

**Note: The range in cost for training activities was \$35,000-\$80,000 for FFY 2022-2026.**

**Committee Recommendations (5 year plan)**

<b>Topic</b>	<b>Possible Objective</b>	<b>Notes</b>
Transportation, especially access to public transit systems	2.2	Possible study followed by multiyear approach.
Training for prevention/ safety measures for individuals with mobility issues or wheelchair bound as it relates to vehicle accidents	2.2	Could do a wheelchair expert check, through the regions. May not work as a training. Vehicle modifications must follow federal guidelines.
Abuse and Neglect Training	2.2	Has been done for 2 years, check status report for more info (Activity 1.1.8.)
Early intervention training for early childhood providers to support students with disabilities	3.1	Could do curriculum development, need to get daycares to participate, offer CEUs, per diem training, training at daycare centers.
Awareness/training for parents and school staff around in-school strategies concerning educational placement decisions (i.e. rather than homebound)	3.1	Awareness and trainings that FHF currently does.
Training/awareness of transitional planning to ensure families have a plan in place in case of emergencies (i.e. no other natural supports in place)	2.3	Other agencies do this training
Educating students and families on options/opportunities available on college campuses (disability service department/offices)	3.1	Outside of the scope of the Council.
Training for college educators/staff around students with disabilities	3.1	
Education/training for disability services departments on college campuses	3.1	

### Committee Recommendations (from January Council Meeting)

Topic	Possible Objective	Notes
Create information/training on how Social Security works so that people with disabilities can work and be compensated fairly (Business highlight of vendors and employers)	2.2 3.2	LRS and Lighthouse do these trainings. Since LRS gets federal funds, we cannot duplicate.
Trainings/seminars for vendors on employment and how to support people with developmental disabilities (Business highlight of vendors and employers and Benefits of hiring people with disabilities)	3.2	This was done for 2 years. In FFY2023 O’Neill Communications designed and conducted seminars, in partnership with statewide Chambers of Commerce, to educate businesses on the benefits and advantages of hiring individuals with developmental disabilities. Over 5 seminars 99 people were in attendance. In FFY2024 this activity changed to produce and disseminate videos and other visual materials featuring information important to individuals with developmental disabilities and their families. These resources are located on the council’s YouTube.
Pipeline for recipients of SSDI/SSI that want to work full time to transition from those services	3.2	Further guidance needed.
Job fair sponsorship/funding	3.2	Could possibly do one in each region, can partner with a statewide organization.
Training on benefits planning (including, Who to contact, etc.)	3.2	LRS and Lighthouse do this. Can request a 1 pager to help with this.
Proving support and trainings for early childhood for children with disabilities	3.1	Could do curriculum development, need to get daycares to participate, offer CEUs, per diem training, training at daycare centers.
Transition in the K-12 space, building in the supports specifically for the moderate to significant needs starting in middle school grades	3.1	Better as advocacy. Further guidance needed.

Increase the funding for Youth Leadership Forum in the amount of \$15,000.	1.1	Information on status report (Activity 1.1.7)
Training to focus on talking to children and adults with developmental disabilities, on health and exercise.	2.1	Information on status report (Activity 2.1.3)
Create a resource guide by compiling emergency plans for parishes especially as it relates to individuals with intellectual and developmental disabilities.	2.2	Revised recommendation for the Planning Committee:  "Create a peer-led training program which builds the capacity of the disability community to meet its own needs through workforce development and emergency preparedness and resiliency trainings."
Partner with other organizations to distribute the parish plans and work with families on how to create their own plans.	2.2	
Create a curriculum on disability history to share with schools and families.	1.2	Similar to a concept on the concept paper
Continue funding for People First trainings	1.2	Information on status report (Activity 1.2.1)
Voting Training	1.1	Staff does not recommend.  Initiative was already completed in 2024. This initiative provided training on increased accessibility for self-advocates and hands on experience with voting machines for early voting and machines used on election day from the Secretary of State's Office. 309 participants.

### 5 year plan public comment suggestions

Topic	Possible Objective	Notes
Program for all community parks to have recreational equipment on those playgrounds for all types of disabilities.	2.1	Better as legislative advocacy.
Different gaming technology tools and equipment to help children and adults be able to play video games.	2.1	Outside of the scope of the Council.
Identify where shortages (DSP, ABA, nursing, support coordination) are most severe, by region and by type of need.	2.1	Possible study followed by multiyear approach. Further guidance needed.

Document how shortages affect safety, hospitalizations, school attendance, and caregiver health. Hold listening sessions and short surveys with workers and families about why individuals leave these jobs, what helps them stay, and what supports they need.		
Identify what supportive, accessible, and affordable housing currently exists by region. Document where individuals are stuck in family homes, hospitals, or facilities because there is nowhere else to go. Use those findings to help inform recommendations to LDH, housing agencies, and legislators on expanding supportive housing options (shared apartments, host homes, small integrated settings, and not just traditional congregate options).	2.2	Possible study followed by multiyear approach. Further guidance needed.
Look at ways to direct unused portions of individual budgets toward housing related supports that are already allowed under federal Medicaid rules (for example, tenancy supports and housing stabilization services – not rent or room and board).		Outside of the scope of the Council.
Suggest that LDH consider piloting and evaluating such flexibility to see whether it helps individuals get and keep safe housing while remaining federal-rule-compliant and cost-neutral overall.		Outside of the scope of the Council.
Create plain-language roadmaps that show what usually happens after high school for different needs and goals (continuing education, work, waivers, housing, and benefits).	3.1	Could work with LRS/LDOE to get this create, if it doesn't already exist.
Work with school systems, Louisiana Rehabilitation Services, and waiver programs to improve transition planning so there is real coordination, rather than three separate processes	3.1	Better as advocacy during the Education and Employment Committee. LRS and LDOE have an MOU.

that families must link together on their own.		
Provide short, accessible resources on education rights and transition planning, how to prepare for IEP and transition meetings, and how school plans connect to adult services, employment, and housing.	3.1	This is already being done by multiple organizations including FHF and Team Dynamics. This information can also be covered under flowchart resource.
Share real examples from across Louisiana of young individuals who have successfully moved into work, further education, and community living, to show what is possible when systems line up instead of pulling in different directions.	3.2	This could be tied to the job fair sponsorship.
Encourage remote supports, assistive devices, communication tools, and telehealth to be seen and funded as standard parts of support, not luxury add-ons.	2.1 2.2	Better as legislative advocacy. Need more specific information about gaps.
Highlight where individuals lack devices, reliable internet, or accessible software. Then suggest partnerships and policies to help close these gaps, especially in rural and low-income communities.	2.2	Possible study followed by multiyear approach. Further guidance needed.
Hippotherapy <ol style="list-style-type: none"> <li>1. Create Medicaid modifiers so families can receive BOTH PT and movement-based therapies.</li> <li>2. Launch a pilot program to study outcomes and cost savings.</li> <li>3. Stop forcing families to use waiver funds for therapies that standard Medicaid should cover.</li> <li>4. Families Should Not Have to Use Children's Choice Waiver Funds for Medical Therapy Waivers should not be used to compensate for outdated Medicaid coding.</li> </ol>	2.1	Better as legislative/administrative advocacy.

Strengthen early identification systems, reduce delays in screening and referral, and improve healthcare-to-EarlySteps coordination.	2.1	Education and trainings have been done by FHF. Could have provider give training on milestones or create a resource for pediatrician offices, etc.
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