

Louisiana Developmental Disabilities Council
Self Determination and Community Inclusion Committee
April 30, 2025

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

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

BRIAN BENNETT: Here.

REKEESHA BRANCH: Mr. Billings. Ms. Crain.

CHERI CRAIN: Here.

REKEESHA BRANCH: Ms. Hagan.

JULIE FOSTER HAGAN: Here.

REKEESHA BRANCH: Ms. Hano.

JILL HANO: Here.

REKEESHA BRANCH: Ms. Harmon. Ms. Kelly Aduli

KELLY ADULI: Here.

REKEESHA BRANCH: Ms. Nguyen.

PASQUEAL NGUYEN: I'm here.

REKEESHA BRANCH: Mr. Rocca.

TORY ROCCA: Here.

REKEESHA BRANCH: You have a quorum.

BROOKE STEWART: Thank you. 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 attending virtually remember you must be on camera and have your first and last name to be counted towards our quorum. Please keep microphones muted unless called upon by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. Once recognized by the chair your microphone will be turned on. After speaking the microphone will be returned to mute.

Also the Q and A is 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 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 raised their hands. Comments in the Q and A will be addressed last. As with all hybrid meetings it can be difficult to keep track of those wanting to speak in person and virtually. Please be patient. All comments and questions from the 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 an opportunity to provide public comment before each vote and during designated public comment periods. The chair may also use discretion to determine if comments will be accepted outside of those times.

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

CHERI CRAIN: I have a correction. On the members present my last name is spelled wrong.

BROOKE STEWART: Okay. So Jill do you want to make the motion?

JILL HANO: I will make a motion to approve the January summary.

BROOKE STEWART: Is there a second?

CHERI CRAIN: I second it.

BROOKE STEWART: Cheri Crain seconds. 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: Approve.

REKEESHA BRANCH: Mr. Billings. Ms. Crain.

CHERI CRAIN: Yes.

REKEESHA BRANCH: Ms. Crain is yes. Ms. Hano.

JILL HANO: Yes.

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

JULIE FOSTER HAGAN: Yes.

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

KELLY ADULI: Yes.

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

PASQUEAL NGUYEN: Yes.

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

TORY ROCCA: Yes.

REKEESHA BRANCH: Mr. Rocca, yes.

BROOKE STEWART: Thank you. The motion to accept the January meeting summary has passed by unanimous vote.

REKEESHA BRANCH: Eight yeses.

BROOKE STEWART: Now we can turn things over to Julie Foster Hagan from OCDD who will share with us updates from the department. Julie, the floor is yours.

JULIE FOSTER HAGAN: And I also would like others that are here from the Department of Health to chime in if there's updates they would like to add. First off I just want to say we had in this meeting we had been sending sort of a separate report from time to time and then we also had our report for the full council meeting. We've done some updates to the report itself. Jill was happy to see that it was shorter. But we tried to simplify the data that we have in our report. Remove some things because it was kind of the same things that were being repeated over and over again. And then add sort of a hot topics. So a lot of times what we would talk about in here were more of some of the hot topic kind of things. It looks different. And so as folks review that I'm happy, whether we do it now or whether we do it next meeting, or you guys can send information to the council staff and they can let me know if there's things that we maybe missed that you guys wanted. What we found is like over time people might ask us for something and five years later we're still doing it. But we don't want to take anything away or not be transparent. If there's something you would like to see included in the report that's not included in the report please feel free to let me know and we'll make sure we update that.

Understand that there are a lot of questions about the state budget and then talk a little about the federal budget. That's why I would like others to chime in for their programs because my remarks will focus mostly on OCDD. Right now the budget is going through the process of the legislative session. There's been some confusion. So for the most part the services that we have in OCDD. So our home and community-based waiver services, the IDF services, the different funding for the services people get are pretty much standstill for us. So there's not any increases but there's also not any decreases or cuts. We were asked by Governor Landry, almost one of the first things he did is ask us to start looking at efficiency. And

if there are ways that we can reduce the state general fund for certain activities. So there have been some activities specific to OCDD that have been eliminated.

And then an additional thing I'll talk about, and Gary may want to contribute as well from OAAS. But we did have, in the Early Steps Program, we had contracts. We have ten contracts for what's called community outreach specialists and those, a lot of those work with Families Helping Families centers but not all of them. And one of the efficiencies or reductions that happened is that those contracts weren't going to be renewed. They were scheduled to end June 30th. And so the decision was made not to renew those contracts starting July 1. And outreach and things that those community outreach specialists were doing will be assumed by some of our Early Steps staff.

Another efficiency that was discussed during public testimony is there was a contract with the Arc of Louisiana and that contract with the Arc of Louisiana helped to fund the organization People First. It was about 110,000-dollars for that with a focus on training self-advocates and they had regional People First meetings and state People First meetings. And that contract was also eliminated as part of the efficiency exercise.

The other thing you'll see in our OCDD budget is when you do Medicaid work Medicaid does have an allowance that you can draw down what they call 50 percent administrative match. So that means for my staff, for example, they're working on Medicaid stuff so technically instead of 100 percent of those salaries coming from state general fund there is an ability to ask Medicaid to pay 50 percent. So 50 percent would be state general fund. Fifty percent would come from CMS or from the federal government to draw that match down. We were getting that match for some employees in OCDD. Again, Gary may want to talk about that from the OAAS side. But we weren't getting it for all the employees who would potentially qualify to get that match. So it looks like our budget is reduced in state general fund. It's not really reduced. It's just that instead of needing 100 percent of state general funds for certain positions in this budget we're only asking for 50 percent state general fund. Then we're going to ask CMS to draw down the other 50 percent. That was about 4.2 million. I've gotten some questions about that. Where did that 4.2 million come from. Again, not a reduction. Just

maximizing the use of federal funds.

GARY WILLIAMS: I agree. We have the same thing. You'll see a reduction. We had about 8 or \$8.2 million dollars that we'll have less state general fund but as it was alluded to just by virtue of their duties they're performing that those salaries qualify for the Medicaid match. You will see a reduction in state general fund but an increase in Medicaid for those staff member salaries. As far as services go there's no decreased funding associated with services. We are continuing to look to use American Rescue Plan Act dollars to provide training opportunities for technical assistance partners as well as any providers that work for our participants.

BRENTON ANDRUS: Just a question. I know in executive committee we talked about it and we push alerts about if there's a Medicaid cut at the federal level will that impact any of the staffing? So if they're getting paid through Medicaid dollars now through the state funding that would pay the other half of their salary if that is cut do we know if there is a plan if something like that would happen? Position eliminations or?

JULIE FOSTER HAGAN: Hopefully not. So when we put that up as an efficiency it was prior to January. And so it got put because we start the budget, like as soon as we know what our budget is in June we're starting for the next year in July. So when we looked at those efficiencies and we talked about doing that it was before there was discussion at the federal level. So I've asked if there's a plan B and I've been advised plan B would be that we'd have to go ask for those state general fund dollars but there's not a plan for eliminating the positions. We would have to go then and request those state funds to fully cover them.

BRENTON ANDRUS: Then anything that was eliminated for efficiency purposes, so let's say CMS contracts or People First if folks advocated, does advocating for dollars for those help or is this eliminated because it's just an efficiency and we don't think it should happen whether the funding's there or not? I just don't know how efficiency and advocacy dollars can tie into those things if people want to advocate to try to get that back.

JULIE FOSTER HAGAN: Sure. When the efficiencies were determined, and I think if you watched the public testimony there was kind of a question of who did this. Well, there's

not like a person to point to to say who did this. During the efficiency exercise for LDH for all states like we had tons of templates and things. We had to list everything. We had hundreds of questions about the contracts and thinking about different things. For every expenditure that we had each of us had to do like a deep dive into it and look at things. And then the Department of Health executive team looked at things. I had a question come to me and basically if the community or anyone from the public, and whether that be those that you mentioned or other efficiencies, if the public didn't agree that in fact those programs are needed and they go and advocate for it and the legislature does a line item for that item then yes, we will reinstate, again, with that funding that we would need added back from the legislature. Brian, I don't know if there's anything you want to add about that.

BRENTON ANDRUS: I just didn't know if it was more of a targeted like administrative advocacy, like target LDH verses a funding component attached. For people that do ask that I wasn't clear what direction to give them to go to the legislature verses more trying to reach out to LDH leadership.

JULIE FOSTER HAGAN: Because they're in the budget as a reduction LDH, like reaching out to LDH would be difficult at this point because we don't have the money. Like even if we said okay but we still need the funding to be able to reinstate any of the ones that were reduced or eliminated because the state general fund tied to that activity is now gone.

BRENTON ANDRUS: Got you.

JULIE FOSTER HAGAN: Also had a lot of questions, there is some advocacy we know right now around some different activities. You guys restoring the funding for the Families Helping Families through the Developmental Disabilities Council. Our provider network have asked that we, and we provided the information. Right now in home and community-based waivers if you are a person who needs assistance with medication administration there's some requirements that there be a nurse who can train the direct support professional in how to give you those medications but we don't really have a way to reimburse providers for doing that so they just have to figure out how to do it in the rate that they get regardless of if people need that assistance from a nurse or not. That's

one example. There's some other examples where it would be helpful to have a nurse consultation. So they've asked us to figure out-- we used to have a code that providers would be able to bill for a nursing consultation. At that point in time or ten years ago no one was billing for that. They weren't using that code. And what happens is if you have a service that you're not using CMS says why are we doing that. You need to take that off. So because the service was there but not used it was removed. So they're kind of asking us to turn it back on. And so if the funding is there that's something we're looking at what will we need to do in terms of if we need a waiver amendment or we have to add that as a service definition. It would have some caps to it but we're working on that. That's one area we know they're trying to get additional funding for.

The other, and I think the council had a part, there was a resolution that was done a couple of years ago that asked us to look at for support coordination services the time it takes from when a person is quote linked to services, which means you get the letter in the mail saying congratulations, here's your waiver offer, to certification which means you're actually receiving services. And right now the work that the support coordinator does on that they don't get paid for it. They don't start getting paid until the person is certified and then they can bill monthly after that. So what they asked us to do is look at the ability to have some kind of a payment for support coordinators for that linkage to certification. So there is a report, HR 209 of the 2023 legislative session that gives all the examples there of recommendations of different things. Where we landed with the group is at the time a person is certified that there could be a payment then to the support coordination agency. Just like a one-time payment only for your initial plan of care that would then cover the work done. Of course there's a fiscal impact tied to that. We shared that. We do know there's some advocacy to try to add that service as well.

In terms of the budget will that be added, will it not, we don't know. It's in the hands of the legislature. And I've had a lot of questions around with the constitutional amendment not passing what does that mean for the budget. Does that mean we're looking at cuts or does it mean. And to be honest you can ask 100 people right now and all 100

of them will give you a different answer. Until the revenue estimating conference-- and the revenue estimating conference is a group of economists who take a look at the money that's coming in, all the rules, all the laws. Some things changed during the special legislative session about our tax dollars. They usually meet around May. We don't know the date yet. But until they meet what the House is having to do with the budget is just make assumptions that we have X amount of dollars based on the last revenue estimating conference. Then in May that's when they'll really be able to say what are the effects of all of these changes that happened and we'll have a better idea of the estimate of state dollars they anticipate coming in so that then we know.

So based on that what will happen is then the legislators will then have to look and say okay, did that change. Did that change substantially. Is it about the same. Did it go up. Did it go down. If it goes down that's when we have to look at where are we going to reduce the budget. If it goes up that's when you start seeing they get some other things added. So maybe then they could say-- like right now with the budget there's not the money to add. I don't know what's going on with Families Helping Families but like the nursing it's not added in the budget right now but once they know there's extra money than those are the kind of things that they can start thinking about adding back or adding into the budget request. It's still very uncertain unfortunately right now until they have that revenue estimating conference about what some of those things might look like. And that's just on the DD side. I know there's some advocates advocating to get more community choices waivers on the OAAS side. I'm sure there's other requests happening on the Medicaid side. I know there's a lot of different requests in the mental health realm. Again, it's in the hands of the legislators and the advocates to help the legislators understand what's important to our Louisiana citizens. I don't know if that's clear or not. Just trying to help explain sort of where we are in the process. But happy to take questions or if there's anything.

BRIAN BENNETT: The only thing I'll add is just to add a little more uncertainty. On the federal level I know that they are meeting in May to kind of look at the budget on the federal level which may or may not impact some

changes to Medicaid. We haven't heard anything definitively yet because those discussions haven't happened. But I do expect in the next month or so I can put a picture on what that will look like and if there will be any changes.

EBONY HAVEN: Brian, my question is for you. Because like Brenton said we did have a discussion in the executive committee about Medicaid on the federal level and of course the leaked budget that was leaked and basically eliminating the state councils. We're having to come up with contingency plans for our national organization to share. So I'm wondering if there are changes is Louisiana Medicaid, are you guys coming up with contingency plans just based on if the F map is cut or if you guys go to block grants or per capita caps? So I'm just kind of wondering.

BRIAN BENNETT: So we have our national organization, the National Association of Medicaid Directors, they have been talking to all states about that and they do have kind of a resource guide of all the changes that are on the table I guess right now. And at this point I don't think we've done, at least I'm not aware of any predictions that we've done because we just don't know what's going to happen. It would be a guessing game at this point. But like I said, maybe after this month we'll have a clearer picture of what they're considering and then we can start putting those predictions together.

EBONY HAVEN: And would y'all share those predictions or is that more of an internal?

BRIAN BENNETT: We will definitely share them with the legislature. They would be available. Depending on I guess the scope we would have a session with the legislature concerning budget.

JILL HANO: This has nothing to do nothing but it pops in my head. Would NOW waiver cover doorbell cameras?

JULIE FOSTER HAGAN: Possibly.

JILL HANO: Because a worker, like we were talking about it and then she got a promotion and the new caseworker we haven't talked about it.

JULIE FOSTER HAGAN: (Inaudible). Yes, (inaudible) if you talk about it with your support coordinator. We can talk about it in here before. We have some new technology services available in the waiver that are around smart technology. So talk to your case manager about it is absolutely correct. If it's included in the plan and if

it's something that helps you be more independent and be safer in your home then yes, that is something that can be covered.

JILL HANO: Erick.

ERICK TAYLOR: My concern is first of all (inaudible).

JULIE FOSTER HAGAN: Eventually.

ERICK TAYLOR: My second concern with all the cuts how much concern do we have to worry about?

JULIE FOSTER HAGAN: That's just so hard to answer. I wish I had a better answer. I don't want my answer to scare people but I also don't want my answer to make people feel like oh, everything's good and I don't have anything to worry about. I would say I would be really paying attention. Keep asking me those questions. Keep asking Brian and Gary those questions. Make sure that we're telling you what we're hearing. I don't know. I actually was invited to go, I'll be in DC May 12th and 13th with a group of other DD directors and aging directors educating some of the federal legislators on what is important about developmental disabilities services, our services, DD council services. Kind of the gamut of the DD system. I'm working with Ebony and Brenton to kind of get some information to help me with some talking points. At this point all we can do is focus on education. Like state legislators, federal legislators they need to hear from all of us about how important our services are.

ERICK TAYLOR: If you don't have a disability you can't talk about something that you don't have. We have it. This is our lives.

JULIE FOSTER HAGAN: That's what I'm saying. You need to advocate. Let them hear your story.

ERICK TAYLOR: We're all on the same page.

JULIE FOSTER HAGAN: Again, I think any advocacy anybody can do is helpful. From the state level perspective with where the budget is now I think it's fine. I don't think we're getting any increases. We'll see about the two I mentioned. But there is no discussion. We're not at a point at the state level where it's like the programs are at risk of not being. At the federal level I think it really just depends. Now some, just so you do know, some of the numbers that are in the news right now are kind of scary how big they are but most of those are over a ten-year period. So they're not trying to cut it in like one year. So you may see that whatever they decide

looks not as scary or maybe gets more scary as you go along. Like to me it's the unknown, right. Scariest part is the unknown. We just don't know. Like I said, I can't really say how much. I think everybody should be a little worried but I don't think you should lose sleep at night yet. It's not ready for that yet.

And I think everybody should be thinking about how do we all collectively make sure that anybody who's making these decisions understands the importance of the services. Like for you is how does the service impact you and your daily life. For me it's how do I make sure people understand. In some ways trying to speak based on the stories that I hear from you guys. Just as much education and informing. I never really paid attention to the federal level so I don't really know all of the people that are on all of the committees at the federal level. I know we do a lot of advocacy here at the state level. It might be time to think about, maybe you guys already have, but finding out who are on those main finance committees at the federal level. Tell them your story. I can say that hearing your story is powerful to the folks that are making decisions and it makes a difference.

BRENTON ANDRUS: I was going to chime in but you covered most of it. I do think certainly sign up for council and LaCAN information. We do try to share all of that information. There's tons of disability groups out there that are sharing action alerts and information. And some of those groups can actually share things that we can't where they might tell you specifically what you should be asking for. Or certain groups can lobby. We can't lobby so we can't give you the specifics. But there's a lot of groups out there state level and federal level that are asking for a lot of different things trying to communicate what's going on and what possibilities of cuts, no cuts what could happen. So I just encourage everyone to sign up for any group you could think of to advocate in any way that you could think of. Like Julie said, I haven't myself heard a lot about services necessarily being cut at the state level. I have had very concerning conversations about anything new you want to give, any dollars you're asking for this year we've pretty much pointblank been told you're not getting it. So that impacts, at least from the council's standpoint, our FHF dollars' request. But again, the more you can share your story, the more you can

get out there. We have yellow shirt days, come out. When other groups have days, go to their capitol days. Go to their rallies. Really try to get out there and speak to whoever will listen.

JULIE FOSTER HAGAN: It really does make a difference. When you watch the house appropriations and senate finance I usually get picked on because I'm usually the only assistant secretary that has to answer questions. That's a result of your advocacy. The legislators want to ask me questions specifically because they know they have gotten phone calls and letters from people about developmental disabilities and they want me to have to respond to that.

I also had a question. We do have a new secretary for the Louisiana Department of Health who started just last week. There was a press conference that he was able to kind of talk about some of his priorities. We have started having senior management level teams with him and he is very interested in kind of learning more about our day-to-day. So each of our sections next week we'll do briefings with him where we have to share sort of what are the services, what do we do, what are our main priorities. So he wants to meet with our team so he can really drive into that.

There was a question around what are his areas of focus. And publicly so far he's talked a lot about they've implemented something called Project Mom that's around maternal overdose mortality. They also started a fraud, waste and abuse task force to take a look at things that would fall into those categories. And he's looking at reforming the Medicaid pharmacy benefits management. So I know those are the three main priorities. But he's also continued to talk about behavioral health and when he talked about behavioral health he's talked about the interconnectedness of it. A lot of times people talk about behavioral health and they forget that behavioral health also means people with intellectual and developmental disabilities, cooccurring behavioral and mental health issues. He's talking about how all of those things overlap.

And then refocusing a lot on chronic disease which we know a lot of times folks with intellectual and developmental disabilities are disproportionately affected by things like different types of chronic disease. So taking a look at those. So again, only a week on the job and those are already some of the priorities that he's

laid out. And I'm happy to continue to provide updates with that. But I don't know if there's any other specific questions around that.

And then the last thing that I was asked to kind of talk about was House Bill 559 by Representative Echols. That was heard in Health and Welfare yesterday. It was a pretty lengthy conversation. Basically what the bill in its current posture discusses having the executive director of the local governing entities hire and fire postings by the surgeon general. That was modified to talk about the LDH as opposed to the surgeon general. And then it would establish a council or a committee that would serve to advise the local governing entities. I don't know that I have a ton to say about that. But where it landed after committee yesterday was that there was still a lot of work that needed to be done. Some of the legislators talked about how active their local governing entity was. Some of the legislators talked about they didn't know what their local governing entity did and didn't know the executive directors or have a relationship. It seemed like there was a lot of conversation. There was some of the executive directors there who talked about the oversight that LDH does have for the local governing entities in the form of the contract and they get audits from the Louisiana legislative auditors.

I think where it landed was that while it seems to be working in some areas it doesn't seem to be working in other areas and there's a need to do better in some way. So they will be back next Thursday back in house health and welfare to continue the conversation. It sounded like there will be some meetings between yesterday and next Thursday around the bill. There was some testimony given about specific to DD services and OCDD needing some additional oversight for the local governing entities. Again, I don't know if there's questions. Happy to take questions if I can answer them. The bill did not originate from LDH. Typically LDH has to take a neutral position. You can ask me about any bill and I wouldn't be able to tell you whether I'm for or against it because we have to have a neutral posture. But there are bills that LDH kind of sponsors the bill. We call it an LDH bill if we're asked to go do something or change something that has to do with our services. This was not a bill that was sponsored by LDH or came from LDH. So we're neutral on the bill as we are with other bills. When I say

I don't have a lot to say I can't really tell you if I'm for or against. If a bill goes through, if it passes we will do what we need to in order to implement the actions in that bill. But I don't know if there were specific questions around what the bill says right now or what is currently happening.

BRENTON ANDRUS: I guess for me it's not a specific question but like some of the things that I had thought was in the bill is like this council when it creates, you know there's a lot of representation on this council that is no one with a disability. No one that utilizes any of the services. I think it essentially does away with the board at the LG level. If you have no appointing authority, you really have no authority, right, since the director is answering to someone else. I do think it was a topic that was interesting. If you go back and watch it if you did not watch the discussion, especially if you interact a lot with your LGE in your region, to find out maybe if that was one of the LGEs that they discussed not doing well or doing well. But it is, at least based on that committee meeting from my viewpoint, the LGEs I think are very polarizing in the legislature. It's a love them or hate them kind of situation. I think if that is something you want to discuss and advocate for I would encourage you to reach out on behalf of your LGE whether it's good or bad. Whatever your opinions are.

I was also kind of concerned to hear, at least my takeaway the representative that is running that bill, Echols, I didn't get the impression he spoke to any of the LGEs prior to doing this bill which I think is concerning. If you have a problem with someone you should probably include them in the discussions. So that was just some of my takeaways from watching it yesterday, some of the concerns that I had there.

BROOKE STEWART: Any questions or comments? Thank you, Julie, for those updates? Now we will move onto our contractual activities. Stephanie, would you like to start us off?

STEPHANIE CARMONA: We will start with Partners in Policymaking. Of the 24 applicants that were accepted into the 2025 Partners in Policymaking class (inaudible). As of the March session all 20 participants are expected to graduate from the program. The three sessions took place in this quarter, which were in January, February and

March. The speakers for January were Ebony Haven, (inaudible) and Guy Caruso. In February the speaker was Debra Whitfield. And the third session it was on inclusive education and post-secondary education. There were a lot of speakers. The keynote speaker was Patrick Schwartz, Dr. Mary Braud with LAPIE, Dr. Francis Wang, Nicole DeJean with YLF, Nicole Flores with FHF and Tory Rocca with Disability Rights and a PIP graduate. That is what I have for Partners in Policymaking.

And then I will also give you an update on YLF, our Youth Leadership Forum. So YLF received a total of 25 delegate applications. Ten applications have been confirmed and are in the interview process. Twelve staff members have been interviewed and selected for 2025. The next step is that the staff will begin training in preparation for YLF. The coordinator and staff are continuing the planning for (inaudible).

BROOKE STEWART: I have a question. They're not impacted by like the hiring freeze, YLF?

BRENTON ANDRUS: These are all contracts of ours. They're not impacted by that. They would be impacted by our funding. So YLF also has funding from other sources too.

STEPHANIE CARMONA: I know the first year they did it the staff were volunteers. The second year I believe they received a small stipend.

JILL HANO: When is it?

STEPHANIE CARMONA: YLF will be held June 10th through 13 at LSUE.

BROOKE STEWART: Did we do the abuse, neglect and exploitation training?

BRENTON ANDRUS: That would be Stephanie's still. She was giving you Hannah's updates.

STEPHANIE CARMONA: All right. So moving onto the abuse, neglect and exploitation training. So the council is collaborating with OCDD and partnering with Team Dynamics to provide the education and awareness around abuse and neglect of individuals with intellectual and developmental disabilities. So there will be nine statewide trainings. On January 28th the council sent out an LADDC news on stakeholder feedback on recognizing and responding to abuse and neglect within the disability community. Using the feedback from the stakeholders, which they received 160 responses, they created the

training for the state. And all nine trainings have been scheduled. The first June-- and I say it the way that they have it is kind of by region. So there's really two in one day that are close to each other. So one will be in Alexandria and one will be in Lafayette on May 13th. And I will send out probably next week just a reminder for registering. But I did send out one that had all the dates and the registration for that. That's all I have.

BROOKE STEWART: Okay. Thanks Stephanie. No questions? And none in the chat? Okay. Rekeesha, will you give us an update on your activities?

REKEESHA BRANCH: Yes, ma'am. The first is LaCAN. Give an update on LaCAN. We currently have over 6,848 people registered with the council on the list serve to receive information on home and community-based services, employment, education, early intervention. A total of seven action alerts and 744 actions have been taken. Four yellow shirt days with about 77 attendants. LaCAN leaders are in the process of scheduling and completing legislative visits with committee members discussing this year's advocacy agenda. So far our leaders have supported members in 30 formal legislative visits. And 16 of those visits were with key committee members. Since our last council meeting we've had nine virtual legislative roundtables across the state with around 316 participants attending. Eighteen self-advocates, 116 family members, 140 professionals and about 13 policymakers. Any questions or concerns about LaCAN?

All right. We will move onto the next one which is Families Helping Families. The centers have assisted 24,277 individuals with disabilities or families with information referral, peer to peer and other supports. There have been over 32,862 information and referrals with 155 trainings and activities (inaudible) conducted with individuals in attendance. Centers also conducted 170 outreach activities to hospitals, pediatricians, school districts and applied behavior analysts. And you guys should have a chart inside your packet that gives you a breakdown. Just a reminder this information is not updated as of today but these dates were most accurate (inaudible) this month. So some of those numbers might have changed. Any questions about Families Helping Families?

The next one is our co-occurring disorders. For this

one just to remind you guys that the council collaborated with the Arc of Louisiana on a web-based training for professionals statewide and ten statewide trainings. That's nine in person (inaudible). The individuals with intellectual and developmental disabilities and co-occurring (inaudible). These trainings served as an opportunity to raise awareness about healthcare disparities and training opportunities. Since our last quarter they had three in-person trainings and they had about 20 participants. The training information will be shared as scheduled with all FHF centers, Disability Rights of Louisiana, People First of Louisiana. And we will continue to promote the trainings as scheduled. And those with disabilities, their families and stakeholders are encouraged to attend.

The last one I have is our fetal alcohol spectrum disorder. In this contract we have the council (inaudible) LSU Human Development Center to create and conduct an outreach campaign to increase fetal alcohol spectrum disorder awareness and/or prevention statewide. The council also collaborated with LSU to conduct training with 100 social workers within 9 regions and at least 50 foster or adoptive parents (inaudible) Families Helping Families. Since last quarter LSU Human Development Center continues to plan for the distribution of awareness posters for the fetal alcohol spectrum disorder. They received guidance from Healthy Child Manitoba to bring an online awareness survey for Louisiana. And they also collaborated with the Department of Children and Family Services to schedule social worker and foster parent trainings. Two trainings have been held with about 26 people. Any questions?

STEPHANIE CARMONA: Ms. Brenda Cosse, you can unmute.

BRENDA COSSE: Hello.

BROOKE STEWART: Hi, Ms. Brenda

BRENDA COSSE: Hi. Can you go back to the screen that had the TBAs. It's kind of going fast. Who was that with the TBAs?

REKEESHA BRANCH: The co-occurring disorders, that's the trainings. The to be announced, they have not scheduled the trainings with DCFS just yet so they are still in the process of trying to come up with a schedule. But once they pick dates they always send it to us and we post it on our website.

BRENDA COSSE: Okay. And who was that? I'm sorry. I'm visual. Who was that?

REKEESHA BRANCH: It's the Arc of Louisiana. I'm sorry. Do you have any other questions Ms. Brenda?

BRENDA COSSE: Okay. I see it now. Thank you so much. So it's not based on whether or not they get enough participation in the previous trainings? That's my question.

REKEESHA BRANCH: No, ma'am.

BRENDA COSSE: Okay. Thank y'all so much.

REKEESHA BRANCH: You're welcome.

BROOKE STEWART: Yes, Jill.

JILL HANO: I got a question Rekeesha.

REKEESHA BRANCH: Yes, ma'am.

JILL HANO: The trainings you said YLF met on the 29th, the 25th and the 15th, correct?

REKEESHA BRANCH: Yes.

JILL HANO: So for April do you have the number yet?

REKEESHA BRANCH: When this form was created, see at the bottom I have a cliff note (inaudible). So we do have the numbers, I just don't have them listed on here but I can get them to you today.

JILL HANO: Okay. I was just curious. Thank you.

REKEESHA BRANCH: No problem.

BROOKE STEWART: Thank you Rekeesha. Does anyone have any other questions? All right. Please note after this meeting our Act 378 committee meeting will be held in this room starting at 2:45 followed by the education and employment committee meeting. Also tomorrow is the full council meeting which will start at 10:00 a.m. It will also be in the same room. Those who are registered to participate virtually should have the link to the meeting in their email. Does anyone on the committee have any other announcements to make? Do we have anyone wishing to share public comment?

STEPHANIE CARMONA: I just wanted to remind, I know we said it in the executive committee but in case you weren't here, the LADDC news that we sent out called Share Your Story, I know that that is one of the things we were talking about that is powerful that Julie was talking about sharing your story to the legislators. We are looking for impact statements in order to share them with our legislators and our annual report. If you can share that and just be aware that it is posted on our website, we sent it through the

LADDC news and we also put it on social media. Just share that with your friends or anybody that you know that has benefited from the DD Council.

BROOKE STEWART: Thank you Stephanie. With no other comments I hereby adjourn the meeting at 1:53.