Louisiana Developmental Disabilities Council
Quarterly Meeting
July 31st, 2025

CHRISTI GONZALES: It is now 10:12. The quarterly meeting of the Louisiana Developmental Disabilities Council will now come to order. At this time we will have Vivienne-- I'm sorry. At this time we will have Jill read the mission statement. I am so sorry. Go ahead Ebony. Thank you.

EBONY HAVEN: Ms. Kelly Aduli. Can you unmute?

KELLY ADULI: Here.

EBONY HAVEN: Dr. Barovechio.

PATTI BAROVECHIO: Here.

EBONY HAVEN: Ms. Bayham.

MELISSA BAYHAM: Here.

EBONY HAVEN: Mr. Bennett.

BRIAN BENNETT: Here.

EBONY HAVEN: Mr. Billings.

MIKE BILLINGS: Here.

EBONY HAVEN: Mr. Blunschi.

AYDEN BLUNSCHI: Here.

EBONY HAVEN: Mr. Boynton.

JUDE BOYNTON: Here.

EBONY HAVEN: Ms. Chachere. Ms. Crain.

CHERI CRAIN: Here.

EBONY HAVEN: Mr. Ennis. Ms. Hagan. Ms. Hano.

JILL HANO: Here.

EBONY HAVEN: Ms. Harmon.

ANGELA HARMON: Here.

EBONY HAVEN: Ms. Jordan.

MEREDITH JORDAN: Here.

EBONY HAVEN: Mr. Macaluso.

FRANK MACALUSO: Here.

EBONY HAVEN: Dr. Meda.

LAMARTINE MEDA: Here.

EBONY HAVEN: Ms. Nguyen. Mr. Piontek. Mr. Rocca.

TORY ROCCA: Here.

EBONY HAVEN: Mr. Smith.

ROBBY SMITH: Here.

EBONY HAVEN: Robby you have to turn on your camera in order to be counted towards the quorum.

ROBBY SMITH: Got you.

EBONY HAVEN: Ms. Stewart. Mr. Taylor.
ERICK TAYLOR: Here.
EBONY HAVEN: Ms. Washington.
RENODA WASHINGTON: Here.
EBONY HAVEN: Ms. Webb.
VIVIENNE WEBB: Here.
EBONY HAVEN: Mr. Williams. Dr. Wilson.
PHIL WILSON: Here.
EBONY HAVEN: Dr. Xu.
ZHENG XU: Here.

CHRISTI GONZALES: Thanks everyone for attending today. At this time we will have Jude read the mission statement please.

JUDE BOYNTON: The mission statement is to increase independence, self-determination, productivity and community inclusion for Louisianians with developmental disabilities by engaging in advocacy, capacity building and systems change.

CHRISTI GONZALES: Thank you. Vivienne would you please read the ground rules.

VIVIENNE WEBB: Members must be recognized by the chair before speaking. Be respectful of each other's opinions. Break for ten minutes every one and a half hours. Discuss council business in a responsible manner. Except as necessary restrict the use of electronic communication i.e. texting during council and committee meetings. Silence or turn off all cell phones. Mission statement is posted at every meeting. Be on time for meetings. No alphabets and side conversations are kept to a minimum, done quietly and restricted to the subject at hand.

CHRISTI GONZALES: Thank you. Ebony can you please read the virtual protocols.

EBONY HAVEN: Yes. For council 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 meetings run smoothly please keep side conversations to a minimum and comments related to the topic we are discussing. For those council members who are attending virtually just remember you must have your camera on and have your first and last name showing to be counted towards our quorum. Please keep your 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 and after speaking the microphone will be returned to mute.

Also the Q and A is only to be used for 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 council 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 and chat-- well, not the chat, but the Q and A will be addressed last. As with all hybrid meetings it's difficult sometimes for the staff to keep track of all those wanting to speak in person and virtually so we ask everybody to 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 just keep that in mind. Also comments about a person's character will not be allowed. Finally, members of the public will have the opportunity to provide public comment before each vote and during designated public comment periods. And the chair may use their discretion to determine if comments will be accepted outside of those times.

CHRISTI GONZALES: Thank you Ebony. The next item of business is the approval of the meeting summary. A draft of the summary was distributed. The summary will not be read unless requested by a member. We do have some errors. Under members present Mr. Bennett's name is misspelled. And then for members absent it should be Nicole Learson. I'm sorry. As guest present. And Ramona Hill was the Parliamentarian.

EBONY HAVEN: So what needs to be corrected? So Mr. Bennett's name needs to be corrected. And then Nicole?

CHRISTI GONZALES: It shows her as present.

EBONY HAVEN: Got you.

CHRISTI GONZALES: And then Ms. Ramona Hill was the Parliamentarian.

EBONY HAVEN: Got you.

CHRISTI GONZALES: Are there any other corrections to be made?

PHIL WILSON: I see Billy Nungesser on the guests on the right side.

CHRISTI GONZALES: Oh, so N instead of H. Sorry.

Thank you. Any other corrections? And under guests present Rebecca Fruge. Fruge is misspelled. Any other corrections? If there is no objection the meeting summary is approved as corrected. Hearing none, the meeting summary is approved.

The next item of business is the chair's report. I want to thank everyone for the opportunity of being chairperson. This has been a world wind of two years getting to know everyone and learning the ins and outs of the system. And allocating and collaborating with everybody has been a great pleasure. I've enjoyed it. I hope to be around a little more. And I thank the council officers who help us with everything. All our copies and emails and getting us where we need to be. Our committee chairs and who serve on those committees are crucial roles of our council. I also would like to thank everyone here who comes every month. We appreciate your input and we look forward to working with you in the future as well.

Next is the executive committee report. The executive committee met yesterday and discussed the committee proposals for activities 2.1.2 and 2.3.1 in the new 2026 action plan. The council sent out solicitation of proposals in May and received a great response. The committee provided ratings for the proposals prior to the meeting and both for activities. LSU proposals received the highest ratings. Before sharing the executive committee recommendations the chair ask Ms. Ebony to share the rubric that was used by the executive committee in helping to assess these vendor proposals. The rubric that Ms. Ebony is pulling up was the rubric that we used to address each proposal.

The council received, for activity 2.1.2, the council received three proposals for the activity. LSU, Mercy Family Center and Team Dynamics. This activity will provide financial support to provide appropriate, acceptable sexual education to middle and high school aged people with intellectual and developmental disabilities. The council provided 53,000-dollars for this activity. The committee received clarity on the LSU and Mercy Family Center proposals because they are both proposing pilot programs. However, LSU will be conducting their pilot in three school districts verses Mercy Family Center who proposed conducting a pilot only in the greater New Orleans area.

The applicant scores are as follows. LSU was 43.2 out of 50. Mercy Family Center was 35.2 out of 50. And Team Dynamics was 34.6 out of 50. After committee discussion and public comment the executive committee recommends LSU HEART Initiative's proposal for activity 2.1.2. At this time the chair will entertain a motion to either approve the recommended vendor or to approve a different vendor. After a motion is made the floor will be open for discussion, questions and comments from council members and then public comment. So we need a motion to either approve the recommended vendor or to approve a different vendor.

ERICK TAYLOR: I motion to approve the recommended vendor.

CHRISTI GONZALES: Is there a second?

FRANK MACALUSO: Second.

CHRISTI GONZALES: So there's a motion. LSU's HEART Initiative for activity 2.1.2 made by Erick Taylor and seconded by Frank Macaluso. Is there any discussion? Any other questions?

EBONY HAVEN: I can provide clarity for Jill. Jill this is the recommendation that the executive committee made yesterday for the sex education activity.

JILL HANO: So if I disagree-- I'm sorry. If I disagree with a recommendation that I helped make (inaudible) but it's not for this one.

EBONY HAVEN: So we're going to get to the second one.

JILL HANO: I don't know why I'm so bad at this.

EBONY HAVEN: So right now if you agree with the sex education activity, activity 2.1.2. We're going to get to the one for women's health. That's activity 2.3.1.

JILL HANO: Okay. Sorry.

EBONY HAVEN: That's okay.

CHRISTI GONZALES: Any other discussion? Any public comment?

CHRISTI GONZALES: Do you have a comment Tony?

TONY PIONTEK: There's a typo. You got it.

EBONY HAVEN: I can fix it.

TONY PIONTEK: It was July.

EBONY HAVEN: I fixed it.

TONY PIONTEK: Okay.

CHRISTI GONZALES: So the question is on the approval of the recommended vendor of LSU's HEART Initiative for activity 2.1.2. We will have a roll call vote. If you are

in favor of the motion to approve the recommended vendor of LSU's HEART Initiative when your name is called say yes. If you're opposed say no. If you abstain say abstain.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

HANNAH JENKINS: Dr. Barovechio abstains. Ms. Bayham.

MELISSA BAYHAM: Yes.

HANNAH JENKINS: Ms. Bayham, yes. Mr. Bennett.

BRIAN BENNETT: Abstain.

HANNAH JENKINS: Mr. Bennett, abstain. Mr. Billings.

MIKE BILLINGS: Yes.

HANNAH JENKINS: Mr. Billings, yes. Mr. Blunschi.

AYDEN BLUNSCHI: Abstain.

HANNAH JENKINS: Mr. Blunschi, abstain. Mr. Boynton.

JUDE BOYNTON: Yes.

HANNAH JENKINS: Ms. Chachere.

ALAINA CHACHERE: Yes.

HANNAH JENKINS: Ms. Chachere, yes. Ms. Crain.

CHERI CRAIN: Yes.

HANNAH JENKINS: Ms. Crain, yes. Mr. Ennis. Ms. Hagan. Ms. Hano.

JILL HANO: Yes.

HANNAH JENKINS: Ms. Hano, yes. Ms. Harmon.

ANGELA HARMON: Yes.

HANNAH JENKINS: Ms. Harmon, yes. Ms. Jordan.

MEREDITH JORDAN: Abstain.

HANNAH JENKINS: Ms. Jordan, abstain. Ms. Kelly Aduli.

KELLY ADULI: Yes.

HANNAH JENKINS: Ms. Kelly Aduli, yes. Mr. Macaluso.

FRANK MACALUSO: Yes.

HANNAH JENKINS: Mr. Macaluso, yes. Dr. Meda.

LAMARTINE MEDA: Abstain.

HANNAH JENKINS: Dr. Meda, abstain. Ms. Nguyen. Mr. Piontek.

EBONY HAVEN: Can you unmute your computer Tony. State your vote one more time.

TONY PIONTEK: Yes.

HANNAH JENKINS: Mr. Piontek, yes. Mr. Rocca.

TORY ROCCA: Abstain.

HANNAH JENKINS: Mr. Rocca, abstain. Mr. Smith.

ROBBY SMITH: Yes.

HANNAH JENKINS: Mr. Smith, yes. Ms. Stewart. Mr. Taylor.

ERICK TAYLOR: Yes.
HANNAH JENKINS: Mr. Taylor, yes. Ms. Washington.
RENODA WASHINGTON: Yes.
HANNAH JENKINS: Ms. Washington, yes. Ms. Webb.
VIVIENNE WEBB: Yes.
HANNAH JENKINS: Ms. Webb, yes. Mr. Williams.
GEARRY WILLIAMS: Yes.
HANNAH JENKINS: Dr. Williams, yes. Dr. Wilson.
PHIL WILSON: Yes.
HANNAH JENKINS: Dr. Wilson, yes. Dr. Xu.
ZHENG XU: Yes.
HANNAH JENKINS: Dr. Xu, yes. Mr. Smith could you turn your camera on and vote where we can see you.
ROBBY SMITH: I apologize. My vote is yes.
HANNAH JENKINS: Mr. Smith, yes. Seventeen yeas, zero nays, six abstentions. The motion passed.
CHRISTI GONZALES: The yeses have it and the motion is adopted. Thank you everyone.
The council did receive four proposals for activity 2.3.1. This activity will provide financial support to create and promote accessible educational materials on women's preventative health topics. The council provided 40,000 for this activity. The average scores are as follows. LSU 42.2 out of 50. Tulane University 33.2 out of 50. Team Dynamics 35.8 out of 50. And Nicholls State University 21.0 out of 50. After committee discussion and public comment executive committee recommends LSU HEART Initiative’s proposal for activity 2.3.1. At this time the chair will entertain a motion to either approve the recommended vendor or to approve a different vendor. After a motion is made the floor will be opened for discussion, questions and comments from council members and then public comment.
JILL HANO: So if I want a different proposal can I say something now or? Do I make a motion?
NICOLE LEARSON: (Inaudible) but if you don't want to do that just share your comments.
JILL HANO: Okay. (Inaudible) LSU but last night I was reading, and I apologize for not standing up in the executive committee, but I was particularly taken about Team Dynamics for the women's health initiative. And I would like to motion, I suppose, Nicole, that we grant Team Dynamics with the contract for women's health for FY26. And again, I just want to apologize to my fellow executive

committee members but I'm trying not to go back because I'll cry. I don't mean to go back on my word. That is not my intention but I just feel that Team Dynamics in this situation is a better fit. And I've been on the council for a few years now and I've had nothing but a positive experience with Team Dynamics on the council. I think most people can attest to that. So I motion that for activity 2.3.1 we contract with Team Dynamics. And again, I apologize.

CHRISTI GONZALES: So it is moved to approve Team Dynamics in place of the LSU initiative. Is there a second?

FRANK MACALUSO: Second.

CHRISTI GONZALES: Is there any discussion?

PATTI BAROVECHIO: What are the specific topics of which they are covering?

CHRISTI GONZALES: The same thing, women's preventative health topics. Accessible and educational materials.

ERICK TAYLOR: Is there a discussion on the floor?

CHRISTI GONZALES: Yes.

ERICK TAYLOR: Okay. My thing with Team Dynamics is they only going to have the New Orleans area and not no other area.

EBONY HAVEN: So that was for the previous activity, 2.1.2. This is a different activity. So this activity the council wanted to create accessible educational materials on women's health. This is y'alls targeted disparity and we're finally creating an activity in that targeted disparity. We haven't put any funding for this targeted disparity. For this last year in your current five-year plan, or the planning committee decided that they wanted to put funding towards the targeted disparity and get a contractor to create accessible, educational materials on women's preventative health. Now we'll probably work out all of the details about what those preventative health materials will be once we get into negotiating the contract and filling out the statement of work. But for now we will probably work out the details once we work that out in the statement of work with their contract.

BROOKE STEWART: I just want to say one thing about the women's health LSU, which I was happy it was chosen. Was it had the use of AAC (inaudible) integration in it and that

was something that was not included in Team Dynamics' portion. So that's one reason I want LSU's women's health center to be chosen, health initiative. And then also one thing I'm very passionate about is the late-stage cancer diagnosis screenings. So I think that is two strong reasons why LSU women's health should stay.

CHRISTI GONZALES: Any other discussion?

MEREDITH JORDAN: So for this activity, to go back to Erick's question, whatever vendor's chosen the expectation is they cover the whole state? These would be available for everyone?

EBONY HAVEN: I think y'all are getting this activity mixed up with the previous activity. The previous activity was for that sex education for middle school and high school. The two proposals that they were I guess discussing were from LSU and from Mercy Family. The one from LSU they are proposing a pilot in three school districts as opposed to Mercy Family Center they are proposing to do a pilot only in the greater New Orleans area. That was for the last activity. So you guys just voted to accept LSU. So this particular activity will be statewide. It's not going to be focused in any one particular region of the state.

STEPHANIE CARMONA: I'm just confirming really quickly. The cover sheet, I do know looking in my document, just to confirm what Ebony said I did double check. For Team Dynamics for the women's health that one is statewide. Now for LSU I'm trying to pull up their cover sheet.

BROOKE STEWART: It's St. Tammany, East Baton Rouge, West Baton Rouge and Ascension.

STEPHANIE CARMONA: So there's is a smaller portion. St. Tammany, East Baton Rouge, West Baton Rouge and Ascension parishes. So that one is not statewide. They do go and do within their plan, this one it does talk about their steps for implementation. It's kind of a pilot program also so I don't know if y'all are going to take that into consideration. As for the others they are listed on this cover sheet that was given out yesterday. I wanted to make sure everybody had that information.

JILL HANO: Can I ask a question? Tell me the two things that LSU had that Team Dynamics didn't have.

BROOKE STEWART: The first one was the use of AAC. It's a device that children that are non-speaking use to communicate with others.

JILL HANO: Okay.

BROOKE STEWART: Yeah. They have high-tech, low-tech AAC. It's like pictures with a description or a few words or one word that says what the picture is. So that's one thing I really liked even though it was only serving four parishes. The other one, Team Dynamics, did not touch on using the AAC. I feel that's a population we often overlook sometimes. And then the second portion that I really enjoyed was the late-stage cancer. It was preventable (inaudible) and a lot of our women in the developmental disability community do not get screened for cancers for various reasons. So that was two things I really thought stood out for me. But I just really think, I feel like we choose Team Dynamics a lot and we're getting comfortable with them. It was encouraging to see a lot of other vendors reaching out for an application so I just really enjoyed LSU.

JILL HANO: Okay. So after hearing that can I withdraw?

VIVIENNE WEBB: So most people who use AAC have the apps on their tablets or phones or what not. You can go to Google Play or the app store and download that. And I think most people have some sort of technology where they can get AAC already. So I don't know if that's necessarily something in the proposal itself.

CHRISTI GONZALES: Does the council have any objection to withdrawing Jill's motion? Hearing none, the motion is withdrawn. So do we have a motion to go ahead and accept LSU's proposal? Mike.

MIKE BILLINGS: I would like to recommend the proposal from LSU HER health initiative.

CHRISTI GONZALES: Do we have a second?

ALAINA CHACHERE: I second.

CHRISTI GONZALES: Thank you Alaina. Is there any discussion? Any public comment? Are you ready for the question? And the question is on us approving and recommending the proposal to LSU's health initiative for activity 2.3.1. We will have a roll call vote. If you are in favor of the motion to approve LSU's HER health initiative when your name is called say yes. If you are opposed say no. If you abstain say abstain.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Abstain.

HANNAH JENKINS: Dr. Barovechio, abstain. Ms. Bayham.

MELISSA BAYHAM: Yes.
HANNAH JENKINS: Ms. Bayham, yes. Mr. Bennett.
BRIAN BENNETT: Abstain.
HANNAH JENKINS: Mr. Bennett, abstain. Mr. Billings.
MIKE BILLINGS: Yes.
HANNAH JENKINS: Mr. Billings, yes. Mr. Blunschi.
AYDEN BLUNSCHI: Yes.
HANNAH JENKINS: Mr. Blunschi, yes. Mr. Boynton.
JUDE BOYNTON: Yes.
HANNAH JENKINS: Mr. Boynton, yes. Ms. Chachere.
ALAINA CHACHERE: Yes.
HANNAH JENKINS: Ms. Chachere, yes. Ms. Crain.
CHERI CRAIN: Yes.
HANNAH JENKINS: Ms. Crain, yes. Mr. Ennis. Ms. Hagan. Ms. Hano.
JILL HANO: Yes.
HANNAH JENKINS: Ms. Hano, yes. Ms. Harmon.
ANGELA HARMON: Yes.
HANNAH JENKINS: Ms. Harmon, yes. Ms. Jordan.
MEREDITH JORDAN: Abstain.
HANNAH JENKINS: Ms. Jordan, abstain. Ms. Kelly Aduli.
KELLY ADULI: Yes.
HANNAH JENKINS: Ms. Kelly Aduli, yes. Mr. Macaluso.
FRANK MACALUSO: Yes.
HANNAH JENKINS: Mr. Macaluso, yes. Dr. Meda.
LAMARTINE MEDA: Abstain.
HANNAH JENKINS: Dr. Meda, abstain. Ms. Nguyen. Mr. Piontek.
TONY PIONTEK: Yes.
HANNAH JENKINS: Mr. Piontek, yes. Mr. Rocca.
TORY ROCCA: Abstain.
HANNAH JENKINS: Mr. Rocca, abstain. Mr. Smith.
ROBBY SMITH: Yes for me.
HANNAH JENKINS: Can you turn your camera on Mr. Smith?
ROBBY SMITH: Did it turn off again? I apologize.
CHRISTI GONZALES: That's okay.
ROBBY SMITH: I've got the kids at home and I'm trying to get things done today. Sorry.
HANNAH JENKINS: Was that a yes for you?
ROBBY SMITH: Yes for me.
HANNAH JENKINS: Mr. Smith, yes. Ms. Stewart.
BROOKE STEWART: Yes.
HANNAH JENKINS: Ms. Stewart, yes. Mr. Taylor.

ERICK TAYLOR: Abstain.
HANNAH JENKINS: Ms. Washington.
RENODA WASHINGTON: Yes.
HANNAH JENKINS: Ms. Washington, yes. Ms. Webb.
VIVIENNE WEBB: Yes.
HANNAH JENKINS: Ms. Webb, yes. Mr. Williams.
GEARRY WILLIAMS: Yes.
HANNAH JENKINS: Mr. Williams, yes. Dr. Wilson.
PHIL WILSON: Yes.
HANNAH JENKINS: Dr. Wilson, yes. Dr. Xu.
ZHENG XU: Yes.
HANNAH JENKINS: Dr. Xu, yes. Eighteen yeas, zero nays and six abstentions.

CHRISTI GONZALES: The yeses have it and the motion is adopted. Thank you everyone.

The next item of business is the executive director's report. The chair recognizes Ebony Haven for the report.

EBONY HAVEN: Okay. If you guys look in your packets my report is on the gray paper. I'm going to give a couple of highlights in the report. I'm not going to read it to you guys but if you have any questions about anything that I don't cover just stop me and ask. So I just wanted to let you guys know about your annual report. That should be included in your packet. We completed the annual report for FY2024 and we did a lot of great work. I want to thank my staff for working very hard on our annual report. It came out really good and it's very nice. And you guys get a nice, completed packet to keep in your office and show off the council's great work that you guys did.

We haven't gotten approval yet for the council's program performance report or your PPR that we have to submit every year for 2024. But just keep in mind the Administration for Community Living has been completely gutted for lack of a better word and they are transitioning to the Administration of Children and Family and Community. So we're hoping to get approval on that PPR real soon. We would have normally gotten it by now but again, because of the restructuring of ACL we're still waiting for approval.

Updates to the council's current five-year plan from 2022 to 2026. We're going to be submitting that before the August deadline. So your FY26 action plan we're going to be submitting that and we're hopeful to get approval by your October quarterly meeting for that action plan.

I wanted to go over a couple of legislative updates.

If you were in the committees yesterday you would have heard them but I just want to kind of recap from those committee meetings. We sent an LADDC news on June 13th just to recap the session. So if you guys want to go on the council's website and read the newsletter you can. The council was very successful this legislative session on all three of your advocacy agenda items including protecting disability services. Currently there are no cuts to disability services. We were able to get the additional 500,000-dollars that we've been getting for the last four years for our Families Helping Families centers. And Act 479 passed which addresses seclusion and restraint. Just to make sure that seclusion and restraint practices in our schools are used safely and only when needed. There is a link also in my report and in your status reports so if you're interested in anything the council was tracking through the legislative session you can click on those links.

I also just really wanted to send a special shootout. I did this yesterday in the education and employment committee. I don't know if our LaCAN leaders were on that particular committee or if any of them are in the room but I kind of just want to make sure I shout them out today for the amazing job that they did during the legislative session this year. So let's just kind of give them a hand. We had a 20 percent increase in our participation this year from last year in your yellow shirt days and our action alerts. And so I just want to encourage you guys to keep that momentum going whenever we are sending out action alerts. And you will probably get some outside of session because we are looking at federal cuts. Please just remember to respond. And if you respond to those action alerts let your LaCAN leaders know because we track those confirmations. And I want to see that my council members are participating in those action alerts.

I also encourage you guys to attend the LaCAN leaders community input meetings. Right now we're already looking at what the council is going to advocate for for the 2026 legislative session. So they're having community input meetings right now. We have the listings on our website, on the council's website but we're also pushing things out on social media. If you follow the council, which I hope all of you are, you can find those community input meetings that are going to be happening in your regions. Most of

the LaCAN leaders are doing an in-person meeting and a virtual meeting so they're trying to accommodate everyone wherever you are. So please try to attend those meetings for your 2026 legislative advocacy agenda.

And then lastly I kind of just want to talk about our appropriations. The council received our final notice of award for FY2025 on May 14th. So we did receive our full award, I say our full award but it was a little less than we would normally get. We normally get about $1.38-million. It was about 3,300-dollars less. We got about $1.37-million for FY25. So I wanted to just point out, and this isn't in my report, but when I wrote the report things hadn't I guess passed yet. So I did want to hit on the budget reconciliation bill that passed and that was signed into law. The One Big Beautiful Bill Act. I just want to go over some key things in that act. There are going to be work requirements for able bodied adults without dependents and those are going to start on January 1st, 2026. But there's a lot of questions that really remain about how would people with intellectual and developmental disabilities prove their disability. So there's just a lot of questions that are unanswered. I'm sure Brian's going to kind of go into that when he gives his report. There's still a lot of questions that a lot of people just don't know the answers to.

Another key compliance deadline is caps on Medicaid provider taxes. So states can have no more than 4 percent of the total Medicaid spending on those provider taxes. And that has to be phased in by 2028. So reducing the state's ability to use provider taxes to fund their share of the Medicaid cost is going to add additional costs to the states. So again, not sure how much Louisiana's percentage of their state share comes from those Medicaid provider taxes but in 2028 it has to be no more than 4 percent. Just kind of wanted to give you guys some information about that. We're tracking it. We're paying very close attention to all the cuts. As of now the legislature has reported that the budget cuts that were made federally will not affect Louisiana for FY2026. So the budget that we're currently in for FY2026 it's not going to affect that budget but we're watching closely because we don't know how it's going to affect the 27 budget. So again, if we send out action alerts as we get information I encourage all of my council members to please respond to

those action alerts.

And one more thing I do want to mention. Last quarter I mentioned about the budget from the Office of Management and Budget and in that leaked budget the DD councils, pretty much I think all of the DD network agencies were cut from that budget. The DD councils were eliminated. Our funding was eliminated. However, on May 30th the state received the Health and Human Services budget, that's the President's budget, and the state councils were included in that budget. However, the protection and advocacy agencies, Disability Rights Louisiana, their funding was cut. And our University Centers of Excellence, LSU Human Development Center, their funding wasn't included at all so they were totally eliminated. And I know Phil's going to provide some more information.

I do want to kind of also encourage you guys to watch our action alerts because our national partners are sending out things to make sure that our congressional delegation, our legislators are aware of the important work that all of the DD network provides for developmental disabilities and disabilities in general. So please respond to those action alerts. All of the DD agencies are important. Disability Rights is important and so are the UCEDDs. So we want to make sure we are supporting our sister agencies as well.

So what can we do moving forward. Our priority is to a make sure that we're continuing our work here with our action plans. Just remember that next week we're having two more really important meetings for our next five-year plan that starts in 2027. So the next five-year plan is 2027 to 2031. And so we want to make sure that we are in attendance for those meetings for our committee members. And I'm excited about that because you guys will be deciding what your goals are and your objectives are for your next five-year plan. So those meetings are next week on Tuesday and Wednesday August 5th and 6th. And I encourage public members who are attending virtually and here today to come out to those meetings. We're going to continue working hard to make sure our congressional delegation is educated on how the things that are in that One Big Beautiful budget bill act will affect people here in Louisiana specifically. We want to make sure that they know. And then advocate. We have to continue to advocate. I think one of the strengths of the Louisiana Developmental Disabilities

Council is that we have a LaCAN. A lot of the state DD Councils don't have like a grassroots advocacy network and that's what makes Louisiana unique. And I think that that's something that we have to build on as we continue to advocate for services that they're not cut and that they're protected.

And then one last thing I want to mention. I just want to make sure I remind everyone, I know we had some members missing last time, we can't lobby. So as council members you can't go in and say I am a council member and I'm asking for this funding or I'm asking that you not cut funding to the UCEDDs or protect funding for our protection and advocacy agencies. We have to make sure that you guys whenever you advocate you do it as private citizens. As Brooke Stewart or Angela Harmon as parents. Or Vivienne Webb or Jude Boynton as self-advocates. Not as a member of the DD Council. We want to make sure that we're advocating. Just remember when you guys are advocating you are advocating as a private citizen and not as a DD Council member. That's all I have Christi. I'm happy to answer any questions.

CHRISTI GONZALES: Thank you Ebony. Brooke.

BROOKE STEWART: I just want to say thank you to the staff for the orientation session. The parliamentarian (inaudible). They were very helpful so I appreciate you all taking time to train us. If y'all do it in the future I will definitely be locked in. I really liked that.

CHRISTI GONZALES: I also want to say thank you. Four years ago we were in foreign territory. Participants at the time joined and we were really like in a foreign country. We knew what we wanted to do and it's taken us four years to come full circle and now we know what we want to do. We have the legal down. We have the connections down. We are collaborating. We still converse with everybody. And one thing that I want to commend Ebony and the staff is the binder. Having those materials have been so (inaudible) on what we need to do. So thank y'all so much for listening and putting forth those efforts for us.

EBONY HAVEN: And I'm going to send out evaluations for the lunch and learn. That was something new that we tried this year and we can always make things better. I would love to get y'alls feedback for the members that were able to attend. Just try to do something a little different. The orientation prior seemed very heavy and just very time

consuming. It was a one-day training and all of the information was covered in that training. I tried to do it a little bit different. I would love to get feedback from the council on how the sessions went or if you guys wanted to see something different. If you want it to be more interactive. But thank you for that comment Brooke.

CHRISTI GONZALES: Jude.

JUDE BOYNTON: I had a question. The Parliamentarian session was last session?

SPEAKER: Yes.

JUDE BOYNTON: I wasn't aware because I missed it.

EBONY HAVEN: I think you might have seen her presentation in Partners in Policymaking.

JUDE BOYNTON: I probably did. What's her name?

EBONY HAVEN: Nicole Learson. She's right there.

CHRISTI GONZALES: Do we have any other questions on the report? The report requires no action and will be placed on file. The next item of business is the budget report. Ms. Ebony.

EBONY HAVEN: It's me again. The budget report is included in your packets as well. I'm going to highlight a couple of things but if anybody has any questions just ask. At the time this report was created not all of our (inaudible), they don't have all of their invoices processed yet. So at the time this report was created not all of our invoices for June had been processed and not all of our June expenditures had been calculated. So I'm going to have another final budget for you all for FY25 at the October meeting. So percents will probably go up a little higher once all of those come in.

In the revenue section you guys are going to notice that 250,000-dollars was added. So I kind of wanted to explain that because we only get 1,007,517-dollars from state general funds but it went up in June and I'll explain why. The legislature this year decided to split that additional 500,000-dollars that we've been getting for Families Helping Families between HB1, the budget bill for FY26, and the supplemental bill. The supplemental bill funding goes into FY25 which is why you see it in the regular session. We had a carryforward on that funding so I promise you it will be moved for FY26 for the FHF centers out there that are looking at our budget.

Also travel expenses, again, have been down with the exception of the third quarter where we spent a little bit

extra due to the council retreat. The staff and I have been really efficient with having our council meetings at free locations like today at the library. So we're also looking at a new office space. Our lease is up in November this year at our current office. And so we've been looking at other office spaces which will allow the council to have a meeting space so you guys don't have to keep going to hotels and libraries. We'll have a permanent meeting space. We actually found an office off of Sherwood Forest. I will give you guys more information about that at the October meeting because I think I am going to have to get approval for the lease because we want you guys to have that permanent space. So we'll probably be doing that in October. That's all I have unless somebody has specific questions about the budget.

JILL HANO: What do the expenses fall under?

EBONY HAVEN: Operating services.

CHRISTI GONZALES: Any other questions? Erick.

ERICK TAYLOR: (Inaudible) where will everything be held?

EBONY HAVEN: Yes. We're looking for a permanent space where you can have all your council meetings, your ad hoc meetings. Even like Partners in Policymaking if they needed a space for anything. Any of our initiatives that needed to use the space it would be available for them. Just looking for a space so you guys and the staff don't have to continue to haul stuff from the office and we're all centrally located at one place. If we need extra copies or stuff in your packet is incorrect it can be corrected right at the office.

CHRISTI GONZALES: Anything else? The report requires no action and it will be placed on file. Thank you everyone. The next item of business is the report from the Vice Chair Jill Hano regarding the 2026 action plan. The chair recognizes the vice chair.

JILL HANO: Okay. Really quick. The 2026 action plan was shared with the public for comments. It was available for 45 days. During that time we did not receive any public comments so at this time I will open the floor for any comments or questions from council or the public. All right. Hearing none, the plan will go into effect on October 1st, 2025.

CHRISTI GONZALES: Thank you Jill. Are there any questions? The next item of business is committee

reports. Our first report is from the nominating committee. The chair recognizes Alaina Chachere for the report.

ALAINA CHACHERE: We met on July 2nd to make recommendations for the new officers and the executive committee for the full council's consideration. Council members were given (inaudible) to express interest on the executive committee. There were three members who expressed interest in chair. Two members interested in vice chair. One member interested in chair of the self-determination and community inclusion committee. One member interested in the chair of education and employment. One of the members interested in chair also stated she would also be interested in any position on the executive committee. There were two members who expressed interest for the member at large position after the deadline were also considered.

The committee was given information on each interested member including their attendance at council and committee meetings during their term on the council, LaCAN activities during the 2025 legislative session and any leadership experience they provided. The committee also conducted interviews for council members who applied for chair and vice chair. Since there was not more than one member interested in the SDCI committee chair and the EE chair interviews were not conducted. The committee took into consideration the duties listed but also (inaudible) of the council and standing committee chairs found in the council bylaws and by the answers provided during the interviews to help make recommendations. Therefore on behalf of the nominating committee I move to recommend the following members for the executive committee. Chairperson Renoda Washington. Vice chair Angela Harmon. SDCI chair Jill Hano. EE chair Brooke Stewart. And member at large Vivienne Webb.

CHRISTI GONZALES: Thank you Alaina. The nominating committee nominates the following. Chairperson Renoda Washington. Vice chairperson Angela Harmon. Self-determination community inclusion chair Jill Hano. Education employment chair Brooke Stewart. Member at large Vivienne Webb. At this time nominations from the floor are in order. For the position of council chairperson are there any nominations from the floor? Renoda Washington is nominated. Do you accept Ms. Renoda?

RENODA WASHINGTON: Yes.

CHRISTI GONZALES: Are there any further nominations? She accepts. Are there any other nominations? Hearing no further nominations for the office of council chairperson. Tony do you have a question?

TONY PIONTEK: Yes. To nominate for vice chair Ms. Angela Harmon.

CHRISTI GONZALES: She's nominated. Thank you Tony.

TONY PIONTEK: You're welcome.

CHRISTI GONZALES: At this time for the position of vice chairperson is Angela Harmon. Are there any nominations from the floor? Hearing none for the office of vice chairperson nominations are closed. At this time nominations from the floor for the position of self-determination community inclusion chair. Are there any nominations from the floor? Hearing no further nominations for the office of self-determination and community inclusion. For the position of education/employment chair Brooke Stewart. Are there any nominations from the floor? Hearing no further nominations for the office of education and employment chair. Nominations are closed. And for the position of member at large Ms. Vivienne Webb. Are there any nominations from the floor?

BROOKE STEWART: I would like to recommend Erick Taylor.

JILL HANO: You read my mind. I just was too chicken.

CHRISTI GONZALES: Mr. Erick do you accept the nomination?

ERICK TAYLOR: I accept.

CHRISTI GONZALES: Yes. Tony, go ahead.

TONY PIONTEK: For the member at large I will nominate Ms. Vivienne.

CHRISTI GONZALES: Yes. She is nominated as well. Thank you. Any other nominations for member at large? Hearing no further nominations for member at large nominations are closed. According to article six section two of the bylaws all officers shall be elected by a majority of the council at our July meeting to serve for two years effective October 1st. If there is no objection the election voting method will be by unanimous consent if there is only one candidate for the position. Otherwise the vote will be by roll call for multiple candidates. Our election will proceed. If there is no objection Renoda

Washington is elected to the position of council chairperson. Hearing none, Ms. Washington is elected to the position of council chairperson. Congratulations. If there is no objection Ms. Angela Harmon is elected to the position of council vice chairperson. Tony. Go ahead Tony.

TONY PIONTEK: In her name was that a misspelling?

CHRISTI GONZALES: Which name?

TONY PIONTEK: Ms. Washington. Was that a misspelling?

EBONY HAVEN: Okay.

CHRISTI GONZALES: Congratulations to Ms. Angela Harmon. If there is no objection Jill Hano is elected to the self-determination/community inclusion chairperson. Hearing none, congratulations Ms. Jill Hano. If there is no objection Ms. Brooke Stewart is elected to the education and employment chairperson position. Hearing none, congratulations Ms. Brooke Stewart. The election, the following election is for the position of member at large. The vote required for election is a majority vote. The candidates are Vivienne Webb and Erick Taylor. If you are in favor of Erick Taylor or Ms. Vivienne Webb-- one at a time. If you are in favor of Ms. Vivienne Webb for the position when your name is called say yes. If you are opposed say no. And then if you are in favor of Mr. Taylor do the same thing. One at a time.

SPEAKER: Last time we did it we said the name.

NICOLE LEARSON: Yeah. Do it however you did it last time. The name.

SPEAKER: Do the candidates stay in the room?

NICOLE LEARSON: Yeah because they vote too.

CHRISTI GONZALES: Would y'all like to do an oral vote or ballot?

NICOLE LEARSON: Give me just a second. Because you're a public body open meetings law does not allow for private vote. So it has to be this way.

HANNAH JENKINS: Dr. Barovechio.

PATTI BAROVECHIO: Erick.

HANNAH JENKINS: Dr. Barovechio votes Erick. Ms. Bayham.

MELISSA BAYHAM: Erick.

HANNAH JENKINS: Ms. Bayham, Erick. Mr. Bennett.

BRIAN BENNETT: Vivienne.

HANNAH JENKINS: Mr. Bennett, Vivienne. Mr. Billings.

MIKE BILLINGS: Ms. Webb.
HANNAH JENKINS: Mr. Billings, Vivienne. Mr. Blunschi.
AYDEN BLUNSCHI: Mr. Taylor.
HANNAH JENKINS: Mr. Blunschi, Erick Taylor. Mr. Boynton.
JUDE BOYNTON: Vivienne.
HANNAH JENKINS: Mr. Boynton, Vivienne Webb. Ms. Chachere.
ALAINA CHACHERE: Vivienne.
HANNAH JENKINS: Ms. Chachere, Vivienne Webb. Ms. Crain.
CHERI CRAIN: Mr. Taylor.
HANNAH JENKINS: Ms. Crain, Erick Taylor. Mr. Ennis.
LIAM DOYLE: Abstain.
HANNAH JENKINS: Ms. Hagen. Ms. Hano.
JILL HANO: I love you both so much I can't. Abstain.
HANNAH JENKINS: Ms. Hano, abstain. Ms. Harmon.
ANGELA HARMON: Mr. Taylor.
HANNAH JENKINS: Ms. Harmon, Erick Taylor. Ms. Jordan.
MEREDITH JORDAN: Abstain.
HANNAH JENKINS: Ms. Jordan, abstain. Ms. Kelly Aduli.
KELLY ADULI: Abstain.
HANNAH JENKINS: Ms. Kelly Aduli, abstain. Mr. Macaluso.
FRANK MACALUSO: Abstain.
HANNAH JENKINS: Mr. Macaluso, abstain. Dr. Meda.
LAMARTINE MEDA: Erick.
HANNAH JENKINS: Dr. Meda, Erick Taylor. Ms. Nguyen. Mr. Piontek.
TONY PIONTEK: Abstain.
HANNAH JENKINS: Mr. Piontek, abstain. Mr. Rocca.
TORY ROCCA: Ms. Webb.
HANNAH JENKINS: Mr. Rocca, Vivienne Webb. Mr. Smith.
ROBBY SMITH: Vivienne Webb.
HANNAH JENKINS: Mr. Smith, Vivienne Webb. Ms. Stewart.
BROOKE STEWART: Erick.
HANNAH JENKINS: Ms. Stewart, Erick Taylor. Mr. Taylor.
ERICK TAYLOR: I think it's crazy what I'm fixing to do.

CHRISTI GONZALES: Who do you vote for Erick?

ERICK TAYLOR: Erick.

HANNAH JENKINS: Mr. Taylor, Mr. Taylor. Ms. Washington.

RENODA WASHINGTON: Erick.

HANNAH JENKINS: Ms. Washington, Erick Taylor. Ms. Webb.

VIVIENNE WEBB: Myself.

HANNAH JENKINS: Ms. Webb, Ms. Webb. Mr. Williams.

GEARRY WILLIAMS: Erick.

HANNAH JENKINS: Mr. Williams, Erick Taylor. Dr. Wilson.

PHIL WILSON: Vivienne.

HANNAH JENKINS: Dr. Wilson, Vivienne Webb. Dr. Xu.

ZHENG XU: Abstain.

HANNAH JENKINS: Dr. Xu abstains. Ten Erick, eight Vivienne and six abstentions.

CHRISTI GONZALES: So Erick has the majority vote and Mr. Erick Taylor is elected for the office of member at large. Congratulations Mr. Taylor.

The next item of business is the report from the self-determination/community inclusion committee. The chair recognizes Ms. Brooke Stewart.

BROOKE STEWART: Hi everyone. The self-determination and community inclusion committee met yesterday and does not have any recommendations to present to the council. We received a lot of great updates from the Office of Citizens with Developmental Disabilities or OCDD, Medicaid, Office of Aging and Adult Services or OAAS. For the Office of Citizens with Developmental Disabilities we talked about House Bill 559 Act 381. This bill requires additional reporting from human services districts and authorities and ensures they work with Louisiana Department of Health on reporting requirements. The bill did not impact services provided to the DD community by the districts and authorities.

Mr. Bernard Brown with OCDD requested to email the department suggestions and recommendations on what you feel like the districts and authorities should be responsible for reporting. Committee suggestions included more awareness of services and supports offered by the districts and authorities and change the perception that the district and authorities are only payers of last resort. This leads to burdens on the families seeking

services and a delay in getting supports. He also mentioned the rate study for home and community-based services and intermediate care facilities for developmental disabilities should be completed in August. The agency reported no major budget impacts after the legislative session. There were no cuts to services and supports for people with disabilities. Funding was obtained for the nursing consult rate on DD waivers. They also received (inaudible) support coordination work done prior to an individual being certified to receive services. (Inaudible) .3 million was received to enhance rates for the special need pediatric dental population. Mr. Bennett is hopeful this will attract more dentists to serve the population. We also discussed the contractual activities under goals one and two in our plan. I encourage you to review the status of planned activities document in your meeting packet for updates on those initiatives.

CHRISTI GONZALES: Thank you Brooke. Are there any questions from council members on the report?

BERNARD BROWN: Can I update the record to make sure it's accurate. On the report piece relative to House Bill 1 we didn't receive additional funding for that. I want to make sure we're clear. It wasn't funding given to us. It was put in the budget that (inaudible).

CHRISTI GONZALES: So no money but you have to do it.

BERNARD BROWN: Yes.

CHRISTI GONZALES: Okay. Thank you for the clarification. Are there any public comments? Okay. The report requires no action and will be placed on file. The next item of business is the report from the Act 378 subcommittee. The chair recognizes Ms. Bambi Polotzola for the report.

BAMBI POLOTZOLA: Hi everyone. I think you called on me to give my report?

CHRISTI GONZALES: Yes.

BAMBI POLOTZOLA: Okay. Good. Glad to see everyone there. It was good to see everyone at the committee meeting yesterday. So the Act 378 subcommittee report we met yesterday. We do not have any recommendations for the council to consider. We did spend time reviewing fiscal year 25 the fourth quarter data for programs within the Office for Citizens with Developmental Disabilities in behavioral health and the Office of Aging and Adult Services through the Arc of Louisiana. These reports can

be found linked in our committee agenda on the council's web page if you would like to review it.

Our committee had no recommendations for the council to consider. But based on the data it appears most of the local governing entities or the LGEs are on target with their expenditures for the individual and family support, the consumer care resources and as well as the supported living and flexible family fund. Most reported all invoices for June had not been processed at the time the report was created so we will have that final report at our October meeting. We will then know if there are any corrective action plans that are needed.

We also looked at the state personal assistance program. They spent nearly all of their funds for this fiscal year. We did get an update on House Bill 559 which is now Act 381. I believe the info about this was shared in your self-determination committee report so I won't go into that in a lot of detail. But the goal of this legislation is to make practices consistent across all regions. And Bernard Brown with OCDD requested people email the department suggestions and recommendations on what they feel the districts and authorities should be responsible for reporting. Or if they have input on how the districts and authorities are operating whether good or bad. So the committee members also discussed in regards to this consistency on the developmental disabilities side about funding and how programs should be administered. So the consistency just comes from like the state requirements for things like the individual family support funds, the flexible family funds, waiver services. Whereas it seems on the behavioral health side they don't have the similar consistencies because they have so many varied funding sources. And it was also noted that the LGEs have much more flexibility when it comes to behavioral health. Which gives them an opportunity on the behavioral health side to be innovative with some of their programs and access to some funding.

And the other thing that was discussed was changing the perception that the districts and authorities are the payer of last resort. And what that means is if people are going for individual and family support funds of course we want to access other resources within the community for people to get their needs met but the consumer or the people with disabilities or their families shouldn't have to jump

through hoops and contact lots of community organizations before the LGE or the districts and authorities pay for it. But just because it leads to burdens on families seeking services and a delay in getting needed supports so that is something that will be looked into just to try and ensure more consistency. And that ends my report.

CHRISTI GONZALES: Thank you Bambi. Are there any questions from council members on Bambi's report?

JILL HANO: Is this for the fourth quarter?

BAMBI POLOTZOLA: Jill are you asking if this was for the fourth quarter?

JILL HANO: Yes.

BAMBI POLOTZOLA: It is but as I said due to the timing of when the report had to be sent in there is some things that may have not been processed yet so it's not the full end-of-the-year report. We will get that at the October meeting.

TONY PIONTEK: Was there like a beginning and ending time?

BAMBI POLOTZOLA: So we looked at the fourth quarter, which would have been April, May and June, but some of the invoices at the end of June for that period some may have not been processed so we may see a little bit of a change for that time period at our October meeting. And we'll get the final numbers for the period of July 1st, 2024, through June 30th of 2025 by the October meeting we'll have everything. So there might just be a few things that are outstanding Tony.

TONY PIONTEK: I was just curious.

CHRISTI GONZALES: Is there any public comments? The report requires no action and will be placed on file. If there is no objection with anyone the meeting will recess for lunch. Ms. Renoda has asked can she go since she has to leave. Go ahead.

RENODA WASHINGTON: Thank you chair. Hello everyone. The education and employment committee report is as follows. We met yesterday and received important updates from LRS and the Department of Education about programs and changes affecting students with disabilities. The first update for LRS from Melissa Bayham. LRS is facing major staff challenges right now. There are 23 staff vacancies including 11 for vocational counselor positions. LRS was unable to bring in about 30 million in federal matching funds because they did not have the state general funds.

They are trying to hire contractors to help (inaudible). Vendor meetings have been held to improve communication and consistency in services. A hiring freeze has slowed progress but LRS is actively working to fill these roles.

Legislative update. The council and LaCAN worked closely on House Bill 479 which has officially passed. It's a big win for student safety and transparency in schools. Some key points. Cameras are required in self-contained special education classrooms by February 2026. The law clearly defines what seclusion and restraint are. Only trained staff will be allowed to use them and teachers will now be required to complete the training as well. If a student is restrained or secluded they must be checked by a medical professional. Parents must be informed during the IPE process if restraint or seclusion may be used and they must be notified the same day if it happens. Schools are required to have clear policies, timelines for reporting and must share these with both parents and (inaudible). It's a strong step forward in protecting the rights and wellbeing of students with disabilities.

LDOE update from Meredith Jordan. LDOE will provide training on the new seclusion and restraint laws to school systems using a train the trainer model. Policy updates to bulletin 1706 and (inaudible) will be presented at the office of BESE meetings to align with the new law. The state budget includes yearly funding for camera upkeep in every school district. A line item was added to HB1 for a pilot program.

Contractual activities. The committee also got updates on contracts for the FY25 action plan. Members are encouraged to check the quarterly status update and linked documents in the agenda for details on each activity. The education and employment committee has no recommendations at this time.

CHRISTI GONZALES: Any questions?

BROOKE STEWART: I have one question. What was the conversation around the 23 staff vacancies at LRS?

MELISSA BAYHAM: Do you want me to talk about that now or in my report.

BROOKE STEWART: Okay. We'll wait. Thank you.

CHRISTI GONZALES: Any other questions or public comments? All right. Thank you Ms. Washington. If there is no objection the meeting will recess for lunch.

It is now 11:45 and we are at recess. We will reconvene at 12:45.

(Lunch)

CHRISTI GONZALES: All right everyone. It is now 1:00. The meeting will now come to order. The next item of business is standing council member reports. Our first report is from the Bureau of Health Services Financing, Medicaid. The chair recognizes Mr. Brian Bennett for the report.

BRIAN BENNETT: Hi everybody. My report is the (inaudible) one in your folder. And for this update (inaudible) and then if you have any questions feel free to ask. For the Beneficiary Advisory Council, that's something that I provided an update about last time during the planning stages. We put out a call for applications during the month of April. We got (inaudible) applications. We did get a fairly good response from that. We selected the members for that committee and they had their first meeting on July 9th. And this committee represents ideally the entire Medicaid population but we did, when selecting the members, we did make a point to get representatives from OAAS, OCDD and OBH population as well as general Medicaid members. So that committee consist of Medicaid members, their family members and caregivers. And they will be meeting every quarter going forward. They'll discuss various topics like changes to covered benefits, their experience with the eligibility and renewal process. There will be recommendations to our larger Medicaid advisory committee. It will be a way for our members and their family members to directly (inaudible) Medicaid so they can hear that feedback and consider making policy changes in the future for new activities or programs.

House Bill 624. This is going to be one of the bigger initiatives for Medicaid. Not only for this year but in the next few years. House Bill 624 transferred certain family support programs from the Department of Children and Family Services to LDH. One of the biggest ones, SNAP program, will be coming into Medicaid effective October the 1st. So that will be a very long transition. So the first thing that's going to happen on October 1st is just kind of a behind the scenes transition. So the staff that will be transferring over into Medicaid on October 1st. So it's basically just human resources and personnel transitions.

As far as any public facing effects that won't happen just yet. Wherever you went to previously to apply for SNAP that will still stay the same. So all the public facing activities like the application process and any of the physical locations throughout the state those are going to be the same for now.

The ultimate goal is to try to combine Medicaid eligibility and SNAP eligibilities because a lot of our Medicaid population also receive SNAP benefits. The ultimate goal is to kind of have a one-stop shop so that someone can go and apply for SNAP benefits at the same time as Medicaid so that they don't have to go to two different entities. We also hope in the future to integrate our systems so that we'll have one system to cover both programs. But like I said, that's more long-term future plans. Just what will happen on October 1st the DCFS staff that currently work (inaudible) they will be coming over on October 1st.

On the next page there is new updates to eligibility programs. The first Medicaid purchase plan or it's also known as the Medicaid buy-in program. This provides an opportunity to allow individuals with disabilities who work to gain access to Medicaid. Changes with this program went into effect on July 13th. Both the income and the resource limits for the program increased. An individual can make a higher income and have and retain additional resources and still qualify for the program. This program is for individuals that are 16 up to 65 years of age. And depending on how much income you have there may be a premium assessed on a sliding scale. But the key takeaway from this is that the income and resource on this program are increased effective July 13th.

The personal needs allowance. Also there's an optional state supplement. These are stipends for individuals living in long-term care facilities. So when an individual goes into a long-term care facility that's funded by Medicaid they get to keep a certain amount of their income that's reserved for personal care needs. I guess typically those are used to purchase toiletries, to get a haircut, to purchase snacks for the individual. So effective July 1st the amounts for both the personal care needs allowance and the optional state supplement increase, the personal care needs allowance increased from 38 to 45 a month and then the state supplement increased

from 8 to 15.

Pharmacy benefit manager transition or PBM. So I want to start this off by saying this only affects those that receive all of their benefits under an MCO. If someone is enrolled in fee for service or legacy Medicaid this won't affect them. But effective October 1st we're going to be moving from a single pharmacy benefit manager moving back to where each managed care plan contracts with their own pharmacy benefit manager. From a service perspective and coverage perspective it shouldn't affect anything. The coverage remains the same. You might get a different card depending on who your managed care plan contracts with. So you might get an updated card mailed to you. And then also there's a possibility that with the change in the pharmacy benefit managers that the pharmacy you use may be out of network. And if that happens the plan will contact you and notify you and help you select another one. But that's coming up October 1st. And again, that only affects those individuals who get all of their Medicaid benefits under an MCO or health plan. If you're a legacy or fee for service Medicaid that will not.

Two quick updates on our justice involved initiatives I've been speaking for a few months now. For our 1115 reentry demonstration we filed an application to CMS to give pre-released Medicaid coverage to adults who are incarcerated so that up to days before they're released from incarceration you go ahead and sign them up for Medicaid. They have access to unlimited benefits while they're incarcerated. But really the point of that is to make sure that they're covered coming out that they have their services arranged. They're going to get case management to make sure that all of their Medicaid services or any needs that they have are identified. And that continuity of care there's a warm handoff between what they were receiving while they were incarcerated and what they will be able to get when they are back in the community. So the update on this, the application is still pending with CMS. They haven't been able to give us a date at this time when they are going to (inaudible) so we're kind of in a holding pattern on this one.

The second one though, the consolidated appropriations act 5121 youth reentry program. That's kind of the same thing but it's focusing on youth. It's children and youth I think until their 20th birthday. And

also it includes former foster care. We did implement this on July 1st so we started receiving referrals from some of the facilities in the state. Right now those that are participating are the Office of Juvenile Justice facilities. We have one local facility in the Florida Parishes area that's also participating. But the youth that are incarcerated and they can get coverage under this program. It's very similar. They will get Medicaid coverage but for this one it's 30 days prior to their release. And they'll get case management or support coordination so that that support coordinator will contact them. Kind of do it very, I don't want to say quick, but they will do an assessment plan of care while they're still incarcerated to talk with the staff at the facility to see what their current needs are and then also the information on (inaudible).

One more update that I want to share with you all that's not in the packet, didn't make it into the report, is our Healthy Louisiana open enrollment period with our MCOs. So every year we have what's called open enrollment with your health plans so you have an opportunity to change your plan. For this year open enrollment will start October 15th and go through December 1st. We sent out our announcement letters for this beginning, I believe it was the beginning of this week or late last week. So there's a good chance a lot of the members already received them. And that's just kind of announcing the open enrollment period and explaining what it is. And then we're going to be doing a second mailing closer to the start of the enrollment that will go out later in August. And that's my update. If anybody has any questions.

ERICK TAYLOR: You said SNAP benefits are merging with Medicaid?

BRIAN BENNETT: Yes. Well, Medicaid will begin administering the SNAP program as a result of House Bill 621.

ERICK TAYLOR: So how that will affect the disabled that don't have somebody? You're just doing a straight merge over? Can they come in your office and sit down with their application and sit down with them? Because that's concerning me because a lot of people that's disabled don't understand some of this paperwork. You're saying right now it's a one-stop shop.

BRIAN BENNETT: Not quite yet. So what will happen on

October 1st is just, and this is kind of more of a behind the scenes. It really won't affect the public at this point. Those staff are going to be moving over from the Department of Children and Family Services to the Department of Health. All of those physical locations that you can normally go to to apply for SNAP and talk to a case worker, those will still be there. Those case workers will still be there. That's not going to change. The long-term goal is to kind of incorporate Medicaid into SNAP. So if you were to go to an office to apply for SNAP benefits at that very same office you can ask questions about your Medicaid or fill out your renewal application or whatever. So you wouldn't have to make two trips or make another phone call to take care of your Medicaid.

ERICK TAYLOR: But my concern is a lot of people that's disabled, and I'm just speaking in general, everybody. It's a point where it's getting to where you can't trust nobody. You get phone calls and say this is this and they say it in one way and they can't trust. And then they got people, what I'm trying to say, they got people that leaks their mail and then they don't understand that. And then they get cutoff of some of their programs and they might be homeless. Might be something where they can't understand it. I feel like that's pushing people out on the street, if I'm making any sense, because they're not understanding. I think it should be more-- do you understand what I'm saying to you?

MELISSA BAYHAM: Can I add to this a little bit? Because I actually had this same legislation also in my update because this legislation is (inaudible) so it's very complex. And at the beginning all these programs are actually going to come to the Workforce and then at some point some programs ended up going to the Department of Health. But I think the primary goal at the end of the day is that there will be a one door and you will be able to get your SNAP benefits, your Medicaid and also your employment services all in one area. Which is like the one stops which are the American Job Centers. Is that your understanding?

BRIAN BENNETT: I don't know that part yet.

MELISSA BAYHAM: Okay. And like I said, this bill that it started where everything was going from the Department of Children and Family Services. But my understanding is-- because SNAP ENT, which is SNAP employment and

training, is coming to Workforce. So I think they're supposed to be combining all these things so that there's a case worker that can help you completely with your Medicaid, with your SNAP, with your employment, with any other public services that you need. That's the goal. Now to get to that point…

BRIAN BENNETT: And that's why the plans right now I think are very, there's not a lot of detail with it because there's still a lot of decisions to be made around how are we going to do this so that it really does what it intends to do.

ERICK TAYLOR: I understand that part. But right now you're saying that's going to be a while but my thing is we got a problem with case workers overload right now where they're not getting paid enough to do this and then they merge all this together and we don't have enough people trained for what they have now.

BRIAN BENNETT: I don't want to speak on behalf of our leadership because, again, some of these decisions haven't been made. But what I think will happen is by combining all of those case workers it will make the process more efficient so that their numbers can go down because they're handling three different programs but the volume (inaudible). I think.

MELISSA BAYHAM: That's my understanding.

ERICK TAYLOR: And I have one more thing if y'all don't mind. Another thing I'm concerned about, and I see we're getting people set up making sure they get Medicaid, making sure they get the things they need once they get out. But what's happening to people in the navy, in the army, the people that's going fighting for things so we can have the freedom and they're not getting the services. What is being done for them?

LIAM DOYLE: You're talking about active-duty military or the veterans?

ERICK TAYLOR: Veterans.

LIAM DOYLE: There is an agency for that. That's Veterans Affairs.

ERICK TAYLOR: I understand but what is being done for them because they come home from fighting.

LIAM DOYLE: I don't know if he can answer that is my point.

MELISSA BAYHAM: And Workforce has a veterans program as well.

CHRISTI GONZALES: Any other questions?

PATTI BAROVECHIO: About the pharmacy benefit manager program. So for children and youth with special healthcare needs a lot of times when they switch plans prior to them going to a (inaudible) they had issues with like prior authorizations or if they move to a different insurer they would have issues and have to get prior auth. Will there be any crossover, like if they did move say from Humana to Healthy Blue, will those prior auths at least be good for a certain number of days? And I was just wondering the thoughts behind moving to PBM.

BRIAN BENNETT: So Dr. Barovechio I will confirm that with you but I'm pretty sure I have this in my notes. Transition will cover and make sure that prior authorizations and coverages will transition over. But I will confirm.

PATTI BAROVECHIO: Thank you very much.

CHRISTI GONZALES: Any other questions?

EBONY HAVEN: My concern is going to come on the reconciliation. I know there's going to be some new requirements like eligibility determinations. So just for the council's sake how often are people going to have to redetermine eligibility?

BRIAN BENNETT: Some of the ones that-- because there's a ton of provisions in the requirements and it's the federal HB1, One Big Beautiful Bill, reconciliation bill. So one of the major ones is community engagement requirements or a lot of people refer to it as work requirements. This will only impact those that are in our expansion, adult expansion group. So I think back in 2016 or 2017 Medicaid expanded eligibility to allow people with higher incomes who are working to qualify for Medicaid. The community engagement work requirements will only impact that expansion group. And we've run some preliminary numbers and we believe that's about 16 percent of the overall Medicaid population. But what this will require is people, individuals, Medicaid members that are subject to these requirements they will have to report at least 80 hours of work, community service, work program. They'll have to be enrolled in an educational program in order to keep their Medicaid benefits.

One very, very important point though is that there's a long list of individuals in the expansion group that are exempt from work requirements. So individuals with

disabilities are exempt. Those that are medically frail are exempt. And I also just want to say this would only cover adults, because that's in the expansion group, to age 65. So if you're a child or if you're 65 or older this will not affect you. Also exempt are pregnant, postpartum women, parents or caregivers or dependents 13 years of age and younger, individuals in treatment and recovery programs for things like alcohol and substance abuse disorders. And the state can also apply for temporary hardship exemptions. For example, we have hurricanes all the time. If we were to have a hurricane that impacted the southern part of the state we can go to CMS and say we want to temporarily exempt individuals in these parishes because they're recovering from a hurricane.

I think most, definitely don't want to say all, but most of the people receiving waiver and home and community-based services I believe will be exempt from that requirement because most of you are not in that expansion group. And if they are, they're likely to meet either the disability or medically frail exemption. CMS is going to release their rule on this next summer. It goes into effect January 2027. And at that time they will give us clear guidance on how we actually define some of these things. Can the state choose how they define these categories or is CMS going to do that for us. So we will get more information on this next summer.

In addition to the community engagement requirements. Two more things that affect only expansion adults because a lot of the provisions that are included in the reconciliation bill target just those that are enrolled in the expansion group. So for the expansion group they will have more frequent redeterminations. So right now everyone is reassessed or redetermined annually. For the expansion group that will change to every six months starting December or January.

Another thing for the expansion group is cost sharing requirements that will start October 2028. The bill it appears to give a lot of flexibility to the states in how they define the cost sharing. But the cost sharing will be kind of like a copay for each service that you receive. And the bill states it has to be more than (inaudible) dollars but less than 35. I don't know what that might be set at yet. That one's a few years down the road. Certain services that would be excluded from the cost share

requirement. Primary care, prenatal care, pediatric services and emergency room visits. And then services provided by certain providers like federally qualified health centers, rural health clinics and CCBHCs. And I cannot remember what that stands for but it's a type of behavioral health. So if you are getting any of those services there would be no cost sharing. Again, that's only for those enrolled in the adult expansion group. If you're enrolled in a waiver that will not apply to you. That's the high points. Ebony you mentioned earlier about changes to state directed payments and provider (inaudible). We haven't had a chance to dive into that yet.

EBONY HAVEN: Can you tell us what Louisiana's percentage is?

BRIAN BENNETT: I don't know the percentage of revenue. So the percentage of our overall Medicaid budget is funded by provider taxes. I'm still trying to digest a lot of it. But for the provider taxes I believe a step down would be allowable and goes down over several years. So I think beginning in FY28 it's set at five and a half percent and then all the way to FY2032 when it drops to three and a half percent. That is kind of good news that it's a gradual decrease so that if we do need to make any adjustments it gives us a few years to do that so we're not all hit at once.

And then the state directed payments, this is definitely not an area that I'm super familiar with, but that allows us to make payments to different provider types outside of their rates. I think one area where this is common is payments to hospitals. So the state's abilities to make those supplemental payments to hospitals may limit it or affect it in some way. That's why also in the reconciliation bill they included I think it's 50-billion dollars for funding for rural health hospitals. That's going to be attributed to states over five different years. I'm not exactly sure how it's going to work yet. But there was funding put in the reconciliation bill for rural hospitals and the thought was to try to offset the effects of the state directed payments done with the separate money that states can use (inaudible).

HANNAH JENKINS: You have a hand raised from the public.

CHRISTI GONZALES: Go ahead.

HANNAH JENKINS: Adrianne Burns.

ADRIENNE BURNS: Thank you. I have two questions. I

wanted to ask how WIC would fit into the SNAP EBT Medicaid reallocation or whatever. And then I also wanted to ask if you're in the Medicaid expansion adults, two totally separate things, sorry, will you still be required to qualify every six months if you qualify, like I would qualify as a mother of two young autistic children ages four and two and I'm not able to work because I'm taking care of them. I wonder because like you're a mom but I guess it's till they're 14 am I going to have to keep qualifying to turn in paperwork or what not. Thank you.

BRIAN BENNETT: Adrianne, I'll tackle your second question first about the redetermination. The way I'm reading the bill is you would have to do a redetermination every six months if you're in that group. I think the only exemptions for that, I think the only ones that are exempted are members of (inaudible). So the Native Americans are the only exemption that I'm seeing for that requirement.

ADRIENNE BURNS: Okay. Thank you.

BRIAN BENNETT: For the WIC I'm not sure the answer to that. If that will be incorporated into this I guess one stop shop also. I haven't heard anything about the WIC program.

ADRIENNE BURNS: Okay. Just because I know WIC runs itself like EBT for ages zero to five and then pregnant and breastfeeding moms. So I know like we get a WIC EBT card but it's not EBT. That's why I was wondering.

BRIAN BENNETT: I will ask about that.

ADRIENNE BURNS: Thank you.

CHRISTI GONZALES: Any other questions?

HANNAH JENKINS: You have another hand. Ms. Brenda Cosse.

CHRISTI GONZALES: Ms. Brenda.

HANNAH JENKINS: Ms. Brenda you're muted if you're trying to talk.

BRENDA COSSE: Good afternoon. I heard at least two acronyms. Can we explain it. On was WIC and one was whatever the agency person said. Thank you.

BRIAN BENNETT: I apologize if we used acronyms. So WIC stands for the women and infant and children's program. So that's under the Office of Public Health, is that right Dr. Barovechio?

PATTI BAROVECHIO: Yes.

BRIAN BENNETT: It's a federally funded program that supports mothers and young children with nutrition

assistance I think and various things. Ms. Brenda do you remember what the other acronym was?

BRENDA COSSE: It was kind of long. I couldn't even write it down.

BRIAN BENNETT: Was it SNAP?

BRENDA COSSE: No. You said you wasn't sure what it stood for.

BRIAN BENNETT: Oh.

BRENDA COSSE: Can somebody research that and let us know. We're trying to find out if some of these categories apply to us or somebody we know. Thank you.

BRIAN BENNETT: Ms. Brenda I just looked it up. It stands for certified community behavioral health clinics.

BRENDA COSSE: Thank you.

CHRISTI GONZALES: Any other questions? Thank you Brian. Hearing none, the report requires no action and will be placed on file. The next item business is the report for Department of Education. The chair recognizes Meredith Jordan for her report.

MEREDITH JORDAN: Thank you. So a couple things. I won't be too lengthy today but I do want to start and I'll include, I like to include visuals for y'all. So next time now that I have our latest SEAP data I will include visuals on my next report. But just to voice over our students with disabilities this year on LEAP 2025 we just got all of our latest scores between the last time we met till today. Our kids with disabilities improved their mastery rates again by 1 percent across the board in three through high school. Again, four years now of increased mastery rates every single year on LEAP for our kids with disabilities. We're certainly not where we want to be. We have a long way to go. There's a lot more that I want to do for our kids in our state. But really, really incredible progress. And at SEAP and everywhere I go, I presented at the governor's office at their last council, and give all of that credit to all of our stakeholders, our educators, our leaders, support staff. All of our community members, all of us sitting around this table are the people who are helping move all of this forward and really helping impact our kids with every single step, intentional step that we take in our state.

And I'll just say if you remember, so last year our kids with disabilities outperformed their nondisabled peers across the board in three through high school. So

last year we took a one percent little hunk out of the achievement gap between kids with disabilities and their nondisabled peers. This year their nondisabled peers, so regular ed students in three through eight also grew but our kids with disabilities in high school outperformed their nondisabled peers again. So really, really incredible things. I'm so proud of our students, their parents and everybody who has really rallied around to say what do we need to do to make sure. I've said this so many times that I truly believe, you know, five years ago, ten years ago we were saying that we were including all kids and making sure they had access to high-quality teaching and learning and we were not there. We are well on our way there. Do I think we have arrived, ever will arrive, I hope. We are not there completely. But so many steps forward that we have all worked together to take in getting us there. I will include those visuals with y'all next time. And I'll also bring next time, nothing has been released publicly but they should by then, our annual performance report. I would love to share that with you guys as well. Again, the best performance report that we have ever submitted and it's all of our work coming together. So really proud and wanted to share that news with y'all.

So first thing on my report SEAP next meets on June 18th. I'm sorry. We next meet September the 4th. We met in June, covered all of the legislative policy bulletins that we really talked about a lot yesterday in education and employment so I won't rehash all of that. But I do want to reiterate we had a great conversation yesterday about the differences in the trainings that we're going to roll out in response to Act 479. I had somebody ask can you go over that one more time. So we have a little training and what we're calling a big training. Big training is we're going to release statewide access to behavior de-escalation training. Our young students, I had a conversation with our early childhood team. We felt like yes, let's also open it up to our early childhood agencies and early interventionists who are supporting those kids. And of course educators and leaders in all of our school systems. So we will have that what I call big training that's going to go statewide and should impact a lot of educators, a lot of kids and provide a lot of supports. That then helps them access the very education that's going

to get us to improve results. So it's super important and a super win in this legislation.

What I called the little training is a much more focused group of people who will receive CPI training. Anyone who is on a crisis intervention team that may support students with some of these real severe behavior challenges that are part of their disability, they can't control, but our educators need to know how to properly support those students if they are going to use any physical restraint technique. So we will target that training to folks who are on crisis teams. The people who really need and are called upon and support those kids who may encounter and have those challenges. Should be rare but want to make sure that people-- and the bill, legislation now requires anybody doing that must be trained. And so we are hoping to roll that out this fall. We're already in communication with the vendor so as soon as our purchasing system opens we can move that forward and get those trainings going. I just wanted to clarify those one more time.

I feel like Teacher Leader has been, so much has happened since Teacher Leader but we just had Teacher Leader in June and I did want to bring everybody, we had some extras and I thought about you guys wanting to bring you all a shirt. I wanted to make sure everybody got one. We also did a couple other events, partnering with a couple other agencies over the summer. So we presented at our Louisiana Association of Special Education Administrators conference that brings together-- it's an independent organization outside of the department and it brings together special educators, supervisors and leaders from across our state. They also this summer received accreditation which is really exciting. They received accreditation and official support from the national CASE conference which is a national organization that supports special education leaders that will help to also grow our special education leaders and supervisors. So that was a great recognition for them at that conference. They invited us, my team. We did a lot of presentations to special education supervisors and directors there.

I also wanted to include in this report some of our summer grab and go activities for literacy and math that are helpful for parents and guardians. And you may want to do some of these, support your students over the summer, so I wanted to share those with y'all. I try to share those

with y'all each summer. They're printable. We do have them translated. If there's anything y'all need with those just let me know.

This next update is really exciting. So the sensory regulation adapted materials update that I included. We often, and SEAP talks about this a lot, how we use the more state funds, our state IDEA set aside funds that we get, I like to give most of those back to our school systems whether that's through materials they need, supplies, initiatives, professional development. One of the things that we decided to do with some of our targeted funds to support our youngest children with disabilities was we surveyed our early childcare centers, our lead agency networks for our young children with disabilities. What are some things that you need because we don't get a ton of money. I get more money for our 5 through 21-year-olds, right, because we have more of them. Our three through five-year-olds for us don't generate a lot of money. Our school systems don't get a lot of money to support them because it's a small population of kids. So we took some of our dollars, asked our early childhood support organizations and early childcare centers and said what do you need to support them. What do you need to help our youngest children access literacy, access math so they're ready when they get to school. And so I just kind of gave y'all some of the numbers here and some of the things that they-- adaptive materials that they requested, we purchased and we sent out to school systems. They were so thankful and so excited to get a little bit of joy this summer before they really kick back off the typical school year. And getting some of these tangible materials that they need for their kids that they may not always have the money for so they get skipped over, right. I have to buy curriculum. I have to buy (inaudible). Or educators or early interventionists are using their own money, right, like we always did as teachers. So that's really exciting. They were very, very thankful for it and we were happy to do it and happy to use some of our funds to help them. Because I always tell people just like with our students you ask them they'll tell you what they need. Let's ask our teachers. Let's ask our early interventionists what do you need to better support your classroom. So that was great.

We're also offering free (inaudible) training, which

is a curriculum for young children to support literacy and language outcomes. Our lead agencies received the curriculum manuals. So again, making sure that our early interventionists and the folks who are supporting our young children with disabilities have access to high-quality curriculum just like their nondisabled peers. And so again, use some of our money to get that curriculum out there to get manuals to early interventionists and teachers who are supporting these kids. We are making a big push at the department around, we've done a lot and it's reflected in our scores around literacy access, numeracy access for our students as well. Making sure they have access to high-quality intervention. And we have to shift that even earlier into our young children with disabilities making sure they also have access to that high-quality intervention and teaching and learning. So this is something we're doing and really focusing in on with our young children with disabilities to make sure they're kindergarten ready when they come to school. That we try and close those learning gaps as soon as we can.

We have registration open right now. We're offering some additional dyslexia training for educators. Really we wanted to offer a module for all educators. Anybody who may come into contact or have students with dyslexia in the classroom. So I wanted to share that. We have our next event coming up is going to be our pupil appraisal institute. We are offering that collaboration via (inaudible) and planning that pupil appraisal summit institute. It will be a two-day conference this year to support-- when I say pupil appraisal these are our multidisciplinary teams in school systems that are evaluating and identifying students with disabilities making sure they know how do I identify this early and the importance of getting those evaluations done quickly so we can provide early intervention. We have a lot more support happening and coming up as we kick off the school year. And I'll stop there and I already see questions.

CHRISTI GONZALES: Just to let some of the early interventionists know that anytime they put autism or sensory they cost a fortune but Hobby Lobby has weighted animals for 10-dollars. Usually one animal goes for 50 bucks. I can get eight of them for 90-dollars. I don't mind spending 10-dollars and sharing with my team. It's worth the 10-dollars. You can't get them online. They do

have them at the stores. Just to let you know they are available.

VIVIENNE WEBB: Are SROs included in the restraint and seclusion bill?

MEREDITH JORDAN: So if they are employed by the school, they are on the school crisis team, then I would think so. It really depends on are they school employees. Who are they working for I think would determine. But that's something I can bring back to our legal team and ask.

VIVIENNE WEBB: Thank you.

JILL HANO: I have a question or two. The first question, the restraint and seclusion law went from bill what to act what?

MEREDITH JORDAN: House Bill 684 to Act 479.

JILL HANO: Got it.

CHRISTI GONZALES: Meredith, how is the retention of SPED teachers? How is that looking for our students compared to what it usually was?

MEREDITH JORDAN: That's a great question. I think our next workforce report either goes to August BESE or October BESE. I think that will better answer what our numbers are. I know that last year special education was not a topic in our debate. It's math and history. But that doesn't mean from year to year, right, our workforce needs change. We've done a lot. We've actually invested a lot of ESSER money to counteract some of that, post pandemic leaving the classroom and that kind of stuff, staffing shortages. So we had certified the most new teachers following the pandemic than we had ever.

We're also writing a grant right now that's going to bring us some additional funds to continue on that trend of let's not get a lot of vacancies supporting our kids with disabilities. I am also very interested in our state in making sure every educator knows how to support students with a mild/moderate disability. I'm not talking (inaudible), but every single educator in our state.

CHRISTI GONZALES: (Inaudible).

MEREDITH JORDAN: Correct. And we're doing that. I'm kind of leading out on that in two ways. We're doing the same thing for English learners. So we now have required course work for every teacher in the state to also be able to support English learners. I'm very interested in, and that's our goal, is to create teacher competencies that all teachers need to support a student with a disability with

a mild/moderate that walks in their classroom. We want them in general education classrooms. And to make sure that our regular education teachers also have the knowledge to support that with a consultation, with the support of a special educator (inaudible). I'm really interested in that. We have a grant in the works to kind of help us rethink how we thought about special education mild/moderate certification and how do we get all teachers with that knowledge.

VIVIENNE WEBB: So about mild/moderate. More severe disabilities, that can be harmful thinking in terms of considering needs fluctuate and change, and depending on the situation and everything going on the disability can present itself differently. So we have to remember these things and make sure we don't think too much about putting people in certain boxes.

MEREDITH JORDAN: I totally agree with you. Words absolutely matter. And I tell people all the time, like even our students who are in that classroom, a more self-contained classroom with a teacher who has that severe, significant disability certification I want them as much as they can to access general education curriculum, to access general education settings. So I think we're definitely on the same page. I think the terminology, and maybe that's something we need to look at too, is the terminology that we use around certification. We do have pretty old terminology. We have mild/moderate certification pathway for educators. And then we have what's called, this old terminology, severe/profound terminology. So we have that pathway, right. So that's typically the teachers that you see supporting, in a self-contained class, the students with multiple disabilities, more severe. So I understand. I don't want to put anyone in boxes. We should teach every kid, assume every kid can learn to read, to do math and all the other supports and skills and life skills. I think your comment is currently well received from me.

MEREDITH JORDAN: The skills that a special education teacher may have may also (inaudible) for other teachers as well in everyday settings.

CHRISTI GONZALES: And speaking of mentors, I just wondered, is there anything in the works for our self-contained teachers being like mentor teachers to other teachers? Like a leadership program. I love to

help other teachers.

MEREDITH JORDAN: Definitely locally. Like that could be a local decision. I think you should start that mentoring program in your school system. But yeah, certainly every teacher coming into the workforce we really value that mentoring piece. Every teacher from in the workforce needs some partnership, some mentorship and collaboration in their first years. Probably at least the first three years. All of us wish we could redo our first three years.

CHRISTI GONZALES: Even if it's just to handle paperwork. Jill.

JILL HANO: Not related (inaudible) adaptive material. What was your budget and how much did you spend?

MEREDITH JORDAN: So I can get that for you. I'll work with our early childhood team. We probably spent, I don't want to guess, but we spend a good amount of money on our school systems. A lot. Christi, you know how much these things cost.

CHRISTI GONZALES: Just the liquid tile mat is like 45-dollars for one.

MEREDITH JORDAN: So we probably spent several hundred thousand.

JILL HANO: Like the five-year planning committee is coming up and I just think like it was mentioned earlier I think we need to include all this data. Like YLF they had (inaudible) that kind of stuff. (Inaudible) this is the future and I just think there is more important stuff.

MEREDITH JORDAN: I think you are absolutely right Jill. And I think that's always been my, you know, on this council what can I bring, right, as a department. How can the council help. Because we have the education piece and it is a balancing act because like I get money to do this work, right. What can the council do too also. Ebony is always like Meredith, what can we do, what more can we do in the education space. And I think that's something we can think about like moving forward what are some of the things that the council can also help weigh in, right, without a direct oversight of our schools. And then I get money to do these things, right, so I take y'alls ideas and then I'm like all right, I'll go do it.

CHRISTI GONZALES: I can give you a cheaper version where you don't have to buy the most expense version. As a teacher I stretch my budget. I want it to go far.

Brooke.

BROOKE STEWART: I have one question concerning the cameras. I know they're going to be mandated in February. How about in our meetings leading up to that February and thereafter will we get a list of what parishes that are compliant?

MEREDITH JORDAN: Yep.

BROOKE STEWART: That's just my request.

MEREDITH JORDAN: So I'll have the data, I'm collecting it right now, on all the purchases from last year. So I'll have the data from this year that I can bring to October.

BROOKE STEWART: Okay. That will be perfect. And just as it goes on (inaudible).

CHRISTI GONZALES: And just to say that money has been sitting there so it's collecting interest. They're making the money off of it, the ones that haven't used it yet. Just saying.

MIKE BILLINGS: Just so everybody is aware that becomes affective in February 2026 so if you want cameras in your classroom at the beginning of the school year you have to request it (inaudible).

CHRISTI GONZALES: And they all have audio correct?

MEREDITH JORDAN: Yes. Audio and visual.

CHRISTI GONZALES: Any other questions?

HANNAH JENKINS: You have a hand raised.

CHRISTI GONZALES: Go ahead please.

ADRIENNE BURNS: You spoke of educators identifying those with disabilities. I was just wondering why doesn't a medical diagnosis seem to carry the same weight? I understand they're assessing for services needed, like what the student might need to succeed in the classroom. But it seems like documenting the medical diagnosis would be helpful all around to the student especially if the school is willing to take the Medicaid funding but they won't recognize the diagnosis. For example, my son qualifies for articulation therapy but is a severe elopement risk and so without his diagnosis being honored it isn't really addressed, you know. Thank you so much.

MEREDITH JORDAN: No. That's a really great question. So we have to align our eligibility criteria to the federal for IDEA. So IDEA tells us for each exceptionality category what has to be demonstrated for that student to get that identification. Now in our state policy we certainly say, and we just also opened this up to help

parents. So our policy will now say, once it's out of notice of intent, that any medical or doctor from any state in the United States can be considered. Prior to this recent change it was only a doctor or a physician in Louisiana or an adjacent state. So we kind of opened that up for families. So like families coming here from Massachusetts they would have to go and get a doctor's appointment somewhere closer and get another. We fixed that piece.

So I think to quickly answer your question the medical should certainly be considered. If there's a student suspected of a disability according to IDEA the medical should certainly be considered, brought to the table, discussed. The parent can bring any concern, any documentation to the table that they want to discuss. But then the multidisciplinary team is going to have to use the evaluation criteria to see what other assessments and what else is needed to get that designation of one of the 13 disability categories per IDEA. It's not just a doctor's diagnosis. There's other eligibility criteria for IDEA that has to be considered for each of the 13 categories.

CHRISTI GONZALES: Questions? Thank you Meredith. Hearing no other questions the report requires no action and will be placed on file. The next item of business is the report from Disability Rights Louisiana. The chair recognizes Tory Rocca for the report.

TORY ROCCA: Thank you very much. (Inaudible) a program that helps people with disabilities applying for services from Louisiana Rehabilitation Services. We currently are assisting (inaudible). Our ombudsman program (inaudible). It helps people with developmental disabilities in ICFDDs across the state. (Inaudible) 3,921 individuals. In May of this year the ombudsman program visited 132 of those facilities, received 56 requests for assistance and took action on all of the 56 requests.

(Inaudible) program which a financial access resources program that provides financial coaching and case management services to assist formerly incarcerated people with disabilities in overcoming employment and resource barriers.

CHRISTI GONZALES: Any questions so far? Any public comment? Hearing none, the report requires no action.

LIAM DOYLE: Karen has a question.

CHRISTI GONZALES: I'm sorry. Go ahead.

ZHENG XU: (Inaudible) the ombudsman program?

TORY ROCCA: (Inaudible) if people aren't actually allowed visitation from family. I'm assuming you're talking about if someone is living in a residential facility and we investigate that. So basically if people aren't being treated appropriately or getting the services they need, the supports they need, the medication they need. Any violation of rights. Any lack of services or support they are supposed to be receiving.

ZHENG XU: (Inaudible).

TORY ROCCA: The ombudsman go to check specific things. Say they get a complaint on something our legal team will go and then check on the complaint or an ombudsman can as well. Our legal team sometimes just goes to facilities. We're here. We often give a heads up first and let them know a day or some days in advance. Some facilities either don't know we have access authority to go there or sometimes they act like they don't know. And our legal director she's a nice person but she will tell them I'm not asking you. We're coming because we have federal authority to go to facilities. We can go there (inaudible). We can do investigations. One of our grants we meet with a federal programs officer every month and she usually asks us (inaudible) complaints or proactively on our own.

CHRISTI GONZALES: Any other questions? Jill.

JILL HANO: The two-year SAIR grant.

TORY ROCCA: January 24th.

JILL HANO: January 24th?

TORY ROCCA: Yep.

JILL HANO: I was just making sure.

CHRISTI GONZALES: Vivienne.

VIVIENNE WEBB: I don't know if this is your domain or not but a few months ago I tried to go to the dentist and the dentist refused to examines me because he read my chart and saw I had autism and epilepsy on it and he told me (inaudible).

TORY ROCCA: That is something that we would investigate.

VIVIENNE WEBB: (Inaudible).

CHRISTI GONZALES: Dr. Meda.

LAMARTINE MEDA: (Inaudible) the doctor say?

VIVIENNE WEBB: He said I would (inaudible) his fingers up. He was kind of funny about it. Not really. I thought

it was funny because I thought it was absurd. But he was very serious about it. It was a little concerning to me. And then he kept asking if I saw anyone for my autism and epilepsy and so I started listed off some doctors and he said my neurologist wasn't a real doctor because the name is like Mexican. It was an experience. The doctor's name is Dr. (inaudible) and he is Asian. It was an experience.

CHRISTI GONZALES: Any other questions? Karen.

ZHENG XU: (Inaudible).

TORY ROCCA: Yeah. I can get more details to you about it.

ZHENG XU: (Inaudible).

TORY ROCCA: (Inaudible).

CHRISTI GONZALES: Any other questions or concerns? Hearing none, the report requires no action and will be placed on file. Thank you Mr. Rocca. The next item of business is the report of the Governor's Office of Disability. The chair recognizes Liam Doyle.

LIAM DOYLE: Governor's Office of Disability Affairs.

CHRISTI GONZALES: I'm sorry.

LIAM DOYLE: It's all right. So thank y'all for having me. The main thing that we want to talk about today is web accessibility updates. This is a statewide initiative. This is in a response to litigation from the middle district court of Louisiana. The Department of Justice has issued guidelines for digital accessibility compliance and basically local and state government should meet ADA standards. And that all boards, commissions, departments, agencies and offices of the executive branch shall serve to meet these deadlines. And we have a list at the bottom here. A list of deadlines. The current one that we are under is September 30th. It's an action plan identifying steps intended to take and update web compliance.

At this point (inaudible) when it was back in March of this year (inaudible) a web accessibility coordinator every entity, board, commission, whatever it may be has to have an accessibility coordinator in order to meet these deadlines. And so I believe the final day for full compliance is April 24th, 2026, which is a lofty goal but I think we can hit it. I think we have a lot (inaudible) and so far things are going pretty smoothly. But we're working closely with Rikki David who is the statewide ADA coordinator. Working with their office to make sure these

changes are being implemented in a timely and effective manner. We have some resources at the bottom there. If you have any questions you can always reach out to myself or Jamar. We're happy to coordinate with y'all individually and kind of walk you through the process. From our perspective we want to make sure as the Governor's Office of Disability Affairs that we are leading by example and meeting our metrics as well. We are doing all the same things internally that y'all are doing to meet these standards. If you need us to assist we are happy to do that.

We have another thing that we're working on. After our last meeting we had our first ever disability awareness day at the capitol. We had about 400 people, I would say, there that day and about two dozen statewide disability agencies including the DD Council, LDOE was there and so many others. But that was in partnership with the Split-Second Foundation in New Orleans and cohosted with our office and the Advisory Council of Disability Affairs, GACDA. So we were happy to do that and we are planning for next year. We're still very early stages getting dates and things like that. It's always dependent on availability and location. Especially because we want to keep it during session and as everyone who's scheduled an event during session meeting spaces and scheduling availability is at a premium during that time. So we're working very closely to make sure that happens again.

And the last thing I have for this report is our conference which took place last week. We had 18 presenters, 18 presentations and 36 presenters over the three-day conference. We had two days in person in the Claiborne building at the capitol and one day was fully online. I think it was very successful. And we hope to continue a hybrid model next year so we can have more people come in person. And also all three days have the accessibility that is associated with virtual attendance if necessary. I think it's always a great way to interact with the community and figure out what the needs are. That's the last thing I had. If anyone has any questions.

JILL HANO: So go back to where it says accessibility office. Who are we trying to get into compliance?

LIAM DOYLE: All boards, commissions, departments, agencies and institutions of the Office of State Government. So essentially anything within state

government you have to be compliant by April of next year. Again, we're working with DOA and Ricki David our state ADA coordinator to make sure these individual agencies-- we have over 400 boards and commissions so it's a lot of making sure they're all compliant. And so we're working on it. Like I said, we're hitting our metrics so far and we're going to keep going.

CHRISTI GONZALES: Any other questions from council members? Public?

LILLIAN DEJEAN: An update on the (inaudible) Governor's Advisory Council on Disability Affairs and the number of (inaudible).

LIAM DOYLE: For the representation on GACDA we have 37 members as you may know. We will work-- speak to which individual member is a part of (inaudible). As you know they have different distinctions. Some of them are members of the community at large, some of them are persons with disabilities or family members. I can get you more information on what the current framework is. And your second question about…

LILLIAN DEJEAN: (Inaudible).

LIAM DOYLE: I would say probably we had what, a thousand bills. It's usually around 70, 80 is what is the percentage of that that deals directly with the disability community is usually around that number. If it's a more specific session then that number can fluctuate. But for this go around I think it was around 70, 80. I can't say exactly.

LILLIAN DEJEAN: (Inaudible).

LIAM DOYLE: Yes. That's the Governor's Advisory Council on Disability Affairs.

VIVIENNE WEBB: Do people with disabilities have representation on GACDA?

LIAM DOYLE: So again, it depends on the individual members themselves whether they have a direct disability or not. But in terms of who we work with and from a public perspective as with any of your meetings you can come and speak. We try to advocate for issues that affect all disabilities as much as possible. If there's any in particular that you would like to bring to our attention you're always welcome to attend any of our meetings or reach out to me directly and I can definitely make sure that gets to the council.

VIVIENNE WEBB: Thank you.

CHRISTI GONZALES: Any other questions? Public comments? Hearing none, the report requires no action and will be placed on file. If there is no objection the meeting will recess for ten minutes. Hearing none, we are now at our recess. We will reconvene at 2:41.

(Break)

CHRISTI GONZALES: The meeting will now come to order. The next report is LSU HDC Human Development Center. The chair recognizes Dr. Phil Wilson.

CHERI CRAIN: You passed me up.

CHRISTI GONZALES: I'm sorry. The next item of business is the report of the Governor's Office of Elderly Affairs. The chair recognizes Cheri Crain for the report.

CHERI CRAIN: Good afternoon everybody. This is going to be pretty short. Just the standard data that I always provide. Just kind of going over to elderly protective services on the second page. The report was due before we have the end of the year data. I don't have the breakdown but we have accepted 5,203 cases of elderly protective services for the year. Which is high. We did get the additional positions I did talk about earlier in the year. So now our case worker each have less than 50 cases. (Inaudible) of them only have 35. So that allows them to open those cases, investigate, close the cases much faster. We still have turnover though that we're trying to work out. Trying to see why we have the turnover. If it's just the nature of the job which a lot of it is. Some people think they can get in there and they have a love for the elderly but they cannot deal with what they see. What they have to deal with, dealing with family members and so forth. So we've started a survey that we give to each of the new employees at 30 days, 60 days 90 days and we ask them a variety of questions of did you get appropriate training. Do you need more training. What do you see as an issue. What are you not getting from your supervisor. Some things like that. And that actually comes to my unit since I'm in compliance and planning and so I look at that (inaudible) and we try and say okay, what area are they in in the state. Who's the supervisor. Is there a trend here. Can we go back and train the supervisor. We just started that so there's not a whole lot of data on it to talk about it. But that's something that we'll be looking at.

Just going to head over to the recent news. We had our conference in April. We take that once a year and we

take directors, new directors and we start at the bottom and say okay, what is it that you're having trouble with. What is it that you need more training from us on. Is there anything that you need clarity on the taxonomy on services you're supposed to be providing. Things like that. And we have the breakout sessions. So that was really a huge success.

Last year we also kind of talked about how the federal government had updated our Older Americans Act which is what we have to be in compliance with by the feds. They finally updated that after about 20 plus years. And so we had to implement some of those changes in our own policy and procedure manual and we have to be in compliance by October. We took that opportunity at the conference where we update the manual by that date, we gave it to directors, asked them for their feedback. A month later we were like okay, submit it to us, let's look at it. We had very little feedback. Everything they felt was addressed. We changed the policy and procedure manual. And we are actually in compliance almost 9 percent (inaudible).

The only other piece that we have is what we call the grab and go meals. If you remember during Covid that changed everybody's world and seniors were so used to coming to those centers, sitting down, having a meal, talking and socializing and we couldn't do that anymore. So in order to stay in touch with those people we started pickup meals through a drive-through kind of situation. So the feds realized that that's helping a lot of seniors that are not so social but want to get out. And then other scenarios but that's the biggest one. And so what they are allowing now is that they're going to allow the grab and go meals to continue. However, the agency that is not mandated they don't have to do it. If the agency decides to do it they have to track it because if you do not receive 25 percent of allocation of funding (inaudible) for those grab and goes. So they are putting a limitation on it because they still want to have that senior center where they come and socialize and have a meal. They don't want to just have everybody do the grab and go. That's kind of the only piece of compliance that we still have left because we have to amend our state plan to allow the grab and go and each agency has to do an area of plan. They have to submit the area of plan and then we have to amend a couple of other things in order to be in compliance. So we're

still not 100 percent but we have until October. If you hear anything about that that's pretty much the gist of that.

Our next board meeting is August 27th. And then our Older Americans month was in May and we always have a theme and this year was flip the script on aging. So they just have a lot of information on the federal website. Also there's been talk about ACL and they're restructuring the organization. So they are combining (inaudible) and CMS. And CMS is a new acronym. And please forgive me I forget what it stands for. I will look it up. Also hurricane season, as everybody knows, started June 1st. It ends November 30th.

And then a few other things that I wanted to bring up. One is the web accessibility that Liam talked about. Every agency is having to do this. It is a huge undertaking. It hasn't been to this point but the next benchmark for September 30th we have to look at every single thing on our website. So those agencies that have had a website for ten plus years have to look at every single thing on there and make sure that it's in compliance. Most of those if it's a Word document, Excel document all have to be re-created and/or transformed into the format that is acceptable where closed captioning is available as well as voice overlay. So it seems like oh, it's just easy. No. And Unfortunately it's under my department so it's under me and my other staff member. And it's a lot. Especially a website that has a lot of data and information on it like ours does. Some of them can be exempt if you have certain things that are exempt from being translated to the new format but we are working on that. We have met our benchmarks, which is great. We are ahead of the game. Trying to stay ahead of the game.

The other thing I kind of want to touch basis really quick on legislation. A lot of people are talking about things that are affecting them. In House Bill 1 the bill added an allocation for an additional 412,200-dollars for dementia specialist resources at parish disability resource centers. So our agency has eight resource centers throughout the state. (Inaudible) because this is one of those things somebody knew somebody that knew somebody (inaudible). And so we're meeting and trying to figure out how that's going to look. What we're actually going to provide. What is the 412,000 actually going to

do for our resource centers. That's something that is on our plate.

In House Bill 126 this bill really adjusts the funding formula for determining the annual state funding for each Council on Aging. You have those rural areas that don't have the extra funding as where you have bigger parishes such as EBR. So it's really hard to determine an overall dollar procedure that I think councils should get. This kind of adjust that and gives them 4-dollars per parish resident over 60 or 150,000. So the cap on the ones that do have a bigger senior population that they serve. This hopefully will help fill those gaps. The gap was when covid came they got a lot of additional funding so they were able to assist a lot more seniors. Now that the covid money went away (inaudible) so they're trying to find funding elsewhere. So this is to hopefully fill that gap.

House Bill 263, this bill came about to make the exploitation of elderly population people a specific crime and it's now punishable up to ten years in prison and a fine of 10,000-dollars. So it's just to kind of give more of a stringent action. Kind of had an example (inaudible). Anyway, those are the things that exploitation is going to try and help us where we can have that flexibility to put charges on them.

Also House Bill 460. This one is kind of in with the House Bill 1, the 412,000, but there's an additional 400 something thousand in House Bill 460 so it really makes the total combination 800 something thousand. Hopefully I will have more information on that in the next meeting. Those are the new initiatives that we have going on. That is all I have. If you have any questions I'll be happy to answer.

ERICK TAYLOR: I'm glad that y'all are doing the pickup and go. Do y'all have any deals with meals on wheels?

CHERI CRAIN: So meals on wheels is a different program that's not really something that we monitor the Council on Aging to do because it's not in our federal taxonomy so it's not something that we look at. But each individual council operates their own meals on wheels so they can do it or they can't. It depends if they want to do it. If they want to use their other funding because some councils have local funding that they get where they get donations from companies, they utilize those funds for that, but we don't dictate them having to use that on the service or not.

ERICK TAYLOR: Elderly people be dependent on that type of stuff because that might be their only meal. I was told at the board they're trying to stop that. They don't need to stop that.

CHERI CRAIN: Stopping it totally or they're trying to find another mechanism to use other than meals on wheels? Because some councils provide their own meals. Like EBR they're one of the biggest ones. They have their own kitchen. They cook their own meals. And they have their own staff deliver. They have routes that deliver. I don't know what parish you live in but we can easily contact them and see if they are actually getting rid of the whole program or an alternative way to provide that resource. Call me.

CHRISTI GONZALES: Any other questions?

JILL HANO: (Inaudible) are y'all following?

CHERI CRAIN: Yes, ma'am. Of course House Bill 1 we have special allocation funds. House Bill 126, 263 and 460.

CHERI CRAIN: And Jill if you look at them and have any questions just email me. But I can give you my email address.

CHRISTI GONZALES: Any other questions? Public comment?

HANNAH JENKINS: You have a hand raised. Chelsea Adams.

SPEAKER: (Testimony redacted)

CHRISTI GONZALES: Any other questions? Hearing none, the report requires no action and will be placed on file. Now the next item of business is the report from the LSU HDC, the Human Development Center. The chair recognizes Dr. Phil Wilson.

PHIL WILSON: I want to start before I do my report I just want to say I will be retiring after almost 28 years at the end of February. More than likely this will be my last council meeting but we have another person, because we are an ACL, DD network sister agency will come on when the governor appoints kind of thing. But it's been a great experience for me. I have gotten to know so many people for the last almost three decades here. You have to remind yourselves, those of you like Vivienne (inaudible) you might get frustrated that things aren't making the progress as fast as you would like but when you look back that's when you actually see wow, a lot has happened.

So with that said, I'm going to just make a couple comments and then I would like to go through a very brief power point. And we'll have to do like the hand waving or something to go to the next slide kind of thing. But before I do that I just want to say we were grateful this past year to have received a grant from the council to do some FASD awareness raising with DCFS case managers and social workers. And FASD is fetal alcohol spectrum disorder. I won't go into details here but I will just say it's an amazing thing. One in 20 first graders in the United States have a fetal alcohol spectrum disorder. And probably one in a thousand of them have been diagnosed and given adequate and recommended treatment. A lot of them get confused as somebody that maybe has autism spectrum disorder. That is the most common thing because many of the things that are experienced are similar. The brain waves. I won't say anymore now. If you want to hear more about that Dr. Kristen James is your person. She did the work on FASD. Completed all but one or two community outreach kinds of things that we have planned. But I don't know what the next months hold (inaudible).

So with that said, I was talking to a gentleman who is a self-advocate who went to Partners who now is a full-time employee at the Human Development Center, Mr. Will Johnson. Many of you have probably met Will somewhere along the way. He came to me and he said you know what-- you can go to the next slide if you don't mind. What's going on. I'm very confused. And I have to say probably part of it is he worked at a UCEDD, which some of you may be aware has been defended by the administration. I'm very happy to say a lot of things that were "defunded" are seemingly not (inaudible). So the senate today the health committee met and they put the money back in their suggested budget. That still hasn't cleared the senate and it also has to be not rejected by the house. So we still have a ways to go. But Will was very concerned because he hears a lot of social media or talking to friends or hearing all the people he works with wondering if they have a job next year, that sort of thing. And so next slide please.

This is Will officially making his pitch to me.

STEPHANIE CARMONA: I don't think I'm going to be able to play it.

PHIL WILSON: That's fine. Let's go to the next slide.

STEPHANIE CARMONA: I can try but I think it's going

to come out of my computer and not out of my sound system.

PHIL WILSON: Let's just go to the next slide.

STEPHANIE CARMONA: It has captions.

PHIL WILSON: Okay. It's short and it has captions. I apologize if anyone has a visual impairment. Are you scared about what's happening in the news. Are you worried about your supports and services and Medicaid. Well, I'm worried about all of those things. And I'm confused about what to do next because it's hard to find information that I can trust so we need to advocate but where do we go from here. Let's create a solution. Let's host our own event with clear information that makes sense. So join us in creating this one-day summit called Speak Up, Stand Strong. An event where we can build skills and build power. An event where we can inspire each other to use our voices together. I'm asking you will you speak up and stand strong with us. Thank you.

So again, he had so many questions and he was posing. Cuts to Medicaid, SNAP and changes to social security. Which I don't think there are any that are going to affect people directly right now. But that's part of the confusion. People can keep hearing different things and some of them are real, some are not real. It's very confusing. So next slide.

We aren't alone. And I realize it's a busy slide but the question is to you guys and all the people that you know so on and so forth can we pull something together between now and this fall to bring people, self-advocates primarily maybe some family members, whatever, to an event where we can use plain language explanations of some of the things that people are concerned about or confused about, right. So if we were to do that we wouldn't want, HDC doesn't really want to do this on our own but we will if no one joins us. But I think it would be a better event if we could harness some of the power. I don't know if you guys can see all the little letters on the thing there. Basically we have People First, we have the SILC and we have the DD Council and the UCEDD and DRLA, Families Helping Families, all kinds of organizations that we can pull together, the Governor's Office of Disability Affairs, to try to bring people to an event where we can help explain as best we can, and we might be (inaudible) Medicaid or whoever it is may be there. If we go forth with this we're going to spend a lot of time in the next six weeks contacting with people

with disabilities to find out what are their questions. What are they afraid of, concerned about, confused about.

Will likes that slide. And Will is an amazing advocate. Injustice anywhere is a threat to justice everywhere. That's a Martin Luther King Jr. quote. One more slide. Keep going.

What do we want to do. Basically what we're thinking is we had to put together something for this pitch together on here but whatever is there is very malleable for whatever group of people (inaudible) trying to put something together. But what we are basically thinking spend a morning like 9 to 12ish having people come and speak about whatever the concerns are that we can kind of identify as a group from our self-advocates primarily. A break for lunch. We can't buy lunch but we have a partner that can. We can't even if we have a stack of lunches this high. That being said, we'll find a way to deal with lunch but I don't know what it's going to be just yet. But anyhow, the afternoon what we want to do is work with those folks who attend, the self-advocates primarily and family members if they choose to also do this, is to help them create a video, a short one minute, two minute at the most video with a templet that would be created by the planning group helping them to say in their own words what are the services that they depend on on a regular ongoing basis that they're afraid may disappear or be reduced or phased out, whatever. And if that were to happen how would we impact them in terms of their daily life as well as their goals. That would then be all packaged up nice for them to send to an elected official, a policymaker, maybe some people in this room, whomever to see the impact that these changes could have on Louisianians with disabilities. That's kind of the plan. Is there one more slide or is that it?

Can you send this to people? Great. So we'll end it there because I know in the interest of time. There's a QR there. If you, your organization or any person or organization you're aware of, People First of Louisiana, they might be interested. We'll probably hit some of the same people but it's good to inundate people. We can figure out how to bring them into planning. And that's all I got to say about that. With that said, does anybody in the room feel like there is feedback they can give me now to bring back to the planning group?

LIAM DOYLE: Do you have a projected timeline of when

this might happen?

PHIL WILSON: So we're thinking probably October. And I will say I got with Ebony and Melissa a few minutes ago. The senate health committee met today on the budget and they restored UCEDDs back into the budget. But that's committees. And then of course the house has to. So what I'm saying is for UCEDDs we may have dodged a bullet or not. We know we're good until June 30th. But after that we don't know. But what the senate committee today was working on would cover fiscal year 26 so that would be the next, 26/27, that budget cut. That's all I have.

CHRISTI GONZALES: Any other questions?

MELISSA BAYHAM: I think it's a great idea but like you said I guess we have to figure out what the final answer is and then we have to be able to diagnose it to make people feel more comfortable.

PHIL WILSON: I think that's why the timing, back to Liam's question, I think that has to get figured out. Like if this thing stalls through and this budget bill is approved (inaudible) before October 1st then it would make sense to kind of move quickly. So maybe November, December is a more realistic deadline because we'll have more answers. But if we go into reconciliation sort of nothing is going to happen for a long time. So I wouldn't want to push it past the holidays I don't think. This has been one bazaar administration in terms of things I never thought would happen.

JILL HANO: In terms of the DD Act if UCEDD gets amended is our federal law obsolete?

PHIL WILSON: So we're all operating under the same federal law. We were all formed as in the DD Council and UCEDDs and DRLA. We're all formed under that law. For whatever reason this administration has, and been supported by the Supreme Court by the way, as well to say okay, you have, as an executive, you have a right to eliminate these things even though they're in federal law. So we're in a very gray area. I'm trying to figure that out.

JILL HANO: Because my question is if the UCEDDs are out then all the councils are not in DD Act. Like membership compliance. Because DD Act says you need the UCEDD so I guess I'm thinking big picture.

PHIL WILSON: So I just think we don't know how that's going to play out. If that happens then things will go to

court. But once the Supreme Court has ruled the only way to reverse that is through legislation. And that's as you know a long process. That will be probably another decade to get it reinstated. But let's not be doom and gloom here. We can convince people to have a heart and do the right thing and follow the law. But right now I think we're all feeling like people have a lot of questions and some of the answers may be scarier than not but I think people always are in a better place when they know what at this moment in time is the most logical response to what their question is.

CHRISTI GONZALES: Any other questions?

SPEAKER: There is one, Frank Macaluso.

CHRISTI GONZALES: Go ahead Frank.

EBONY HAVEN: Frank we can't hear you. Can you unmute your computer.

FRANK MACALUSO: I would like to say was it the person before that was retiring. I would like to say thank you to him and hopefully he enjoys his retirement. But also I just wanted to whoever made the rude comment before that hopefully they can learn to be as tolerant as the rest of us. Whoever Zoom bombed us earlier.

CHRISTI GONZALES: Any other comments or questions? Hearing none, the report requires no action and will be placed on file. The next item of business is the report from Louisiana Rehabilitation Services. The chair recognizes Ms. Melissa Bayham for the report.

MELISSA BAYHAM: Thank you. So just kind of continuing a little bit on budget and legislation. So the last legislative session on the state side LRS did receive an additional 4 million-dollars of state general funds and that was directly related to the advocacy of people like yourself who went out to the legislature and testified on behalf of LRS. So we are very thankful. We did not get all the money that we needed to be fully funded but we are headed in the right direction. We've been levelly funded for definitely over seven years. I'm going on seven years as the director. So this is the first time we've gotten an increase in state general funds in that time period. Very thankful for that and we're doing our due diligence to make sure that we show the legislature that we are going to do positive things with the funds that they entrusted to us so that hopefully we will continue to get fully funded.

But there are some things that we are just watching

out for in the federal budget that could directly and indirectly impact vocational rehabilitation. As Dr. Phil mentioned, nothing is set in stone in the federal budget but there are some things that we do need to be mindful of when we look at our budget. We're under the Department of Education at the federal level. So when the Department of Education put out their budget there were some things that were eliminated or changed that could impact our budget. So those things are, the elimination, the potential elimination of the supported employment grant. When people think of LRS you're mainly thinking about the vocational rehabilitation grant because that's where the majority of our funds come from. But we do receive a 300,000-dollar supported employment grant and in the Department of Education's budget that's eliminated. Also what's eliminated in that budget is the funding for the Client Assistance Program which is under Disability Rights Louisiana. So in order to run a vocational rehabilitation program you have to have a client assistance program but they took the money out. So VR or vocational rehab will have to absorb those costs. So you've got 300,000 and around 150,000 potentially that we'll still have to fund out of our VR budget that we do not have the funds for if that comes to fruition.

Other things in Department of Education that would affect LRS is a potential reduction of the Pell Grant if you've heard about that. And then also a potential elimination of SEOG which is the supplemental educational opportunity grant. When our participants receive these federal grants that's applied to their tuition before our application of funds. And so if there's a reduction in Pell and an elimination of this SEOG grant then we're going to be paying more for college tuition than we did before if those things are reduced or eliminated. So that would have obviously a major impact to our budget because it will increase our expenditures in those areas.

So those are just some highlights in terms of the budget. Wanted to touch on the Workforce side of House Bill 624. Brian talked about the LDH Department of Health impact of House Bill 624 but there's also a lot of changes that are coming to Workforce because of this bill. Louisiana Workforce Commission is actually being renamed and rebranded to Louisiana Works on October the 1st. So you will see a complete rebranding of the Workforce

Commission to Louisiana Works. Also on October 1st the workforce program at the Department of Children and Family Services will be moving to Workforce or Louisiana Works. So that's like SNAP ENT, just any of the programs related to employment at the Department of Children and Family Services will be moving to the newly formed Louisiana Works.

Over the next three years the TANF program, which is the temporary assistance for needy families, that program there was more wording on that one. I think there's some things that they have to do in order to move that program. So within the next two to three years TANF will move to Louisiana Works as well. And this is all part of the one door approach. The whole intention of the bill is to help people in Louisiana go from dependence to independence. The goal is to provide access to all services that will be in one place, and employment being a major piece of that, to help people reduce the need for public assistance. But obviously providing them public assistance while they are getting to the point where they can become independent. You'll start seeing lots of changes in Louisiana Workforce Commission.

One aspect of that bill that also got changed, I'm not sure if I presented it here, disability determinations at one point was moved under LRS but that's another program that is being moved to Department of Health. We are still, there are still going to be efforts for us to collaborate better with that particular program but it will be moved to the Department of Health. And they kept changing the dates so I'm not sure (inaudible).

Also in terms of just funding and what we're doing because of the additional funds we are trying to implement or work with our human resources department to present to civil service, we're trying to increase it's called a special entrance rate for civil service. We're trying to implement a special entrance rate for our rehabilitation counselor career progression group to try to increase the number of applicants that we get for our rehabilitation counselor position. We currently have 23 vacancies, at least 11 of those are rehabilitation counselor positions. Brooke had asked about those earlier. We actually had a pretty robust discussion about that in our committee meeting on yesterday. Because as of right now those will be advertised in civil service but that's really the only

kind of advertising for that. I know a lot of groups in that meeting said they would be willing to share our postings or share the information about that. So most of our positions should be closing on civil service but next time we have some positions on there I will be sure to share that so our vacancies can be shared as well.

For our community rehabilitation programs we did increase a lot of our rates. So that's on the second page you'll see all of our different rate increases. The ones that I will highlight for this group, job search assistance, the number of hours allowed increased from 20 hours to 40 hours. And supported employment milestone one, which is where we compensate vendors for job coach assistance, increased from 1,000 to 2,000-dollars. And we also added 350-dollars to the high-quality indicator for placing in rural communities.

Also I have been doing CRP focus groups just in an effort to increase communication with our community rehab providers. We recognize that we have a lot of inconsistencies in LRS in many aspects. One being our career services and how those are implemented statewide as well as some internal (inaudible). So we're trying to be more consistent. But we're also, we want to hear from vendors because we know we have challenges. We know our vendors have challenges. And so we want to know how we can work better together because at the end of the day we want to improve the quality of the outcomes, the employment outcomes for our individuals. And so that was our first step into just having discussions together to figure out how we can be more successful.

We are also in the process of procuring a digital assistant technology platform called Sara. If any of you have received services from LRS recently the communication definitely needs improvement and we recognize that. We're significantly understaffed but we don't want to continue, we want to be more efficient and we want to be able to do whatever we can to give our counselors whatever tools that they can use so they can spend more time with their customers. And so Sara is some technology that will allow virtual meetings. It will have an automatic scheduler on it so customers will be able to schedule with their counselors without their counselors having to call them and talk to them. Because that takes time from their actual appointments. It will allow customers to fill out forms,

sign forms, submit documentation. They will be able to actually submit documentation on their phone. So if they need to send us a receipt, for example, they can take a picture of the receipt and send it through Sara. Hopefully it will allow customers better ways and more ways for them to communicate with us so that we can make sure that we're not missing.

For pre-employment transition services the one thing I wanted to note here we are working on some staffing contracts. Again, because of our staffing shortages we want to try to find creative ways to be able to meet the needs of our individuals even though we have staffing shortages. We are trying to pilot this in four regions. Region one which is New Orleans, two Baton Rouge, seven which is Shreveport and eight which is Monroe. So far we have commitments from two contractors. Region seven which is Shreveport we will be contracting with Easterseals. And with region one we will be contracting with Families Helping Families of Greater New Orleans. We're very excited about these contracts that will basically do what our rehab, the contracts will be with rehab counselors and they will be providing those preETS services. Meaning arranging services with the school districts, going to the IEP meetings, taking the preETS applications, authorizing the preETS services and making sure that they get connected to the full vocational rehabilitation program before they graduate. And we're hoping those contracts will start October the 1st. Hopefully we can get them through the system.

You will also see at the back of the report the statistics that we typically provide for you. We didn't call this an end of the year report because this is the end of our program year so you can see the numbers there. But I will be happy to take any questions or expound on anything.

CHRISTI GONZALES: Any questions? The students that are involved in the preETS program are y'all tracking them or are the schools tracking them to see what are they doing after they’re graduating to see if that program is being successful?

MELISSA BAYHAM: We can only track the ones that end up in a VR case. I'm not sure.

JILL HANO: Do you usually have a chart by the opened and closed cases specifically DD apart from disabilities?

MELISSA BAYHAM: We changed this report a little bit. What I did was I had quarterly reports for so many different councils so we combined them and we tried to get the data that everybody needed and everybody asked for. And no one's mentioned the closed data so we may have taken that out but (inaudible).

JILL HANO: I just wanted to make sure I wasn't going crazy.

MELISSA BAYHAM: No. That may have been there but is not there anymore. If it's something near and dear to your heart just let me know.

CHRISTI GONZALES: On the chart the (inaudible) for preemployment transition.

MELISSA BAYHAM: Yes. That is correct.

CHRISTI GONZALES: Any other questions or comments?

MELISSA BAYHAM: Preemployment transition services is difficult because (inaudible) they're only receiving preemployment transition services but some people receive preemployment transition services and (inaudible).

CHRISTI GONZALES: Any public comment? Hearing none, the report requires no action and will be placed on file. The next item of business is the report of the Office of Public Health. The chair recognizes Ms. Patti Barovechio for the report.

PATTI BAROVECHIO: I have the report from the Bureau of Family Health. We are the title five program for the State of Louisiana and we sit under the Office of Public Health. This very gold colored report, which is several pages long. We have a clinical side to the program, children special health services that houses subspecialty clinics for children and youth with special healthcare needs that meet legislative criteria in areas of the state where there's shortages. We also provide a children and youth with special healthcare needs transportation assistance program. Patients or families must apply first through Medicaid. Medicaid services must not be able to meet their transportation needs. And then they can apply for a transportation stipend.

I think one of the biggest things we just completed, just like the council, we create a five-year work plan and every five years we conduct a statewide needs assessment for title five. And so we just completed our needs assessment here. Our report went in on Friday, which was a report and then an application for the upcoming federal

year which starts in October. But there will be a strong emphasis in the next five-year work plan on the pediatric medical home because we know children and youth with special healthcare needs and children who have access to (inaudible) are less likely to be hospitalized unnecessarily and (inaudible). Just overall a better health outcome. So there will be a big focus on improving access to pediatric medical homes. We do that through provider trainings, providing technical assistance, we have provider toolkits. And for families we also have a family resource center. So if there's a need of a family that they are trying to find resources in the community they can reach out to our family resource center. It's manned Monday through Friday 8 to 4. They can get through email or phone. And health providers as well can make director referrals or call if they need resources for their clinic.

And here you can see our family resource center also supports the Louisiana birth defects surveillance system, the program. So any child identified with a birth defect in Louisiana is offered a needs assessment and resources and referral services from family resource centers. So that collaboration really ensures that families can get access to the resources and supports at the earliest possible juncture. We also work with our Families Helping Families partners. And Phil when he was talking about your program I thought they were perfect partners for that work. But between our collaborations we work with them, they do provider education events. Which if you recall the resource information workshops as those come up across the year I will announce them here.

We also do the early hearing detection and intervention program which does newborn hearing screens on babies in the hospital and then they have a follow up algorithm that uses federal guidelines. The 30, 60, 90 federal guideline which is identified through hearing screening by one month of age, diagnosed by three months of age and enrolled in early intervention by six months of age. If you want any information on these programs I will be happy to connect you to those.

But we also have four children who are Deaf or Hard of Hearing and their families. They also have Hands and Voices family peer support for this group and the contact information is there. We also administer the genetic diseases program which we would do the newborn genetic

screening in the hospital as well as follow up for any children that require follow up based on the screening results.

I already mentioned our birth defects monitoring network. We do surveillance on the CDC's list of birth defects. And you can see all of the stats, the great work that that program does. Also under the Bureau of Family Health we have the Louisiana Commission for the Deaf. They have been doing a lot of great work over the last couple of years. Whether it being training. They have developed a statewide mentorship program to help with the quality and number of American Sign Language interpreters in our state. And they've really been providing a lot of training so that we are truly accessible to that population.

Our maternal and infant home visiting. If anybody wants information on the existing home visiting programs using parents as teachers as well as a nurse staffing partnership. There is at least one of those programs in every region of the state.

And last but not least our Louisiana provider consultation. This is a mental health consultation for pediatric patients. They also do a perinatal side. But for children and youth with special healthcare needs if (inaudible) needs support they can call and talk to a mental health consultant directly and get information like resources or guidance. If they need help with a diagnosis or medication management they will be connected to a pediatric psychiatrist. We also have the data center on our website which is partners for family health. We publish a lot of reports. (Inaudible) our birth defects surveillance reports and such. There's a lot if you want to learn more about our pediatric population in the state there's some good reports there. And as I mentioned our block grant report just went in.

And last but not least we do receive funding from URSA. We have an early childhood comprehensive systems grant that has a focus on the early childhood developmental health system in the state. And we have great support from our partners around the state and our young child wellness collaborative is a cross agency advisory council for that work and they're just releasing a strategic plan and a sustainability plan. They're starting year five of the five-year grant tomorrow.

CHRISTI GONZALES: Any questions? Any public comment?

Hearing none, the report requires no action and will be placed on file. The next item of business is the report from the Office of Citizens with Developmental Disabilities. The chair recognizes Ms. Julie Foster Hagan for her report. Sorry, Bernard.

BERNARD BROWN: It's the beige document. I'll try to hit the high points. So the first thing we'll talk about is this initiative we wrapped up with some federal partners focusing on individuals with dual diagnosis. I'm sorry. Individuals with dual eligibility. That means they are eligible for Medicaid and (inaudible). That technical assistance focused on developing or implementing tools to increase knowledge of those particular benefits that are available. You might have heard of what's called like a special needs plan or (inaudible). At the end of the product we actually developed with the National Association of State Developmental Disabilities Services a series of videos and toolkits that's available on their website that will inform folks about benefits and what exactly (inaudible). One of the benefits is you're both Medicare and Medicaid eligible. Usually you don't have Medicare because usually with Medicare some folks don't know it carries a premium meaning that you have to meet a certain portion monthly to use it. Some group special need plans they will cover that premium for you so you can have Medicaid and Medicare. That's one benefit (inaudible) Medicare. Expanded provider networks. Expanded access to drugs. Please if you get a second, and I'll shoot Ebony the website, the National Association of Developmental Disabilities Directors' website. You can go watch the videos. There's actually a toolkit too. Really informative and great background music in the video. Very soothing. If you get a second check that out.

We've talked about all the legislative stuff so I will bounce around on the legislative portion. What I will talk about is the House Resolution 218. This was by Rep Echols. This is the resolution that he's urgently requesting the department to look into another type of special needs plan. This actually fits perfectly with what we were just talking about, dual eligible. This plan is another dual eligible plan but the criteria is different. I don't have a ton of information on it. That's why he's sending us a work study to learn about it. But once we do it should benefit people who need institutional level of care who are in an

institution or likely at any point in time would be in an institution like an ICF for more than 90 days. This is another pathway.

We talked about 8559. Y'all already heard about that. Not going to talk about SNAP anymore. The ARPA updates. So ARPA is the American Rescue Plan Act. That is the act that was put in place during Covid. Just so you know we had a spending plan where the federal government gave us a lump sum of money to assist in expanding and broadening the home and community-based services. We've been in this spending plan since mid-2022 if I'm not mistaken. We just were granted an extension to continue to use these funds until September of 2026. Why is that important. One of the activities we have under there is our value-based payment program. You probably heard us talk about this at road shows. Julie's probably shared it with y'all a bunch of times at the DD Council. (Inaudible) it's allowing us to kind of implement more of those incentives for a long period of time.

The perfect example is the national core indicators (inaudible) survey. What we did with one of our value-based payment programs is incentivize providers to complete this survey. What's the survey. This survey is to get a good lay of the land of the staffing in Louisiana. Like DSWs what is the pay on average, what's our turnover rate, so on and so forth. Right now we usually run right at the middle amount needed. (Inaudible) providers fee for survey will have a better representation of what our staff looks like in the state in compared to other states in the nation. (Inaudible) for those who go to the legislature, when they go in session they always ask how much do you get relative to other states. This report would help us better paint that picture. It's a little bit more about the incentives. So if you have a provider agency that you work with you have until July 31st. If they haven't done the survey yet if they are a provider agency that serve over 200 people they're missing out on 5,000-dollars.

The last one thing to add (inaudible), because we got the extension so that's good, but providers are always talking about staffing. (Inaudible). So that's that so I'll move on. So another thing that we developed is this employment toolkit. So I know there's (inaudible) that receive services and in the toolkit it's important because

(inaudible) providers and support coordinators (inaudible) if you're interested in more prevocational things the long-term goal is to have independent employment. We laid out a bunch of different tools, documents, questionnaires that can help with planning. If you have a second go to the OCDD website, check it out. If you know someone that's receiving waiver services that do not receive employment services or (inaudible) services please direct them to this. Just because it's for the providers it's formatted in a way so family members, recipients of services can read up and inform advocates. They can go to their friends and say hey, listen. I know there's services. I know what they're about. (Inaudible) this personal care service for 8-dollars a day. Can I get some of this follow along with this supported employment stuff. If you get a second check it out.

Settings rule. We cleared all the hurdles. CMS approved us. We are in compliance. You probably won't hear us talk about settings rule and need compliance anymore. (Inaudible). We are done with the settings rule. We're finally in compliance. There are only a handful of states that are in compliance. This is a big deal.

Early Steps updates. We also met the national standards for the Office of Special Education Programs. So we were found to be in compliance with the IDEA parts of the federal regs and our early intervention program, which is Early Steps, to operate as is. (Inaudible).

My Place or Money Follows the Person. This is our transition program. You have people who are in intuitions that want to get out and have waiver services. Money Follows the Person assists in those transitions. Generally covers needs and things that you can't get through a waiver. We transitioned 32 people out so far this year across all our waiver types which is the NOW, the ROW and Children's Choice. (Inaudible) that's coming out of an ICF. (Inaudible) but that's important.

We did have another value-based program where we worked with school board leaders to improve their planning by providing person-centered planning training and certification. We paid out 600,000-dollars in value-based payments across the support coordination agencies in Louisiana. So the goal is and the hope is that you start seeing a better planning process, a more

thoughtful support planning experience. And if you don't (inaudible) a survey that's not on this thing but I will be reaching out to advocates to help develop that support coordination survey.

Go to the next page. What's going on at Pine Crest. Currently we have (inaudible) people at Pine Crest. We've had 24 admissions this calendar year. We've had ten discharges this calendar year. (Inaudible). Central Louisiana Supports and Services Centers. That is 90. Received four admissions this year and two discharges. That's a very small and specialized facility. (Inaudible).

Another thing, our resource center. Most of you are probably familiar with this. (Inaudible) that work for OCDD that their job (inaudible) to ensure that people (inaudible). A couple of things we want to focus on is the 952 individuals to date that had some type of interaction with our resource center. And we've been able to successfully (inaudible). So only 5 percent of that 950 actually ended up in an institution for one reason or another (inaudible). Either they can't live at home anymore or they had some kind of a behavioral health crisis (inaudible) until they get stabilized. Any instance our resource center does amazing work.

The money. First before we get to the money let's talk about the number of waiver slots. If you look at the chart at the bottom you see that since FY (inaudible) we have increased the waiver by almost 1,000 people. So that means that the (inaudible) some other things. But right now you look at average cost. What's moving, average cost is actually ticking up. (Inaudible) keep in mind the rate increases from providers. We've expanded services. Also updated rates. So a lot of that average cost is related to some of those rate increases. If you look at the annual spend, again, we're up 30 million-dollars from last year but a lot of that is tied to rate increases. (Inaudible) that is by region if anybody wants to know.

Then lastly, screening for urgency of need, SUN screening. We're running about 38 percent are urgent or emergent. Meaning of all the people who are requesting waiver services 38 percent of those meet the urgent or emergent criteria. (Inaudible) you will see about 62 percent either have a need that's not urgent or doesn't need to be addressed in the next 180 days. So that's still

(inaudible).

And then lastly, Early Steps. This is the early intervention program. This is us catching kids early. If you look we've supported about 6200 kids. We average about a thousand referrals a month. (Inaudible). There will be some changes coming to Early Steps, but more to come on that. Any questions?

PATTI BAROVECHIO: Do y'all post the trends anywhere? (Inaudible). It's important to me because we do a developmental screening initiative that hopefully pushes kids your way. So is there anywhere on your site that you publish the trends over time?

BERNARD BROWN: This document, this quarterly document, we kind of switched the format, and like ad hoc quarterly reports for (inaudible). So we switched to this general quarterly report but I believe they're published on the OCDD site. I don't have like an electronic version of charts but (inaudible) if you want to check any update quarterly.

CHRISTI GONZALES: Any other questions? Erick.

ERICK TAYLOR: You were talking about the Medicaid. Is it true if a family member passed away and they passed down to you can you claim that? Can they leave that for you to claim?

BERNARD BROWN: I think you're talking about social security benefits?

ERICK TAYLOR: Yeah.

BERNARD BROWN: Yeah. I don't have the answer to that. The only reason I knew what you're talking about because, this is totally off the subject, forgive me. My dad died some years ago but that new executive order that went out late last year where all those people started applying for survivor benefits. I think that's what you were talking about, survivor benefits. You would have to go through the Social Security Administration and there is a website that walks you through everything. If that's what you're talking about.

ERICK TAYLOR: Yes, sir.

PHIL WILSON: Quick question. Piggyback on Patti's question. I don't know if it's in there. But do you track or do you know if it is tracked the age that children are being served under part C or Early Steps are determined eligible and actual begin services? Because it seems appropriate when you turn three a lot of families I have

talked to say oh, we didn't qualify until my kid was a month before his birthday. So that is a metric that I think is as important as the total number.

BERNARD BROWN: I do believe we do track (inaudible). So it's six months before they're out of the early intervention program we assess them to see if they would like or are interested in or have a need for waiver services. So we do have in our process that at that six month mark that discussion would (inaudible).

PHIL WILSON: So six months from when they begin or six months from ending?

BERNARD BROWN: Six months from ending.

PHIL WILSON: So I think the important number is what age are they when they begin to receive services.

BERNARD BROWN: As early as they're referred.

PHIL WILSON: I understand that but my question is I don't think the state right now, or the last 28 years, has done a great job of getting these kids (inaudible). Whether that is in fact an issue or is that just a misconception.

BERNARD BROWN: It might be a little bit of both. But if I'm following you right you want the data of people served or referred by age, we have that. We're able to see how many are zero, one.

PHIL WILSON: I want to know something slightly different. Which is if I look at a snapshot in time it's going to give me a whole bunch of ages but I don't know if that child is going to receive services for a month or two years and three days. Because I think the amount of time you receive service has a huge impact on how much you get from it.

BERNARD BROWN: Right. And we've seen an uptick (inaudible) especially with the state law (inaudible).

PATTI BAROVECHIO: They have the law where they require autism screening. We have the parental prevalence screening in pediatrics and then Medicaid also turned on (inaudible) to reimburse pediatric providers for conducting autism and developmental milestone screenings and perinatal depression screening.

BERNARD BROWN: So we've seen a huge uptick (inaudible).

PHIL WILSON: I just wanted to know if I could find it.

BERNARD BROWN: (Inaudible).

CHRISTI GONZALES: Alaina.

ALAINA CHACHERE: Are you talking about the time from referral when they received a referral as soon as the services actually start?

PHIL WILSON: That's a whole other issue. Sometimes that's a loss.

BERNARD BROWN: (Inaudible).

ALAINA CHACHERE: From a parent experience (inaudible) so it took me a while to wrap my head around the service even though they offered it to me (inaudible) having done it it took me a couple months (inaudible) child that receives services at that young (inaudible).

BERNARD BROWN: Yep. Says a lot. Especially (inaudible) like she works for the hospitals (inaudible) a lot of kids from Children's Hospital to us and inform those parents of that information.

CHRISTI GONZALES: Any public comments? All right. Hearing none, the report requires no action and will be placed on file. The next item of business is the report from the Office Of Aging and Adult services. The chair recognizes Gearry Williams.

GEARRY WILLIAMS: (Inaudible) in relation to our waiver services, the community choices waiver, we want to highlight FY24. It should be FY25 (inaudible). The previous report (inaudible) was that was due to a larger number of linkages being evaluated. Our staff worked with (inaudible) support coordination to evaluate the backlog in cases. So that number increased (inaudible). The spinal cord injury update. (Inaudible) cases there and a waiting list for that program. If I can jump down to adult protective services. I think I touched on this in our last meeting. We have seen an uptick in the number of cases, continue to see the number of cases increase in referrals, increase in cases for adult protective services. The campaign has continued to benefit because we see that more citizens now recognize what abuse neglect and exploitation looks like. So due to those social media and billboards that we had around the state they have continued to fuel a greater number of calls into the hotline for investigations. We also now work with DCFS. There are some cases where there are youth in DCFS' custody that (inaudible) their supervision and they already have an ID that that youth at risk for abuse or neglect and (inaudible) a referral where that kid is already on our radar before they leave DCFS supervision.

Our task force (inaudible). We are seeing more and more cases of unlicensed group homes in communities and neighborhoods (inaudible). For lack of a better term there's a house manager that is really just collecting the social security or SSI checks from these people that are living in these homes and they're barely receiving any services. (Inaudible). So the task force that we are a part of is just that, to look at these homes, bring all stakeholders around the state to the table to discuss how we can address this situation. Whether it's the Fire Marshall, whether it be local law enforcement that will be helpful with our DCFS investigators that are going to these homes to look at situations where we believe abuse, neglect or exploitation are taking place.

The next page is our demographic information for our population that we serve. The ARPA funds were said to expire in November of this calendar year. We were approved for an extension (inaudible). We feel that by establishing the train the trainer portal for direct service workers we can have an impact on the number of workers that will take advantage (inaudible). OBS in conjunction with Medicaid (inaudible).

We had one new support coordination agency that will be opening in Region six, the Alexandria area. I will have that information at the next meeting. I skipped one thing I wanted to bring up on HCBS, home and community based, back to the community choices waivers. Of course right now (inaudible) Rescue Plan Act funding (inaudible) the current waiting list as well as those that are currently receiving services to kind of analyze if we can revamp our whole program based upon (inaudible) just looking at community choices waiver (inaudible). Any questions?

CHRISTI GONZALES: Any public comment? All right. Hearing none, the report requires no action and will be placed on file. At this time we will have public comments. The public comments can be on any area of concern or question. Each person will be recognized by the chair and have three minutes to speak. Vivienne.

VIVIENNE WEBB: So today (inaudible). It's really vague about everything. Can you narrow it down exactly (inaudible)?

CHRISTI GONZALES: For?

VIVIENNE WEBB: Yeah. Everything. For instance, is no voting for personal (inaudible). What does that

exactly mean? Everyone is voting for their own personal reasons and have personal motivations. We all have varying personal experiences. And then it also says somewhere about (inaudible). How would we define friends here? Or is it like friends related to the council or friends that we made from here or is it talking about friends from like outside? (Inaudible) because that's a very subjective word.

EBONY HAVEN: I can respond. So Vivienne this is a plain language version of the policy that is included in the council's policy and procedure. So I kind of went in the orientation more on each one of those things. So the email that I sent out, the presentation, it will go into a little bit more detail. I didn't record the sessions. If I did you could have come back and watched it. But if you go to the policies and procedures manual it's very confusing and so I thought this would be an easier way to put it in a little bit more plain language, make it a little bit more accessible.

VIVIENNE WEBB: I appreciate the plain language. It's just a little varied because in particular if you were to like strictly follow this it wouldn't be good for self-advocates voting at all. And it makes it seem a little confusing on what exactly we can vote for. And that might cause concern especially if someone does want to nitpick conflict of interest.

EBONY HAVEN: Yeah. I guess what the purpose of that is for is if you have a conflict of interest you have to let that be known. I kind of went through that in the presentation that I did.

VIVIENNE WEBB: What would that be because this seems different from the ethics board?

EBONY HAVEN: Most of the stuff that we have in our policy is actually from that presentation. If you have specific questions though I can talk about it outside of this meeting because I know we're already 16 minutes over. But I can kind of go over the policy with you and if you have specific questions about the friend thing we can kind of talk.

VIVIENNE WEBB: Thank you.

CHRISTI GONZALES: Any other comments? Brooke.

BROOKE STEWART: I would just like to address our Zoom call and I just want to know (inaudible) for future meetings for people that have public comment. I know we can't

always screen what they're going to say but if we can figure out how to stop things like that from happening in future meetings. I just want to go on record to try to figure something out.

EBONY HAVEN: I don't know. Brenton has his hand raised. He might want to address that.

BRENTON ANDRUS: So we've been trying to do some digging since this happened to figure out what's going on. We do know it's not a boot. It's actually a person. So what we plan on doing is once the Zoom call is over we can pull the information. We're going to be able to send that through IT and try to trace hopefully an IP address or something to figure out who this person was. They would have to do with that what they will but then hopefully we can try to use that as a (inaudible) for someone if that individual would be trying to register again. It's not full proof. But based on what I can tell from the way we have our Zoom stuff set up it is very unlikely that someone can just hack in. Like this was intentional. Someone intentionally did this over whatever. Because you have to register. You have to get a pass code. You have to raise your hand. You have to put your name. It was an individual. We're trying to figure out who that was.

To the question of how do you prevent it from happening, that I don't know. I think we could bring that to IT to figure out if there's a process that we can have in place. Also we're having like a lag. We had it yesterday. We had it today. So it takes a little while. Hopefully when we're in our building we will be able to do those things quicker. But we will be taking this off of YouTube. We'll scrub that section from YouTube so there's going to be a gap in the meeting and take that out. I don't know if the transcriptionist was able to capture anything but that's also going to be taken out of the transcript. But we will do some digging and find out who it was and see what actions we can take.

CHRISTI GONZALES: Vivienne.

VIVIENNE WEBB: That didn't seem intentional on their part because remember they raised their hand. The voice that first spoke was a woman's. And then it seems like she got cut off or interrupted because she like stopped speaking the moment like someone else started that. And it sounded more like a loop such as like someone got stuck in a loop from turrets or maybe echolalia. If you've been

around an autistic male it sounds similar to either like echolalia or scripting or something like that. Which doesn't make it right but if the person, for instance, was in a melted-down state or they saw something on TV and repeated it that could have been what it was. And we have to keep that in mind because this is a council about disabilities and disability rights. So whoever was joining may have been a parent or a relative or a caregiver or what not. And we need to keep that in mind for in the future. It doesn't necessarily mean that your feelings aren't valid because they are very valid and you have the right to feel the way you feel.

BROOKE STEWART: I want to know if you did it or was it related to you?

VIVIENNE WEBB: Do what?

BROOKE STEWART: Had someone get on?

VIVIENNE WEBB: No. Why would I have had someone get on there?

BROOKE STEWART: I'm just asking.

VIVIENNE WEBB: No. Why would you ask that?

BROOKE STEWART: Just asking.

VIVIENNE WEBB: I would not have someone get on.

PHIL WILSON: I do think you hit it Vivienne. The person speaking surely sounded like a person who had turrets. That's an uncontrollable tick that people with turrets will say usually swear words or other inappropriate words. It's part of their disability. So for that reason, Brenton, whenever the investigation occurs I'm just encouraging you to kind of approach that, if that was a tick for somebody, that means they had no more control over it than I do when I speak.

JILL HANO: I have a question. I don't know if it's Hannah, Stephanie, or Brenton, whatever. But like because I see what you're saying Dr. Phil, but now that I'm hearing what everyone says it could go either way. But it sounded more like a boot and glitchy. Like when you heard whatever (inaudible) from your end on the Zoom he did say Ms. Mary Smith has a comment. It wasn't a name that we're like familiar with.

HANNAH JENKINS: I forgot the name.

EBONY HAVEN: Chelsea Adams.

HANNAH JENKINS: It just said Chelsea Adams had their hand raised. (Inaudible).

CHRISTI GONZALES: Vivienne.

VIVIENNE WEBB: Didn't someone with that name or a similar name speak prior before that? I don't remember if it was yesterday or today but I know I heard a voice. I really don't think it was intentional. Those sorts of phrases can be heard in video games or certain shows or maybe even something someone said that they heard outside on the street.

ERICK TAYLOR: Can we close this meeting because whatever was going on they doing what they got to do. Let's close this meeting. Everybody got to go. We've been here all day. Whatever is going on let them handle it. I am going to say this. We are a board. This is a team. We're here for one reason and that's to handle this board. It's time to go home. If I'm out of place tell me. We've been here for a while and we need to leave this right where it's at and let them handle it.

CHRISTI GONZALES: Thank you Mr. Erick. Thank you everyone for the comments, questions and concerns. At this time we will have announcements. We have two. I have committees that need volunteers. The membership ad hoc committee and the legislative advocacy ad hoc committee. Please consider serving on either committee. Are there any volunteers, anyone interested let us know. Ebony or Brenton, you can email them. Me if you need to as well.

HANNAH JENKINS: Frank and Tony both had their hands raised.

CHRISTI GONZALES: Tony. You're muted Tony.

TONY PIONTEK: Y'all can hear me?

CHRISTI GONZALES: Yes.

TONY PIONTEK: Going back to that unknown obscene kind of thing--

CHRISTI GONZALES: No. We're moving on from that.

TONY PIONTEK: That's okay. No problem.

CHRISTI GONZALES: Thank you. Ebony, if there's nothing else.

EBONY HAVEN: Can you guys please fill out our surveys that are in the back of your packet. You can just leave them on the tables. If you guys have acknowledged that you read the (inaudible) policy and you understand it if you can sign the acknowledgment form and turn it into Bridget. And then I just wanted to tell Phil thank you for your service on the council. And we wish you well on your retirement.

CHRISTI GONZALES: There is no more business. And if

there is no objection we will adjourn the meeting. No objections. Meeting is now adjourned everyone. Thank y'all. 4:28.