

Louisiana Developmental Disabilities Council  
Five-Year Planning Committee  
August 5<sup>th</sup>, 2025

JILL HANO: Good morning everyone. It is 9:03 on Tuesday August 5th. I would like to call the five-year planning committee to order. Stephanie, would you mind doing the roll.

STEPHANIE CARMONA: Not a problem. Ayden Blunschi. Alaina Chachere.

ALAINA CHACHERE: Here.

STEPHANIE CARMONA: Angela Harmon. Tony Piontek.

TONY PIONTEK: Here.

STEPHANIE CARMONA: Robby Smith.

ROBBY SMITH: Here.

STEPHANIE CARMONA: Brooke Stewart. Erick Taylor.

ERICK TAYLOR: Here.

STEPHANIE CARMONA: Renoda Washington. Vivienne Webb.

VIVIENNE WEBB: Here.

STEPHANIE CARMONA: Karen Xu.

KAREN XU: Here.

STEPHANIE CARMONA: Karen, I need you to turn your camera on. I'm sorry. Just for roll.

KAREN XU: Can you see me?

STEPHANIE CARMONA: It shows that it's on but we don't see anything. It's black. If you're on a computer sometimes they have a slider that covers the camera.

KAREN XU: On my side it looks like it's already turned on but I also see the black square.

REKEESHA BRANCH: Do you know where your camera is on your computer? Like the lens?

STEPHANIE CARMONA: I'm going to give you a moment to figure that out but I am going to finish roll if that's okay?

KAREN XU: Okay.

STEPHANIE CARMONA: Jill Hano. Sorry you were last because you were on my list last.

JILL HANO: That's okay.

STEPHANIE CARMONA: Jill, you have a quorum. And then Karen, if you can get your camera working and then we can go ahead and count you also. I just want to let

you know that you won't be able to vote without the camera working.

JILL HANO: Sometimes I log off and then log back on. That helps sometimes.

HANNAH JENKINS: Lauren is going to call you, Ms. Karen, to see if she can walk you through it. If you get that call it's one of our staff.

KAREN XU: Okay. Maybe I re-log in to see.

EBONY HAVEN: Karen, why don't you try to log on and you can log back in.

STEPHANIE CARMONA: Jill, if you want you can go ahead.

JILL HANO: Okay. So we have a quorum, correct?

STEPHANIE CARMONA: We do.

JILL HANO: Okay. Thank you. Before we get started can you also remind everyone of our virtual protocols and the council's mandate.

STEPHANIE CARMONA: Sure. Before we get started I just want to remind you of a few rules. For committee members and members of the public attending in person please raise your hand to speak and wait to be recognized by the chair before speaking. To help the meeting run smoothly please keep side conversations to a minimum and comments related to the topic we are discussing. For those committee members who are attending virtually remember you must be on camera and have your first and last name showing to be counted towards our quorum. Please keep microphones muted unless called upon by the chair. Electronically raise your hand to request to speak and wait to be called on by the chair. For attendees electronically raise your hand to request to speak. Once recognized by the chair your microphone will be turned on. After speaking the microphone will be returned to mute.

Also, the Q and A is to only be used by those needing an ADA accommodation to participate in the meeting. Public comment will not be accepted by the Q and A except for those individuals who requested the accommodation. As for order committee members in person and virtually will be allowed to speak first. Public members in person will then be called on followed by public participating virtually who have their hands raised. As with all hybrid meetings it can be difficult to keep track of all those wanting to

speak in person and virtually. Please be patient. All comments and questions from committee members and the public may be limited should we run into time constraints so please keep that in mind. Also, comments about a person's character will not be allowed. Finally, members of the public will have the opportunity to provide public comment before each vote and during designated public comment periods. Public members will be given one opportunity to speak for each agenda item and will be limited to two minutes. The chair may also use their discretion to determine if comments will be accepted outside of these times. So those are the virtual meeting protocols.

And then just to review-- hey Karen. Just to review the council's mandate. The DD Act states that councils are to engage in advocacy, capacity building and systems change activities that promote the self-determination, independence, productivity, integration and inclusion of people with developmental disabilities in all facets of community life.

JILL HANO: Okay. Thank you Stephanie. So now following our agenda the first thing we're going to do is an overview of our planning process. Everyone should have reviewed these documents which were linked in your agenda sent via email. Printed copies are also in your committee packets. So Steph, do you want to walk us through these documents.

STEPHANIE CARMONA: Sure. I'm just going to kind of give a short, little, I don't know, couple sentences for each document because we have talked about these documents during the orientation last week or two weeks ago, whenever that was. The first document is the state plan development process. It looks like this. This was voted on at one of the council meetings and it was approved that this was going to be the timeline for planning. So we are right on time and I can update those during the break. I'm sorry. I don't know what happened.

The next document is the area of emphasis. These are the definitions for areas of emphasis. I went over these during orientation. There are nine areas of emphasis and I gave a short description of each one. The ones on the back are implementation strategies and this really isn't, it's something to keep in the back

of your mind but you're not really going to need it today. It is ways that we can implement any strategies that you want the council to do. So, for example, if you want to do a training or an outreach. So these are just some definitions and some ways to implement different activities.

The next page is this planning document. It just says, I think the top says definitions. So these are words that we went over and information that we went over during the orientation. So information on goal, goal outcome, statement, objective, self-advocacy. And then making sure that all of our goals, objectives and activities fall under advocacy, capacity building and systems change. And I have little definitions for those.

And then there's two more for this little section. But the first one is the goal writing. So it's just how to write smart goals. It's one page. I tried to include some questions as we're going through these things. So like who is this for. What is going to be done. Here is some action words. So some examples of action words that can be used in the objective or the goal. And then just some little questions to think about as we're going through all of these. And then a reminder at the bottom when writing goals or objectives we want to make sure we're using full sentences that clearly state what you want to happen. Use simple words that anyone can understand, not just the experts. Keep it short and clear. Say what you mean. We don't need extra details. Make it easy to read and understand. Say things in a positive way. So making sure we're not using confusing words like double negatives. We don't want to use ABCs. We want anybody, any person anywhere can pick this document up and should be able to understand what it says. And then lastly, make sure our goals give direction for your objectives. We just want to make sure that the objectives are kind of our steppingstones to reach our goals. We want to make sure our goals can, I guess it's backwards, we want to make sure our objectives help us reach that goal.

The last one, the last document that I have for this section, I guess, is just like a little quite write guide. I used-- all three of these examples come

straight from ITAC. That's our technical assistance. This quick write guide, I took the example straight from ITAC and I kind of just made like a fill in the blank examples for these so that way when we are trying to write our goals, our goal outcome statements or our objectives we kind of have a framework for how we're going to write them. Now this is not like set in stone or anything. You can write them however you want but I was just trying to help out a little bit to keep us on track with at least what ITAC was suggesting for how things were written.

Those are all the documents. And then Brenton just printed the front and back of that planning and development process. And like I said, this one was voted on at, I don't remember what event, but one of the meetings. So it was voted on before we started this so it had to have been July last year. So if you look on the back, if you look at number 12, which is August, it does say that we're having our five-year plan ad hoc committee. So we are right on schedule with this.

As you can see after that it goes into what we're going to do next. So at the October council meeting we will present the draft for the council's approval. After that it does have to go out for public comment if the council approves. And then after that by the January meeting we will be able to see if there's any public comment. If it needs to be changed. And if not it will go into effect for October of 2026. If you have any questions about the planning process you can let me know. Or any of the documents that I talked about. I know I kind of flew through those but I didn't want to take up too much time since we have already looked at these documents previously.

JILL HANO: Okay. So thank you Stephanie. Now we will hear from our state agency representatives across the areas of emphasis. These updates provide information to begin making planning decisions. So take it away Ebony.

EBONY HAVEN: Actually, I think Stephanie is going to go first or maybe Brenton.

BRENTON ANDRUS: I think it's me. So the first one is quality assurance. And so if you remember from the other document that is self-advocacy, that's our

requirement. And I say it's a requirement because it's something we have to do. It's not something we can't choose to do or not do. And I think we do a pretty good job with this. We have several initiatives that we work on in all of our plans to deal with self-advocacy. One is supporting self-advocacy which we have historically supported People First of Louisiana. And we help provide that support through funding for an annual conference that they typically do. And they also, we have helped in the past with People First members attendance at different national conference or policy seminars that they have in DC.

We also have our leadership training initiative. So the first one is Partners in Policymaking. We have been doing that since the early 90s. We've had over 550 people that have graduated that program. Over 100 have been self-advocates. We also have our Youth Leadership Forum program which that started more recently in 2023. We did have a version of it way back in the day. I don't remember the dates. But I want to say it was pre-Katrina times. But that came back in 2023. And we've had 34 individuals graduate from that program so far. And some of those that have gone on to be participants in our council. Others have come back to go in Partners or they've come back to YLF as staff. So those leadership training initiatives are doing very well.

We also have something that's not an initiative in that we don't necessarily fund it like you do other activities in your plan. But that's just supporting participation in those leadership roles across the state. So we're constantly sharing information not just with council members but also all members of the public through our LADDC news articles or social media posts when we're aware of different opportunities to participate in other roles, other advocacy groups, other advisory groups or policy groups just to make sure that folks with disabilities are at the table whenever those decisions are being made.

And then, of course, we have LaCAN. That is our yellow shirt. That's what everyone knows it as. But that is your, as in the council's advocacy network. This is how you accomplish a lot of the changes that you're advocating for every year. You kind of set the

course for LaCAN each year by coming up with an advocacy agenda. And in addition to getting out there and advocating for your agenda it's also teaching those advocacy skills to our members, our LaCAN leaders, our Families Helping Families centers. They're partnering, they're often doing advocacy training. Teaching folks how to connect with legislators, how to influence policy and then taking them on those visits to be able to implement that change before the legislature, before different policymakers. So that's kind of a little bit about quality assurance. Any questions before we move on to the next one that would be housing? Great.

So housing, this has been an issue and has remained a challenge for people with developmental disabilities for years. It's come and gone on five-year plans very often and is not currently on our five-year plan. But sort of some information and more about the needs. You have the documents. I'm not going to read that document to you. I'm going to focus more on the needs as far as housing goes. One is we just don't have enough affordable housing. So most, for many people with disabilities, they have very low incomes. They're living off of SSI which is the supplemental security income or social security income, whichever terminology you would like to use or program you're involved in. So when you look at the average SSI payment in Louisiana for 2025 it's 967-dollars. But if you want to get a two-bedroom apartment you're looking at 970. So you already, with that income that you have, don't have enough money to get a two-bedroom apartment in Louisiana. And the only saving grace for that average for a two-bedroom apartment in Louisiana would be rural areas. Because I promise you here in Baton Rouge or New Orleans you're not going to find a two bedroom for 970 a month. Or if you do you're not going to want to live in that area because it's not safe. And the housing, honestly, at that price point is probably not going to be suitable for your needs.

We see every year rent is rising but your benefits are not. And so that is often making folks have to decide between rent, food, medicine, transportation, which is another thing we'll get to. Another big issue would be the lack of accessible housing. Even if you can find housing opportunities in your area a lot of

times these developments that are happening may have one or two actual accessible units available to rent. So by the time you get off that waiting list and you get an opportunity to find housing or an apartment you may not have something that's going to be accessible for you that might not be wheelchair usable. May not have ramps. May not have wide doors. May not have showers that you can access. And a lot of times they don't even consider people that might have sensory or cognitive disabilities that might need certain features like quiet environments or other safety features in the home. And especially in rural areas you have even less opportunities to find those accessible options.

I kind of mentioned long wait lists. So you have programs like section eight housing, choice vouchers, you have public housing. And so often times those programs are multiyear wait list. And that's if you can even get on a wait list. When we did some research on this back in the day a few years ago a lot of these wait lists weren't even accepting new applicants anymore because the wait list was so long.

And then a lot of times when people are able to get these housing options they usually remain in that situation for an extended period of time. So that is not creating any sort of vacancies because there's little turnover there. In Louisiana we also have a very complicated system. Not saying Louisiana is unique with this but I believe we have somewhere in the high 50s to low 60s range of public housing authorities out there. The problem in Louisiana is you have every city, every parish, every regional area you have nonprofits and you throw them in there, you might have some for profits, that have some sort of public housing type program that's going on so there's no consistency. So you might live in one area. You might be trying to move to another area if they have a housing opportunity there for you. It might be a different application process. It might have different requirements for you to participate in their program. It's not a centralized, easy to navigate system. A lot of times the applications can be very difficult or hard to understand. There's a lot of information that you have to provide that can create barriers for people trying to seek out those opportunities.

Discrimination is another aspect. We still have discrimination in the housing market. We do have fair housing laws but sometimes openly and in subtle ways people are discriminated against. Landlords may avoid renting to people who use vouchers or maybe who have disabilities or need modifications for various reasons. Maybe it's an expense to them. Maybe they might think you might not be able to keep up the place. Whatever reason it may be there's still discrimination happening in the housing market.

We also have a lack of supportive housing. So supportive housing not only combines a rent option that is affordable for you but it also provides some services as well to help you live within that particular housing unit or that area. Such as life skills, maybe mental health support. Louisiana does have a permanent supportive housing program but it's not really enough to meet the needs that we have in our state. I think they have 3,000 units to cover the whole state. And that's unfortunate because y'all all know there's a lot of people with disabilities that can live on their own. They might need some assistance but they can live independently we just don't have the housing market to be able to assist with that goal.

And then we still run into institutional biases. There are still folks that are trying to pass off institutions as the best option for individuals. Or there may be people that have to seek that option because they cannot find housing on their own. And so that's the option that they have to resort to. And of course that's not something that the council wants as the primary option, right. We want folks to have choice. If you want housing you should find housing and not have to seek institutionalization for that reason. That can be group homes, nursing homes, things like that. Any questions on the housing front or the information I gave you? I'm not an expert on housing. I just want to throw that out there. Just identifying some needs in our state for you.

JILL HANO: Tony, you have a question?

TONY PIONTEK: Yes. I know where we are in my hometown, pretty much what you said Brenton, is undeniably true. But it's also hurting us not just housing but transportation. It goes with each other.

And it's so undeniably right in front of us that we can't even do a thing. But I'm trying to figure out who I can go to in my parish here because Mr. Richard and many others like them in my hometown where I am I'm trying to think who the best person that could be.

BRENTON ANDRUS: Yeah. I think that's a struggle that everyone has in every parish that they live in, every city that they live in. There's just not a lot of opportunities out there as far as housing and transportation goes. That's the unfortunate thing. And a lot of folks have tried to figure out how to fix it and I don't know that we have the solution. Maybe the solution comes out of this committee. I don't know. That's something for y'all to consider.

TONY PIONTEK: I'm just trying to think of people that are in my hometown that can make a big change in this area for us especially where we are. And I'm not only saying my area in our parish but it's all over. It's like when and how and whenever can this change. I may end up talking to my representatives here and saying can we have a meeting quorum or some kind of something.

BRENTON ANDRUS: That's a great place to start. Always starting with your senators and representatives. It's always a great place to start having conversations.

TONY PIONTEK: Okay.

JILL HANO: Karen, you have the floor.

KAREN XU: Yeah. I just have a question. Trying to understand the housing issue. That's including all the items, right, or just a focus on the disability, the housing issue?

BRENTON ANDRUS: I'm sorry. I thought the first part-- I didn't catch the very first part. Can you repeat your question please.

KAREN XU: This housing just focus on disability people no matter the age, right?

BRENTON ANDRUS: Correct.

KAREN XU: But just some elderly senior people they also usually have an issue.

BRENTON ANDRUS: Yeah. I think we focus on it a lot from a disability perspective but the housing issue and a lot of what we talked about it impacts the elderly, it impacts low income, those that are living

in poverty. It's pretty much across the board. Anyone that would be in need in some sort of public housing or affordable housing.

KAREN XU: So including nursing homes, right?

BRENTON ANDRUS: It doesn't necessarily include nursing homes if that was the question. I mean, folks may end up seeking out nursing homes or ICFs, that was kind of what we talked about in the end, if they can't find a housing opportunity. But a lot of those problems aren't necessarily, we're not factoring in other residential options like ICFs, nursing homes. This is just living independently, housing out in the community, living on our own or having a roommate, something of that situation or a family home.

KAREN XU: Okay. I'm just trying to understand this issue. If we have a target of how many people this kind of needs and how many housing we have so we can. I know we have a different type of home for the support. How big a difference between the needs, demands and resources. Then we can consider what kind of resource we can seek. We can just seek the help to try to find a solution. Okay.

EBONY HAVEN: I think that's part of the issue. There aren't enough resources. Even if I think about like when I was in support coordination we would try to transition individuals out of the ICFs or Pine Crest, let's just use that as an example. It would take us almost a year to transition someone out of that facility because we couldn't find affordable, accessible, safe housing. So like Brenton said, one of the issues is that if you find affordable and accessible housing it's probably not in a good area. And so you have that dilemma where you're like okay, we can transition the person but are we wanting to make sure that they're safe as well. The answer is yes to that always. So I think that's part of the issue. We don't have enough resources.

And so I think part of today is for you guys to think about if this is something that you guys want to address in your five-year plan how do we go about doing that because we don't have enough resources. Is that going to the legislature and advocating for more funding for housing. Or is that-- just remember the mandate is systems change, capacity building and

advocacy. So are we building the capacity of these housing authorities within Louisiana. Or are we like trying to create some type of systems change where the system is just better in and of itself. That's just one of those hard things that I think LaCAN also gets information on every year. Like every year whenever the LaCAN leaders are having their community input meetings, which they're having right now, housing comes up every year. And that's just one of those huge issues that I think the legislature is going to have to come on board with and commit a lot of resources to make the resources more available for people as far as accessible, affordable, safe housing.

BRENTON ANDRUS: One thing that I was thinking of whenever Ebony talked about safe. I didn't mention it but it's also the opportunity to live where you want to live. Like I have a lot of my family here in the Baton Rouge area and if I needed housing let's say the only thing they have is in Monroe. Well, you've just moved me to North Louisiana where I know no one. I have no natural supports. And so I might not be able to accept that option because I don't have a support system there. I don't have someone to help me. I don't have the resources there. And so making sure that not only do we have housing opportunities available in the state, but do we have them available where the people actually want to live. Or if my family moves I might want to move where they're at and I don't have that opportunity.

It's going to take a lot of work to address housing but one thing I don't think you can do is just throw money at it and fix the problem. There's a whole lot that goes into this. In order to have the units available you need a developer to come in and make these units, right. Well, they're not going to do it unless there's something of benefit to them. So then we start diving into things like tax credits and development opportunities. There's a lot. And so part of what you might want to consider at some point in time, and I think this would probably go more into the annual plan type thing actually, is throwing money at studies. You have to get the information. Like one of the questions you asked I can tell you supply and demand is off, right. There's no supply, huge demand

but I can't give you those specific numbers. You need someone that can come in, navigate this decentralized system and figure out what's happening. Where are the hotspots of all the demand. Where are there available opportunities. What kind of funding would it take. What opportunities are out there for developers. How do you make it enticing for people to come and build units. Because there's always apartments that are going up. When I look at Baton Rouge if there is a space that is green today tomorrow it's not. And you might have a thousand units built and only a handful of those are accessible. And so you just created almost a thousand units that people can't access and they're fighting for those three maybe that are right there. So having some sort of information about that because it's very complex. And I think that's been a barrier for us when we've tried to tackle this in the past, and other groups, because it's very complex information. And we haven't gotten to transportation yet but it's the same issue, same problem and how do you fix it is the question.

ERICK TAYLOR: My thing is with housing they is going to where they're building apartments where they got three levels. And the thing is with the rules of people that's disabled they only lock you in one space which is downstairs. And a lot of people don't understand the disabled people. That's because like you said, tax free apartment. I can totally speak the rent is now at a thousand dollars. If you didn't get the problem you is stuck in one area. And then a lot of rent people don't want to accept the vouchers because it's what you put. It's not the people. It's the people what you put because certain people don't respect rules. And so then they don't want to look at their property. They got to move the people out and then move other people in. I hope I'm explaining it to you. Because some people feel like once they get on these programs they don't have to respect rules. And then when they tell what they have then it makes people want to back out the programs too. Like oh, no. I can't take this even though I get money on the top. But then when I get on the end. And it's not enough information out there. All they know is you got people on the program and you might have 100,000 people on the

program and then they're trying to push them out. And like Brenton said, the apartments going up but the (inaudible) is going down. It's not where it needs to be. And landlords don't understand. If you have landlords that's looking to just pull a pot on I'm getting money. That's just what I'm hearing. I just hope I'm making sense to y'all.

TONY PIONTEK: That's exactly how you put it because we're in the same predicament. Transportation, housing, all that sorts, right. Making society better but it's not. And that just hits everything that you just said Mr. Brenton. Part of our boy scout stuff that we do that's giving back to our own community. We have to have our service projects and that was one of my things. All the handicap accessories in public buildings and so forth including libraries. It's endless. But we still have no answers. And that's kind of where I'm leading up to to have maybe Mr. Richard, Ms. Christy Curtis in your area. Hoping many others. It's just an endless of more questions, too many answers. But we're definitely not going to sit by and let everything go. We want to improve our area for our parish and same for you and many others.

BRENTON ANDRUS: So let's move on to transportation. And one of the things that we didn't really-- we talked about a lot of systems change. I also see a lot of what needs to happen as far as housing and transportation is going to have to happen at a more local level. The fact that transportation and housing so much of it is run by a city or a parish. At that point you're going to start looking at villages. You're going to start looking at tax rates in those parishes and dedicating funds to those things. So there are some things you can do on a state level I'm sure. But there's also a lot of work that has to be done at a more local level to make sure that some of this happens.

So when we look at transportation, just like housing, it's a critical barrier for folks with disabilities, especially in our state. We are a very poor state. We don't have a lot of options. And especially where folks live in rural areas there are no options. Or if you live in Baton Rouge the options we have aren't great. Some of the big problems, one would

be lack of accessible infrastructure. We are supposed to have sidewalks, bus stops, transit stations and a lot of that is monitored by DOTD, Department of Transportation and Development I think. And it's also monitored by your local cities and parishes. They are supposed to have folks that are trained to be able to make sure that all of these options are ADA compliant but that's not always the case. Those of you that live in areas of the city often you find curbs that haven't been cut or ramps may not be at the appropriate angle making it more difficult for folks that use wheelchairs. I often see those little pavor stones, those tactile pavers that are supposed to notify those that might have visual impairments that you're about to move into a crosswalk. Many of those are just out in the middle of the street or they've been kicked off or they've come lose. It's not always ADA complaint.

And there are a lot of rural areas, I remember where I grew up, we didn't have sidewalks. There were no crosswalks. We had a lot of streets that weren't even paved. If you did need some sort of device or something to help you navigate through town you didn't have that option unless you were able to go down a gravel road or I guess in the ditch on the side of the road. And that is the case in a lot of areas that are still prevalent in Louisiana. Because we are mostly a rural state. Even some of our cities the city center itself may have those options but as soon as you start leaving that city center you may see the houses and the cars that make you think you're in the city but there still aren't sidewalks and there still aren't accessible ways to get around.

Public transit, we kind of talked about that. It's very limited or inaccessible. I know, for instance, here in Baton Rouge we do have a bus route but it's a very fixed route. If you're trying to go somewhere that is not on those fixed routes you're not going to that place. There are para transit options. So that's kind of like special transportation that folks with disabilities can utilize. A lot of times those options you have to schedule something in advance or there's not a lot of options and so the time you need it it may not be available. They may have strict service areas or time windows that they're operating.

And it also can be unreliable. We have heard from folks where it's either long wait times or no call, no show whenever they try to arrange that service.

Whenever you look at rural areas you have even less options. A lot of times in rural areas they do not have buses. They do not have taxis or ride shares or anything of that nature that you can utilize. And even where you do have Medicaid transportation available that is not something, you know, they're not going to pick you up and take you to the movies because you want to go see a new movie that's coming out. This is strictly going to be related to your health. And so that isn't providing you the opportunity for going out to community events or sometimes even just going grab something at a grocery store. You want to go eat out or something. Those transportation options may not be available to you.

Cost and affordability. So we already talked about living off of a fixed income. If you have to Uber or ride share to places you may not have the money to do that. Just in my experience anytime I'm with someone that has a disability and we're going into an Uber or Lyft we're not able to get just that standard vehicle size. You're having to go to an XL. Or if you're fortunate enough to live in a city that does offer Uber or Lyft specifically in an accessible vehicle you're paying a lot of money for that option to go a very short distance. Adaptive vehicles, if you can afford to have one that's great. If you're able to get one through a service or a resource that you're aware of that's great. But a lot of people aren't able to do that. I think there's a statistic out there only two percent of households of people with disabilities actually have a modified vehicle of some sort that they can use at will.

Heavy relicense on direct support professionals. There's a lot of folks that rely on their DSP to get them where they need to go. The problem is often times DSPs are not reimbursed for their gas. They're not reimbursed for wear and tear on their vehicle. Or they're reimbursed at a much lower rate than what those actually would cost. Some DSPs, we always talk about DSPs aren't paid a great wage. Some of them don't have their own transportation or they don't have reliable

transportation that they would want to take that risk and liability of transporting you somewhere. And then that's also not a very sustainable option for people because we talk about the DSP crisis all the time. If you're reliant on your worker to get you somewhere a lot of folks from what we hear you don't know if that worker is there next week. And so that's not a great option at all for someone.

Digital and communication barriers. So a lot of times, well, not a lot of times, for the most part we've moved to this internet, web-based system to schedule these rides, to schedule ride shares, to make arrangements for transportation. And there are a lot of people that still do not have internet access in this state. There are a lot of people that do not own smart phones. There are a lot of people that can't afford cell phones or when they do it is not a data plan of some sort. So it's difficult for folks to arrange transportation options when they don't have that resource available to them. Or a lot of times when you go into these apps where they make you fill out the forms or do these requests it could be an app that is not very accessible. It could be an app that is very confusing and difficult to arrange those transportation opportunities.

And then we kind of talked about this earlier as far as transit staff. Sometimes they may not have the proper training to assist passengers. They may not have the patience I guess. We've heard people that report being ignored or rushed or treated disrespectfully whenever they are trying to access those public transit systems. So that's another layer of issue, if you will, as far as accessing transportation.

A few of the highlights. We did already say 2 percent of the households with disabilities actually own a modified vehicle. Sixty percent of people that have been polled that have a disability have said that they don't travel. Like they restrict their travel just because it is such a complicated process. So that's 60 percent of those folks that are not able to go out and access the community. Go to museums, go to shops. Go maybe to doctors' appointments. Go eat out. Go enjoy life or see friends or socialize. So that is

a big problem. And almost 35 percent of adults with disabilities that were polled said they have to rely on other people for a ride. Which means if they're not available then they're not going anywhere. So these are big problems. Just like housing it's difficult to figure out how you address it. But it is two big areas of concern. Especially in Louisiana, but really nationwide. And that about covers transportation.

JILL HANO: Any questions?

BRENTON ANDRUS: Erick has a question, comment.

JILL HANO: Okay. Mr. Taylor, you're recognized.

ERICK TAYLOR: And the thing with transportation is just once you get somewhere it's an hour long that you have to wait to be picked up. Because I done went somewhere with transportation and I might been on a doctor's appointment for about 45 minutes and it take them about an hour or two to come back and get you because the wait. They have a bunch of people on the same doctors' appointments but you have somebody driving like Evel Knievel trying to get you here, there. We need to fix that. What's doing good to report them because they still need that worker to run that. So a lot of things that we need to fix but we need to work as a team to say okay, we have 200, 300 people saying the same thing. We need to look into this.

BRENTON ANDRUS: I think it was at one of our public input forums maybe, and I don't remember if it was me just talking to someone on the side or if it came up in the meeting. And it was someone who mentioned a 5:30 a.m. pickup time for a 9:30 a.m. doctor's appointment. And that's just ridiculous. That's just not sustainable for that person or that individual. Not to mention you just having to wait at the doctor's office until they want to come back and get you. Which, I mean, my doctor, I go in there sometimes it's 15 minutes and 9:15 I'm ready to go. I don't want to be sitting there until noon, 1, 2, 3.

JILL HANO: 15 minutes, that's nothing.

BRENTON ANDRUS: I'm not trying to be there all day.

JILL HANO: One comment I did have is I don't know how it works, and this is like ten years ago, but we had (inaudible) and they were so difficult to work

with. I was in an internship and I had a lot of paperwork, shocker, and I had a cart and they said that, I asked to put the cart on the lift but they said the only way I was able to do that was if I got on the lift with the cart. And luckily my friend was with me, or my supervisor at the time, actually was like well, we're not doing that. I'll just bring her home. But I thought that was, first of all, not appropriate because that was an obvious safety issue. And I just think that transit service designed for people with accommodations should have been more open to accommodating me. And I don't even understand how that was a company policy. And that's my rant for the day.

STEPHANIE CARMONA: If there are no more questions I can go on to recreation.

JILL HANO: Yes, please, Stephanie. Are there any questions from the committee? Any public? Okay. Thank you Stephanie.

STEPHANIE CARMONA: Thank you. So recreation departments in Louisiana are funded and operated by either the city or the parish in most cases. So it just changes opportunities depending on where you live within the state. So kind of like when we talked about with the housing and transportation, like recreation is kind of a hard one because it's not something that's standard across the state. Every single parish or every single city their recreation department runs differently. There are a couple fully inclusive recreation programs in the state but many of the programs tend to exclude people with disabilities because of lack of accessibility, they don't have staff trained properly. Or they're only for people with disabilities so they're not doing inclusion. It's programs that are just specific for people with disabilities.

A lot of these programs are concentrated in like major parishes. For example, in EBR I know BREC has adaptative programs. So I just listed like the big major cities. So Baton Rouge, Jefferson, Lafayette, Shreveport. Those are probably where you're going to find the most or best options for inclusive recreation. So they are less accessible in those rural parishes. When I did a search of accessible playgrounds I found about eight in the state. So eight playgrounds across

the state. That doesn't include a recreation program. That is just the actual playground being accessible. And again, they were concentrated in those major parishes. I think two out of the eight were in Jefferson. I think maybe one in Baton Rouge, a couple in Shreveport. They were kind of all over the place but they were really in big major parishes.

And then kind of going with the recreation I wanted to talk about summer camps. There are limited opportunities for children with disabilities to participate in summer camps. There are camps for like specifically for people with disabilities but there are less options that are inclusive. And then a couple things to note. A program that I looked up, it was called Camp Sunshine, they require assessments. And then the sessions cost between 125 to 150-dollars. So that excludes a lot of lower income people. And I think that's per week if I remember correctly. I don't know what it all includes. I know, for example, like my child's summer camp they don't include lunch. So we have to pack a lunch or pay extra for lunch. And then we have to pay extra for morning care or aftercare and it ends up being like twice as much once you pay it all together.

And then also adaptive recreation. They have very strict staffing ratios. So it's usually one staff person for every five people. And that is just to make sure that the staff isn't overwhelmed. So then that creates two issues. It limits enrollment because if they can't get the staff to keep that ratio then there's less spots available and then on top of that it's such a specialized, a lot of it is specialized training so then there's less people that want to be the staff because it's so specialized if that makes sense. So it limits enrollment either way. That's what I have on recreation. If there are any questions about that. I don't have very specifics. This is just general across the state. Jill, both Erick and Alaina have a question.

JILL HANO: And then Angela was that your hand? Okay. Erick. So we'll do Mr. Taylor, Ms. Chachere and then Ms. Harmon in that order.

ERICK TAYLOR: Is that just for people that's with disabilities or that's just around?

STEPHANIE CARMONA: So for Camp Sunshine that was specific for just people with disabilities. So that is a summer camp program that is only for people with disabilities. So that's one of the issues that I found was they have programs but they're just for people with disabilities. They're not inclusive for everybody.

ERICK TAYLOR: So do they have a nurse or anything around like if the person have a breakdown?

STEPHANIE CARMONA: I'm not positive for this one specifically because I was just looking at recreation across the state. I would assume or I would hope that they would have some kind of medical professional with them.

ERICK TAYLOR: You understand what I'm saying?

STEPHANIE CARMONA: Oh, yeah. I know for like YLF, which they consider themselves a camp, they have I think two nurses on staff full time for the whole weekend. So I would hope a camp that's dealing with people with disabilities or people that have medical needs are going to have medical professionals on staff. But that is going to be dependent on each of those places. I can't say yes or no overall. That would be something that if it were like my child I would definitely want to look into that and make sure. I mean, when I'm looking into summer camps and I'm looking into daycares I'm making sure that you're trained. You need to have CPR training. I don't want my child to be there if something happens and you don't know how to do the things that you should be doing. I don't want to say on the parent, but it would be look into those programs to see what is the accountability there.

ERICK TAYLOR: A question I'm going to ask you. Do they have like cameras or anything that's functional where the parent can also see their child on a regular basis?

STEPHANIE CARMONA: I do not know. I don't know specifics about those programs. I was just kind of looking at the overview across state. But that would be something that, and I keep comparing it to daycare, and it's only because I have one in daycare and one in school. The one that's in daycare we made sure the place had cameras in her daycare area. So it really just depends on-- it's a place by place.

BRENTON ANDRUS: My kid went to summer camp one year and there were no cameras that I was aware of. Like I couldn't tune in to see what they were doing.

ERICK TAYLOR: I was just curious because kids with disabilities if they had a breakdown where people that's not trained they have to have a parent to look and say okay, I see something that they don't know. That I can go back and check my child.

STEPHANIE CARMONA: And I think that's one of the issues. There's no like standard across state. Every program, every state, every parish, whoever is in charge of that program they can kind of make their own rules. You see what I'm saying. There's no standard and that's what makes it hard to give any kind of definite answer because we don't know.

TONY PIONTEK: We just had the same thing too. Our own Lions Camp as well. They were fully staffed. All the medical people, camp staff. I helped out a lot. But that was years ago. Just goes to show I was very well needed at that point when I was there. I was in my teen years so I can understand.

ALAINA CHACHERE: I love we have some inclusive playgrounds, accessible playgrounds around us but something that I've noticed, and I can't speak for all of them because we haven't toured the different playgrounds, but a gap that I've noticed for us is there are no, like the restroom is considered accessible but there are no changing tables big enough for us to use. So we can go play but it's not fully accessible because we have to go home or we can't go, we're limited to go based off of whether or not he needs to go to the bathroom. So I love the accessible playgrounds and the inclusivity of them but I think that's a major gap. They do have dressing rooms for the splash pads. Like in a hot un-air-conditioned dressing room I can find the space long enough to lay him down to change him but not in the bathroom.

EBONY HAVEN: And I will just say, Alaina, that is one of the issues that has come up every year I think as well with the state parks. Like if you have a rest stop there are no large changing tables in those restrooms. Families are having to put their loved ones on the floor to change them. And so like you said, it limits people from going places. It's just like the

transportation issue. There's no accommodations for my child who's too big to get on that smaller changing table so now I have to just not go anywhere.

ALAINA CHACHERE: Yeah, to that. And I think the way that I'm seeing it is that a lot of this, and even for housing and stuff, I feel like these sort of things need to be written into building codes because it's a lot harder to modify verses building. When you're building an apartment complex it should be part of your code that you have to accommodate. It shouldn't be three out of a thousand units. I think it's a code issue. Same as when you're building a park or a public space it shouldn't be optional. That you accommodate a universal changing table so that people have access.

JILL HANO: So Angela, can I say something really fast? Do you want me to call on you later? You look really busy. Okay. So Alaina, thank you for your comment. Also, this seems like here there's an issue between, and I guess it's not talked about enough, but there seems to be an issue between inclusion and accessibility. I think it's really important to distinguish the two because it's two completely different issues. That's it. So Ms. Harmon, you have the floor.

ANGELA HARMON: Thank you Jill. I was just pigging backing off of something Mr. Erick had said too. He was asking about the camps and a lot of the questions that he asked they don't have the cameras because they generally move around from BREC camp, as far as the Camp Sunshine. And honestly, if you have a lower functioning child that's attending those camps it's really not set up for them. You either have to have someone come with them, like you just said, whether it either be ABA or a parent, which they prefer not a parent, but a sitter. Because at some point in the day those children that are less functioning such as my son they're bored because they're not really watching the movie, they're not really into kickball or volleyball. Where some of the more higher functioning kids may enjoy some of those things. Like towards the end of the day it's just kind of like a bona fide babysitter. Which I would like to speak to someone about that. Even if they start working on some of the fields with them at the end of the day. Something that can promote

their independence. Having fun but independence.

But yeah, it's just not geared for everyone. And if you don't have that support staff to attend the camp your kid's not going to go. Like you said, there's an assessment because they're trying to see which side they fit in but yet they don't have the staffing to accommodate the various exceptionalities of these kids. And I think that's a problem as well. You do have Red Stick. I don't know if anybody's heard of Red Stick Cares but they offer summer camps as well but they can be a little pricy. And we all know, especially as parents, we don't need anything else to cost us a bunch of money just to have our child go somewhere in the summertime. Which they include more daily living skills and you have to be a certain age to attend. It's not for the smaller kiddos as much. But I think they have a good product or they offer a good service. It's just if you're willing to pay for it. That's all I really had to say.

Because I do know, Ms. Chachere, about having that big child and they can't fit on that changing table. We used to bring blankets and sheets and disinfecting wipes so we can change my son. Any amusement park we would go to. Even sometimes at Sea World in the very beginning we couldn't, we had to lay him down to change him. I think that's ridiculous. You know how much money Sea World makes. That's all. That was the only statement I had as far as the camps and there is a disparity. Because like I said, if you don't have someone to go with your child your child is not able to go to summer camp. And I don't think that's fair. But thank you.

JILL HANO: Thank you Ms. Harmon. Okay. Thank y'all. This is very important conversations. Does anyone else have any comments? Okay.

REKEESHA BRANCH: We have a hand raised. Ms. Brenda Cosse.

JILL HANO: I'm sorry Ms. Brenda. You're recognized.

BRENDA COSSE: Good morning. Can y'all hear me?

JILL HANO: Yes.

BRENDA COSSE: Thank you for the discussion. I don't know if y'all addressed the sensory issues that camps also, like having a sensory room or area so the

children can relax a little from being in group settings. That's important also in different environments that we're in for recreational activities. So sensory areas are important. It could just be one room or a tent. I've seen those for outside events. They'll have a tent or several tents with sensory items in there, toys, soft music, low lights in rooms. It just depends on how they set it up. So I would always say for parents to contact wherever they're going, whether it's an indoor or outdoor activity, to make them aware of a need and to give them ideas if they don't already have sensory areas. Thank you.

JILL HANO: Thank you Ms. Brenda. Brooke, you're recognized.

BROOKE STEWART: Hi everyone. I'm sorry for coming in late. I know we're on recreation, correct? And one camp I really wanted to highlight, this was my first time being able to send my daughter to camp and this so happened to be their first year having this camp, it's called Camp Benny. And the camp is in the New Orleans area and it's through the Beignet Foundation. And I think this was the first time Ava has been able to go to camp, and she's in pullups still. And it's for kids with autism. So I think whenever we're thinking about these recreational camps and summer camps I think Camp Benny would be a good one to look at when it comes to like what we're looking for. They have tried to be a little active on social media but I think if we could just look at how they structured their summer camp this summer I think it would be beneficial.

JILL HANO: B-e-n-n-y?

BROOKE STEWART: Yep.

JILL HANO: Thank you Brooke. Remember we're on state of the state and the council staff need quality assurance, housing, transportation and recreation. And I'm saying that out loud to remind myself. So is there any more, any discussion on those four areas? All right. Thank you. Thank you staff. We'll do early education and early intervention, childcare. So first on my agenda is Dr. Patti Barovechio from Bureau of Family Health. So, Ms. Patti, you have the floor.

PATTI BAROVECHIO: Good morning. I know one of the things that we were asked to do was just kind of provide a state of the state on what Title Five or the

Bureau of Family Health provides to families and individuals with disabilities. And so we are part of the federal Title Five program. So the Bureau of Family Health administers the Title Five program. And it's a federal/state partnership that goes back to 1935. But we know by virtue of the statistics in our state, about our pediatric population, is rather at risk. We have almost one in four children in our state can be identified with a special healthcare need. And almost one in three with a behavioral, developmental/behavioral or emotional problem. And so a lot of our programs are really focused around children and youth with special healthcare needs. And so we have several programs under our purview that we administer to support these populations. One of them is our children with special healthcare services. We still have some subspecialty pediatric clinics around the state in areas of provider shortages. And so those services are available. I know transportation had just been recently discussed. So if a family member needs transportation and the Medicaid transportation is not adequate you must apply for the Medicaid transportation first and then you submit that with the application. You can get a stipend for transportation and citing whatever reason the Medicaid transportation is not sufficient. But that transportation program is administered through Children Special Health Services. That's the clinical team within the Bureau of Family Health.

We also administer the Early Hearing Detection and Intervention Program which follows the guidance and has these three important benchmarks. And those are that all children receive a screening by one month of age. So for children birthed in Louisiana institutions, healthcare institutions they are provided a newborn hearing screen before discharge. And then all babies who are identified through screening that need additional testing that they are diagnosed by three months of age. And then the third benchmark is that all babies who are identified as Deaf or Hard of Hearing are enrolled in early intervention by six months. Which supports optimal language, literacy, cognitive and social emotional development. So we know that language is very important to a child's early

development so that is why it's so very important for them to receive this early intervention service.

And then one of our state benchmarks is enrolled in family-to-family support. So our Early Hearing Detection and Intervention Program has a family peer support group called Hands and Voices that provides support to families of children who are Deaf or Hard of Hearing. And then next on our list of resources are supports for people with disabilities is our family resource center. And it is a statewide center supporting families of children with special healthcare needs. And we work with our Louisiana birth defects monitoring network. And we do outreach to any child identified with a birth defect through our birth defects surveillance system to offer them resource and referral and needs assessment services. Again, working to ensure that any child that has a need is linked to the appropriate services timely.

We just recently completed an expansion of this program to where not only children identified with a birth defect but also extreme preemies are also offered these resource and referral and needs assessment services. The family resource center also takes calls from the community. You can self-refer or from healthcare providers across the state. We also implement the genetic diseases program which operates a comprehensive newborn heel stick screening. If you have had a child or if a family member's had a child in the hospital before discharge they do what they call a heel stick. And it's a blood test and it's put on this paper and it's mailed to the state lab and it's examined and tested for genetic diseases. As part of that self-disease program that offers information and referral pathways to Sickle Cell Disease Foundation and clinics across the state.

And then we have also state-run genetic clinics that provide genetic evaluation, counseling, education, treatment and referrals for individuals at risk or diagnosed with a genetic disorder. That network tracks more than 70 structural and functional and genetic birth defects through active statewide surveillance. And this helps identify potential environmental exposures, pharmaceutical risks or behavioral contributors to birth defects in children diagnosed

before their third birthday. Current birth defects prevalence in Louisiana is 2.75 percent per 10,000 live births.

And then last but not least really focused around children and youth with special healthcare needs. We have our medical home program or technical assistance center and it promotes the pediatric medical home model which is a family centered team-based approach to comprehensive coordinated primary care and it's considered a gold standard for pediatric care. We offer no cost training and implementation support to Louisiana health providers, health systems to expand their capacity to deliver high-quality care.

And over the next state fiscal year the medical home technical assistance center will further evolve into a streamlined hub for training, technical assistance and resource dissemination for providers serving children and youth with special healthcare needs across the state. Because families and healthcare providers alike report difficulties navigating the early childhood system of care in our state.

To address these challenges we suggest collaborative opportunities between Title Five and the DD Council could include cosponsoring and promoting family and provider focused education on key topics related to the care and services for children and youth with special healthcare needs and disabilities. Joint efforts could include promoting the pediatric medical home as a standard model for healthcare delivery across state. Developing coordinated messaging on the importance of early hearing screens including timelines for screening, diagnosis and intervention to ensure these children receive the supports timely. That language development is really, really important in the early years.

And then strengthening across agency collaboration to improve care coordination and advancing the overall health and wellbeing of our pediatric population. If I can answer any questions I'm happy to do so.

JILL HANO: No questions for Ms. Patti?

REKEESHA BRANCH: No, ma'am.

PATTI BAROVECHIO: Thank y'all very much for the opportunity to share our work.

JILL HANO: Thank you. I do have a question for staff. And just general curiosity. How does the state of the state report, how does this information tie into like what we're going to be doing when we rate our plan?

STEPHANIE CARMONA: So if we think about, I mentioned it during the orientation but I'll just make sure that-- I'm sorry I didn't mention it before this. The most important thing that we're looking at is public input. And we'll get to that public input report shortly. I think it's after lunch. But on that list of how we make our plan one of the things that ITAC includes as a requirement is that we need to look at state trends. So the state of the state information is looking at all of the data and the trends for all of these areas of emphasis so that way committee members can make an informed decision on what trends are we seeing and do we have the public input that support those trends. Does that make sense? So like if we keep hearing multiple times, you know, that there's no accessible changing bathrooms and changing areas in these parks. Well, do we have the data that supports that. Well, we have the data. We're showing that there's not accessible parks. So that's kind of we're taking the data part of it and trying to connect it to what the public is saying. I hope that helps Jill. I hope I made sense.

JILL HANO: Yes. Thank you.

STEPHANIE CARMONA: You're welcome. Sorry I didn't make that clear before.

JILL HANO: I'm sorry I don't know that. Is Meredith on?

STEPHANIE CARMONA: Meredith could not join today. She had a conference so I'm going to review her information. But I am not going to be able to answer questions on it just because I don't know. I'm just reading what it is. I might be able to answer a little bit. I only have what she gave me. She has some data trends. Trends over the past five years on national assessment of education progress and state performance plan or annual performance plan reveal improved outcomes for students with disabilities in Louisiana. There are increases. In 2025 students with disabilities both outperformed and outgrew students

with-- students in the state outgrew students with disabilities across the nation if I'm reading that correctly. And she did include this chart. It's kind of hard. I know it's small but I wanted to include it.

Then if we look at the next chart students with disabilities have shown increased mastery rates on LEAP for the past four years. So over the past four years the LEAP scores for students with disabilities has increased. And I believe she's talked about this before. There's like one little decrease and that was during Covid. So that was the first LEAP scores right out of Covid. And I think she has mentioned that's why there's that decrease across all of them during those years. I just wanted to point that out also.

On the next place is the LEAP mastery for three through eight for all subjects. The first one was mastery three through high school all subjects. But same trends. There is an increase for students with disabilities across those four years. The Louisiana SPP or APR, which was the state performance plan, shows increases across all grades and subjects since 2020. Louisiana has received the highest score yet in its 2025 APR. The percentage of students with disabilities scoring mastery or above on LEAP, I'm not going to read all these data points, but if you look at the baseline which is 2020 and then the number that's right behind it you can see that in every single section there is an increase for students with disabilities scoring mastery or higher on the LAP test. On that specific LEAP test. The percent of students with significant cognitive disabilities scoring at or above proficient on LEAP Connect. If you don't know what LEAP Connect is it's the alternate assessment for the LEAP. So there's a separate route, like a graduation route for the LEAP Connect. And it's a separate test so it's just a different assessment. So these are the percentages of proficient or above. And again, if you look at all of those data, which I'm not going to read all of these numbers, there is an increase in every single category.

The percentage of students with disabilities exiting with a regular diploma is 65.45 percent. They have decreased the percent of students with disabilities in dropping out. So it has gone, I don't know if it has gone down 20 percent or if that's what

it's at right now. They have decreased the percent of students in separate settings and the percent of local education agencies with significant discrepancies and the rates of suspensions and expulsions. So it was decreased and we could see what the number was and then what the number is now in 2025.

So more students with disabilities are educated in regular settings. Right now we have 67.83 percent of students with disabilities and not in self-contained classes. And then growth in young children with disabilities outcome data. There's growth in young children with disabilities. Not sure if that seems like a weird sentence. The most recent data shows 100 percent of students with disabilities enrolled in higher ed post-secondary enter employment. And over 99 percent of evaluations completed within timelines.

Some opportunities for collaboration. This is something that I asked all state agency reps. So some opportunities that for Louisiana Department of Education found are continued support of the April Dunn Act of 2014 which sets the stage for students to be recognized for achieving individualized outcomes. And it has initiated movement towards counting all students in school and district performance scores. Differentiated pay allows for additional pay for hard to fill positions. Act 479 of 2025 regarding seclusion and restraint, restraint and special education cameras. State special education ombudsman and additional monitoring staff increase support and monitoring for stakeholders. Special education directors supervisor meetings convene as well as monthly office hours. Updated assistive technology framework expanded the SPED Fellow Academy which supports new special education leaders. Released 17 compliance professional development models to leaders and educators. Posted the first Special Education Parent Summit with opportunities to expand in future years. The state Special Education Advisory Panel also most recently noted wanting to focus on further implementation of the special education playbook, early literacy support and support for students with disabilities and training outlined in Act 479. I will try to answer questions. That was a lot of data. I'm sorry Meredith couldn't be here. She had planned on coming but something came up.

If you do have questions I can try to answer them. Like I said, a lot of it is a lot of data information. And if we don't have any then I can move on.

JILL HANO: Okay. These decreases-- this is questions. Could you like refer to Meredith?

STEPHANIE CARMONA: Yeah. What you got?

JILL HANO: So the decreases in the percent of students with disabilities or SWD dropping 20.07 percent. Like from the 20.07 percent my question to Meredith would be decrease from what. Like 20.7 percent from what.

STEPHANIE CARMONA: All right. Yeah. I will ask her because I'm not sure.

JILL HANO: Because I suppose it was 2020 but just I didn't know what she was comparing it to.

STEPHANIE CARMONA: I can definitely ask. I'm not sure if she'll be able to get back to me during these meetings but once I do get that information I can share that with everybody.

JILL HANO: Just a general wondering. All right. So any other questions? Thanks. Are you doing Brian's?

STEPHANIE CARMONA: Ebony is going to go over some Medicaid.

EBONY HAVEN: So again, Stephanie just asked each agency to give like an overview, a state of the state. I'm going to provide a little bit more information because Brian I think he probably created this before the Big Beautiful Bill, the reconciliation bill passed so I'm going to give you guys a little bit more information than what he has on here. But I am going to go over that and then at the end he did put some suggestions about how the council can help.

So just an overview of Medicaid in Louisiana. We all know that Medicaid is essential to health and wellbeing. And from that first table you can see that over 1.5-million people in Louisiana are on Medicaid. So just to kind of give you guys reference we have about 4.5 million people here in Louisiana and we have 1.5 mill on Medicaid. So that's about 32.8 percent or a third of the people in Louisiana are on Medicaid in our state. So that includes more than 170,000 individuals with disabilities. And we know that Medicaid covers things like hospital visits, doctor

visits, medications and support for living at home and in the community. And we know that without Medicaid many people with disabilities would not get the care that they need.

So if we look at some of those key facts and figures that are included in those tables that Brian included in this handout, just looking at the current trends and key data points again, over 1.5-million Louisianians are enrolled in Medicaid. That includes about 170,000 adults with disabilities. And about 65,000 parents or caregivers of people with disabilities. And we're going to see why that's important when we talk about the Big Beautiful Bill.

And then lastly, there are also more than 680,000 children covered under Medicaid. So if you look at table two where he has the chronic condition prevalence rates in Louisiana adults, people with disabilities often have more complex healthcare needs. So for example, individuals with disabilities are at 45 percent of individuals have arthritis compared to people without disabilities. It's only at 20 percent. If you look at diabetes for people with disabilities it's at 18.6 percent compared to only 9.9 percent in individuals that don't have disabilities. And you can see the same trend when you look at asthma. 16 percent of people with disabilities have asthma compared to 6.6 percent of those individuals that don't have a disability. So you can see that trend where people with disabilities have those more complex healthcare needs than their counterparts who don't have disabilities.

So if you look at figure one Brian included a lot of data in his handout but this is something important to note because most Medicaid enrollees are children and low-income adults without disabilities. So if you look at enrollment on the second half of that chart you can see that most of the people that are enrolled are children and low-income adults without disabilities. But they actually account for a relatively small share of the total spending. Which if you look on the right side where it says payments you can see that the total spending for those children and low-income adults is relatively small. So in contrast when we look at people with disabilities and seniors receiving like

long-term services and supports they make up a smaller portion of the enrollees but a much larger portion of the program's total cost. So more Medicaid spending is spent on people with disabilities and seniors receiving long-term services and supports as opposed to the people that are mostly enrolled. And that's children and adults that have low income.

So because people with disabilities and seniors, because their care is so much more intensive and it's more long-term they're spending most of that Medicaid money. So this actually shows how crucial Medicaid is to meeting the needs of people with those complex healthcare challenges, people with disabilities, those seniors. Medicaid is truly important because most of the Medicaid spending is to those populations.

So Brian included some barriers to the current system. Of course we know there are a lot of barriers to Medicaid. Unfortunately they just have a lot of serious challenges. One of those challenges he included was we have a shortage of direct support professionals. That is not new to us. We know that. And I think Julie will probably cover some of the stuff that they're doing to address that. Which includes the rate study that I think it's done now but I'm sure she'll address that. We know that the DSPs are the people who help individuals with disabilities and our seniors live independently and at home. Not going to more costly institutional care. So we need more of them. And we need them to be better paid and have better training. So most DSPs don't receive the training that matches the needs of the people they support. So we know that's been an issue for a while. Especially for those individuals with developmental and physical disabilities. Or even those behavioral health conditions that we see a lot of DSPs just aren't trained in how to care for those individuals.

So again, I wanted to kind of put some information out there. It's not included on the information that Brian included but I always want to make sure you guys have current information. And so I want to talk about the One Big Beautiful Bill Act. We know that's the new federal law, that's our reconciliation bill. And it is going to make things a little bit more harder for people with disabilities here in Louisiana. I know

that there's still a lot of speculation. Medicaid isn't sure how these things are going to get implemented and they're still waiting for guidance. But we do know some things for certain and I kind of brought them up in the council meeting last week. We know that it's going to add work requirements to Medicaid which could cause, specifically for people in Louisiana, about 139 to 158,000 people in Louisiana to lose their coverage. And this includes people with disabilities who can't meet those work requirements. I think Brian talked about this. It's also going to add copays and paperwork. Like reapplying every six months for people just to make sure that they are eligible to continue to receive those Medicaid benefits. So this could lead to people losing coverage even if they're still eligible because we know whenever you do re-eligibility determination sometimes people they fall through the cracks or they may not submit their paperwork in time. So you have people that may lose their coverage because of these frequent redeterminations every six months.

It also limits funding for home and community-based services. So wait lists could get longer. And we know in the case of Louisiana our wait list has been eliminated but it could return because they are limiting funding for those home and community-based services. Again, I'm sure Julie's going to provide more information on that. But fewer people will get the care that they need in order to stay out of those more costly institutions.

Again, rural areas and long-term care services are expected to be hit hard. And possible facility closures because we know some of the rural hospitals may get targeted. But I think Brian did give us some hope on that at the council meeting. He did tell us they had that 50 billion dollars that they had allocated for those rural areas, those rural hospitals.

But one last thing is it kind of raises some civil rights concerns especially for women, our LGBTQ plus people and of course people with disabilities. That's just something to kind of keep in the back of your minds about what's going on with the reconciliation bill or the One Big Beautiful Bill Act. Because again, people can face those copays, work requirements and

that increased paperwork. Brian did include suggestions on how the council can help. One thing we can do is protect Medicaid and home and community-based services. Again, y'all's mandate is advocacy, capacity building and systems change. These programs help people with disabilities live independently and avoid institutions. We can invest in direct-support professionals. We need better pay, better training and support to retain our direct support professionals. Make access easier, not harder. The new rules create barriers that don't belong in the healthcare system. We can also educate our families. Our families need to know what's happening. And then what they can do. So it's our job as leaders in the disability community to make sure that families are aware. And you guys can do that with training and technical assistance.

And then use data as power. Disability health disparities are real. We just saw a lot of data that Brian included in his handout so we can show that data to lawmakers. Show them the facts. Show them these key trends. And make sure we hold them accountable because we don't want them at the end of the day to say oh, I didn't know. If we're educating them then they did know. So we have to hold those individuals accountable because we vote for them. We vote them in office so we have to make sure that they are hearing from us, hearing from the disability community to make sure that they have the facts so that we can make sure we hold them accountable. I think that's it for Medicaid. I'll try to answer any questions if anybody has any. But Julie's on too so maybe she can help me answer questions if I can't.

JILL HANO: I have a question.

EBONY HAVEN: And Mr. Taylor has a question too Jill.

JILL HANO: Erick, you're in person so you have the floor.

ERICK TAYLOR: Go ahead and go first Jill.

JILL HANO: Cool. Because I'll forget. In the quarterly meeting Brian said, or I thought Brian said for the new federal bill, I don't like that name so I'm not saying it. But there were no, for Medicaid the work requirements were not for people with disabilities or didn't apply to persons with disabilities. Like I

work eight hours a week y'all.

EBONY HAVEN: Here's the thing Jill. I don't think-- he said they're still waiting for guidance for this from CMS. And Gearry or Julie, you guys can definitely join in. My concern is they haven't come up with any like set, I guess, guidance on how people are going to prove that they have disabilities. Or like let's take caregivers for example. How do I prove that I'm caring for a child at home who has a disability. I guess there's just still a lot of unknowns and what ifs and I don't think that Medicaid or I don't think that we've gotten guidance about how people are going to prove that they're exempt from those requirements.

GEARRY WILLIAMS: There's still guidance to be solved as it relates to that. I think Brian was kind of mentioning more to the fact that he didn't think those that were disabled or met nursing facility level of care would have that same work requirement. But as Ebony mentioned they're still waiting for guidance. Because that's a good point about caregivers. How would they prove and would it be every six months or how often. I think that's guidance that we're awaiting.

EBONY HAVEN: Like if you have a statement of approval if you have a waiver or if the 90L is going to be used for exemption. I don't know. And so I don't think that they know either and so that's just something to be aware of that there's still a lot of things that are unknown. There's still a lot of questions to be answered. And so I know that they're waiting for guidance on that. I just want to put that out there because like I said, we have to make sure people are educated. And we don't have the answers to those questions yet and I don't think they do and so we're just waiting for guidance on how those things are going to be determined.

Because one of the questions, and I'm getting this from another DD council, she brought up a lot of questions that are good for our grassroots advocacy networks to ask our legislators. One of them is what qualifies as a disabling mental disorder that's supposed to be exempt. There's no guidance on that. How do I prove I'm exempt because of my disability. How much does my disability have to impact my

activities of daily living in order to qualify. How do I prove my disability limits and activity of daily limit. Like if I just say it is is that enough or does someone have to agree. Do I have to get an assessment. Well, my disability sometimes impacts what I do but it doesn't always. Am I exempt. Or even like my disability doesn't impact all of my activities of daily living such as I can eat, I can bathe, I can dress, I can toilet, I can move myself. So sometimes my disability impacts how I function. Am I exempt. So it's a lot of questions that I think still have to be answered and we can't just blanket say if I have a disability I'm going to be exempt from those work requirements. So I just think that that's something that you guys should really think about. I think Erick still had a question and then you have Vivienne and Tony with their hands raised as well.

JILL HANO: Erick.

ERICK TAYLOR: I know Mr. Brian is not here. I wanted to know is Medicaid trying to mostly push us to nursing homes because they feeling the nursing home is more trained to care for the people with disabilities?

EBONY HAVEN: I don't think it's Medicaid pushing that. They have to follow federal regulations because Medicaid is a federal program. They just have to follow those regulations. And remember I kind of mentioned this at the April meeting. The services that, a lot of the services that individuals with disabilities get are optional and so sometimes when you're making cuts and you're taking funding away those optional services are looked at first.

ERICK TAYLOR: Right. But then I'm looking at this too. Medicaid comes to the table and speaks to us but we don't have enough information out there for people to understand it. Because it's a lot of he say, she say. And then we don't understand it. But the only time we really get to understand it because we're board members and we're here physically but other people don't hear and a lot of people get scared. Okay, what's going to happen to me if I get sick. Or what's going to happen to me if I can't feed myself. Or what's going to happen to me if I can't bathe myself. And we're going to get the proper information because me, I didn't understand. And like I said like wait,

what's going to happen in my family. The first thing people say oh, you going to go to the nursing home because if I can't get control of your money or you then I don't want no circle with you so I'm going to push you to the next. The reason why I'm asking that question is they trying, because I heard the nursing home getting more money taking care of you than you're living at home. And that's the scared part because I have a lot of friends that's scared of that because then they feel like that's why they're saying I'm independent but then yet they don't accept their disability because they don't know what they're going to get in the nursing home because I hear a lot of stuff. And that's my concern for my friends. Why not, just like you just read this Ms. Ebony, why none of this is out where people can understand it more better and get that pressure off them.

And I'm just saying I have a lot of people thinking about suicide because the help is not good. Or thinking about just giving up because they don't know the information and they get scared because they hear bad things about the nursing homes. If y'all understanding what I'm saying. And I as a person I can only tell them don't go off of what you hear, go off of what you talk to the person. So what we can do to get more information out where they get the true information, not the wrong information.

And a lot of people cannot read so we don't have things that's out. And I can talk for this person, I can't say her name because she will start talking about crazy stuff, but a lot of people don't understand stuff and can't read but you can talk to her and she can say da, da, da and they understand it more better because they don't trust people. Or they don't understand it and then they say well, they just going to sign something and then they lost all their freedom because they didn't know what they signed. Or they're saying strike this X across this T. And some other people that's the way they sign their name but you don't know. Because if somebody bring a paper to me, what's this. No, just sign this. No, I'm reading this. If I don't understand it I'm going to take it to somebody else. Well, why you want to take my paper. I'm not signing it. But some people just get scared and say I have to

do this because I don't want to lose my check. I don't want to lose my social security. I don't want to lose Medicaid because they're scared out here y'all. They don't know. I'm not naming everybody. They got some family members that take care of them oh, you're going to do what I say. And we don't have enough information for people to understand. And that's all I'm saying is they trying to push us to nursing homes. Or they got more programs out there where we can go to a library and sit in a class and go somewhere and understand it more better that we know this is the true.

GEARRY WILLIAMS: (Inaudible) and updates as we all do as they come down the pipe. But I think another thing too I know there are monthly, sometimes biweekly meetings right now that Brian is a part of. I have some that come to me as well, advancing states. But it is a very fluid situation, kind of like Brian mentioned last week. Still waiting for updates and guidance on a lot of different aspects of the bill that came forth and what's going to happen with Medicaid. I think we're all kind of in that position right now. Administrators and certainly the general public are still waiting the additional guidance that's not coming fast enough, I know that, but that's all we can do is wait for the guidance because there is a lot still to be determined.

ERICK TAYLOR: Got you.

REKEESHA BRANCH: Jill, Vivienne has her hand raised and also Tony.

JILL HANO: Vivienne.

VIVIENNE WEBB: Hello. So it's hard for people who have more invisible disabilities to be recognized as disabled even when they have their statement of approval and have waiver offers. They're still denied things such as Medicaid and other services. How do we go about fixing this? Because there's still people who need supports but cannot get them because you eyeball them and they don't look incapacitated, they're not wheelchair bound. And they just in general really need these services. Like have low body tone or what not but they're still denied. And one of the things that is on the box checking list is IEP and this should not be used to qualify an individual as disabled. So how do we go about fixing this?

EBONY HAVEN: I know I don't have the answer to that, Vivienne. I think what's so important that you guys are doing here today is trying to come up with goals and objectives for your five-year plan that could potentially help to address those issues.

TONY PIONTEK: I had the same question as her. Seems like it's going nowhere. That's all I have. The same question. Where are we going to go with this for our whole future. And it's more of us from her age to my age and older. Plus not just that age bracket but also people that are like us but they're physically handicapped. They can't go anywhere. No transportation. No liability. Like what Mr. Erick was saying, perfect example. When, where, how are we going with this for our future. That's the biggest question for us in this very hard, undefined, undeniable question. I know it's hard. We want the resources, the ability to use them correctly, usefully. I'm about to create another meeting with Mr. Beau and Ms. Christy so, I mean, that's just a total big question mark that we haven't answered yet.

VIVIENNE WEBB: So I was wondering if maybe something similar to the DMV, like a piece of paper signed by your doctor or whatever that diagnosed you or something similar might work as what is qualifying a person as disabled in terms of services and everything.

EBONY HAVEN: So Vivienne, again, we don't have any guidance. And so Brian sort of mentioned this at the quarterly meeting last week. They don't have any guidance yet on what's going to be accessible and what's not. I don't know, maybe they may come up with something similar to that but at this point we just don't know. So we're just waiting for guidance.

JILL HANO: I don't want to sound ignorant, and like I'm trying to give a Band-Aid, but what about your 90L?

EBONY HAVEN: Jill, that's something I mentioned like would your statement of approval work, would your 90L work. They don't know. So they don't have any guidance on that yet. We're still just waiting for guidance. And like Gearry just said, it's coming very slowly.

JILL HANO: All right. Y'all it's 11:19. So this is a good conversation but we are going to take a ten-

minute break and come back at 11:29.

(Break)

JILL HANO: All right. Are we ready Stephanie?

STEPHANIE CARMONA: Yes.

JILL HANO: Okay. Welcome back guys. Hope y'all enjoyed your break. As always I got caught up in the conversation and forgot I was the chair. Is Melissa here?

STEPHANIE CARMONA: She's not. I'm going to go ahead and read her report though. Hers is pretty short. Because she's not here if you have any questions I can write them down and ask her. I may not be able to answer them. So the current trends that they are seeing. There's continued challenges recruiting and retaining qualified rehabilitation counselors to assist their customers. Barriers for people with disabilities. The lack of staffing in vocational rehab has resulted in less time for VR counselors to spend with customers providing guidance and counseling. And there's longer wait times for individuals to receive those VR services. Some key data points, and she did talk about this last week. LRS is still short 7 million-dollars in state general funds to draw down their full federal allocation. So I think when she spoke last week I think it was 30 million-dollars that was left that they couldn't get from the federal match. And then suggestions on how the council can help. To provide information to legislators about the VR program and the benefit of the program to individuals with disabilities.

JILL HANO: That was short. Okay. So does anyone have any questions they want staff to relay to Ms. Bayham? Okay. Do we have a quorum?

STEPHANIE CARMONA: Now we do.

JILL HANO: Okay. Julie, do you want to take it away?

JULIE FOSTER HAGAN: Sure. Can you guys hear me? I was having some audio issues earlier. Just doing a sound check. Can y'all hear and understand me?

EBONY HAVEN: Yep.

JULIE FOSTER HAGAN: Okay. And sorry. I was multitasking. I heard Julie might talk about this later and I think I hit some of those but if there's things that I miss that y'all want to talk about feel

free. So we did, I think similar to what other folks are saying, just to kind of hit a couple of highlights of some current trends. I know one of the things that's been important to the council over the years, you know, a lot of work was done for a lot of years to end the waiting list. And then when we did that six or seven years ago now there's been just kind of a lot of questions in wanting us to make sure that we're looking at the data to make sure that we're able to maintain that, having no waiting list and that we're not getting close to going back to having to have one. In fact, I didn't know this but I learned that some other states actually do kind of bounce back and forth being having a waiting list and not having a waiting list as they try to catch up.

One of the first trends I did want to talk about is that we continue to support more and more people in the waiver. But we look at a data indicator that's called the average cost of waivers and we look at how much it's costing per waiver participant on average. And that's what we use to really kind of project how much money we're going to need to know do we have enough to make sure we're not having a waiting list. And even though we've seen kind of more people being served we've seen higher costs overall for the waiver and that's been associated with some of the rate increases that we've been able to do. We're still really maintaining what we call that average cost of waiver right at about 49,000. It kind of bounces between 48 and 49,000-dollars per person per year. And as long as we can kind of keep that steady then it helps us make sure that we continue to be sustainable so that we don't need to have a wait list in the future. So did just want to share some of that data and that we do continue to see that the trends continue to support that we will be fine at least a year or two years because we try not to project out further than that because there's too many unknown variables. But as of right now for this coming fiscal year we don't anticipate any concerns with being able to maintain the fact that when somebody has a SUN score of a three or a four they are able to get a waiver offer. So just want to make sure there were no concerns or questions around there.

The other thing that we are seeing is we did a lot of work to change the way that we do employment and day habilitation services so that we can sort of shift the focus from there being like a place that people go to to get to do things during the day. And at that place there's only other people with disabilities. So it's not really happening in the community. Whether that be work or what you do during the day. So we've made a lot of changes. We have talked about these changes because what the agencies told us that provides these services is that the way that we were paying people it would be difficult for them to be able, I'm on the second bullet now, the way that we pay people it would make it difficult to have anything more than like large groups of people. So we now have the ability for folks in those employment and day hab areas to bill for lower ratios. So they may be having, you know, being able to support one, two, three people in a small group instead of the eight people that we were seeing.

We've also updated services around integrated employment so that we could try to have services and the right rate to go with them for those employment services. But even though we've made these changes and we have tried to educate people about these new definitions we still don't see people using those services a lot. So that's a trend that's a little bit concerning to us. And we do understand that sometimes these things take time so we are trying for us to think about how we make sure we continue education and continue to make people aware of that. But again, a trend that has us a little bit worried is that those services are out there but we don't see an uptick, a substantial uptick in people using those services at smaller ratios.

We do monitor the number of people who use self-direction. I didn't give all negative or all positive. Just tried to stick with factual. We do continue to see more and more people every year using self-direction services. We do continue to have that Self-Direction Advisory Group and a self-direction quarterly kind of meeting for employers in self-direction. We are anticipating in the coming year having that handbook that's been modified substantially based on feedback from those advisory groups. So we

are doing some work there to help try to make sure that people who do use that option have all the tools that they need to use that option successfully.

And then kind of the last sort of trend information is that we have now started, I think we've had four or five meetings, a self-advocate workgroup. And it is only self-advocates. It's used as sort of as an advisory group to our OCDD executive management team so that we can keep a pulse of what's important to our self-advocates and have a venue for them to be able to share things with us. And some of the themes, again, we're still kind of early on with these meetings. But some of the themes that we're seeing for them, things that are important to them, is that we really focus on independence and what people need to be more independent to be able to access the community. Whether that be at the university that we're seeing more and more people able to attend either the regular university or through special programs that they're having or going to their doctor's appointments or other things they might do in the community. In technology and using some of the apps. Almost everyone now has a smart phone that's somewhere connected close to them. To having use the technology to better support some of that independence. And they talked a lot about ableism and the idea there seems to continue to be this assumption that if you're a person with a disability maybe there's things that you can't do in the community like a person without a disability. And really trying to sort of refocus that. So those are some of the big themes that we're seeing and that we're going to be trying to help tackle with our self-advocate group. Whether that be just setting up opportunities for them to talk to other people in different parts of the community or how we do that. We're going to be working on really kind of those things for next year.

This was one I heard Julie might talk about more. We do continue to see workforce shortages. Not just in the area of the direct care workforce but also related to support coordinators and access there. Making sure that there's medical and behavioral health professionals who do understand that there might be some unique needs for folks with intellectual and developmental disabilities. And we do still kind of

across the board that when you encompass all those workforce challenges together that we're still hearing regularly that's a substantial barrier.

We also are aware for folks who do have co-occurring intellectual and developmental disabilities and serious mental illness trying to find access to appropriate treatment options for that population continues to be a barrier. We also do look at, we do in our office sort of a mortality review for people and take a look at what are some of the impacts as it relates to folks who have died in our waiver program. And we do still see a substantially higher incident for people with developmental disabilities in our waiver. The mortality rate for them as it relates to cancers is higher than it is when you compare that population to kind of like the general population. So for us that really points to the need to make sure that folks with developmental disabilities have access to preventative care for those chronic diseases and especially for cancers and things like that. And we're worried that maybe they're not always participating in those. I know that sometimes it's difficult for people to understand why a mammogram, if you're a woman who's had a mammogram before you know there's nothing comfortable about that. And if I don't really understand why you're doing that than it might be more difficult for me to be able to get that mammogram. It also might be that I also live in a rural community where there's not easy access to some of these. So we're really also understanding that there are some barriers related to that preventative care that we're trying to make sure we pay attention to.

That's just some data. The next key data points that's some data that I shared with you guys around what I was talking about earlier. How many people we're seeing in waiver. What our costs are. And sort of that average annual cost. And I shared why that was important. We also talked some about the mortality review data. We do have an annual mortality review report that we publish every year that shared some of this information. But like I said, we really were a little worried around the cancer. Septicemia is also something that is really prominent. That's sepsis. And some of these can be preventable with the right access

to the right physician.

And then lastly, before we jump into questions for me, suggestions for how the council may be able to help. You know, just a note, because this really came from our self-advocates, not that it's not important, some of the things that we've talked about before around things like incontinent supplies or some of the other things that we worked with the council on. But what we hear from our self-advocate group is a real need to kind of focus back again on how you're more independent and moving that, how we help people, think about employment opportunities. That's sort of that second bullet. That also ties back to independence. So it seemed as if we were moving in these directions. We talked a lot more about employment. We talked a lot more about people being integrated in the community. We did a lot of that before Covid and then Covid came and we sort of then had a lot of focus on, you know, health and safety for folks. And so what we are hearing from the advocates is a need to really start back again, how do we really start focusing on building independence, helping people do that. And helping get back to being integrated and a part of the community.

And then lastly, a suggestion back to what I was talking about, some of those acute and preventative things. Helping us maybe think about ways that we promote education and access on why those preventative screenings are important and around access to behavioral health treatment. So that concludes-- oh, work requirements. I will just echo what you guys mentioned earlier. CMS is starting, they're saying some things like if somebody has a 1915C waiver. So I know y'all were talking about your 90L or your level of care, things like that. But right now if they have a 1915C waiver, whether that be with Office of Aging and Adult services or OCDD they've gone through several sort of steps to identify that that population of folks has a disability. So they're looking at, so what CMS is trying to do is there are some things that folks already go through to determine an eligibility that might be able to say yes, that meets the requirement.

I will also share though, just like I just mentioned about employment and what not. One of the messages I tried to take back, because I do think we

need to be careful, I don't want people with disabilities to go have to go through extra steps to prove the work requirement. However, I think it's a fine line because I do think, and this is just Julie's opinion at this point, but I do think that we need to be careful that there's not an assumption that just because you have disability or are receiving those services that you can't work. And so I want to make sure that we're not going backwards. So where is there a balance between making sure that we're not making people jump through hoops that they don't need to. Whether that be redetermination for your Medicaid eligibility or what not. But we don't want to go backwards and have these assumptions that just because you have a disability you can't participate, you can't actively work, you can't do those things. That's the only, I guess, caveat I'll say around work requirements that I've been trying to say. I think we just need to be careful that we don't want the message to go the wrong way when we're thinking about those things. I'll stop there and then happy to take any questions or, and I see Tony you have your hand up, and Ebony if there was anything else I missed because I was kind of in and out different conversations that you said you wanted me to talk about. Also happy to talk about those things.

EBONY HAVEN: I'll let Tony go first.

JILL HANO: Tony, you're recognized by the chair.

TONY PIONTEK: Firstly, I agree, Ms. Julie, that we need so much more than ever to get rid of all the negativity of your area. We've heard so much of it and we just need to plan and work to change these facets of old life that we're just going nowhere. But we want to do more here and now and future. And I want to say yes to give you the answer to assist you. We're just a parish. We don't even compare to a big city. That's really all I can say. It's education, employment. I can name other things but it's such an instrumental part of our lifestyle. We want to fix it but we can't fix it at the same time. That's how you feel right now. I know you all too as well. I can totally understand that but it seems like we're not going forward enough effectively and more precise what we were all hoping for and hopefully much more. Seems like we're not getting there and that's what I'm

fighting for, for our parish here. Like I mentioned to the staff, Ms. Julie, Ms. Curtis and Beau live in my hometown and we do about a periodical meeting time at his office where I live. So we'll be doing a lot more of these meetings so that we can at least do something to improve our whole society here where I live. But please, put me on the list and I'll be happy to help in any way possible.

JULIE FOSTER HAGAN: Thank you.

JILL HANO: Karen, you have the floor.

KAREN XU: Yeah, just thinking during my experience with my son's care I found, especially when he basically cannot speaking clearly and also looks kind of low functional. So something he cannot do well. He need support. Kind of not independent. But I know he can be trained to catch some skills but need a lot of patience, just consistency to improve that. I know it looks hard. But I just consider why his situation due to the behavior issue. I just wonder I know maybe people one day in the disability situation usually there's kind of a frustration or they can't express clearly, can't get what he want, get attention so the behavior just turned to be the only solution for them. It's actually a lot of an emotion issue. I just wonder we need to consider emotional issue for such kind of people's care. Because emotional issue maybe play a bigger fault because people easily will block that based on their behavior issue they just separate them, isolate. They may suffer more mistreatment to make them more frustrated. Just consider that may be the issue we need to focus on. Because even normal people we still have-- because even based on my experience I will sometimes be desperate. When you're desperate you may lose control of your behavior. That's interaction with other people and also making a big life change. I just wonder we may need to focus on the mental health, understand the emotional issue. I know this may need more people understanding their situation. Give more patience, give more love, give more understanding. Just think about that.

JULIE FOSTER HAGAN: I would say that we probably need that a lot more in the world about a lot of things. Not just disability services.

KAREN XU: Right. A lot of stress when we can't

get attention. Especially I know the disabled people, no language, it's more hard for them. They may show what looks like an emotional issue and many people just don't like that.

JULIE FOSTER HAGAN: And we do have, just for everybody's awareness, so some of our resource center and behavioral health staff that we have in OCDD has been working with some other states. And there's now, it's called the Link Center. If you haven't researched or looked into the Link Center it's multiple different states and multiple different organizations and we do have a training there. We call it kind of around what we call wellness. And the idea is that some people who we think need a quote behavior support plan, they don't really need a behavior support plan. We just need to understand how they're communicating to us. Whether they use words or don't use words.

And if help make sure that you have a mechanism for communicating a lot of times that reduces a lot of the things people resort to when you can't understand them and you can't get your message across. So there are some trainings out there. We've also done some trainings that are available for some direct support professionals here to help them better understand how to engage. But no, I 100 percent agree. Anything we can do to help kind of promote that kind of training. Whether that be for direct support professionals, support coordinators. We've actually done some even for like doctors need to understand some of those things and how to help implement that in their practice. Some professional level things. We definitely are continuing to expand that.

And you're right. What that looks like for somebody who maybe has mild intellectual disabilities verses someone who has moderate to profound intellectual disabilities might look different. And so we do try to make sure training sort of considers that because we do support folks with all levels of disabilities.

KAREN XU: Yes. In my ten years' experience my son it's hard because most times they just based on the doctors and the medication. They mostly depend on medication to control but medication actually cannot help Mark. We may also need to draw a line just no

matter what because their disability people they're in weak situation. Their behavior may be something is underlying. But they require, no matter what they can do physical force to put under. I just hope, I need that kind of physical force to come back to them because that state will copy that, will keep using that way. That's how they learn to do that way to make things with people worse. So no physical. Gradually reduce that behavior issue because you're making them feel better, feel be seen so they understanding. That may be helpful to reduce that behavior issue. But only depends on medication. So that's why the seclusion and restraint we need to reduce that use but more focus on giving more understanding under control. Just try to work on this area more to help them. I hope so.

JILL HANO: Ebony, I need you to call me.

EBONY HAVEN: Can I ask my question real quick and then I'll call?

JILL HANO: Yes.

EBONY HAVEN: So Julie, I know you were kind of going in and out but all I wanted to do was talk about the rate study. I know that it's supposed to come out this month. And so I noticed that for the average cost of each waiver recipient it's went up-- or it's stayed kind of standard 48, 49,000-dollars per person. I'm just wondering how the rate study is going to affect that number and if that will trickle down to us getting into a wait list again. That was just my question.

JULIE FOSTER HAGAN: Yeah. So I think the long-term answer to that is we'll have to wait and see. I think that if y'all remember correctly one of the things we did when we ended the waiting list in addition to giving folks with the SUN score of a three or four a waiver offer we also shifted to kind of that prioritized waiver or the most appropriate waiver. And so we are seeing that by offering people sort of that smaller package often times that meets their needs. And so really what's holding that average cost the same, because even if you look at that over three years we've had some pretty substantial increases over those three years. And I could go back four or five years and we're still kind of seeing it stay the same even with the rate increases. But I think we'll have to see, but if the rate study does result in higher or a

higher rate if that's the question. We've already had that but been able to maintain. One of the things we will have to do is just continue to look at making sure people have access to the services that they need but taking a look at are we able to meet their needs in some of those lower cost waivers or with those services.

We are seeing more children and so the idea is if you can get those services to children before they become adults then you're helping to get them more help with that independence earlier on so maybe they don't need more costly or higher cost waivers in the future. But I don't know. I mean, we will continue to have to watch and see sort of what that average cost looks like. We will have to look and see how substantial that rate increase is. We do still anticipate it coming out later this month. There's some work we have to do internally that we're trying to really finalize that so that we can get back publicly with the rate study. We'll go back to kind of the working group members and then really take and publicly present sort of that rate study. And we still hope to do that within this month. It may be early September before we get to the sort of the big announcement with the public. But we are still working through that and I'm hopeful that we still meet those timelines. There's a lot of folks that are asking because when people start to put their advocacy or what are we going to ask for support on we really know that by September we really, folks need to know what that is to help know whether the council decides to do it, whether that's some of the provider agencies trying to do it.

But I can say that it will give us a picture of not just the rate in general but it also did, they did a lot of work around looking at through the bureau's labor and statistics, looking at other states trying to better get a grip on what that pay for direct support workers should be. So it will include information around not just this is what we are recommending the rate should be or objectively this is what we would recommend the rate should be. But it will also have some ties to based on, not just direct support pay, but also considerations around the fact they're supervisors. So you have frontline workers but you

also have frontline worker supervisors. And it will have all those considerations built into the rate so folks will be able to clearly see that when it does come out. So that, again, we're still hopeful that will be August that we're able to get that kind of like the final part published but it may be early September before we get that final. We're still on track and moving that forward.

But back to whether we have a waiting list or not. Again, I think that's just something that we'll have to be looking at, I would say on an annual basis. That really should be a part of the discussion as we're looking at budget. Do we anticipate having enough to continue to support. Because it's an analysis of the SUN scores and how many people are getting waivers along with sort of what's that average. So there's a whole lot of factors that play into that. And I do think it would be good to continue to push and make sure they have, my staff might be killing me, but make sure you push and have that conversation and push on that conversation to make sure we're thinking about that every year. At budget time especially.

JILL HANO: Okay. Thank you Julie. Tony, you have the floor.

TONY PIONTEK: Thanks. This would really help all of us. I did some homework on this. This would really be good insight to look into this. Is to recruit students with disabilities to be involved in any internships. I kind of really got into that and I looked it up. And then participate in intern programs for any students out of high school, out of college with a disability. Or more than that so that all of them will be available to enter internships wherever they are, him or for her. So that could really help not just a parish but also a big city. And whoever wants to start this with me I'm more than happy to.

JILL HANO: It would be unpaid work?

TONY PIONTEK: Yes. Unpaid or paid.

JILL HANO: Oh, okay.

TONY PIONTEK: It would be both because this is what I'm doing right now in my own life right now. I'm not getting paid but I surely enjoy being a part of everything I can in my own parish here. Like UL Lafayette, which is 45 minutes from me, we have a big

university. They encourage all the teenagers from 15 to 21 when they graduate. That's the process of where I live. I'm still earning my own GED on my own time. It's going to take a little more than what I thought. When I looked up internships I said heck, I'm going to go for that too. Maybe internships really can help assist parents or a parent that's single or married having their teenagers to grow up to be independent and what not. And many other things that are focused on that. Because as I hear a lot of the teenagers are now doing themselves a little more, which is beautiful. For me it's beautiful to hear all this. We just need to keep on doing it.

JILL HANO: All right. Thank you Jules. Any more questions for Ms. Foster Hagan? Okay. Perfect. So the next state report is from Mr. Gearry Williams at the Office of Aging and Adult Services. I think I see you back there. So you have the floor please.

GEARRY WILLIAMS: Thank you very much. Good afternoon. The state of the state for Office of Aging and Adult Services. Current trends, I'm not going to read all of this. I'm going to hit the high points. For the community choices waiver right now 6596 participants. Enrollment increased by 11 percent in the last fiscal year. And demand, as outlined, demand continues to outpace the slots available. Just in the past fiscal year alone, FY25, it was a 5 percent increase. Also during the most recent, the 2025 regular legislative session, we got an additional 750 community choices waiver slots during the most recent session. Adult day healthcare. There is no wait list associated with the adult day healthcare program. Of course it is a waiver program as well. Currently 291 folks enrolled. We did see a decrease in adult day healthcare. We're working closely with that program to identify ways to assist them. Some of those centers have expressed concerns about the number of participants or participants not reporting. The weekly attendance requirement has been a concern and with them being paid for those attendees. So we're going to continue to work with those centers to come up with ways to address that issue.

Longterm personal care services. Enrollment increased by 13 percent. The community choices waiver,

again, we are working with, as it relates the waiting list, we're doing our best to provide other services to those participants until a slot is available for them to participate. I think I may have touched on this a bit last week during the council meeting. But we were using some ARPA funds to provide some services to those that are dually eligible. We have sent through a company using those ARPA funds some remote monitoring where those participants or potential participants can get some services, even if it's remote services, until they are able to get into a slot.

As Julie touched on we had some rate increases also with CCW personal assistant services. Back in 21 those services we paid direct service workers, increased that minimum wage floor. And also wanted to provide some assurance that at least 70 percent of the rate increase was going directly to those direct service workers. We are auditing on an annual basis to ensure that's happening. We're doing some auditing right now, again, to ensure those funds are getting to those direct service workers.

Our PACE program. A program for all-inclusive care of the elderly. It continues to be a really, really good program. Currently 500 participants. We are also in the midst of doing a request for information. There was a market analysis, a market study done a little over a year ago now to see what part of the state would be most feasible. And so it's North Louisiana, Shreveport area. So we're working with Medicaid and legal within the Louisiana Department of Health to draft a request for information to get that out so we can look to open a fifth PACE center hopefully in the next three years in the North Louisiana and Shreveport area.

Money Follows the Person continues to be a cost saver as far as state funding is concerned. It's a federally funded program. MFP has supported over 3700 individuals in transitioning from nursing facilities and other qualified institutions into the community since its inception in 2011. Since January of this year MFP has supported 121 transitions.

Permanent supportive housing. Again, this program has shown that it's very much needed within the state. The program retention rate is right at 93 percent. One

thing I do want to point out in that second bullet point under PSH is that 61 percent of those participants in households experience an increase in household income after being housed with PSH. And that's a direct result of the support services that we have in place for those participants that are in permanent supportive housing.

As it relates to adult protective services. Again, I think I touched on this a little bit on this last week. We continue to see an increase in reports. If you look at that three-year period we, again, increase in reports underscoring the need for sustaining capacity and resources. In the most recent legislation we did get three additional positions for APS because they handle not only the ICFs that are licensed but also non-licensed facilities as well. Some of the barriers. Of course adults with disabilities are at a significant higher risk of abuse and victimization. Also I think I touched on that a little bit last week. As a result of our public awareness campaign we feel that's also the reason why we've seen an increased number of reports of abuse, neglect and exploitation.

As Julie mentioned we continue to see shortages of direct service workers. So we're using ARPA funding right now to assist with training of those direct service workers in many different aspects of trainings that we are currently or have done since the last fiscal year. Whether it be behavioral health, Alzheimer's, dementia and traumatic brain injury. Ways the council can assist. Of course outreach to medical providers about what we do to provide an understanding of all state waiver services and programs at the Office of Aging and Adult Services has. We touched on this a little bit earlier. Addressing accessible transportation gaps post transition. Because some of those folks that I've mentioned that have gone into permanent supportive housing that's something that our support service workers have also mentioned. The challenges that are faced with transportation. Additional education and training on developmental disabilities for providers and enhancing public access to APS. Again, maybe we can partner and add a link to the web page for APS. Increasing visibility and ease

of access. And then of course continue legislative advocacy. Any questions for me?

JILL HANO: Okay. Thank you. Any questions? Okay. So do we have Ms. Cherie?

EBONY HAVEN: I am going to take her report. She couldn't make it. She was going to be here but I think, like Meredith, something came up.

JILL HANO: Perfect.

EBONY HAVEN: Her report, I'm not going to take long. It's not long at all. She just sort of gave an overview that the Governor's Office of Elderly Affairs manages federal funding that supports older adults across Louisiana. And they basically distribute the funding that they receive to the local Councils on Aging and the Area Agencies on Aging. So COAs and AAAs who deliver most of the services. And the Governor's Office of Elderly Affairs monitors the councils and those agencies just to ensure that they're following the federal regulations.

The only thing that the Governor's Office of Elderly Affairs does directly is that it operates Elderly Protective Services, that program. So key trends that she noted in her report are that EPS, or Elderly Protective Services, they're experiencing a rise in overall cases in high priority abuse or neglect reports. So there's been an increase in those. Each investigator is carrying more cases than the national average. And many elderly residents face significant technology barriers which are also making it difficult to help them apply for services and find those services because they don't have access or they just don't know how to use the technology. So there's technology barriers there.

Disability relevance. Many people with lifelong disabilities are now aging and becoming eligible for senior services. And again, there's that digital divide that affects both the elderly and disabled individuals. But that also increases isolation and reduces access like I sort of mentioned earlier. She did put some suggestions in here for the council. She said that we should, or the council should build relationships with those local Councils on Aging and the AAAs, the Area Agencies on Aging to identify the needs and gaps in services. So since they basically

just distribute the federal funds she doesn't really have specific information about where the gaps in the services are so she is encouraging the council to build those relationships with those councils and those area agencies. She also stated support efforts to bridge technology access and improve outreach to older adults with disabilities. Those are some suggestions that she gave to the council to help you guys to help. That's pretty much all I have for her report Jill. It was pretty short.

JILL HANO: All right. Thanks Ebony. So are those the reports?

STEPHANIE CARMONA: Yes, those are all of those reports. The state of the state reports.

JULIE FOSTER HAGAN: Okay. Cool. There was none from GODA?

STEPHANIE CARMONA: No.

EBONY HAVEN: They don't have anything that we're following under any of the areas of emphasis. And they don't provide any direct services.

JILL HANO: All right. Are there any questions or feedback? So now we will break an hour for lunch. So it is 12:26. I guess we will reconvene at 1:26?

EBONY HAVEN: Well, being the chair you can decide but I will just tell you right now we're already like an hour behind. We haven't reviewed any of the other reports so I don't know if you want to like make an executive decision and only break for 30 minutes and then come back and then we can start again. Or we can break for that hour. It's really up to you as the chair.

JILL HANO: Okay. Well, let's break till 1:00.

(Lunch)

JILL HANO: Okay y'all. It's 1:05. I hope y'all had a good lunch. I'd like to call the meeting back to order. Are y'all talking to me?

BRENTON ANDRUS: We were just making sure you had a quorum. You're good to go.

JILL HANO: Thank y'all. So it is 1:06 and the committee is back in session. Everyone should have reviewed the reports linked in the agenda. Printed copies are also included in y'all's packets. Stephanie, can you re-walk us through the reports.

STEPHANIE CARMONA: So these are just the reports

from input. So the first report is the committee recommendations. We're going to pull it up on the screen right now. These are the recommendations from the committees. I believe we got recommendations in January from both standing committees. And I believe, at one point, the full council because we didn't get to one of the committees. So what I did for this report is I separated it to two separate areas. The top part, so the part that's in the table that is topics with the possible areas of emphasis. I'm not going to read them unless you have a question about it. But I took all of these to be kind of like trainings. So as you can see on the edge, on the very right hand where it says cost estimate, I don't have like a range in cost estimate. Or I'm sorry. I have a range for cost estimate. Not an approximation for each one because we looked over the last five-year plan, so from 2022 to 2026 all of our training activities ranged from 35,000 to 80,000-dollars. So just keeping that in mind when we're looking at these recommendations for concepts.

And then at the bottom, so underneath this table these are other recommendations from those committees that the staff we got together and kind of talked about what possible activities could fall under these. And we thought that these were more administrative or legislative fixes. So things that could be added to the advocacy agenda. Any questions about these?

JILL HANO: I have to run to the ladies room. Can Alaina preside?

SPEAKER: (Inaudible) Okay then. Never mind.

EBONY HAVEN: Jill, when we get one are you asking if Alaina can take over as chair until you come back?

JILL HANO: Yes, please.

EBONY HAVEN: She can go and then if we do get a quorum Alaina can take over.

BROOKE STEWART: We're waiting for Jill?

STEPHANIE CARMONA: We're waiting for a quorum. We're waiting for Jill and/or Tony. We need to have six to have a quorum and right now we just don't have one. Okay. I think we have a quorum now. So Jill asked Alaina to chair while she stepped away for a moment. If it's okay with the chair I'll keep reviewing this information? Okay. So that first document was the committee recommendations. If there

are any questions about that please let me know. If there's questions about it at any point y'all can let me know. But I'm going to move onto the next report if that's okay.

So the next report is concepts received. So this is like a table of contents kind of thing that I made for y'all. Or just a quick draft of it. Because that is what takes up most of these papers. Like if we looked there's like a bunch of papers for just the concepts. So what I did was I linked it under topics. I tried to take just like the topic that they sent, whatever their title was, or just like a topic whatever it was about I named it that. I did an overview. So I tried to do about one, two, three sentences of what it was they were thinking about doing. A possible area of emphasis. So where can it fall into those nine areas of emphasis. And then gave a cost estimate. Please note that a lot of them are unknown. It does say on there if it needs some kind of explanation. I'm using the first one, expanding paraprofessional education, as my example here. For the cost estimate it says that it's unknown but it has to cover salaries, training for staff, travel and materials needed. So they couldn't give like a concrete number but they were saying these are the things that are going to have to be included in that number but that number might change dependent on the amount of people and etc. So I did include anything that was like that but if they just didn't say anything it just says unknown. So if you look at that third one addressing suspension and expulsion and early childhood they didn't give any kind of budget, detail, cost estimate so it just says unknown. I hope that I made that kind of clear.

But each one I included like a short overview as well as having each one linked on here. Some of them are kind of long so I didn't want to give too much information but also I wanted to make sure you had all this information. I'll give you a moment if you would like to look over this or if you have any questions about it. Again, the possible areas of emphasis is just what I'm reading these where do I think that they can fall under because anything that we put on the plan has to fall under an area of emphasis. And it doesn't have to fall under just one. I kind of talked about

this during orientation. Right now like goal two of our plan it covers health and community supports. So as long as it falls under at least one of them it's fine. That's all I have for this report unless there's something specific about a certain onset that we received that y'all are interested in.

JILL HANO: So I have a question. These links under topics. So if you click on them-- okay. Because I was reading the concept papers. Like they were the answers and I didn't know what's the question for.

STEPHANIE CARMONA: Oh, okay. I'm sorry. So yeah, these concept papers were submitted. We sent them out to, we have like we call it our master list. So it's just like a list of people or, I don't know, organizations that we have collaborated with or we feel there could be collaboration with. So that got sent out to them but it also got sent out too through our LADDC news for anybody to submit a concept. So the concepts are big ideas for these five-year plans. They're not necessarily activities. They can be activities but we're looking at things that-- it's almost like a public input. What do you think needs to be the focus and what do you think we should do about this. That's the best way I can explain it. They have to submit an actual like paper. So these are the papers that were submitted and then I just went ahead and linked them on there. So all of the research and information that's in those that is written by whoever submitted that proposal. Or I guess that concept, not a proposal.

EBONY HAVEN: Yeah, and just to piggyback off of what Stephanie is saying. These individuals that submitted these concept papers are pretty much saying this is where they see gaps in services. This is where they see issues. In response to those issues they've given the council a concept of how you guys can address these issues if that makes sense.

JILL HANO: Yes. What is this? Is this from the committee report for recommendations?

EBONY HAVEN: Yes.

JILL HANO: Okay. Thanks.

STEPHANIE CARMONA: Yes. I think it's this one.

EBONY HAVEN: Does it say committee recommendations?

JILL HANO: This doesn't say anything. It has a chart that says topics-- that is from your committees?

STEPHANIE CARMONA: Yes, that's correct. Those are from the committees and then I just put the cost estimate and the possible areas of emphasis. I tried to make it similar to this other table but there's not, it's not as drawn out because there wasn't a concept for it. It was just a recommendation of this is a gap that this committee sees, can we do something with that. Did y'all want a couple minutes or did you want me to move on to the next report?

JILL HANO: Erick.

ERICK TAYLOR: Is this a draft from another board member? If I'm making any sense. Is this something we did?

STEPHANIE CARMONA: Where did the recommendations come from?

ERICK TAYLOR: Yeah.

STEPHANIE CARMONA: So the recommendations on this page, these were recommended at our council meeting in January from the committees.

ERICK TAYLOR: Got you.

STEPHANIE CARMONA: And so all I did was I took the ones from the SDCI committee. I think Keesha emailed me those. And then I took the ones from education and employment. I put them together on this list just to have them in one place for us.

ERICK TAYLOR: Okay. Got you.

STEPHANIE CARMONA: If there's no other questions about this part then I'm going to move on to the next report. But I do just want to make sure that everybody, at least if you haven't read the concept paper, I know it gets very technical what's in the papers. I tried to make that overview just like a quick little summary about what they were trying to do. So please make sure that you are at least skimming that summary or that overview right there so that way you know what kind of gaps these other organizations are seeing within the disability population. And is this something that you think the council can or should consider. And if you have questions about any of them specifically I can try to answer them. But again, these were submitted to us. I tried to ask clarifying questions whenever I didn't understand something that

was sent in but that doesn't mean that I know anything about it. And y'all, if I'm going too fast please let me know.

BROOKE STEWART: I was going to say I think Angela was the one that we talked about the transitional planning for the students that are getting out of high school and transitioning into adult life. I think the first two are the ones that I really like. The expanding paraprofessional education and the transitional planning are the two that I really like just off the top of my head.

JILL HANO: Okay. Who had their hand up first? Tony.

TONY PIONTEK: How do bigger cities compared to mine with this topic?

STEPHANIE CARMONA: If we're talking about the transition planning or the paraprofessional education I don't have the information on that. I only have what was submitted to us. If that was something that the council wanted to look into like rural areas verses, you know, bigger cities that would be something that, kind of like what Brenton was mentioning earlier, maybe a study needs to be done on it. But at this time I don't have that information.

TONY PIONTEK: We've been fighting this forever. There's still no answer. There's no concrete answer to this question which is pretty sad for us where I am. Lafayette UL has one, public transportation, but forget us New Iberia Parish. Just sad. I'm just wondering who I can get to talk to or describe more and more in depth for this.

JILL HANO: Okay. Ms. Karen.

KAREN XU: Thank you. I just saw all these topics. So we have to choose some or consider based on the cost estimate and choose some of them to be our next plan? Take all of these topics?

STEPHANIE CARMONA: That's a good question. You don't have to-- so these were just submitted. You don't have to select any of them. They're just something to help guide your thoughts and your discussion along with all the other reports that I've presented and we went over with the state agencies. All of this right now is just information on where does the public, meaning state agencies, the state in

general and these other organizations, where are they seeing gaps that they think that the Developmental Disabilities Council can help with. And what could we possibly do to help. So when we go to write the plan you want to take all of that information into consideration. Because right now we're still at the information point. We haven't gotten to what do we do with this information now.

KAREN XU: Okay. Yeah. All these topics I feel are important. I don't want to kick off any one. I feel everything is important. Also relative. Like the paraprofessional education training. I think we need to do that. Under transition planning. And the (inaudible) program. They talk about mental health, the complex needs. That's just what I saw we really need that kind of program if available. So if we have that program, myself, we would be much better to meet our needs. On this topic under the last one. I'm just interested in all the topics.

JILL HANO: Okay. Thank you.

STEPHANIE CARMONA: If there are no other questions about the concepts I can move on to the public input report. It is a little confusing so I want to make sure that I explain it. So this is the public input report. It is the public forum and the public survey information put together. So the way that we created the survey is that we took all of the information from LaCAN, so that's their membership meetings, community input meetings for LaCAN. So we took that information as well as our public input forum which we had back in May. We had two. We had one in Monroe. One in Baton Rouge. And then we also attended a virtual meeting, don't remember what the letters were, but it was CAC. It was with LSU. I don't remember what it stands for. Something council. I don't know. But we got feedback from all three of those meetings and we took all of that feedback and we created a survey. That survey went out for 45 days. And so all of the information that was in the survey came from the feedback. So there's just one report on all of that feedback and that's this one that we're going to talk about. So the public input report.

The questions on the survey the way that it was worded there was what do you find is the most important

area of emphasis. So these are the nine besides quality assurance because it has to be on there so we didn't include it in the survey. So there's only eight listed. Of these what did people find the most important, what was the second most important, what was the third most important. So these are in order. So for the first most important, if I'm looking at that left column, this is what people said. Number one was formal and informal community supports. Number two, education and employment. And number three health. Those were the top three for what people in the community, the public, what they selected as the most important.

And then the same for the other two. For the second most important the ones that are bolded that's the top things that people selected as the most important. Is everybody okay with that so far? So these are in order. And I wanted to bold those to just kind of show that across the board you can see that the two that show up in the most important, second most important and third most important are the formal and informal community supports and health.

The way that the survey was is if I selected health as the most important one it wouldn't let me answer any questions about anything else. I can only answer the questions about health. So then for the second most important if I selected education I could only answer those questions. So I wanted to make sure you had the full picture of how the rating was for each question. Now this is where it gets more confusing. So I'm sorry but this is the best way I could present the information so that you have all of the information that you need to make decisions and have conversations.

So if we look at the first table on the big table, the most important, top three. Using information from the public input, the three that I had bolded were formal and informal community supports, education and early intervention and health. Those were the top three for the number one spot of this is the most important. So what I did was I pulled that report and these are in order again, from the most important topic to the least. Or I guess I don't want to say the least important, but the thing that was voted the most is number one. So they're in order that way. So the

ranking of what was viewed as most important. Is everybody good so far with that information? And then I'll tell you the next part because this is where it gets even more confusing. And I'm going to keep saying that because I was confusing myself. But again, I didn't know how else to present this. I wanted to make sure you had all the information available without having 100 pages of this report because it was a lot.

REKEESHA BRANCH: Jill, there's a hand raised. Brooke.

JILL HANO: Brooke.

BROOKE STEWART: I was just going to say this is really easy to read. I'm reading it from left to right and it makes sense for me.

STEPHANIE CARMONA: Okay. Perfect. Thank you. I appreciate that. So the next important thing is that if you look at this table there's a couple that are bolded. So if it's bolded those were within the top, like the ranking across the most important, second most important and third most important. So I'm just going to cross reference for a moment. If you look the formal and informal community supports number one for that is there are not enough trained specialists such as healthcare workers, support workers, childcare and school personnel or emergency responders to support people with disabilities. That one is bolded. That is under the most important topic under formal and informal community supports. But if I look at my next table, so the second most important table, again, formal and informal community supports it's in that top three. And it's number one again here. So that's why it's bolded. If it shows up within that top three ranking for any of them and it crosses the most important, or areas of importance I guess, I bolded it to try to help identify like this came up multiple times and this might be something that you want to focus on.

The other thing that I do want to point out is the formal and informal community supports and health were the things that came up the most but that was the only place that there was overlap within those top three. For most important the second most important thing was education and early intervention. For second most important it was employment. And then third most

important was recreation. So just kind of keeping that in mind that people viewed those three things as the most important or second most important or third most important. And the only overlap that was there was that formal and informal and health because that is so important.

JILL HANO: I'm very confused.

STEPHANIE CARMONA: Yeah. Me too.

EBONY HAVEN: Can I try to explain it a little better? Not a little better. I didn't mean that. A different way.

STEPHANIE CARMONA: I know you didn't.

EBONY HAVEN: So Jill, I agree that this is kind of confusing. I'm going to try to explain it a different way that may be readable. If you look on the first page where it has the ranking. Just look at that first column. Don't look at anything else on that page. The first column it says the most important things on that first column were formal and informal community supports, education and early intervention, and health. That's why Stephanie has those three things bolded. Just in that first most important column. If you go to the second page from that first column remember the top three things were formal and informal supports, education and early intervention, and then health. So that's what she has on that second page as the most important, the top three of the most important were these three things.

JILL HANO: Okay. I'm with you.

EBONY HAVEN: You're following? All right. Good.

JILL HANO: Barely.

EBONY HAVEN: Okay. If you go back to the first page.

JILL HANO: I knew you were going to say that.

EBONY HAVEN: I'm sorry. The second most important column. Just look at that middle column. The second most important things were formal and informal community supports, health, and employment.

JILL HANO: Okay.

EBONY HAVEN: So now I'm going to jump around. If you go to the third page that's going to match that second column as formal, informal supports, health, and employment. So it's going to be the exact same thing for the third most important column on that first page.

The third most important column has health, formal and informal community supports, and recreations. If you look at the last page that's what Stephanie has in that chart. She has health, formal and informal supports, and recreation because those were the third most, those top things for the third most important areas. For the third most important if that makes sense.

JILL HANO: Yeah. It does.

EBONY HAVEN: You're following me on there? Now what she's saying is let's go to the second page again.

JILL HANO: You're not done?

EBONY HAVEN: No. Because there was more stuff she was trying to explain. Just look at the most important. Those top three in that most important were formal and informal community supports, education and intervention, and health. What she's saying was there was overlap in what people said the things that were missing. There were overlaps in those gaps. It was an overlap where it's like there's not enough trained specialists and healthcare workers. It was an overlap in the second, third and fourth pages. Are y'all following me? It was overlap. That's why she has it bolded. It was more than one person that said there's not enough specialists, there's not enough healthcare workers, support care workers, childcare and school personnel. There was also overlap in that third thing. Many families and communities do not know how to include or support people with disabilities. So that's why she has that one bolded.

JILL HANO: Okay.

EBONY HAVEN: And then if you look in health that third column there was overlap. A lot of people said there's just not enough tools to help families find doctors, specialists who serve people with developmental disabilities. And that's why she has those bolded. So if you look at the third and fourth pages, you don't have to go there Hannah, those same things are highlighted or bolded, sorry. Those same things are bolded because again, there was overlap. It's the same exact statements.

JILL HANO: Okay.

EBONY HAVEN: So what Stephanie is saying is the reason why she wanted to point that out is because those are the areas that the council may want to focus

on because those are the areas that people highlighted the most.

JILL HANO: Okay. I get it.

EBONY HAVEN: You got it? Okay.

JILL HANO: Yeah. Thank you Ebony.

EBONY HAVEN: You're welcome.

STEPHANIE CARMONA: So that is that report. Like I said, I know it's a lot of information and I tried to make it clear and I'm sorry that it is confusing. I just wanted to make sure that everybody had all of the information available so that way you can make informed decisions and you weren't missing anything. So if you want to look over that report.

There were also, and Jill I forgot to give this to you. I'm sorry. I don't think I gave it to you anyway. I forgot if I did or did not. There were additional comments. There was a question on the survey that said like if there's something on here that you find that was not addressed please leave a comment pretty much. Something like that. Now I will tell you that we reviewed all of these comments. I think some people just felt they needed to be heard because a lot of it did fall within the questions that were asked. But we went ahead and included all of them so everybody could get a look at them. But it is a long thing. It is two pages front and back. There was like 75 responses to that one question. So I'm not going to read them. I might not have linked them and I'm sorry if I didn't. But I can link them. But just kind of looking when we looked over them it seemed that they still kind of fit within those questions that were on the survey. There was nothing that stood out that we felt was like oh, we need to make sure to address this. And there wasn't anything that was repeated enough that we created a separate topic I guess is what I'm trying to say.

EBONY HAVEN: Jill, Alaina has her hand raised.

JILL HANO: Okay. Alaina.

ALAINA CHACHERE: I'm just reading these additional comments and I got to the fourth one about the pullups and I'm not sure that we've used different providers for that, I guess DME, whatever supply company we were using, and we got very different responses. One of them said we cannot give you name brand. It wasn't

true but I think some of them give false information to families. So I don't know if that's a common issue. I know it was for me. I've also seen it a lot just like in other support groups and things that I follow of that being an issue where families are told that they can't have name brand incontinent supplies or pullups. And we get them now through a different provider and they have never given us an issue.

ERICK TAYLOR: I know at one time a young lady was on the board. I don't know her name. She was in a wheelchair.

STEPHANIE CARMONA: Lauren.

ERICK TAYLOR: Lauren, God bless her soul. She was having that issue and she really wanted to push this that they weren't giving the stuff with good quality to it. And that was an issue at one time. If I'm speaking right if it's something we can push for in this five-year plan.

EBONY HAVEN: I think that was something that Julie has addressed and they are working on it Erick. I think what the issue was was a coding issue and so they were trying to correct the coding issue and then once that was corrected families will be able to decide whether they wanted to go with the more expensive, better product or if they wanted to continue to go with the least expensive product that wasn't as good.

ERICK TAYLOR: I know that she was trying to push for these things to be a better product. And if this is something that we need to do I would like to see it in the plan.

EBONY HAVEN: Jill, Alaina has her hand raised again.

JILL HANO: Of course. Alaina.

ALAINA CHACHERE: I was following that one pretty intensely, the information Julie had given us at the last meeting. And she did say that it was already in the works. The only issue they were having was trying to make sure that whatever price increase they gave for that that the companies providing weren't allowed to charge more for the crappy, for lack of a better term, products. And so that was I think the little holdup that they had but they were getting that figured out so that individuals and families had a choice of what would work best for themselves or their family member.

ERICK TAYLOR: I know my baby, God bless her soul too, she was getting the crappy stuff too. We were doubling them. If we can push this for whoever.

JILL HANO: Are y'all waiting for me?

EBONY HAVEN: Yeah. Were you done Erick?

ERICK TAYLOR: Yes. You're the chairman.

JILL HANO: All right. Thank you. Stephanie, you can continue.

STEPHANIE CARMONA: So that's all the report information I have. I am going to before, or I guess as we move onto this next item, which is the ranking and selection of areas of emphasis, I do want to just explain this document before we get to it. So I'm talking about this last document here. I promise this is all the documents. It's literally the last one. It's the last page. So now that you have a full understanding of, or I guess the best understanding that we can provide. We have tried to find the best information to present on what is the state of the state and what are the gaps and what are people in our state saying that these are things that need to be addressed and they would like the council to try to help address them.

So I created this document and it is, I called it the area of emphasis ranking sheet. Now it could be, like if we just wanted, or y'all, this is all up to you and Jill, you're the chair. So if y'all wanted to discuss it y'all can but I printed this sheet for you to kind of think about everything that we talked about. The first column that's on here, the goal in our current five-year plan. So I listed these areas of emphasis and I tried to explain like where that was in our current plan. So goal one is that advocacy and leadership development. So that's the quality assurance. That is required. It is required by law. So we have to include it so I didn't include it for the ranking portion. If you think back to our orientation we did talk about only having three goals so that way we can really focus our efforts. So I left that as one of the goals and so that leaves two additional goals. The way that the plan is written right now goal two covers health and community supports and then goal three is education, early intervention, a little bit of childcare. I think it kind of started off maybe with

childcare at the beginning. And then employment. So they did lump those together.

So using all the information that we have this is the point, or this is the part where y'all are talking or thinking about it yourself like what do you think is the most important thing that needs to be addressed in the next five years. I did give like a three-point most important, important and maybe a little less important. And Jill, this is really up to you if you wanted to give everybody a couple minutes to think about all that information and then talk about it or however, if you want to lead discussion or you would like me to I could do that also.

JILL HANO: I would rather you lead the discussion.

STEPHANIE CARMONA: Okay. If that's what you would like.

JILL HANO: Brooke.

BROOKE STEWART: I have a question. Would recreation fall under community support?

STEPHANIE CARMONA: Yeah. It can. One of the things that I was mentioning before is like this isn't just like if we pick community supports there can't be anything on recreation. If there's a way that it could be fit in and the way that we write that goal to include it then absolutely. We just have to make sure that the goal and the objective is covering at least one of these areas of emphasis.

BROOKE STEWART: Okay.

STEPHANIE CARMONA: I don't know if that helped.

BROOKE STEWART: Yeah. That makes sense. I'm so sorry y'all. I have a meeting at 2:00 but I just really, before I go, I just wanted to put my vote in, or not vote, but my thoughts on it. I really think recreation would be like the most important for me and like my realm of people. We just talked about how hard summer is especially with our kids and what is going on with them after school is out. And finding camps that are appropriate for them. So I think that would be something to talk about. And then I think community supports as number two. But I didn't know if recreation could fall under that.

STEPHANIE CARMONA: Jill, there's another hand raised. Vivienne.

JILL HANO: Vivienne.

VIVIENNE WEBB: Hi. So I think we should do something on transportation at the very least. Wheelchair bound users who drive do not have the same safeties like seatbelts and what not that able bodied people have. So when they're driving they are far more likely to get in a car crash i.e. reference Lauren Womack, Dewayne. A lot of people die that way though. So is there anything we can do about that? Like perhaps certain inspections or like a little sticker just to make things safer all around for wheelchair users. Vehicle modifications can help.

EBONY HAVEN: So Vivienne, I know you're asking like is there anything we can do. I think that's what you guys are here for today. And not to get into the weeds of like okay, let's talk about activities but you guys are looking at like global like what do we want our goals in this plan to be. Like broadly. More so like the goal outcome could be we want more people with disabilities to be safe. You know what I'm saying. So that's kind of what you're looking at. And then the activity would be let's try to advocate for individuals with disabilities to have better inspections of their cars. I don't remember the second thing you said. But you would be more so getting into like what you're going to actually do, like the activity part of it. Right now we're looking at the global broad part of it. We want individuals to be safe and that's the goal. If that makes sense.

VIVIENNE WEBB: Yes. Thank you.

STEPHANIE CARMONA: And Jill, Tony has his hand raised.

JILL HANO: Tony, you have a comment?

TONY PIONTEK: Like I said beforehand, as I heard you talking about other things for like education and early interventions and those things. But we ought to put transportation, housing, employment together to where like what she was just saying beforehand. All those three things ought to be together in some way. Make it safer, make it better, like better improved. I might just have to make a meeting to where I can talk to Mr. Richard over here and how we can improve for us over here. It's not just all the bigger cities but it's parish too. We're all on the same page here. And that's just how I really feel because nothing is

getting done. Even parking lots being not striped correctly or redone or whatever. Like what Ms. Vivienne had shared previously. It's just one of those things where they have to kind of keep on going on and not stopping. Same thing with our community supports, health and childcare, housing, those things. It's how to implement and how to improve. I'm not saying It's a sad thing though, but in a way it is because we're not taking care of the real needs for a big parish or even us here. I really don't know what to say other than that.

EBONY HAVEN: Thank you Tony. Jill, can I say something real quick?

JILL HANO: Yes.

EBONY HAVEN: Tony, what I'm going to write down is your top three are housing, transportation and employment. Those are your top three. That's what you want to rate as your top three.

TONY PIONTEK: Hoping for.

EBONY HAVEN: Okay. So we got it. I don't know if it's better for us to have everybody rank their top three. Jill, before we do that Alaina has her hand raised and so does Karen.

JILL HANO: Okay. Karen.

KAREN XU: Thank you. I know the other issue also important but I still want to see housing but I know housing is more expensive, maybe bigger problem. Not easy to solve immediately. Can't see the outcome quickly. But just want to mention (inaudible) their program. I saw that this program has high expenses. They actually reduce a lot from Medicaid saving a lot of money. Because especially for people with complex support needs. I know this for the hardest of situations maybe the person needs a comprehensive and holistic treatment approach. So I really like that idea. And I think that's the basic solution of finally being able to use the cost a lot. Because like (inaudible) they go to emergency room, long time hospital stay that will save money. So I agree with the first but I still think we need to consider long-term the issue. But I also agree with other concerns is something important. Just based on what we can do and you can help. Anyway. I agree with all. Okay.

BRENTON ANDRUS: Yours would be housing, health and

community supports it sounds like. Top priorities.

KAREN XU: Housing top priority. I know it's not a short-term goal. It's not easy to get immediate results. But we consider, just like I agree that program I saw this really help that kind of program especially for the very complex needs. I know just some people is a very low function or just need a more complex situation that may be the best final solution. It looks like that. I still need to know more the program how they really work. In Pennsylvania it works well, looks like that.

JILL HANO: I have a comment because this has been on my mind a lot. I think health because I think there needs to be some kind of-- like I have cerebral palsy and I can do whatever but if there was some way we can get on board with people creating an exercise routine specific for people with disabilities then I think that's worth a gander. But I don't know how we would go about that.

EBONY HAVEN: So Jill, again, that would be more so of an activity you guys could look into. But right now we're more focusing on which areas would you guys like to focus on that falls under health. You just said health was important to you so to me that may be your top.

JILL HANO: Even when y'all rate the public input the most important, second most important. What most important, second most important and third most important. I feel that health is, like health was in all three. And I think recreation is important too. And then I don't know.

EBONY HAVEN: Alaina has her hand raised Jill.

JILL HANO: I'm sorry. Alaina.

ALAINA CHACHERE: I was just curious as to what was the areas of emphasis for the last five-year plan.

EBONY HAVEN: So she has them on there. If you look at the goals in the current five-year plan. So goal one is dedicated to quality assurance, that advocacy leadership and development. It always has to be there. Goal two right now has health and community supports in it. And then goal three has education, yeah. So there were no goals that included housing, transportation or recreation. But again, like Brooke was saying, I mean would community supports include

recreation, it could.

ALAINA CHACHERE: Could it also be transportation too?

EBONY HAVEN: Community supports. Jill, Garry has his hand raised.

JILL HANO: I'm going to get you, Mr. Williams, but I saw that Angela had her hand raised as well.

ANGELA HARMON: Thanks. I was kind of going down the same line as everybody else. The community supports I feel like it's such a broad topic that we can encompass some of the other things under that umbrella. But I think housing should be number two for me because we're getting a lot of kids or people that are transitioning from, like he said, from high school do adulthood they have nowhere to live. Transportation is important but I feel like we have to kind of at least find them somewhere to stay before we get them there. If they're home they can maybe navigate their home. But if we don't have housing for them where are they supposed to go. Like Mr. Erick speaks to my heart when he talks about housing and where you're supposed to live when you get older because you don't have all those supports.

And then recreation. Everybody wants to have a type of a well-rounded life. You're thinking okay, I got this going. I have housing. I want to have fun. I want to have entertainment. I want to have interaction. I think when you have recreation you have better health because now you're involved with other people and you guys maybe all working out together or however it goes. It's just I think that makes someone a well-rounded circle if you can encompass, like you said, community supports, housing and recreation. And I think they have one in Texas, Bridgewood Farms where they have all these things in one place. You can either stay there or you can get you someone to bring you there during the week. But there's always activities. There's housing there. There's supports. They're like a little family. But I think it's right outside of Houston or something. I always plan to visit. But there are also recreational things for everyone to do no matter what their physical or mental level is. I know that's a broad picture. But if we in Louisiana could come together to formulate something

like that I think that would be wonderful. That's all I have to say because I have my meeting as well. I'm going to take my camera off but I'm still going to try to listen to y'all. Thanks.

GEARRY WILLIAMS: Angela kind of went where I was going. My two would have been community supports and health. Because I agree. Community supports you can include transportation, employment and housing all under, in my view, under community support. And then the other would have been health. And I think that kind of knocks out the two things that were most important, second and third with those two. Community supports and health. As I said under community supports you can encompass many things under community support.

JILL HANO: Okay. Thank y'all. So how are we on quorum?

SPEAKER: You're good.

JILL HANO: All right. What?

ALAINA CHACHERE: I was a little confused. I was asking Ebony because we had some definitions of what the goal is and then I guess after we set our goals then we make objectives at some point later down. I was just trying to get a bigger picture of the goals and objectives.

JILL HANO: Okay. So where are we Stephanie?

STEPHANIE CARMONA: Right now we are talking about the areas of emphasis. We are just still under that one right now. I don't know if, and again, Jill, this is up to you because you're the chair. So do you want people to vote on those? I know we just kind of discussed it. It could be an informal vote. You know, it's not anything that needs to be like yeah, it doesn't have to be a motion. It could just be okay, who thinks that we should do this one as one of our goals. Who thinks we should do this one. And we can kind of go from there. Because we know that one of the goals is going to have to be that quality assurance advocacy. So it's really figuring out where the other goal is going to be. Once we have that information then we can move into writing the goals. You're the chair. You tell us.

JILL HANO: Yeah. Do that one.

STEPHANIE CARMONA: Okay. So we know that the

advocacy is going to be one of them so I'm going to leave that out. Just from listening to what everybody said it sounded like everybody was thinking along the lines of community supports and health. But if there's other things of course we want to hear them. I'm just thinking about everything that I heard during that conversation.

EBONY HAVEN: I was just going to add, Stephanie, I think that Gearry and Angela and a lot of people were saying is that we can tie housing, transportation and recreation into community supports. So if you guys are looking at the global three goals that Stephanie recommends that you guys stick to goal one of course will be the advocacy leadership and development. Goal two would be health and community supports. Or I would say goal two would be community supports which could include those other things. And then goal three would be health. Does that make sense to everybody? And is everybody okay with that? Because just keep in mind we're not going to be hitting anything in like education and early intervention and childcare. I feel like we could incorporate employment in community supports because I would feel that would fall under community supports too. But there's not going to be, you won't have any focus on education and early intervention.

JILL HANO: I don't understand how that's a thing because so next year when the education and employment-- I don't know because I thought that was a mandate too. Can we put health under community support?

EBONY HAVEN: Well, that's how it is right now in your goal two you guys have health and community supports combined.

JILL HANO: That goes back to not changing anything at all. But, I mean, I think it would be negligent not to have education and employment. But I don't know. What does the committee think.

STEPHANIE CARMONA: So do you mind if I say something really quick?

JILL HANO: No.

STEPHANIE CARMONA: I understand what you're saying because of how that they are grouped your concern is that we're not changing anything.

JILL HANO: Correct.

STEPHANIE CARMONA: I just want to make sure that even if they're still grouped the same the goals and objectives are going to change. So even if we group the health and community supports in goal two, and this is just an example, this is what we talked about first. That's what I have shared right now. But if we wanted to group and move health up here with community supports as it is now we still have to write a new goal with new objectives. So it's not that it's going to be the same because the idea of the goal might be similar but the actual goal is going to be different because we're rewriting it to make sense with the information that we've received.

JILL HANO: Oh, okay. That makes sense.

STEPHANIE CARMONA: So essentially if you wanted, like you're saying, if you feel that we need to have education and early intervention, childcare and employment kind of how we already have it then yes, that recreation, transportation and housing could essentially fall under those community supports in goal two. And health if you wanted to combine those. If you feel like they're too important to combine and they need their own separate goals then that would be cutting out that other possible goal.

JILL HANO: Education?

STEPHANIE CARMONA: Yes.

ERICK TAYLOR: (Inaudible).

JILL HANO: Erick, can you repeat that again.

ERICK TAYLOR: I think housing and community support is more important than anything. Getting three in one in that.

JILL HANO: In my puny little brain, don't laugh because it's true, if we don't put education and employment then is the education employment committee just going to be there twiddling their thumbs?

EBONY HAVEN: Jill, I would have to like do some research. Again, this is my, I'm still in my first two years as the executive director so I don't know the back history of the standing committees but I'm sure I could figure that out between ITAC and previous leadership I could get the answer to that question. I did want to just point out something. In your current goal three I know it focuses on education and

employment but you guys have not had a lot of activities that focused on employment. And a lot of the activities that we had, and I'm not trying to sway you guys at all, I'm just trying to give information. A lot of the activities that are in goal three right now it's a lot of advocate, advocate for increased, I can't even think of the wording right now.

STEPHANIE CARMONA: Increased capacity for special education services in school districts or something.

EBONY HAVEN: Right.

JILL HANO: Is the majority of that like in house?

EBONY HAVEN: Yeah. A lot of that it happens at the BESE meetings and the SEAP meetings and we have yellow shirt days there. We do a lot of advocacy for those things that you guys have in the plan right now. But as far as like funding activities there hasn't been a lot of funded activities in goal three since like LAPIE ended. Because right now you have that transition activity that Team Dynamics is carrying out for you, and they're doing a great job, but I'm just kind of putting it out there that there hasn't been a lot of activity in the employment section and I feel like a lot of the activities under education and early intervention they're revolved around advocacy.

JILL HANO: Okay. Then that makes me feel a little better.

EBONY HAVEN: But I think Alaina has her hand raised. I don't know about anybody else.

JILL HANO: Okay. Alaina.

ALAINA CHACHERE: I was just curious if for goal two if we grouped education and early intervention with health and then gave community supports, since encompassing in the way that we're viewing it today to community supports to encompass transportation, housing and recreation if we left that as goal three. Like transportation is a pretty big category to me. I think attacking one objective around transportation would be a good start because it's like eating an elephant if that makes sense.

JILL HANO: What?

ALAINA CHACHERE: I said it's like eating an elephant.

STEPHANIE CARMONA: I want to be sure that I captured it correctly. Like community supports being

one goal with those underneath and then health being a goal with early intervention. I just want to make sure I understood correctly.

ALAINA CHACHERE: Either way. That's fine. I had said it the opposite way but that's exactly what I was saying.

STEPHANIE CARMONA: I just wanted to make sure I got what you were saying.

ALAINA CHACHERE: If we could do health, education and early intervention together since transportation and housing would be..

BRENTON ANDRUS: My comment is what you guys are trying to do in a roundabout way is cover every area of emphasis. So whether you establish that in five goals or cram it all into two goals you're still trying to touch every single area of emphasis. So what you're saying is over the next five years every single area is important. You want objectives that are covering every area. You want activities that are going to cover every area. And remember we tell you this in the annual plan every year. If you want to do a whole lot then you're really not going to be good at much. You really want to try to focus in on what is the most important. One of the things y'all were doing a second ago was you were keeping education out of the mix all together but if you go back to that document the most important thing you got off of that public survey was education and early intervention. So that's kind of interesting to ignore that one if that is something that the public has said is a most important issue. Health is a most important issue. Those informal and formal community supports are an issue.

You can try to cover every area of emphasis if you want within however many goals you want to do. You have to understand what that means because I think we ended up getting a little too big picture because we kept saying big picture so now you want to do them all. But if you start thinking about the smaller picture what is that going to look like. What is that work going to look like. How much funding do you have in the next five years to accomplish some of these things. I don't know if y'all notice, one of these concepts they wanted \$1.2-million a year. How are we going to do that when we're doing every single area of emphasis

trying to bring that to Louisiana. Those are things to consider.

And I can tell you in previous five-year plans we have tried to cover tons of areas of emphasis and we weren't really successful. Honestly, that's why housing and transportation came off of this current and recreation came off of this five-year plan. Because whenever I first started ten years ago we were doing all of them because I remember we had things out there for recreation, we had stuff out there for transportation, housing, we did childcare initiatives and it was a lot. And it got to the point where you were trying to really cram in a whole lot of stuff with a little bit of resources, right. You were trying to accomplish so many things and then you start running into that annual plan where you're like 10,000 here, 10,000 there. You can't do anything with 10,000-dollars. So I just wanted to put that in perspective. I don't know if y'all realize you were essentially just saying do every area of emphasis. It's all important. Cover it all. If that's what you want to do we'll do it. I just wanted to bring that to your attention.

STEPHANIE CARMONA: Just to kind of reiterate one thing that Brenton said. We just want to make sure that the goals that we're writing are smart goals. That comes directly from ITAC. We want to make sure that-- to me when I read this the most important thing was is this going to be achievable. And when you are writing your goals you are thinking about these activities, even though we're not writing them now, but what can be done under that goal and can the council achieve it with the resources that they have. I know we want to be ambitious and we want to fix the world's problems but we're not going to be able to with the resources that we're given. So I just wanted to disappoint y'all I guess. I'm just trying to be realistic. We want to be realistic when we're talk about--

EBONY HAVEN: One of the (inaudible) goals is being realistic.

STEPHANIE CARMONA: We want to make sure that these things are realistic and it's things that we can actually do. I appreciate the ambitiousness but we

have to think about can we sustain this. Is it something that the council can actually do. And Jill, Tony does have his hand raised.

JILL HANO: Tony, you have the floor.

TONY PIONTEK: I truly feel the same as Mr. Brenton and Ms. Ebony that having the fullness of the compatibility to reinsure where we are going, how we're doing it and the five-year plan to be resourceful, to be truly resourceful for all of us. And then to implement that as we go along. So I'm quite sure that's what we all want to do and what we want to do and accomplish for the next five years. If I'm right and hopefully and faithfully we will do that within the next five years. Would you say that's pretty right?

JILL HANO: Erick, did you say no?

ERICK TAYLOR: No, I didn't. I'm thinking. But I understand what Brenton is saying, where we do have to look at, and quote me if I'm wrong, Brenton--

JILL HANO: Erick, I'm so sorry, Mr. Taylor, but I think I did call you out of order. Can I please address Ms. Karen first?

ERICK TAYLOR: Yes, you can.

JILL HANO: I'm so sorry. Don't hate me.

ERICK TAYLOR: I won't. You do what you have to do.

KAREN XU: I was thinking you put housing, recreation and transportation to the community supports assuming that's a good idea. I understand it looks, maybe we can't cover all of them but we still need to mention it. The basic issue, even the first of three is our most concern. But this other issue is still also an issue. We need to care a little bit. Even include one or two activity under each category. But that's okay we include it for the community supports. So as a new goal, I'm just wondering it may be better to give support, guidance. Even we just only give one or two activity under that objective. It's always there, right. I just guess. That kind of issue is basic issue. We already work a lot for that so maybe we include this new to give us some start, just concern to pay attention to that. Just thinking if that is a solution. Maybe need to give more coverage. Like make a little difference. I'm just thinking that may be an idea. That's just what I want to say.

JILL HANO: Okay. Thank you. Now, Mr. Taylor, the floor, might as well say Erick in big bold letters.

ERICK TAYLOR: Let me get an understanding Mr. Brenton. Basically if we use housing and community support is we doing them separate when we go out and they coming out the budget if I'm making any sense?

BRENTON ANDRUS: I mean, depending on like if you're thinking of budget wise that would depend on the activities that you do within your five-year span. You're coming up with goals and objectives and then you would come up with activities annually that would accomplish those goals and objectives and that's where the funding for those things would come out. Right now you're trying to decide what your goal would be. If you were to do housing and transportation it would be in goal whatever or what that area of emphasis is that you want to cover. That's how you establish how many goals you're going to have.

ERICK TAYLOR: Something we need to look at. I think it could help more in that area. Because we're getting housing, we're getting transportation, community support. We're getting all that in there.

BRENTON ANDRUS: Yeah. That's how y'all have it currently under community supports. You want to cover in addition to community supports itself recreation, transportation and housing. At least the way it is up there you want to cover four areas of emphasis.

JILL HANO: Did you say core or four?

BRENTON ANDRUS: Four.

JILL HANO: The number?

BRENTON ANDRUS: The number, yes.

JILL HANO: Thank you.

BRENTON ANDRUS: Very welcome.

EBONY HAVEN: I thought Alaina might have had her hand raised. I don't know if she wanted to say anything.

ALAINA CHACHERE: I think the transportation and housing are two really big things to tackle and that maybe we should pick one out of the two. I realize they're both large issues. Or eliminate recreation. She's not here, I don't think anymore, but I know Brooke had spoken to recreation of being very important to her too so.

TONY PIONTEK: Ms. Viv has her hand up.

JILL HANO: Vivienne, you have the floor.

VIVIENNE WEBB: Thank you. So there are services through waiver and Medicaid that can help with the housing issue if they access it. As for recreation we need daycares to be accessible for everyone. As of now they can turn away any disabled child which makes it harder for parents to go work. And then for transportation I think it's really important that we keep our community safe so I think we should definitely prioritize transportation so we don't have a repeat of Lauren Womack. And then we definitely need to still help with the education, early intervention and employment areas.

JILL HANO: Thank you Vivienne. Okay. Ms. Karen, the floor is yours.

KAREN XU: Thank you. I was thinking we cover all these three categories but not have to be very big. Like we have to give a solution. Concern, we care this issue. But we may in the beginning choose something easy to do, can really give us some help immediately. And then we graduate to see every year the plan to maybe adjust or in the future. That's based on the needs. We can gradually see how it's going. So I'm thinking if we need some category, one category or something it looks like we not care but we can include it or we may just allocate a small money on it but it means we care. Something so we consider some activities which one we can do it. I know we still may need to discuss that. I don't know. I still have no idea. But I'm still thinking we need to cover this whole area to show the guidance kind of supporting. But if we exclude it's just like a big way to consider all this issue not just exclude someone, never consider that. So that's just my suggestion.

JILL HANO: Okay. For argument sake say we have self-advocacy and community support as a goal. For right now for conversation the third goal is (inaudible) for argument sake. I think under community support and the third mystery goal we have two areas of emphasis each then that would be the start of something forming. So right now we can come up with the mystery goal for goal three and then we'll be thinking of the four areas of emphasis. Two under community support. And I'm just thinking out loud here. Two under

community support then two under the mystery goal. So that would be, what's the word I'm looking for, framework of like now we can put this here, this here, this here but this would be kind of like a blueprint maybe of where we want to go. And if we do two areas of emphasis for goal two and two areas of emphasis for goal three I think that would put us on a good track because right now I'm kind of not seeing a clear picture. And that's just a suggestion for framework.

STEPHANIE CARMONA: Can I make a statement Jill? It has to do with that also.

JILL HANO: You sure can.

STEPHANIE CARMONA: I know we're kind of stuck right now under community supports and what should go under it. The only thing I want to remind everybody is to really look at the public input. We have to take what the public said into account when writing the plan. And I know all of these things are important but if we look at the results from the public input transportation and housing aren't even like within the top three for any of them as the most important, second most or third most important. Recreation does show up if you wanted to make a case for that. Or for any of them, it doesn't matter. But I do want to let you know that on this public input document transportation and housing were not very high on that list.

If we also look at our committee reports there was only one recommendation for transportation. There were none for housing. And then for the concepts received there were none for transportation and one for housing. I just want you to take that information in account as we're talking about this also. While I understand that they're important we also have to think is it going to be attainable. Is it achievable for anything to be done. And that's not to say that if something comes up that council and LaCAN wouldn't be activated to do any kind of advocacy because it still falls within the council's mandate. I hope that makes sense. Because it could fall under these things but we don't want to box ourselves in having to come up with an activity or throwing money around that can be used to focus on something that can make a big impact. I hope that what I said made sense.

The council's mandate states that we have to

listen to public input when we're writing our plan. And while these things are important the public didn't find them to be at the top of their list. That's why this report is important because this is what the public has voted on.

ERICK TAYLOR: So you're saying number three ones this is what the public voted on, correct?

STEPHANIE CARMONA: That's correct. And again, this is just for your information. I'm not trying to sway either way but I was trying to get us back on track.

GEARRY WILLIAMS: So if the goal is community support and then those items replicate recreation, transportation and housing. If they were objectives under that goal of community supports you're saying that we still may not be in a position to significantly impact those areas even as objectives under the goal of community supports?

STEPHANIE CARMONA: I would agree with that. And this is just from research that we have done and I have looked into. Transportation and housing is such a national issue. Without the infrastructure there's only so much that can be done. And without major change that would have to-- almost federal change. And I'm not saying that that's not something you can't take on but it's something to think about in the back of your head when you're trying to, when we're trying to create and write these goals. I just want to make sure that everybody has the information. Again, I'm not trying to sway either way but we need to make sure that we're looking at the public input. That is the most important part that I want to make sure everybody understands. While these conversations are great and we are identifying important things we have to refer back to this public input because this is what the public of Louisiana is saying is most important and as a state council it's our responsibility to take that into account.

ERICK TAYLOR: So what they're saying about childcare?

STEPHANIE CARMONA: Childcare was not at the top either. It's all the way at the bottom.

EBONY HAVEN: It's ranked very low.

STEPHANIE CARMONA: Across the board, which we have

talked about, were the formal and informal community supports and health. I know those were the things that were already talked about. The other things that the public has brought up are education, employment and recreation. Now if we wanted to keep that recreation under community supports yes, I agree that it could probably fit under there because that is one of the things that the public said. As both Stephanie the staff person and Stephanie and outside of staff my concern is that transportation and housing is a little too ambitious at this point in time.

ERICK TAYLOR: I'm not putting no words in your mouth. I'm just speaking. But basically is housing and somebody basically got that covered. So we will be doing things over. We basically be doing something over, you know what I'm saying, repeating it.

ALAINA CHACHERE: We don't have the resources to address a national issue sort of.

BRENTON ANDRUS: Yeah. I think that's what Stephanie was trying to say. Every state is having this issue. And so without that infrastructure in place to be able to impact all states and all areas it's difficult to tackle just here in Louisiana because for housing and transportation to really be effective it's going to be a combination of local, state and federal. And so some of the, at least what I take away from some of this information that's on there is they're looking at more areas of emphasis that are going to impact Louisiana directly. Those are areas that we can do something about in this state. So education, for instance, we have issues within our education system here in the state we can tackle those things without having the relicense on all those other entities that might need to be involved with house and transportation like local, state and federal.

If you look at the information on there I know most important, that is pretty much the most important of your last five-year plan. They wanted community supports. They wanted education, early intervention. They wanted health. The only thing that didn't rank high and then most important that you had in your last five-year plan would be employment. But you can see employment is second most important and then you do have the recreation that would be under your third most

important. Stephanie kind of mentioned you could, in theory, under that community supports try to tackle something in the recreation realm under an objective. And that could be something as simple as you decide in which year of that five-year plan maybe you try to have a study done by someone.

Because again, there's a lot of different areas that have different things. We heard some of y'all were talking about your summer camps and things. I know Vivienne mentioned something about daycares. I think that would fall more under childcare and not recreation. But whenever you look at those recreational opportunities, because it can be different around the state, you might want to look at, I don't know, a study or something that tries to put things together or figure out how you can impact that area in the state and then that helps guide your work later.

But as far as the public goes they kind of want to see those same areas of emphasis that you worked in your last five-year plan but that doesn't mean you don't change up your goals and your objectives to accomplish something maybe in a different way. But I would, as already said, definitely take into consideration the public. That's how you get buy-in. That's how you get participation. If you just kind of do what you want to do or what impacts the six or eight of you that are in here if it's not impacting a larger group it's just the six or eight of you that's going to be working this plan. So you want to take into consideration the input that they're giving you because otherwise what's the point of giving your input, right, if you don't take it. I would encourage you to look at that.

EBONY HAVEN: And I'll just add to that. The plan has to be based off the comprehensive review analysis. All of this information that Stephanie has put together, and the state agency reps have come in and presented to you all, we have to put that in your comprehensive review analysis of what the portrait of Louisiana looks like right now. Your plan has to be based off that portrait. The portrait of what the public has stated that this is where the gaps are. This is what the council should focus on are those areas that she has voted on that public input document.

According to this the gaps are in community supports, education and early intervention, and health.

ALAINA CHACHERE: I think some of the transportation issues, like transportation to and from the doctor, could also fall under health. Maybe we can't tackle the global crisis of transportation issues but we can have an emphasis on--

ERICK TAYLOR: I understand what you're saying but at the same time we do got to look at the public, what they're saying. We need to look at that. We need to pay attention where we're weak at. When I say weak at where we can come in and say okay, we're looking at what you're saying. We're hearing what you're saying. Yeah, we need to look at that. We definitely need to look at that.

JILL HANO: Okay. Vivienne.

VIVIENNE WEBB: So how about like trainings for health providers and things of that nature. We can target the top three and lump anything else we want with it pretty easily.

JILL HANO: Are we there yet?

BRENTON ANDRUS: If you're looking at training for health professionals that would fall underneath your community supports or your health area if that was an area of emphasis that you chose. That would be more of a specific activity within that goal.

JILL HANO: So Vivienne, are you saying that you would want health covered under community supports because..

VIVIENNE WEBB: Not exactly. I'm just saying let's do the top three. This is taking a hot minute and while I don't mind that it feels like we're kind of going in circles a bit and we haven't got to the actual planning part if that makes sense and I really don't remember this last time.

STEPHANIE CARMONA: This is the five-year plan, Vivienne, so we haven't done this since 2020. So yeah, this is a lot more drawn out because there's a lot of information to look at first. And you're right, it is going to take us a while but we still have all day tomorrow. Today the main goal is to make sure that we have the information and we start developing the goals. We're actually on target for that. Initial development of goals is listed from 2:45 to 3:45 on the agenda.

And then tomorrow is when we actually have, I believe, two hours to finalize goals. So we are on target with the agenda.

VIVIENNE WEBB: Okay. Cool.

BRENTON ANDRUS: So again-- well, not again, I'm not telling you what to do, I'm just providing an observation that you may or may not want to take. Your public input gives you your goals from your last five-year plan. If you want to make it easy on yourself and if you decide you want to follow what the public input says you have your self-advocacy goal. You have your health and community supports goal under two like you currently have. And you have your education and early intervention goal which is your goal three like you already have just minus the employment piece. And then you can actually write what you want to accomplish within those goals if you just cover those big areas of emphasis.

Again, that's just basing it off of what that most important is which is pretty much your last areas of emphasis minus employment. Now it's up to you to debate if you want to throw employment back in with your education and early intervention goal if you decide to keep that as a goal. But I think your big task right now is just to decide do you want to follow the public input. And if you do it's going to make your job very easy because those areas of emphasis have already been set for you based on your last five-year plan. So kind of how Stephanie has it there on the screen. That's what your goals were in your last five-year plan. You can leave them that way and then within your objectives if you wanted to throw in a little something about your recreation or your transportation if you want to go that route you can. Again, not telling you what to do. Just trying to make your life easier.

ERICK TAYLOR: Them the goals we have already?

BRENTON ANDRUS: Yes. It's not like the written goal but that is kind of those big areas that you focused on.

REKEESHA BRANCH: Alaina has her hand raised Jill.

JILL HANO: Wait. Vivienne has her hand raised.

VIVIENNE WEBB: Thank you. Let's just make it easy on ourselves and follow the community input since

that's what we're supposed to do anyways as a council. I think I was kind of confused earlier why we didn't already do that because that's what like the papers and stuff said that I read over the past few days and everything is already kind of spelled out. We already know what we need to target if that makes any sense.

JILL HANO: Okay. Because I really feel like we, I'm agreeing with Vivienne because if we don't follow public comment then we're doing the community a disservice. So I think based on the public comment I say these should be our three goals.

STEPHANIE CARMONA: Alaina still has her hand raised too Jill.

JILL HANO: Oh, Alaina, I'm so very sorry.

ALAINA CHACHERE: It's okay. I was just going to suggest that if we stayed with the current five-year plan, the goals, the areas of emphasis that may be in place of like a childcare objective that we include a recreation objective since that was in the community input, the public input and childcare wasn't. Keep it the same and then include a recreation goal or objective. Sorry. Not goal. A recreation objective.

SPEAKER: Area of emphasis.

ALAINA CHACHERE: Yes, area of emphasis.

JILL HANO: Now that I like.

STEPHANIE CARMONA: Right now I'm also putting what the current goal is for the 2022-2026 action plan. What we have written, since we're kind of going with those same areas of emphasis, I'm just putting what we have currently on our plan as this is how the goal was written. Now I'm going to tell you right now they need to be rewritten anyway for clarity. So I just wanted to show how it included those parts. Like it included the community supports and health. How it included the education and employment parts to that. If it's confusing I can get rid of it. Just let me know.

BRENTON ANDRUS: I will say for the employment piece it seemed like everyone was on board with kind of following that public input piece but employment was not in those top three most important so maybe taking that out. Y'all would need to determine if you want to have it in there as well. That's really up to you guys. I just wanted to point that out. That was not in the topmost important options. But it was in the

second. So it would be up to y'all if you wanted to include it in there. I just didn't want y'all to think we were assuming or telling you you needed to put it in here.

JILL HANO: Okay. I have a question. Just clarifying. I'm sorry if I'm prolonging this. So if we went with public input we would end up with these three goals, correct?

STEPHANIE CARMONA: So it would be those areas of emphasis. The goals would be rewritten. The part where it says current goal, and it's in quotations, that needs to be rewritten. But the areas of emphasis that are within that goal would be pretty much the same.

JILL HANO: All right. Cool. The most important thing is to honor public comment. Let's continue. What else? Karen has a public comment. No she doesn't. She just has a comment. Karen, you're recognized.

KAREN XU: Okay. I saw the public input. The three most important, right. I think on our goal three we covered not only education and early intervention, we include childcare and employment. The childcare in those three categories almost the bottom...

STEPHANIE CARMONA: (Inaudible).

BRENTON ANDRUS: Sorry Karen. We were just clarifying for ourselves in the room. Our apologies.

KAREN XU: Only other three housing, transportation and recreation just if we include to the community supports. We cover all the issue of concern. So community support with housing this category is good. Community supports is already the first priority in those three. Almost the first. We just include that then we can consider the activities, what we can do based on our current needs, demands. But if we cover that, because we actually cover all others just only this three, the top three. This actually is still issue for maybe different people facing different situation. They put different priority but it's still kind of an issue for disability, the whole people. So that's just my suggestion. Cover all of this issue. I think we need to cover all this issue. For the activity it depends on the situation just to weigh which one based on the different factors. We can do

different. But we still need to cover all the issues in the topics. It's better to put three. Consider the public input.

JILL HANO: All right. Any more questions? All right. So where do we go from here Stephanie?

STEPHANIE CARMONA: So now we need to start actually writing the goals. We have about, the meeting is supposed to end at four, but we need to write the goal or at least try to start developing these goals. We're going to have time tomorrow to do this also but we need to start writing the goals if this is what y'all have decided on as these are what we want to cover in these goals and now is the time to start actually doing the wording of it. And so I'll keep my screen shared so I can type up any kind of wording that anybody may have. And if there's something, you know, if you need me to change it, clarify or anything like that, let me know. The only thing that I want to remind everybody is that I included, and this happened this morning at 9:00 so I'm just reminding you, in your pack of papers at the very beginning I included a quite-write guide to try to help with writing new goal outcome statements. The other thing to remember is that we don't want it to be, we want it to be broad enough. It's like an inverted triangle. And then the activities. So that's all I have for that information. If anybody has any suggestions about how we should write. Or if there's anything that needs to be changed please let me know and I'll start typing any of that.

JILL HANO: I texted Stephanie about 40 minutes ago about a break. Do we need to break?

STEPHANIE CARMONA: That's up to you, Jill, as the chair. The ground rules do say that we should have a break every one and a half hour. If you want to call for a break we can always come back in ten minutes. So 3:30.

JILL HANO: All right.

(Break)

JILL HANO: Okay y'all. It is time to come back. Can everyone turn their cameras on to make sure we have a quorum.

STEPHANIE CARMONA: You have a quorum Jill.

JILL HANO: All right. Does the question and answer go away after a certain time? Because I saw

something and I liked it but we had to go on break and now it's gone.

HANNAH JENKINS: When someone answered like "answers" the question or responds to it in some way it makes it hide but we still have them. And Brooke is on too.

JILL HANO: Brooke, did you want to say something?

REKEESHA BRANCH: She said she was in a meeting.

JILL HANO: Okay.

STEPHANIE CARMONA: I'm sorry, Jill. I don't mean to interrupt. I just wanted to say she turned in an objective. I can go ahead and copy this, like her wording that she had, but we're not talking about objectives until tomorrow.

JILL HANO: Oh, I thought it was a goal. Okay then. Never mind.

STEPHANIE CARMONA: I can copy her comment because I think she was trying to talk but maybe she just typed it in because she couldn't unmute. But I'll keep that information tomorrow and we can bring it up again if you would like.

JILL HANO: Okay.

STEPHANIE CARMONA: I'm going to share this really quick. It's the quick-write guide that I wrote that I typed out. So I just wanted to show y'all and just remind you what it was. But the examples here at the bottom, those examples come directly from an ITAC document. And then this middle part is actually what that goal is going to say. So we're trying to write a goal outcome statement and the thing to remember is that what will this look like for people if this goal is successful, how will they be able to do, or what will they be able to do that they could not do before and what problems would be smaller or gone. So this is kind of like a little framework if y'all wanted to use it. So I just wanted to put it up just to remind you that that is in your packets. It is linked in the agenda also.

JILL HANO: Okay. I'm trying to follow along. Did we establish the desired outcomes? No.

STEPHANIE CARMONA: I don't know if we have established the desired outcomes but I know y'all talked about what you wanted, like what area of emphasis you wanted for each of these goals. Like the

first one for the self-advocacy it's going to be similar, we just need to write the goal if that makes sense.

JILL HANO: Okay. So if I'm reading my script it says we've identified the top areas. We'll work together to begin drafting the desired outcomes. These are broad high-level changes we want to see in each focus areas over the next five years. Desired outcomes should be aspirational yet achievable and we'll revise them tomorrow. So initial development of goals that was that?

STEPHANIE CARMONA: Yeah. So the desired outcomes, and I probably should have said goal outcomes because that's what I meant. So what do we want the goal outcomes to be for that so that way we can start drafting those goals so we can start writing the goal that's going to be on the plan.

JILL HANO: Okay.

STEPHANIE CARMONA: And so if anybody has any suggestions I can start typing the goals. However y'all want to word it.

JILL HANO: Does anybody have any suggestions? Well, now I don't know what to do.

STEPHANIE CARMONA: Alaina has her hand raised.

JILL HANO: Okay. Alaina.

ALAINA CHACHERE: I like the current goal I just think it's kind of wordy and it seems a little repetitive to me. Our new goals, should they start with by 2031?

STEPHANIE CARMONA: I would just kind of go with-- so I know it's a little confusing. I took this from ITAC and I just made it into a chart. The way that they had it was like the goal is like what you want to see, not the goal that's on here. The goal that's written on what the plan is is actually the goal outcome statement. So that middle section. So we don't have to put any dates on it. The main thing that they said is to make sure that when we're naming the who, the what they're going to do and how they're going to accomplish it.

ALAINA CHACHERE: Okay. So it should sound more like the outcome statement then?

STEPHANIE CARMONA: Correct.

JILL HANO: Stephanie.

STEPHANIE CARMONA: I'm waiting to take notes. I don't want to sway any way or give my thoughts because this isn't about me.

JILL HANO: Like you said, the goals should say who, what, when, correct?

STEPHANIE CARMONA: Correct. Yeah. They should definitely have what you want to do. And we're talking about self-advocacy here for this one. So it has to be about self-advocacy. And then what do you want them to do with that self-advocacy. So I'm using your current goal as an example. The who is individuals with intellectual and developmental disabilities and their families. That's our who. What will they do. They will have access to information and supports to be effective leaders of their communities and advocate for systems change on behalf of themselves and others. I'm sorry. So they can advocate for systems change, I guess, is how it is. That's our who, what will they do. I hope that helped a little bit.

But going to what Alaina said that she liked this current goal, it's just very wordy. So if we wanted to, or if you wanted to, or anybody on the council, this can be edited if we can't think of something to make sense for what this new five-year plan since it's still a self-advocacy goal.

JILL HANO: Can we keep Partners?

STEPHANIE CARMONA: Partners is an activity. So yeah, it would still fall under here.

JILL HANO: Or are we not there yet?

STEPHANIE CARMONA: No. We're actually not going to talk about activities at all. This is just goals and objectives.

REKEESHA BRANCH: Vivienne has her hand raised.

JILL HANO: Okay. Vivienne.

VIVIENNE WEBB: Maybe instead of on behalf of themselves and other individuals with intellectual and developmental disabilities we just say the disabled community or something like that.

JILL HANO: Okay. Can we make it bigger Stephanie?

STEPHANIE CARMONA: Of course. How's that?

JILL HANO: Perfect.

HANNAH JENKINS: Alaina has her hand raised as well.

JILL HANO: Okay. Alaina.

ALAINA CHACHERE: What about if we said people with developmental disabilities and their families will have information and resources they need to become leaders in the community and advocate for systems change.

JILL HANO: Can we combine that with what Vivienne said? Vivienne.

VIVIENNE WEBB: So resources and supports mean two very different things so I'm leaning more towards the word supports. And then we might also want to specify what kind of systems change we're advocating for. Like for our community or...

EBONY HAVEN: You're saying take out the word resources and put supports.

STEPHANIE CARMONA: For the last part, the advocate for systems change. I know you want it specific. What specifically are you thinking that we put? Because remember there's also objectives and activities that are going to fall under this that get more specific. But if you think that this doesn't, if you think that it needs to have this specific wording what would you like there?

VIVIENNE WEBB: Maybe specify like what sort of systems change. So we want systems change that will positively impact our community and help us live out in the community instead of, you know.

STEPHANIE CARMONA: Is this what you mean?

VIVIENNE WEBB: A little too specific.

STEPHANIE CARMONA: Okay.

EBONY HAVEN: That will positively affect the disability community.

VIVIENNE WEBB: Yes.

EBONY HAVEN: That will positively affect the disability community. And I would just make a suggestion real quick Jill.

JILL HANO: Yes, ma'am.

EBONY HAVEN: So I would just add intellectual in front of developmental. People with intellectual and developmental disabilities. Tony has his hand raised Jill.

JILL HANO: Okay.

TONY PIONTEK: Hey Jill. I was thinking we could do that for the second goal as well. We can repeat that first goal for the second and third just like that.

EBONY HAVEN: Are you saying change it up Tony?

TONY PIONTEK: No, no, no. Leave it as it is but repeat it for second and third goal. So that's our full focus for all three of the goals for us.

EBONY HAVEN: Well, we can't keep them the same. They can't all be the same goal. They have to be different. You're focusing on different areas for each goal.

TONY PIONTEK: That's true. Okay.

EBONY HAVEN: Yeah. Remember the first goal is focused on self-advocacy. The second goal is community supports and health.

TONY PIONTEK: I got you.

STEPHANIE CARMONA: I just want to make sure that I captured everybody's thoughts and there wasn't anything that needed to be changed for this. People with intellectual and developmental disabilities and their families will have the information and supports needed to become leaders in their community and advocate for systems change that will positively affect the disability community.

EBONY HAVEN: Does everybody like it?

ALAINA CHACHERE: Love it.

STEPHANIE CARMONA: This is up to the chair but the meeting does end at four today so I don't know if we wanted to end right here, pick up here so that way you can take public comment if there is any. And like I said, that is up to you, Jill. I just don't want to get into the weeds when we only have about seven minutes left.

JILL HANO: And we ain't going nowhere. Okay. So I think this is a great stopping point. So we'll pick this up tomorrow. Now we take public comment.

REKEESHA BRANCH: No public comment.

JILL HANO: Okay. Is there anything that, any comments from the committee members? All right. Cool. So without any objection I'm guessing we can adjourn by-- we can all agree that we adjourn.