can gear it towards young adults instead of minors to avoid any sticky situations. But this is something completely natural and it needs to be discussed. The fact that there is hesitance in this room to discuss such a thing is why we need to push this.

BROOKE STEWART: Thank you.

STEPHANIE CARMONA: It doesn't have to be done now. It can also be done when you have the planning meeting how the wording is going to be. This is just more of an idea.

CHERI CRAIN: I think it just really, like Brooke was saying, instead of conduct research I think we need to promote it or change the word from conducting research to actually implementing resources or whatever and then go into it further.

BROOKE STEWART: So would anyone on the committee like to make a motion on these recommendations? Would anyone like to make a motion with these recommendations?

JILL HANO: I'll make a motion for all of it.

BROOKE STEWART: Is there a second?

JULIE FOSTER HAGAN: I'll second.

BROOKE STEWART: Thank you. Julie seconds. So is there any discussion? Yes, Vivienne.

VIVIENNE WEBB: Hi. Once again I'm here to talk about the word choice. You do not want to use sexual development and want to stick to sex education solely because saying sexual development narrows it down far too much whereas sex education is broader and covers a lot more content that everyone needs to know. And populations such as ours do not get this type of education as often as the neurotypical population so we really don't want to narrow this down like too narrow because we need to encompass enough information to where we get enough knowledge to exist in our community without being scrutinized, imprisoned, hospitalized even. We don't want to be marked as the creepy or like pedophiles or anything like that because not everyone knows how to behave in certain situations. And then they don't understand the same concepts as neurotypicals because no one ever taught them. I do not want to stick strictly to--

BROOKE STEWART: You've hit the minute. Thank you. Is there any public comment?

VIVIENNE WEBB: Yes. But saying sexual development is.

BROOKE STEWART: Okay. Now we'll do a roll call vote. Rekeesha.

REKEESHA BRANCH: Dr. Barovechio.

PATTI BAROVECHIO: Yes.

REKEESHA BRANCH: Dr. Barovechio, yes. Mr. Bennett.

BRIAN BENNETT: Yes.

REKEESHA BRANCH: Mr. Bennett, yes. Mr. Billings. Ms. Crain.

CHERI CRAIN: Yes.

REKEESHA BRANCH: Ms. Crain, yes. Ms. Hagan.

JULIE FOSTER HAGAN: Yes.

REKEESHA BRANCH: Ms. Hagan, yes. Ms. Hano.

JILL HANO: Yes.

REKEESHA BRANCH: Ms. Harmon. Ms. Aduli.

KELLY ADULI: Yes.

REKEESHA BRANCH: Ms. Kelly Aduli, yes. Ms. Nguyen. Mr. Rocca.

TORY ROCCA: Yes.

REKEESHA BRANCH: Mr. Rocca, yes. We have seven

yeses.

BROOKE STEWART: Thank you. The motion to recommend the following activities for fiscal year 2026 seconded by Julie Foster Hagan has passed by a vote of seven to zero.

REKEESHA BRANCH: Everything's been put in your packet so you can review. Ms. Julie will actually be giving an update on tomorrow as well. And I know you guys talked about transportation earlier as something you want to add to your concepts.

BROOKE STEWART: So education starts in four minutes. I believe Tony Piontek had brought up transportation and then Jill and I did mention the FMLA style leave for parents with individuals with disabilities to help sustain employment. We talked about requiring Medicaid to cover both standard and electric wheelchairs. Healthcare coverage for DSWs. And then task force training on abuse and neglect. Okay. So would anyone like to make a motion with these recommendations?

JILL HANO: Sure.

BROOKE STEWART: Thank you. Jill Hano motions to recommend the following ideas and concepts. Is there a second? Seconded by Cheri. Is there any discussion? Is there any public comment? Okay. We'll now do a roll call vote. Rekeesha, please call the roll.

REKEESHA BRANCH: Dr. Barovechio.

PATTI BAROVECHIO: Yes.

REKEESHA BRANCH: Dr. Barovechio, yes. Mr. Bennett.

BRIAN BENNETT: Abstain.

REKEESHA BRANCH: Mr. Bennett, abstain. Mr. Billings. Ms. Crain.

CHERI CRAIN: Yes.

REKEESHA BRANCH: Ms. Crain, yes. Ms. Hagan.

JULIE FOSTER HAGAN: Abstain.

REKEESHA BRANCH: Ms. Hagan, abstain. Ms. Hano.

JILL HANO: Yes.

REKEESHA BRANCH: Ms. Hano, yes. Ms. Harmon. Ms. Kelly Aduli.

KELLY ADULI: Yes.

REKEESHA BRANCH: Ms. Kelly Aduli, yes. Ms. Nguyen. Mr. Rocca.

TORY ROCCA: Yes.

REKEESHA BRANCH: Mr. Rocca, yes. We have five yeas.

BROOKE STEWART: Thank you. The motion to recommend the following ideas and concepts for the 2027/2031 five-year plan below has passed by a vote of five with two abstentions. All right. So please note after this meeting education/employment committee will be meeting in this room until 3:45 followed by the Act 378 subcommittee. Tomorrow is the full council meeting which starts at 8:30 a.m. in this same room. Those who registered to participate virtually should have the links to that meeting in an email. And I hereby adjourn the meeting at 2:15.