Council on Developmental Services Meeting-20241121_170104-Meeting Recording

November 21, 2024, 10:01PM

1h 49m 3s

Patti 0:03

Just to let you know that we are recording this meeting, so if anyone is speaking, just please state your name and your affiliation for the record for the video and just wanted to welcome everybody here tonight for our annual meeting with the racks.
So glad that you could all make it.
I'll apologize in advance for some going on in the background.
My daughter is taking care of some things and I'm not sure how that's going to go so.
Anyways.
Let's see. First item on the agenda is the opportunity for public participation.
Is there anybody here from the public who would like to speak?
OK.
Being none.

Sue Prihar 0:54

Wait, wait, wait. I do.
I do.
I do.
I was trying to figure out how to put on.

Patti 0:58

Oh, hi. OK.
OK.

Jacovino, Shannon 1:06

So you're on mute.

Patti 1:07

Yeah, you have to unmute.

Scheff, Jordan A 1:10
You had unmuted for a second and then got remuted. So give yourself. Try hitting the tapping the spacebar. There you go.
You're unmuted.
Don't do anything. Go.
It went back.

Adrienne Benjamin 1:23
Sure.

Patti 1:25
OK. Wes, can you maybe unmute her?

Tsegai, Wesaneit 1:37
I am not actually able to unmute people.
So if you try, are you on a phone or a PC?
Phone.
You can see the chat.
I'll put the call in number in the chat.
You can dial in, OK.

Scheff, Jordan A 1:56
Did you try hitting the space bar too? I'm sorry.
We're pestering.
You just hit it one time.
Nothing, OK.

Patti 2:06
Sue, we can come back to you at another point in the meeting.
And try again.
So don't give up on us.

Jacovino, Shannon 2:15

It looks like she's.
It looks like she's unmuted.

Patti 2:17
OK.
Alright, try again.

Scheff, Jordan A 2:18
Yep.

Jacovino, Shannon 2:21
Now.

Scheff, Jordan A 2:21
You are unmuted, but we still can't hear you.

Patti 2:26
OK.

Scheff, Jordan A 2:27
I'm sorry.

Adrienne Benjamin 2:27
It read again.

Patti 2:29
We'll try again. OK is there. Is there anybody else who would like to speak?
OK, not seeing anybody. So we will go ahead and move on to the joint meeting.
And usually what we do is we have the regional directors give a little status report.
So I'm just trying to go through and see who is here as far as regional managers go, or if not, who they've designated to give their reports.

Scheff, Jordan A 3:04
Jordan Scheff, DDS. I saw a few of them on the next screen.
Let me I'll prompt them for you, if that's OK with you.

Patti 3:10
Yep.

Scheff, Jordan A 3:10
So we get them one at a time.
But Shannon O'Brien, I see you first.
Would you mind just doing updates from the West region?

O'Brien, Shannon 3:17
Absolutely. Good evening everybody.
I'm Shannon O'Brien, regional director in the West region.
So glad to be here.
I'm gonna just go over a little bit what our rack committee has discussed and some of the topics that we have had lots of discussion about over the year. We had a variety of guest speakers that have come to our rack meetings to either educate about things going.
On in the region or.
From a central office perspective, we did have our Director of Health Services and that team come and present to our group. We had Brian Gresko, who represents project search through DDS.
He did a great.
Presentation for our team.
I'd had the respite team from DDS in the West region come and explain about all the services that we provide in the West.
And we had our Pratt manager come as well as our director of quality assurance to talk further about how Pratt works and what the quality Improvement division does.
In most recent, we're very fortunate to have Joe Cavallaro come and talk to our group about GTI over the year, we've had most of our discussions in every maiden and Charles is on the call as well. I saw we've had lots of discussion about GTI.
And some of the struggles that families and individuals have been dealing with, lots of discussion about the current provider network and some of the staff shortages and just discussing different options on how to make some improvements in that area. Some of the concerns are, you know, individuals who.
Need one to one or two to one supports and some of those struggles.

As well as the individuals with more significant needs.
We need residential supports in the options that we have available and some of the struggles that providers.
Are currently having and some of the difficulties that families are running into, I don't know, Charles. If there's anything you want to add or that I missed.

Charles Bergamo 5:43
No, I I just want to congratulate Shannon by the way.
She's done a great job in lining up speakers.
Throughout the year.
With, especially with GT, especially with all the different information that she's provided, so the Council has been been well served by Shannon.

O'Brien, Shannon 6:04
Thank you.

Scheff, Jordan A 6:10
I see Cress Secchiaroli, who's on mute.
Are you able to unmute and join us, Cress?
If not, we'll go to Stacy.
I can hear you're gonna need to speak up a little bit.
So just as this is Jordan Scheff Commissioner, DDS, all of my staff have been at Emergency Management training the last couple days and are in various forms of transport right now.

O'Brien, Shannon 6:30
I'm back.

Scheff, Jordan A 6:31
I'm not joining in the manner they would normally prefer, so Cress your voice is a little weak on the speakerphone, but if you could go ahead and share as best you're able, I'd appreciate it.

Secchiaroli, Crescentino A 6:42
Worried. This is Chris Secchiaroli.

I'm the South region regional director for DDS and that's my pleasure to be here today.
Our RACs this year we had a nice year.
We've met our statutory require amount of times.
We have presenters.
Come. We had one of our staff attorneys come and discuss guardianship limited guardianship and conservatorship and we had.
Are Mary Pat DeCarlo, come and talk to us about the work that she is doing to help address the staffing shortage that we have in our in our sector.
We've had acquired 3 new members this year.
An individual.
A family member and an arc. So we're very excited about our new participation that we have on the committee.
You know, looking over the past year, the trends of our discussions seem to be in line with what Shannon stated talking about, you know, our new FI GT and also talking about you know, the staffing issue with many of our providers and how that's having an impact on.
Individuals and families.
Some exciting news.
One of our rack members.
New RAC Members decided to put some skin in the game, and they've transferred the.
Application process to become a qualified DDS provider.
Seeing hearing that we are having.
You know these lack of opportunities for individuals.
So that was really, really exciting and a really powerful step forward to try to.
Help the situation that was being expressed at our teams. Unfortunately, our RACs here is not was not able to join us today.
She's out of the country.
And the rest of our officers weren't able to.
Be here to give a statement.
So that's the report from South Region RAC.

Scheff, Jordan A 9:14
Thank you, Cress.

And if you don't mind me continuing along, Patti, I'll turn it over to Stacy Gordo, now Silva.

Silva, Stacie T 9:24

Good evening, everyone. This is Stacey.
This is Stacey Silva, the regional director for the North region.
I am happy to be here.
Kim Little is our North Region chair, but she is unable to attend this evening.
So Annette Scully was gracious enough to come to represent our N region rack.
Our RAC has been focusing on, you know, educating and having, you know, great dialogue of we've covered topics such as employment, ATG.
GT transition coordinators.
Housing CFC.
In the region I had to fill two vacancies for administrative assistants because ether was kind of doing double duty while we were, you know, in the process.
So we have Lana Raymond who will be the assistant administrative assistant for Dawn Fry in the Private Division, and we have Sarah Abbey.
Who works for Karen Sticklin in the individual and Family Division.
They are both have a wealth of experience in DDS.
So we're happy to have them.
I just recently hired a case manager supervisor to help decrease the caseloads in the region for the current existing case manager supervisor.
So we're very happy about that.
And that's it.
Annette, do you have anything to add?

Annette Scully 10:55

Thank you, Stacey.
Hi Annette Scully, North region.
Same thing that Stacy said.
You know, we discussed that we had CT Pie come in and we talked about sub minimum wages to competitive wages transitioning to GT.
We talked about supportive housing, creative living of Connecticut.
We also talked about parent.
We also had a presentation from parent Guardian caregiver presentation paying

parents for their support, not for CFC.
Clients.
We've also talked about.
The overview for transitioning for grads. And then yesterday we had a discussion on project search.
That was it.
Thank you.

Silva, Stacie T 11:45
Thank you. And that.

P

Patti 11:52
As Patti Silva Council chair, are there any other rack chairs that are present that wanted to introduce themselves?
OK.
I guess we got everybody then.
We could Jordan, OK.
All right.
Well, thank you everyone for updating us on what you've been doing. It sounds like you've all been very busy and.
Educating everybody on a lot of good stuff there so.
Our next.
Agenda item is where we go into our regular meeting.
And you are all welcome to stay.
We'd love to have you stay if you're able to go ahead, Jordan.

Scheff, Jordan A 12:39
So part of the requirement tonight and the reason for gathering, I think I think we may have the agenda slightly out of order because I think the combined meeting the obligation is to review the wait list.
So we should be doing that before exiting the joint meeting.

P

Patti 12:54
Gotcha. OK.

Scheff, Jordan A 12:57
My apologies for not catching that till now. Patti.

Patti 12:59
That's OK. Alright, you're up.

Scheff, Jordan A 13:02
So I'm going to be up with a little bit of help and before I get into the chart in front of you, while you're all together.
Shannon mentioned Joe Carvalho joining her.
Those of you who've been around a little bit with me may remember Joe and his role as my executive assistant.
He left me to go be senior policy advisor to Lieutenant Governor Susan Biswas, and.
We brought him back and he's working as senior advisor.
In my office now, one of the things that he has begun to do and for.
Personal reasons wasn't able to join the North region rack last night, but he'll be attending the racks periodically to check in so that you'll see a little bit more of my office present even if I can't be there myself and just to listen in and be able to.
Provide me.
Insights and feedback.
I'm also able to tackle some of the individual or or system wide.
Issues that you all raised during those racks currently also part of the discussion previously was on our ongoing transition from our prior fiscal intermediaries to GTI.
Joe, I have a lot of work for Joe to do right now. That transition is taking up most of his time. He and I and A lot of others look forward to the day where it takes up a lot less of his time and we can assign him.
To other things.
But and and we had some in person meetings with GTI this week, but that is.
Currently, a good portion of his body of work, but for those of you who remember him and you see him next, give him a good welcome back.
We are very happy staff and our self determination self hire ranks. We're very happy to have a central office liaison to help 'cause. It's chewing up a lot of their time too.
We did meet on on that subject since many of you are interested. I did meet with Holly Carmichael, who's the executive director at GT.

This week.
And along with Commissioner Barton Reeves from DSS and the Deputy Commissioner from aging and Disability Services, Deputy Commissioner Velardo from DDS, and Bill Halsey, the Medicaid director, there was some very productive work done outside of that room amongst our rank and file staff of that, you know, our.
Our folks assigned to that body of work, but we also had a very productive leadership discussion with Holly.
About what we can do together to make this.
Continued improvements, elimination of wait times.
Elimination of payroll errors or absence of paycheck errors cause we've seen both and so.
I wanted you all to know 'cause many of you are my eyes and ears, and it's so nice to see.
So many familiar names and faces still obligating their time to the regional efforts at the racks, but I wanted you all to know as parents are approaching you throughout DDS and certainly in my office we are very aware.
All the concerns about this transition, we are working very closely with our partners at other agencies to eliminate those concerns. And with that, Kevin, if you want to screen share, we can.
We, Kevin, can you take it down one more time?
I introduced Joe to those who already knew him, but I didn't let Joe introduce himself to those who've never met him.
Joe, do you want to?
Are you able to come on for a minute and just show your mug so people have an idea who I'm talking about?

Carvalho, Joseph 16:32
Sure thing, Commissioner.
Thank you so much.
So hi, everybody. For those of you who know me, it's nice to see you again.
For those of you who don't, looking forward to meeting you at a rack meeting or some other setting in the near future. But as the Commissioner said, I am the Commissioner, senior advisor.
I've rejoined the team part of My Portfolio of work is to focus on smoothing over this

transition with GT independence and to serve as a liaison between DDS leadership DDS staff.
GT independence and then of course.
Most importantly, the folks that the department serves.
So I'll put my contact information in the chat if I can be helpful.
This is a team, so please feel free to reach out and we're happy to help. However we can and we're committed to getting this right. So thanks so much everybody.

Scheff, Jordan A 17:19
Thanks Joe.
All right, Kevin, for the third and final time, thank you for screen sharing.
So one of the obligations under statute is for me to present to you the joint meeting of the racks and the DS Council. Wait list data. Those of you been with me a while know that we never have today's data.
Today, we're always looking back at a slice in time on any given day.
And so just a little bit of history.
With the work, the collaboration with advocates.
In 2017, we reestablished our priorities.
And categories for our wait list.
And so when you look at this data, we used to talk about priority ones, priority twos, priority threes and emergency rather nondescript in, in, in, in that vagueness. It was very hard to know exactly when people were looking for placement and what type of placement and so with.
The effort of that group of advocates and a number of other people, we established these new newly defined as of 2017 weightless categories.
Emergencies urgent and future needs.
See the definitions there in front of you.
Those categories are also listed on our website. Next slide, Kevin.
In addition, when we do talk about people waiting for supports or on the wait list, we talk about them in two different ways.
And I I try and take a minute every time we do this just to sort of explain these words, because it seems to be it can be confusing to those of us who are not dabbling in an everyday. So within those groups I talked about, we talked about.
People who have no services and people who are underserved.
So how does someone who so I think that no services is the easiest to understand,

right?
They have no services. They're waiting for services.
That's a group for the underserved category. We have a number of people who've made requests to increase, change or enhance supports and we are not always able to immediately provide those requests or. And so they they move to the wait list.
So if you are living, let's say in an apartment program and you're currently getting 30 hours a week, but your team and you have decided that you need 35 hours a week, you put in a request for the additional 5 hours a week through your case manager.
Or broker.
And our Pratt teams make the decision that it's not emergent.
There are other people who have a higher priority and they're going to leave you waiting.
It isn't their desire to do that, but they have to work within the confines of the budgets.
So they would move you from someone who was fully placed to going to our wait list. As someone who was likely urgent or future needs into the underserved category, meaning you already have.
Annualized allocation from us in that category, but you are looking for additional supports.
So we we provide this snapshot.
For you looking so it it's we publish on the website what we refer to as the Mir, the management information report.
They're published roughly quarterly.
They're they're they're they are certainly the data is quarterly.
And they're always in arrears because there's our our business intelligence unit headed by Josh Galora and with some fabulous staff who work for him. There's a number of things within the large.
Commit, not necessarily the weightless portion of it that we need to vet.
And he uses some fancy data science words that I don't understand, so I won't try and use them the way he does, but around data purity, clarity, things like that.
So they have to look at the data.
They can't just, it just doesn't pull from our data sources into a document.
There's a bit of review that goes into that to check the integrity of the data.
You'll see as you look down that list and and I'll I'll give a little bit of an explanation, but you'll see June 2023 to your far right if you're able to see that screen.

For those of you who may have joined by phone and can't see a screen, we'll get a link to you so that you're able to see it. What we're looking at now.
And then it runs through those. This is the residential waiting list.
It runs through those numbers, people who are unserved.
Services and whether they are emergency or urgent, we combine those two.
We don't consider the future needs group.
In in when we're talking about, I'm sorry, we we did not consider future needs.
Previously when we were looking at.
Wait list data and during that 2017 change.
We were asked to track all the folks, all the individuals we support who might be looking for services one kind or another. So you will see that there is.
Growth in our wait list from June 2023 pretty consistently in every category except future needs where you'll see 50 reduction of 55 people.
So we we have looked at the data.
My team has looked at the data and I want to give you just a little insight as to why those numbers have trickled up or gone up.
So there's a couple of things.
The regional directors and you have all been in discussion.
My DS council with me and our Ombudsperson and I talk at least monthly about the concerns of.
The staff of the staffing shortage.
What? And so we think that part of the issue is that providers don't have enough staff to take on all the business we could otherwise give them.
So very often it's been about not having the funding.
That is less the situation in in this case.
Where we actually have the funding to place more people than we are currently placing.
This providers don't have all the staff they need to adequately support people, so it's a little bit different than when I came to know many of those familiar faces out there at the racks when we were advocating for weightless dollars. And that is still a worthy cause for.
Those of you, obviously we have a lot of people who need a lot of services and and money's going to be part of making that happen.
The other issue that helps.
Drive the numbers up is something I described when we were working on the step

initiatives, the supporting transformation to empower people initiatives as well as in my testimony and in in responses to questions from the legislature during House Bill 5001.
Not this most recent session, but the one before it, that as we were making some waves and making some noise about getting people placed.
That people who previously hadn't bothered to get on a list.
Because they felt there was, you know, it was such a long wait.
It wouldn't be worth their and it wasn't worth getting in line yet have heard that we're placing a lot of people and we are in fact, while the data we'll talk about that in a second. While the data doesn't may not speak to you in that way.
That's another reason that the numbers have gone up.
More people know that we're doing more creative things, creating more opportunities that we have green lighted.
A number of the supported housing units that we have green lighted development for. Anyone who wants a CCHI community.
You know, and green light at anybody who would benefit from assistive technology, whereas we used to have stringent just know for everything all at one time or while we don't have a ton of money and we can't place everybody today or make a an allocation to everybody today.
There are a number of services that we have.
We we have been providing even in in, in times where money is a little bit lean. So we've placed a number of people.
We have a lot more people get in line to get supports and we are struggling with.
The wait list initiative and I don't know if Kress is still online.
And he might have some censors 'cause I know he's looked through the numbers, and I hate to put you on the spot. But Chris, you and I had a conversation about how much placement activity has been going on and and if the other regional directors have a sense.
Of it, I'm happy to hear from you as well, but my understanding from the regions is that there's a a lot of placement and transfer activity going on even while those numbers don't seem to be dwindling.
Are are you able to speak to that at this time press or any of the regional directors?

SA **Secchiaroli, Crescentino A** 25:57

Jordan, I'm here.
I don't have any specific data in front of me, but I can let you know that.

Scheff, Jordan A 26:00
OK.

Secchiaroli, Crescentino A 26:05
There is so much activity that goes on in the regions to help foster placements. Like you said right now it is. It is not necessarily a lack of financial resources.
It's it's. It's hard shifts finding providers that have capacity to take people, take people on, we've.
Really done some initiatives to help incentivize providers to accept new people in our day programs, which is opening up portability options.
It's opening up options for our graduates.
It's opening up options for those underserved folks in day where they were just going.
Two days a week.
But they wanted to go four days a week.
The the hope was.
Is is that?
By addressing some of those.
Those capacity issues in day with those incentives that that would place less stress on the residential providers because they don't have people staying at home because they don't have a day program and therefore that would also help build some in our residential providers to help with those place.
So lot of work on a lot of fronts going on to.
Make sure that we have placements in in our prep teams. In our case management teams.
Are working continuously on all these placement options for individuals.

Scheff, Jordan A 27:44
Thank you, cress. And if any of you, as an example of some of the initiative work that we've done?
There was a wait list initiative a number of years ago where we targeted, pardon me, aging caregivers and I I. When Christine Polio Cooney was still here and I think we

targeted somewhere 70 or so.
Can you talk?
Can any of the three of you talk about where we are now and what we consider aging caregiver and how we've tried to increase opportunities for people on the wait list?

Secchiaroli, Crescentino A 28:15
So Jordan, we currently are wait list.
Funding initiative for residential placement. One of them is for caregivers who will turn 65 or have already turned 6565 by the end of this coming fiscal year.
And we have.
I can tell you in the South region, the last I knew and this was like a month ago, that initiative alone has moved 65 individuals off of the.
Wait list supporting those caregivers of that age and those individuals and that, you know doesn't include.
The people who have said, oh, I was on the urgent list and I just got myself on that list years ago and and actually declined.
To be for us to help support them.
But like I said, I think the last number I saw for that initiative alone.
Was was 65 people in the South region with.

Scheff, Jordan A 29:20
In the South region alone, that's that's that's illustrative Chris.

Secchiaroli, Crescentino A 29:22
The Yup.

Scheff, Jordan A 29:24
I appreciate that that texture that you've provided to this discussion, Kevin, can you put that slide up one more time for me that shows the weightless data?
Thanks again.
So when we look at when we look at this, those 65 people.
You know, you would think with moving 65 people off the wait list in a single year in one region, you'd see a decrease. When I talk about the effects of workforce shortage and when I talk about what I refer to as a woodworking effect, we're

helping place.
People so more people are asking. You don't see that -65 in the residential wait list categories.
You don't see that reduction yet. We have transactional data. So when we talk about transactional data that shows how many different transfers or transactions or transitions happen in the system.
So while this is the tool we've been using forever.
To show where we're at with the wait list, even through multiple iterations and and you know recodifying how we count individuals, it is simply a slice in time.
This is the data as of June 30th, 2024 and it reflects just who was waiting and waiting on that day.
It it doesn't reflect any activity leading up to or that follows that. So I'm going to come up for air there.
As the wait list presentation and give both the Council and the racks an opportunity.
The RAC members to ask any questions they may have about the wait list, and I see Nicole Milo has her hand up. Before I ask you to speak.
Nicole, there is a raise hand function. Some people struggle with finding it. The bar that has that don't know how to use that. If you are, if you don't know how to raise your hand, you can turn your camera on and wave and it will draw attention.
And Kevin and others Will, Kevin and Wes will help me order those if you are participating by phone.
It's a pound six.
To unmute yourself and what we would ask you to do because you don't have a raise and function is just to unmute yourself and say I'd like to raise my hand.
Your number will flash up and our staff will be able to identify that you've asked to get in the queue and we'll call upon you in, in some sort of order. Just so we don't have everyone trying to talk at once. And with that, Nicole?

NM **Nicole Milo** 31:53
Nicole Milo, Council member. So thank you for that presentation, Commissioner.
I was wondering if you could give me a little understanding on the future needs and how you're coming to those numbers only because I'm hearing just a lot from parents about.
What the process looks like and I know there was some change within the last few years when an individual that might be placed residentially at school age.

Turns about 15 years old, I think, was the number where DDS was starting to kind of keep track to plan for the future.
So I was wondering kind of how that process looks for the school age kiddos and if you guys are indeed, as I suspect, keeping track of those numbers, that would help me understand a little bit better.

Scheff, Jordan A 32:47
Sure. So thank you, Nicole, for the question.
So the the wait list we looked at is talking about residential supports and services and not day services with regards to people under 21, there are two lists that we work with.
One is what we call an age out list.
Those are for individuals already placed.
We know where they are.
They're typically funded by their lead educational agency, which we refer to as an L EA.
And or DCF Department of Children, Families and or private.
When an individual is currently placed prior to the aid for a full year prior to the age of leaving school.
We are.
We know that they're coming and we request money from OPM and we try to as seamlessly as we can move them from their current services.
Sometimes they stay in place where they already are.
Other times there's a a move to an adult based.
Home for those residential supports at the same time.
Leading up to that, we work actively on behalf of identifying their day services.
Typically they may be in a school, private school or some other alternative day program that may or may not be ads provider.
And we worked on planning for them. The other group, which is more of.
Our individuals, not residentially placed and we call that group our grads.
So we talk about high school aged children as basically being grads in age outs.
We have a number that we know about.
We try and gather that number and make it as accurate as possible.
In fact, it isn't just a number.
We provide a list of.

We provide a list of those names.
And service needs projections.
What? What the team is projecting the service level need will be two OPM and they reflect that caseload growth annually in our budget.
We are fortunate.
We are fortunate as a state, not every state has a legislature and administrative body that does that. A lot of people age out of school and just wait.
And there are there are a number of states that don't have wait lists.
So I don't mean it's happening in 40, it's only happening only happening here, but.
There are a number of states where that's problematic.
We do the best we can.
We certainly learn about people Shannon and I have spent a fair amount of time.
Shannon O'Brien, West Regional region director.
Regional director, learning about people that we didn't know were already placed or didn't know we're coming.
We've had a couple of those instances. She and I have collaborated on in the last six months or so, so we don't always know about everybody.
We also know that not everybody takes everything we offer in in the law.
Has allowed us to not wait list.
Those young people coming in today programs in terms of authorizing dollars.
Now there are families in that age group, Nicole, that you're encountering who are waiting to access a day program. But it's not because of a lack of funding from the department.
But most of what we're hearing is that providers are limited in who they think they can accept.
Because of their staffing levels.
In the staff recruitment effort.
And so that's where that sort of wait list comes from.
The the the broader question of how do we the future needs for residential services?
Part of the IP is a checklist that asks a number of questions.
The same group of advocates that work to redefine.
The wait list categories.
Also, were constructive in helping us.
Rearrange portions of the IP so that we ask every year.
When do you think you're going to want the service and what type?

We used to just say, do you want to be on the wait list?
Now we actually say when might you be looking for residential supports?
Not that we can grant it, but then we know what category to put you in and what type of supports might you be looking for. And we and. And so we track that.
We do not get on go, unlike the day supports and services for people aging out or grading out. We don't get that for the residential side of our book of business.
That's where the other work that that crafts on the regional directors do with their staff.
Comes into play.
While I'm on that topic.
In Elisa Villardo is not here. She's representing Connecticut with some of our staff at the our National Trades organization presentation. Based on some feedback I got from the RAC meeting in the North region yesterday, she's going to look to visit with each of the racks as well as.
The DS Council over the next month or two, I want to promise her for December.
Well, you know, it's December.
To talk a little bit about her efforts to identify.
Increased capacity and a deeper bench of providers interested in.
Interested in in, in how we go about supporting and making capacity for harder people with with more significant challenges.
And while a lot of the work that we did through the supporting transformation to empower people efforts has helped a lot of people of, there are many people who have loved ones with complex needs who don't see themselves in those efforts.
But there are other efforts outside of that. There are some people with higher level of needs who benefit from that effort, but probably not into the proportionally.
To how they're represented in our lawn and our lawn distribution table.
But that there are a number of efforts, both we have a number of staff as well as some providers and in particular I'll give a shout out to lark and two other arcs. I shouldn't have done that, who have been collaborating on.
Staff retention staff training approach for trauma informed care.
That gives them both capacity to support more challenging individuals, but has also been beginning to demonstrate.
The benefit you get from doing deep enrich training with staff.
In terms of staff retention and all three of those agencies are starting to see those efforts and then only because your question and it's not unusual for you to ask a

question that is gives me a lot of opportunity, Nicole.
So I appreciate that.
We, Alisa and I were visiting with.
North region provider about two or three weeks ago. They feel like through some of their efforts through some of our efforts with ARPA funding and they're one of our agencies that serves harder to serve individuals. They feel like they have finally not just levelled off in terms of.
Their turnover rate, but they're actually starting to see it go down. And so that is good news for us and that's happening in the area of Manchester.
That effect?
Probably to hit a couple other areas of the state may take a little longer.
When I say that I refer to, you know, Lower Fairfield in, in the environmental climate of the economic climate, there is just a little different than downtown Manchester.

+12*****25** 40:18
Nope.

Scheff, Jordan A 40:21
But we're hoping that that tide is turning a little bit and we have more to come, Mary Pat Dicarlo and the work we're doing with a national learning collaborative on the workforce crisis.
Lady was that responsive?
Excellent. So you had your hand up earlier and I think you have found a path to communicate with us.
Are you able to chat with us now?

Sue Prihar 40:49
We'd love to do so.

Scheff, Jordan A 40:51
The mic is yours.
Just introduce yourself 1st and we'll go from there.

Sue Prihar 40:55
OK, my name is Susan Prihar and I have a very high level need.

Son, who is in who has the gift of a placement in a residential setting.
But my question has to do, I mean people who know know that this has not gone well and there is a housing crisis for higher level of needs clients. We know that there are beds available at various different agencies right now, but those are not open to my.
Type of son.
My son and to people like him.
So, you know we've it's been made very clear. There's literally one house in the entire state of Connecticut that's over, you know, 50 minutes away from us.
Which significantly impacts our relationship with him.
And.
We have spoken with other agencies and the responses, like you said, I mean you guys nailed it.
They they these agencies that currently.
Offering placement are not willing.
To to take on a a high level of need person. They don't have the experience, they don't have the staff, they don't have staff with training.
My question to you is.
What is?
What is the plan, Sir?
'Cause, I hear you guys talking about all these things and I'm encouraged.
I'm heartened that you guys recognize the problem, but.
I'm I guess the question is what is the housing crisis plan? Are we going to?
How do you encourage more group homes to take on?
The risk of getting more high level of needs, do we offer more training?
Do is it?
Is it a staffing pool issue?
And then do you focus on higher higher wages, higher benefits?
All due respect, it's it's the buck stops at your desk.

Scheff, Jordan A 43:12
It often does, and and I'll I'll, I'll take that. I have been communicating what you described to our funders, 'cause. I don't get to. I don't get to decide what my budget is.
And I'm always sure to share that information both with the administration.

As as meaning my boss, the governor.
As well as legislators and I have while I spend a lot of time with them, between January and may, I get calls from them throughout the year.
For a part time legislature that works full time, it's it's an interesting phenomenon for me here in Connecticut.
So what are we doing about that?
So let me let me and and so sue.
I think you're attending tonight as a member of the public and I'm, you know, trying to.
I'm going to try and be very responsive to that and then allow you a a moment of follow up in case I missed the mark and then we'll move on to the the, the regular rack and Council members. And but what I will say before I go through.
My answer is reach out to me and let's talk some more privately, and then you'll see some nodding heads.
Many of the folks who found a rack or found a council seat started by just visiting with me personally.
Because I have that open door.
So what are we doing about that?
So one of the things that we did over the last three years is we we told the regions to to that future home development had to be approved by the Central Office.
The reason that we did that was not because we were under the assumption that there were plenty of housing opportunities for everybody, but we were.
We were concerned.
That we would continue to develop opportunities for those who may be less challenging to serve.
And have group homes open for more and more people who fall in that moderate to mild range.
And no one would be.
Would there be no pressure in the community to find opportunities for those more challenging to serve individuals? And while we have had what some refer to as a moratorium on that development, the regional directors are on the call will tell you that I have not said no to.
Any of them who've brought to me a concern that said I need to open.
And we talk about group homes in two ways. Acres continues residential supports or CLA community living arrangement.

And so there's a couple things that happened.
Some of those regional directors are currently working on a development for people who will be in that in that age out group.
Those kids I was talking about earlier that Nicole was referencing, who are already placed somewhere else who are placed because they're really have present real challenges. They need an adult place to go to.
So the regional directors collaborate.
They identify groups and they do an RFP process to create new living opportunities.
Beyond that, I can tell you that at least three times in the last two months I've been approached about CRS development for individuals who are either stuck somewhere in the system, an emergency room, a.
Hospital, a long term care facility. Any of those types of settings.
Or who are out of state looking to return and we I've been opening. We've opened a few of those CRS.
Well, group homes take probably a year and a half from concept. Conceiving of the need to opening the doors at a minimum in this housing market.
Sometimes that has gone on two and 2 1/2 years because property acquisition is really, really competitive.
We often don't.
We're required to get an estimate done.
An estimate, maybe an appraisal done.
Very often, by the time our appraiser gets there, the home's already off the market.
It's sold for cash before we could ever.
Get anyone out there.
The the other issue that you talked about, so the other component of that, so that that's the bet, what I would refer to as bed stock, the available beds within our system that we look at.
The the supporting transformation to empower people.
The concept behind that was to.
Look to individuals who might be more moderate in need.
Level who are getting a comprehensive wrap around 24/7 support in a traditional group home who might be able to live in another setting and then we would look to backfill their living opportunity in a group home with someone who was more challenging. While we have been.
Very successful at transitioning some individuals out.

And into less intensive settings.
Because of the staffing crisis, we have not been able to as rapidly fill.
All of those opportunities, although the regions are actively making those referrals, I I think you hit on the, the, the, the real challenge right now cuz we've waited for this time and this opportunity for so long the the influx of money we got through ARPA to try and.
Transform the system. It came at a time and unfortunately, all that money that windfall came at the same time that the staffing crisis got worse.
So we have someone, a dedicated staff who works for.
A central office who collaborates?
She's a former private provider for many years.
I won't tell you how many because she'd get mad at me.
Her name's Mary Pat Dicarlo.
She's worked in two regions.
Three or four or five agencies. And when she left most recently, the Kennedy collective in the western southwestern portion of the state, I asked if she would consider coming to help me.
Specifically on this area of workforce development, so much of her career was being at agencies that successfully did recruitment and training that I knew.
She knew how to make it happen.
And so she her work falls into two major.
Areas in workforce or two major groupings in workforce development.
One is internally here in the state and the governor's Office of Workforce Strategies when they begin to roll out their product in the next month or two, you will see that Connecticut is going to recognize a number of about 5500 people.
In a single category that will reflect what I think are the needs of direct support needs within DDS.
In CFC that we need about 5500 people more than the system currently employs to reach full employment.
And if we could recruit 5500 people, I think we would have a lot better opportunity for providers to take on individuals with challenges.
It's interesting because a number of our providers that is there.
That is what they want to do.
And I won't name them because they'll get in trouble. But there's a couple in each region where their specialty.

That they will take individuals with challenging autism behaviors or.
Challenging Co occurring mental health issues alongside intellectual disability and even those that we turn to routinely.
Are in a position right now where they're saying we just can't do it, and I'm talking about people who a number of you have seen stand on the steps of the Capitol and say if public can do it, we can do it.
And right now, they just can't.
And it isn't a lack of want. It's a lack of staff.
So one area is just identifying those numbers.
And it's a big number of around 5500 people.
That information is is harvested from. As best we could from Department of Labor statistics from our nonprofits who have to report annually on their vacancy rates, as well as a tool we use the Staffs, a national product called staff.
Staff.
Sustainability survey.
One of my staff will correct me.
I don't have that quite right, but it's part of the national core Indicators Project, a staff stability survey.
The other thing that she's working on, and this happens more at the national level, so we are in a learning pod with diverse states, Kansas, California and a couple others.
So big, medium, small, pro labor, not pro labor.
Section of Michigan's in there and then maybe Missouri. We can we meet often and we talk about what's working in some States and what's not working in some states.
And I think the outcome of that will likely be.
A public information campaign. Some advertisements that that the state will take on in terms of recognizing the body of work where we need to recruit people into that providers won't have to do their own advertising that way.
They'll be there, that they'll be some collaboration and how that happens.
But that will only be valuable in recruiting those staff if we can come up with training.
That will work, so I'll just briefly share with you, Sue and the rest of you the kinds of things that we're considering on that other states are doing.
So one would be and I'm going to use some words that I've been told not to use, but I'm bad at that so.
What I refer to is sort of like a passport that there are certain core credentials that an

individual could get trained in.
That don't vary no matter where you go, and the CPR, OSHA first aid abuse and neglect. You know there there, there's a core group of trainings that every time you show up at a provider's door, you shouldn't have to do over.
It's a waste for the staff person. It's a waste for the agency and you already have those credentials from a a qualified provider. With us, there would still need to be, obviously.
Location specific training and individual specific training.
They're not just because you got trained on one behavior plan doesn't mean you know how to.
Support a person with a different behavior plan, but so much of the training is core and then we think that will help a lot in the self hire world as well so that every time you bring on a new self hire you don't have to do the train.
From scratch and all that.
So some sort of way to have some portability of your training that you can carry with you and so that the system is not double paying for the same credentials over and over.
So.
I'm looking at the clock.
I think there's a lot more that we're doing there.
And we are looking for more feedback.
So I I want everyone to know that our eyes and ears are on those issues and I talk with my regional directors often as well as their staff about the challenges we're facing.
In in placing those individuals, it is front of mind and it is a body of work.
So we're looking at the the site component, the behavioural component, the medical component.
We know we have individuals who would benefit from living in integrated settings if we had.
And clinical levels of skill out there, and no one should have to live in a nursing home if they don't wish to or in a hospital if they don't wish to. But that requires a higher level of medical care.
So we're looking at the whole universe of people out there who are more challenging to serve, not just behaviorally.
And how we can look to make a more robust workforce work for everyone. But

please e-mail me and I'm happy to set up.
Wes will help us set up some time to talk further.

Sue Prihar 54:31
Thank you so much very much. Thank.

Scheff, Jordan A 54:32
Very welcome.

Sue Prihar 54:35
You.

Scheff, Jordan A 54:35
I think Donna Cohen.
Hi, Donna Cohen.
How are you?
I think you're next.
Oh, I I missed you, Michael.
We'll come to you in a second. I'm sorry, Donna.
Go ahead.

Donna Cohen (Guest) 54:44
Hi, I'm good to see everybody. And so first, I just want to say that Susan, just she always just speaks her heart beautifully and speaks for many people.
So my question is you answered it sort of.
You. You touched on it.
I've been curious to know if you actually keep data and what that data would be on the people who are on the waiting list in terms of lawn and in terms of.
Like how long they've been on and so forth. And is any of that taken into account when people get placed?
It's not clear to me, I guess, how people get placed.
So like there's opening and then what happens and then the other thing is I'm curious to know.
How many?
I can't remember the word you use now instead of group homes, but the new term

up for that, how many there in the state actually and then how many of the apartment things there are? Just sort of curious to know what's out there actually?

Scheff, Jordan A 55:36
CRS isn't yeah.

Donna Cohen (Guest) 55:46
So those are my questions.

Scheff, Jordan A 55:50
So yes, there is data.
No, I don't have it at my fingertips to share with you. But we have what we refer to as lawn distribution tables that I can ask my business intelligence unit to pull.
So we have an idea of we can actually we're beginning to be able to see that geographically too. So that not only do we know the people are on the list, there's another tool we're using which we'll talk more about.
It's not fully in place yet, but we can actually look.
At our lawn tables and know that in in Torrington this is where.
This is in Putnam this is.
These are the challenges we face.
They are the types of people who live there.
I the the data that I've looked at does not reflect.
As it's been reported to me, length of time, as Kress indicated in the South Region report out, there are people who've been there a while because they got in line and that he's that they have reached out to recently. Who said, oh, we're still not ready, so even.
If we had that data and I'm sure we could get that data because there's a request and there there is a a piece of paper that exists that has that on that.
So yeah, we have a lot of that data both by LAN by age and now we can look at it geographically as well.
Where do we need to build our housing?
I'm going to actually ask if one of the regional directors will join me in a second because I am a few steps removed from the Pratt process, particularly with the initiatives that they're working through now and how they make that determination at the Pratt table as to whose.

Turn it is to get that opportunity now. But before I do that.
The supportive housing models that we talked about, so group homes we have around.
I'll just use round numbers. I should know the exact number, but around 850 group homes and we have in excess of 400, maybe nearing 500 CR s s. Again we call a group home CL as community living arrangements. Continuous residential supports is our.
Our CR s s the supportive housing complex is the first one brought online.
By favour and I I always thank Steve for his efforts in pushing that along.
He's a quite the entrepreneur and he figured out what was going on in another place.
And helped us make it happen here and I thank him for that.
I think we have seven online now.
A few more about to come online and I think because they take some time to build and dress out, I I think we're up to about a dozen statewide Elisa's not with me today.
She would know that number off the top of her head.
And I don't want to bother everybody with asking each regional director.
They would know each in their region how many exist, but I think we have about 7 online. We have grown concerned because it's very hard for centric.
Started with Steve up in the Farmington Valley.
We have a couple over there. I think we may have a third coming online there, one in West Hartford, one in Hartford, one in New London.
In South and West have a couple in the works as well, and I can't remember the town next to Woodbridge. I was at a grand opening there.
I can't remember the town though.
That's not good.
I'm east of the river, so blame me for that.
Kevin, you were there with me.
Maybe you'll shout it out.
So we have that many orange.

Bronson, Kevin 59:02
Orange.

Scheff, Jordan A 59:03

Thank you.
Is that next to Woodbridge?
Was I right?

Bronson, Kevin 59:07
Yes.

Scheff, Jordan A 59:08
Oh wow, I like when I get that right.
So.
I think it's about 7:00 or so online, maybe 8 and with another few to come online with it in a shorter time frame and.
I think we have another $15 million at Department of Housing to access for additional Federal Housing rounds, and I just signed off, but I can't talk about it yet because I don't know if the award letter's gone off, but I just signed off on another one.
Yesterday.
The amount of numbers of people served supported in those vary from a very small number, but no more than 25% of the total population in that apartment building or house or complex.
To a much bigger number, you know 12 or 14 or something like that. And some of the bigger ones.
In terms of how the?
The practice of making the decision on who's going to get supports and services or an allocation to to to begin to shop for, supports and services residentially, I've often said it. It's more art than science.
And in prior to us doing some of the internal work to create this liquidity, basically you had to either have a a very aged caregiver who couldn't care for you or you were a threat to yourself, your caregiver, or the community or your caregiver had passed and we.

Donna Cohen (Guest) 1:00:15
Run.

Scheff, Jordan A 1:00:26

Needed to come in and help you with that.
It is.
It is less that situation now for some of the less comprehensive services we have and I think that because we've created an opportunity for some of these funding opportunities, it's a, it's a wider lens by which Pratt views this and I'm going to put you on the spot.
If one of the regional directors would come and join me, maybe you could talk about what it's like at a Pratt table most recently and how we make those decisions.
Are any of the three of you up for a challenge?

Secchiaroli, Crescentino A 1:01:01
I'm willing, and this is Chris Secretary, something you can regional director again so.

Scheff, Jordan A 1:01:02
Thank you, Chris.

Secchiaroli, Crescentino A 1:01:07
My peers, Shannon and Stacy, and the Commissioners.
We we took a a really hard look last year at some funding initiatives that we wanted to prioritize and obviously we talked about one of them earlier being.
Caregivers of certain age and and I spoke about that.
But we have other funding initiatives and and those are the priorities.
For the Pratt team, So what happens is, is there's someone who has a want or need.
They submit a request to our Pratt team.
It's a multi disciplinary team of, you know, the leadership in each region.
And they review each request in each case.
And, as the Commissioner stated earlier, we have categories that.
Those requests can be placed into like you mentioned. You know the urgent category or an emergency category or the future needs.

Donna Cohen (Guest) 1:02:09
Yeah.

Secchiaroli, Crescentino A 1:02:19
So obviously if someone puts in for a future need, they don't need a funding

allocation now.
That still reviews that says whether or not they agree with the request, and that person goes on the future needs list.
But we also have requests that say.
I have an urgent need. An urgent need is typically expressed as being.
I need this.
This is needed within a year.
And all those also get reviewed by the product committee and then.
Jordan gave a good definition of an emergent need.
You know someone who is homeless, someone who doesn't have a caregiver.
Someone who's a danger of hurting themselves or community and.
Once people get categorized with their requests then.
You know, Pratt immediately allocates funding for those that are determined to be emergencies.
So whether you're looking for.
A.
Community companion home or you're looking for in home support or you're looking for 24/7 residential placement. If Pratt agrees with the.
You know the request based on a person's level of need.
Case that's presented those funds are pretty much immediately available, and then the teams and.

DC **Donna Cohen (Guest)** 1:03:59
OK.

Scheff, Jordan A 1:04:03
I think we may have lost your Crest.

OS **O'Brien, Shannon** 1:04:07
Jordan, this is Shannon O'Brien, regional director.

SA **Secchiaroli, Crescentino A** 1:04:08
Says I have a.

O'Brien, Shannon 1:04:09
Just wanted to. Sorry, go ahead. You cut out.

Secchiaroli, Crescentino A 1:04:14
Oh.
Sorry.

O'Brien, Shannon 1:04:15
Go ahead.

Secchiaroli, Crescentino A 1:04:17
We're we're still all, I'm assuming all in our cars.
I am.
If it, if it's an urgent need.
What the Pratt teams do then is look to see is this something that we can fund with one of our initiatives?
And the Commissioner mentioned, you know, like I said before, are over 65 initiative, but we also had initiatives that were in line with our step program.
I'm really trying to support people in the least restrictive environment.
So as you said before, we have an ongoing.
Initiative to support CCH.
So if someone came to Pratt and said.
I I have this need within a year.
Pratt agrees with the need and what they were looking for.
Cch Brentwood authorized them to go forward and and shop for CCH.
Same thing for. We had the, as the Commissioner said, supported housing.
And we have a bunch of those new.
That's a new setting for DDS, and again, if someone came and said I have an urgent need I want, I have this need within a year and we would like something in supported housing. Pratt would authorize that.
Another one would be you know, if people were looking for remote supports assistive technology we were doing if people were.
Were on the underserved list.
Urgent list for.

Increased in home supports.
Pratt agreed with the need.
Then you know an allocation would be made so they could go shop for a provider or for, you know, private hire things like that.
If someone put in a Pratt request and said I was in urgent need, then Pratt and it wasn't from one of the things that we have an ongoing initiative for, then they would go on the wait list.
And so if caregiver was less than 65.
They were looking for ACLA or CRS.
You know, that was not one of our initiatives and they would just go on a wait list.
One of the things about a wait list that sometimes we say it's it's not a deli line. We don't say your number has come up.
Kind of a thing, typically. So you know, we do have people that are on the wait list for for sometimes a long.
Time because of, you know, their the category that they're in or the services that they're looking for.
So, Commissioner, I hope I answered your question.

Scheff, Jordan A 1:07:03
I think you did and I'm gonna ask Shannon to fill in a little bit because she had something to share, but we're also in a position now.
Correct me if I'm wrong and I've been wrong at least three times today.
Where while somebody might be waiting for a a comprehensive residential support that's not available or a poor match that we're offering other community based or in home supports very often is, is, is that happening or are we not able to do that currently.

Secchiaroli, Crescentino A 1:07:29
Well, that's definitely happening.
You know, we always.
Suggest people try options.
That that are we are funding a lot of people don't know about our supported housing options right now. Just had a conversation with a with a guardian recently and she said I need ACLA for my loved one.
I need a group home for my loved one and after talking to her, she's like, well, that's

not what I want.
I want this new thing that you're talking about, and that is one of our funding initiatives. And so they're out.
Instead of saying, oh, you're going on a wait list for a group home throughout shopping for supportive housing project.

Scheff, Jordan A 1:08:11
Thanks, Chris. Shannon.

O'Brien, Shannon 1:08:13
Hi Shannon O'Brien, regional director, W region.
Just to elaborate a little, I'm not sure if Chris said this.
I didn't hear it, but I'm in my car as well, and a McDonald's parking lot, but.
It starts with the case manager and that's how it gets to our Pratt placement resource allocation team. If there's not a case manager assigned, then the regional help line would help generate that referral to get the request to our regional Pratt committee.
That was it.

Scheff, Jordan A 1:08:43
Thank you all.
Thank you all very much.
I'm just looking at the time.
I don't wanna cut anybody off.
I've been urged to try and be a little more rapid with my responses, but I think the questions I got were I didn't want to just give superficial responses to those.
There was a lot of.
Depth needed to just answer, but Michael I have so right now I have in the queue Michael, then Adrian then April.

Michael Beloff 1:09:09
Thanks Michael.
Bell, off Council member and, you know, having just come from a meeting of 100 financial planners who specialize in specialties planning from around the country.
What we have here in Connecticut is very much.
Ahead of most states, perhaps not. Our two nearest neighbors.

But in terms of waiting lists and services, it's light years ahead of what I've heard from around the country.
That, that said, I think in terms of the list Jordan that you shared earlier in terms of the different how people are on the different waiting list, I think something that would be very helpful would be to see not just changes, but how many people left the list.
And how people came on and I think that'd give a lot more flavor.
In what's really happening?
I I think from a from a parent standpoint, there's lots of confusion on how all this works.
I mean.
I've got a kid in his in my in their mid 20s.
I actually don't know if I'm on a wait list or not.
Maybe Nice if we had something in writing that says yes, you're on this list and this is where you are.
I I really suspect that you know you you mentioned that being an emergency is an art, you know is.
An art, not a science.
I think we really need art classes for families, for them to really understand how all this works.
And.
You know, because if you ask a family member, well, do you.
You know, is it urgent?
And a lot of them will not say it's urgent, but they will want housing, you know, in two plus years. And I suspect that there is a lot more families than 1600 who want housing, but either they don't know how to ask, they don't know how to.
Get on a list.
You know, I would almost think everyone who ages out at 22 wants to have housing at some point.
And I think maybe we need a fourth category not ready yet, but I want housing sometime before my kid dies because that's the only way we can show to the legislature what the real need is for the residential funding.
That's what I got.

Scheff, Jordan A 1:11:29

Elongated response but I will I will.
I appreciate it. Unless something's changed and I'll follow up with Krista and Wayne tomorrow.
The portion of the IP should have on it.
The pre IP that you get or the opportunity to review that should have something that says.
Speaks to. Is this still the service you're looking for and is this still the time frame you're looking for it in? That was the work that was done by those advocates to give us a more accurate list, and that's reflected in the data.
You saw there?
So if that's not happening at your table when you're there with your son, we need to make sure that that happens, Michael.
But you should be being asked annually.
That was the request and I think it was legislatively, more of a tell than an ask that we needed to collect that information and review it annually.
And so I I'm hoping that that's being done, but I will follow up on that tomorrow. I I I don't know, I can't promise.
Almost nothing's 100% in what we do, but that should be a fairly high percent number and I'll follow up, I appreciate that.
Very much, Adrian.

Adrienne Benjamin 1:12:40
Engagement member currently in Mexico, which almost never ever, ever happens.
Thank you, Jordan.
I, Commissioner chef, that was a really comprehensive, excellent report and response to a really urgent situation that our friend Sue has.
So I really appreciate that and I did. I think Michael and I might be making the same suggestion that if you including in the wait list data, put the data in about the new people, you know like and we.
55 new people come in. We're able to have residential, so you could get. I always feel like DDS doesn't get the credit it deserves sometimes for for positive changes.
So I'm, you know, I'd like that to happen.

Scheff, Jordan A 1:13:24
Yeah. No, thank you. I I.

Adrienne Benjamin 1:13:24
I think it would be appropriate and the.
The legislature needs to know.
'Cause, if you just look at the bottom number. Oh, my God, there's 1400 people on the wait list, but but it could have been 2000, right?

Scheff, Jordan A 1:13:38
Yeah, so, so thank you, Adrian.

Adrienne Benjamin 1:13:39
The other thing.

Scheff, Jordan A 1:13:40
Oh, go ahead.

Adrienne Benjamin 1:13:44
In terms of training, I hope that we can start acknowledging the what I what many people call the autism tsunami that is happening.
I mean, when my daughter was first diagnosed 25 years ago.
She's 28 now.
You know it was.
It was still considered very rare, less than one out of 100 kids had autism.
Now it's the numbers and the one in the 36 and of course most of them won't be ours.
Most of them are going to be kids.
That don't need DDS services, but 27% of them will be.
According to the CDC data and the American Pediatric Association data, about 27% of those kids that have are are currently identified at age 8 with autism are gonna be coming into the DDS system.
So I don't think we're ready in terms of training for autism.
And there's, I know we all both know about the registered Behaviour Technician degree.
That starts with a 40 hour class.
It's an introduction and I won't go into all the detail 'cause I know it's late, but I think

we need to think about how to have the training include.
Not just Down syndrome, not just fragile X, not just.
Crater Willie, but also specifically about best practices for autism.
The other thing.
I'm I'm I we have this great step down unit that was started about five years ago maybe six years ago. But there's only one if I understand it correctly. And that's for kids, kiddos, people that are in a level of a crisis where they can't go back to.
Their home or their group home, they need very intensive comprehensive.
Supports and if we had like five of them instead of one of them 'cause I I keep hearing about families. You know, I marinate in the profound autism community.
I just have so many people that call me and tell me their circumstances like Nicole, not that she calls me, but she has similar people reaching out to her.

Scheff, Jordan A 1:15:40
Similar, yeah.

Adrienne Benjamin 1:15:43
Yeah, that to have more step down units to get funding for that and some more capacity.
Because to help prevent these crisis from escalating into something beyond a crisis like it's just a catastrophe.
My last suggestion or question is the last time we had.
A.
The lawn data chart that you produced in 2019, I've shown that to a lot of legislators and including this recent season, and they're saying, well, what's the current data?
It's like I don't know.
We don't have that yet.
It's not produced yet, so I would love to see us DDS produce another comprehensive lawn graph that shows the the distribution and I think that helps the legislature understand.
Because we have a lot of very strong allies, but really get a better, clearer picture of what the needs are for DDS as a whole.
Thank you.

Scheff, Jordan A 1:16:40
Thank you, Adrian. Real quick.

Adrienne Benjamin 1:16:41
That's it.

Scheff, Jordan A 1:16:43
One, I don't understand it well enough, but the way our data is kept in the fact that it's all transactional makes the makes recording that number of transitions really hard.
But I've talked to Josh Galore and his team about it, and I will circle round on that.
Wes, if you can give me a reminder tomorrow, I would like to know that data too. I think knowing the number of transitions and fresh starts and fresh stops.
Would be helpful.
And right now our the data that's provided to me can't tell. Doesn't tell me that.
And it has been a struggle to get it.
We've talked a lot about the autism training stuff, and we'll talk more not being dismissive of it, but I appreciate you raising it again.
We are doubling the capacity of the adult step down unit in public.
We attempted to do an RFP in private on a children's one.
We're going to have to relaunch that because we didn't have a successful process and we would love to if there's enough money to do a third adult, one in private.
And I there was a fourth point there that I'm missing, but we'll circle around and it'll come to me, April.
You able to unmute yourself.

April Dipollina 1:17:55
Yeah, I know.

Scheff, Jordan A 1:17:55
There you go.

April Dipollina 1:17:57
And I I apologize.

I can't figure out how to get my picture up there and it's not worth the hassle, but I'd like to go back to the work that Mary Pat Dicarlo's doing.

Scheff, Jordan A 1:18:07
Uh huh.

April Dipollina 1:18:08
First of all, I'm a parent from the South region and she came and spoke at our rack and first of all I thank DDS for addressing this as a parent and a family that is really struggling with what's going on in the group home or CLA situation with.
The lack of staff.
I'm I'm thrilled that you've got Mary Pat to come and start working on these very hard issues.
I know they're not going to be solved overnight and my understanding is it's statewide.
But when she came and talked to us, we, we, myself, and a couple other people on the rack suggested parent involvement in the work that she's doing.
Parent involvement.
Individual involvement, I can't imagine.
Looking at these problems and issue.
Without actually talking to the consumers or the families that this impacts, so she said she would.
And I'm just asking you if you have any follow up on that where the family voice or individual voice could be at the table?

Scheff, Jordan A 1:19:17
Thank you for raising that.
Our self advocates did their pledge today at noon. One of their one of their activities.
So when anytime I work with them, I'm reminded of nothing about us without us.
I say it everywhere I go.
They have taught me a ton.
I don't have the answer for you, April, but I speak to Mary Pat a couple times a week.
I will follow up with her to find out where the stakeholder engagement part of our ongoing workforce efforts are.
So thank you for raising me.

April Dipollina 1:19:47
Hey, thank you.

Scheff, Jordan A 1:19:49
Got it.
With that, Patti, I think we've covered the wait list and I turn it back to you.
I'm sorry it took so long, but I felt there was an opportunity for some educating there that was helpful for for Members.
I hope it was.

Patti 1:20:04
Patti Silva, Council chair. Thank you so much, Jordan. And thank everybody for your questions.
And I I think it really helps us a lot because we get to learn from everybody else.
So really appreciate the time.
I wanted to take a quick just a a few moments just to recognize the passing of Governor Jody Rowell.
She was a a good friend to the DDS population.
Her son lives in my town. He was our mayor.
Very nice family and she, you know, was just such an asset to our state.
So I just wanted to take a minute to to remember her and.
And wish her family well and our our sympathies to them as well so.
Next on our agenda is where we move into our regular meeting now.
So everyone is welcome to stay if if you've got to go.
We understand but.
Happy to have you along for the rest of the ride here so.
First on our agenda is just to mention we don't do written minutes anymore.
The meeting videos are available on the DDS website, under boards and commissions I believe.
And and council. So if you're looking for information on past meetings, that's where they'll be located.
So Next up we have Shannon Jacovino with the Ombudsperson report.

Jacovino, Shannon 1:21:40

Everyone, this is Shannon Jacovino, DDS Ombudsperson.
I sent my report out to the Council and I didn't receive any questions or issues that people wanted me to address, but.
You know, last month when I made a change to the way that I was doing the reports, I told you that I would let you know if I saw any sort of up ticks or any.
You know, emergent issues.
Over the course of the month and so there has been a pretty significant uptick in the phone calls. I've gotten about GT independence, the fiscal intermediary.
When that happens, I usually reach directly out to Joe Caravalo, who has been incredibly responsive and you know, usually the issue is dealt with almost immediately once it's brought to my attention.
Joe escalates it to to GT independence.
The issues that I'm seeing are, you know, there was a different points when there were sort of different issues that seemed to be repeating themselves. The thing that I'm hearing mostly from families who are reaching out to me now is just the.
The the wait times with GT independence, the lack of follow up people.
You know them talking to somebody who tells them they're gonna follow up on the issue and then just being inaccessible and not getting back.
And so I think definitely having Joe there has made a huge improvement because you know as we feed him information, he's able to address it immediately and he's doing, I think, a really amazing job of sort of dealing with individual issues while trying to make the whole system.
Work.
And I appreciate that.
I've also had an optic in phone calls around.
DDS Public services, people who are in the step down unit or who are in DDS public group homes.
I think the reason for this is.
That there are, you know, there's more people sort of from the community coming into those settings, you know. So for many years, I think a lot of the people in those settings were people who had.
Lived there for many years.
Their families had been there for many years and so I think that.
There's, you know, a little bit of growing pains in the system in terms of learning how to.

Communicate with families who I think are sometimes used to a much higher level of communication and wanting information. And you know the the issues are not ever around the services or the care.
It's just mostly around.
How information is how they get information and.
You know and and the communication.
So I think we're working through that. I've also had a pretty big uptick in people who have contacted me with complaints about DSS, which of course I am not the Ombudsperson for DSS.
So I generally can't help them with those complaints, but I thought it was worth mentioning that I did get a lot of calls this month about DDS or DSS when those.
Complaints come in or those issues come in.
I give them Commissioner Barton Reeves e-mail address and I usually tell them to contact their state Rep as well. So.
There's that I also wanted to let you know about two projects that I've been kind of working with DDS or collaborating with DDS on an ongoing basis.
One is the what? What?
The Commissioner was talking about was around.
Intensive support needs people in our system who, you know, have funding but are having difficulty finding providers that will support them or.
People who have services but you know, due to the nature of their needs, are really not getting what they need from those services.
People who want to exercise portability but who can't do to the nature of their needs and so.
You know, I've been working.
DDS Walt Glum from the DD Council and I met with a small group of families who reached out to us because they were having these kinds of issues and we met with DDS and.
D DS has done a lot of work to identify what they can do to try to address some of those needs within the current budget and within the current system, including, you know, increasing access to clinical supports, increasing access to training.
Providing incentives to providers.
To you know, to support people who need services. I'm planning on getting a report out to you soon.
I'm I'm happy to hear the Commissioner say that deputy Commissioner Velardo is

going to come talk about that work too, because I'm really proud of the work that we've done together and I think you know.
I think we're moving in the right direction so.
So I'm looking forward to the Deputy Commissioner coming to a meeting to talk about that.
The other project I've been working on with DDS is around the issue of individuals who live in the hospital for special care who need tracheotomy care.
We currently have about 20 to 21 people who are living in the hospital with no access to the Community because we don't really have.
Capacity in our system to meet their needs.
Also have children who are in the hospital for special care who are aging out.
Into who or who will age out?
Into sort of living in the hospital, if we, Commissioner, I see you wanted to say something. Am I getting something wrong? OK.
You know who will age out and who will live in the hospital for special care if we don't sort of figure out how to make it possible for people to get the care that they need in the community.
I've been meeting with DDS for several months on this. We've had a small group get together.
We're currently looking on how to expand opportunities for people in 24 hour settings and we want to try to kind of go through every residential support.
DDS offers and see what do we need.
What are the obstacles to people being able to live in the community with that support and get the care they need and what are the changes that need to happen in the DDS system in order to?
Eliminate those obstacles, and I'm very, very excited about that work and really, really proud of the progress that we're making because.
I think it's obviously going to have a huge impact on people's lives and so that's all I have right now. If anybody has any questions, I'm happy to answer.

Patti 1:29:17
Patti Silva, Council chair. Any questions for Shannon?
Christine.

+12*****25** 1:29:27
Yeah.

Christine (Guest) 1:29:28
Hi, Christine Hazer Strauss, council member.
Clarification on the DSS calls.
Are they mostly about redetermination?

Jacovino, Shannon 1:29:38
I mean, I don't really get too far in the weeds with people about what their issue is because I don't really like to make people talk to me about what's going on when I can't help them with it.
I think a lot of times it's people who are doing redeterminations or they're doing paperwork and they haven't heard back from someone.
So, you know, I don't really know.
Always exactly what the issue is because.
Like I said, I just don't want to waste people's time having them talk to me when I can't help them.
I'd rather just give them information on who might be able to help them.

Deidre Toole 1:30:19
Hi, Deidre too, council.
I just want to follow up and in tonight's meeting is not a good time.
Cause it would take too long, but if somebody else had mentioned the same thing, I think at some point we should talk a little bit more about the DDS to DSS process because I have to go on this past week, the Children Services Division explanation for parents to.
Learn more about it and it kind of broke my heart because so many people.
Came to that meeting and they wanted to say how can I get help from my child who has autism, who has an IQ over 69 and that this was the wrong meaning. They just thought it was to help them.
It was very clear to me, though, that you know of a good majority of those people that came to the meeting to learn about the the new Children's Services Division, which is for DDS individuals, were really frustrated because they had a child with

autism that doesn't qual.
For DDS and just you know we understand the process that it starts with DDS and the autism waiver goes to DSS.
But a lot of these parents don't understand it. So I think at some point we should talk a little bit about how DDS can help these poor parents in this journey.
Because you can tell they're very frustrated.

Jacovino, Shannon 1:31:24
This is Shannon Jacovino, DDS Ombudsperson.
I don't know if everybody knows and maybe you do, but you know, I think part of the confusion stems around the fact that DDS does.
Determines eligibility for both DDS supports and for the autism waiver.
I do know that when people.
Apply you know they are given information if they are eligible for the autism waiver by the eligibility department. But.
You know, I agree.
I think it's very confusing for families and.
I think one of the most difficult things is really the sort of difference between.
You know the amount of supports that you get with DDS and knowing that if you're not eligible for those supports, you're going to be on a waiting list for a very long time for anything.
There's not a lot there for people.

Patti 1:32:25
Patti Silva, Council chair.
Anybody else with questions for Shannon?
OK.
Thank you, Shannon.
Moving on next, we have the approval of our 2025 meeting calendar and Diana did point out to us that there was.
A typo on the calendar. It should read April 17th instead of April 18th, which is a Friday and Good Friday at that.
So is there any discussion at all on the calendar?
Let me see.

I see a hand up a couple of hands up here.
Deidre.

Deidre Toole 1:33:07
That was a mistake.

Patti 1:33:09
Oh, legacy Kevin.

Bronson, Kevin 1:33:12
Yeah, Kevin Bronson, DDS. Patty, you can do the OR usually do this in the December meeting, but you feel free to do it here if you'd like.

Patti 1:33:25
OK as well.
Is everybody OK with doing that here?
Is that a yes?
OK. And did Christine, did you have any questions about this?
Was it the December or November?

Christine (Guest) 1:33:46
Give us a December meeting.
We've typically moved it forward in the month due to the holiday season.
I don't know if that's a better time to do it or not. This time in 2025, I'm not looked at the where all the various holidays land, but I just wanted to get a consensus for December.

Patti 1:34:05
I mean a week earlier.

Christine (Guest) 1:34:07
Yes.

Patti 1:34:09
So that would put us.

To.
December 18th to the December 11th. Yeah.

Adrienne Benjamin 1:34:19
11, the 11th.

Patti 1:34:23
How does that sound to everybody?

Adrienne Benjamin 1:34:28
Fine.

Patti 1:34:29
And we would change the December meeting to December 11th.

Fay Lenz 1:34:35
Patti? It's Fay Lenz, council.

Patti 1:34:37
OK.

Fay Lenz 1:34:40
Hi this April 17th meeting. Is that Holy Thursday? You mentioned that the April 18th was Good Friday.

Patti 1:34:52
Umm.

Fay Lenz 1:34:53
I don't have a calendar in front of me, so I can't.

Patti 1:34:56
Yeah, my calendar doesn't show that.

Fay Lenz 1:34:59

Well, if it's Good Friday on the 18th, I'm just saying for me, that's a religious holiday, so it would be very difficult to.

Diana Mennone 1:35:07
This is Diana Mennone, council member.
It is Easter week that Sunday would be Easter Fay.

Fay Lenz 1:35:15
OK. Is there any chance of changing that?

Diana Mennone 1:35:16
OK so.

Fay Lenz 1:35:18
'Cause that would be Holy Week for a lot of us.

Patti 1:35:25
Possibly move it to the week before the 10th.

Fay Lenz 1:35:30
That's fine with me.
I don't know what the other counts on there.
Have on their calendar.

Patti 1:35:37
Does that look OK for everybody to move that April meeting to the 10th?

Adrienne Benjamin 1:35:47
I don't know if it's Passover.

Scheff, Jordan A 1:35:50
I think Passover is Good Friday week this year.

Adrienne Benjamin 1:35:54
OK.

Fay Lenz 1:35:54
The same week.

Scheff, Jordan A 1:35:57
It's not always the same week, but it's often the same week.
There's a leap year thing that happens where it throws it off.
Also, June 19th is Juneteenth and we will be closed.

Adrienne Benjamin 1:36:06
It's been June 10th.
Oh, right.

Patti 1:36:10
OK so.
Could we do the 12th then?

Adrienne Benjamin 1:36:19
Why not?

Patti 1:36:20
Alright, So what we have so far then is January 16th, February 20th, March 20th, April 10th May 15th.
June 12th.
July 17th, August no.
Meeting September 18th, October 16th, November 20th and then December 11th.
Does that sound OK with everybody?
All right.
Just any other discussion on this.
Hey, does somebody want to make a motion to?
Accept the calendar as amended.

Fay Lenz 1:37:09
Motion to accept.

Patti 1:37:09
So moved OK.

Adrienne Benjamin 1:37:12
So moved second.

Patti 1:37:14
So I I saw Faye and then Michael seconding.
You have that Mexico Delay there, Adrian.
So Faye and Michael, OK, so.
All in favor of adopting the amended calendar, say I.

Kevin Zingler 1:37:37
Hi. Hi.

Patti 1:37:38
OK.
Any opposed?
OK, motion passes.
All right.
We have a lot of changes there, but good thing we worked them out now, OK?
Thank you everyone.
Then the next item on the agenda I is the Legislative Breakfast Subcommittee.
I'm kind of thinking since we're running a little late.
Do you guys want to table this until our next meeting?
Does that sound OK?

Adrienne Benjamin 1:38:15
Might I'm sorry.
It's just that we might getting a room reserved takes a lot and sometimes we end up being in the wrong room because we didn't do it in advance.

Patti 1:38:27

We can still reserve.
Wes did that last for us, right Wes.

Adrienne Benjamin 1:38:31
OK.

Tsegai, Wesaneit 1:38:37
We it's a little bit too early to talk about reserving rooms.
I think we had to wait at least until session starts to kind of look at that.

Adrienne Benjamin 1:38:44
OK.

Tsegai, Wesaneit 1:38:47
But yeah, if we wait till next meeting, we can talk about it and still have time.

Patti 1:38:52
OK.
So do I.
We need to make a motion to table this or just Evan. You're the.

Kevin Zingler 1:39:01
I don't think you need.
Well, I'll make a motion to table till next meeting just for official.

Patti 1:39:05
OK.
I'm in Kevin Bronson, but thank you.

Fay Lenz 1:39:07
Run.

Scheff, Jordan A 1:39:10
Either of those Kevins will work.

Adrienne Benjamin 1:39:13
You're welcome.

Patti 1:39:13
Definitely.

Bronson, Kevin 1:39:14
Thanks Kevin.

Patti 1:39:16
OK.
Alright, so is there a second?

Adrienne Benjamin 1:39:20
2nd.

Patti 1:39:22
I didn't see who the second first second was.

Kevin Zingler 1:39:28
I think it was pretty wild.

Fay Lenz 1:39:28
It was me. It was probably Kevin.

Adrienne Benjamin 1:39:28
Christine.

Patti 1:39:34
Kevin Zingler made the motion, and Christine seconded it.
That sounds good.
OK. So we will deal with that at our next meeting.
And then we did actually get a few topics for future meetings that were discussed just earlier tonight.

The DDS to DSS process and the status of change in definition for eligibility for services moving from an IQ creator Willy to a.
Definition more akin to the DD act.
So those are topics that we we could.
Address at future meetings.
Does that sound OK with everybody? And we still have our other long list going as well too that I ended up taking off the agenda because it took up the whole page so.
OK. Any other discussion on that?
OK. Our next meeting is Thursday, December 12th at 5:00 PM it's our annual meeting.
Pam was kind enough.
To agree to host it at futures, which is 158 Broad Street in Middletown.
So we will have some back and forth about that by e-mail prior prior to the meeting, Pam couldn't make it tonight. So we'll try to get things nailed down and make sure that you guys are informed about it by e-mail. Does that sound OK with everybody?
Alright, OK.
I think that's it.
Did anybody have anything else they wanted to add?

Scheff, Jordan A 1:41:18
If if I could I just to forewarn people the that same date of our next Council meeting in December, which I don't wish to try and reschedule, is also a date.

Adrienne Benjamin 1:41:19
I do.

Scheff, Jordan A 1:41:28
The governor has it asked me to attend a function.
I'll work with Kevin, Katie, Alisa and Wes and Kyle over the next couple days and we'll prioritize which of us goes to which place.
But I may ask Elisa to attend our annual meeting in my stead.

Patti 1:41:45
You're going to see the ovens.

Scheff, Jordan A 1:41:47

I will.

I will make a private appointment to see the ovens.

That's exactly what I told Katie is. I said I'm gonna get hell for not seeing Pam's ovens.

And she was like what?

Patti 1:41:55

OK.

Scheff, Jordan A 1:41:56

And I'm like Pam.

Pam has fancy ovens.

She wants me to see her fancy ovens, so just as an F.

Patti 1:42:00

OK.

Scheff, Jordan A 1:42:01

Yi.

I we will figure out how we work that out, but I just wanted to give you a fair heads up as it arrived in my inbox late today.

Patti 1:42:08

Gotcha. Thank you for letting us know, OK.

There's no further yes.

Adrienne Benjamin 1:42:13

Patty, can I say a word?

Patti 1:42:15

Yes.

Adrienne Benjamin 1:42:15

Patty, can I?
Quite a personal privilege.
Is that what we call Adrian Benjaminia?
I just wanted to say two things.
One my daughter's doing well.
She's doing very well and I just have to let you know I got hundreds of incredible support emails, calls from our wonderful community, and I'm just so appreciative and understand.
That this hit hit hard.
What happened to my daughter? If I assume most people here sort of know when all over the news which I had no idea was going to happen.
But I have had so much support from you all and I just it means so much.
So thank you.

Scheff, Jordan A 1:42:54
Adrina I I want to again thank you for being open about sharing and discussing.
And that I'm on behalf of the department and all of our providers. Terribly sorry that this has happened to your daughter again.
And and I will work hard and steadfast to do what I can to prevent that from happening to her or anyone else. I, in terms of the Community, I want you to know I I shared an e-mail with Adrian.

Adrienne Benjamin 1:43:07
Course, of course.

Scheff, Jordan A 1:43:19
I had a mom who did had no idea who the person was in that article whose daughter had been through the same thing.
Who emailed me and said I wish I had another mom to talk to when I was going through this.
So if you would share my number with her, I would really like that.

Adrienne Benjamin 1:43:32
Yeah.

Scheff, Jordan A 1:43:34
That's the kind of community we operate in.
I'm proud of that.

Adrienne Benjamin 1:43:37
You have a wonderful kid, very loving and supportive, 'cause. We all get it.
Thank you.
That's all.

Patti 1:43:44
Thank you Adrian for sharing that.
Just one last reminder about the Family Guy for abuse and neglect, if we could.
Have an update on if that's been located to easier to find a spot on the website.
I think that would go a long way in aviating, yes, Jordan.

Scheff, Jordan A 1:44:09
Kevin. Kevin, can you tell him where it moved to and make me, Kevin and I worked on this because we both thought it was in a certain place, and we're both surprised to find it wasn't there.
Kevin, are you still on not zingler?
Kevin Zingler's always on Kevin Bronson. Are you there?

Bronson, Kevin 1:44:23
Yeah, I'm gonna share my screen one second.

Scheff, Jordan A 1:44:25
Thanks buddy.
I appreciate that.

Patti 1:44:28
Thank you guys.
I know this is something we've been trying to get nailed down so.

Scheff, Jordan A 1:44:32

Wes, Kevin and I talk about this more often than you imagine, and it is not as it should be, easier than it's been.

Bronson, Kevin 1:44:44
OK.
Uh Kevin Bronson, DDS.
So this is the front page of our website and as you can see we have this section has always been here, but we put it right here.

Patti 1:44:56
Thank you.

Scheff, Jordan A 1:44:59
Front page above the fold.
That's about as good as the state would let us get it.

Adrienne Benjamin 1:45:04
Thank you.
That's excellent.

Patti 1:45:06
Yep, thank you so much.
OK.
I think that's it, Diana.

Scheff, Jordan A 1:45:11
Diana has her hand up.

Patti 1:45:13
Sorry, Diana.

Diana Mennone 1:45:16
It's OK.
I just wanted to let everybody know that on a phone call tonight is Phyllis Zimmer, who may be looking at replacing my seat on the Council.

She's just observing.
Tonight she was a an employee at the South Burrit training school for, I think, 38 years. Phyllis can correct me. She was the head of our.
Habilitative services.
Says she's an OT.
Ran our otpt adaptive equipment.
Many, many other things that she can tell you about, but I just want to let you know that is a possibility.
I'll be 11 years in January, so my one year appointment went a little over so, but we'll see. I'll.

Scheff, Jordan A 1:45:57
It.
As an. As an FYI, Diana, we would welcome who you brought tonight if they are interested and if they turn out not to be interested.

+12*****25** 1:46:02
This.

Scheff, Jordan A 1:46:08
Rob Weinstein retired today.
Officially no more.
I think he's been there since. I won't say how long, but he's been there a long time and his love, his heart is there in a huge way. He was very sad to have to say goodbye to me, but I would welcome him back if if an OPP.

Diana Mennone 1:46:26
Yes. And Rob has.

Scheff, Jordan A 1:46:26
Presents itself.

Diana Mennone 1:46:27
And Phyllis equally.

Phyllis knew every single person that lived at the training school because she worked with OTP.

Scheff, Jordan A 1:46:33
Well, we, we.

Diana Mennone 1:46:34
But in order to have the seat that I have, you have to be on the board of trustees of the training school.

Scheff, Jordan A 1:46:39
Oh, Rob is not there.

Diana Mennone 1:46:40
I'm the representative, so Rob's not on the board of trustees.
So unfortunately, he's not eligible.

Scheff, Jordan A 1:46:44
OK.

Diana Mennone 1:46:46
And if Phyllis is interested, I don't know if she wants to.
Chime in.
I'll have to find out the proper way of doing all that paperwork for appointment.

Scheff, Jordan A 1:46:57
Kevin, Kevin and I can help you with that and we can have maybe four of us can have a team's call and talk about that if is it, Phyllis, is that what you said her name is?

+12*****25** 1:47:04
Yeah.

Diana Mennone 1:47:04
Tell us the yes.

Scheff, Jordan A 1:47:06
Yeah, if Phyllis is interested, we can have a call and chat about the commitment and what it means.

+12*****25** 1:47:07
No.

Scheff, Jordan A 1:47:11
And Diane, I won't believe you're actually leaving until you're actually gone, but.

Diana Mennone 1:47:16
I won't either, but that's another story.
Phyllis, is there anything you wanna say?

+12*****25** 1:47:21
No, I think I will be helping out and I'd like to join the committee if that's OK and I'd like to talk to have that four person conversation to get more information on what my role will be and how I can help out.

Scheff, Jordan A 1:47:38
Terrific. We will reach out through Diana to you and help move that forward.

+12*****25** 1:47:43
That would be great.
Thank you.

Patti 1:47:48
Patty Silva, Council chair. Thank you and and welcome on our meeting, Phyllis.
We'll look forward to hearing more from you and Diana.
You got to come and visit us, right?
You're not gone yet though, so it could be another 11 years now. Just kidding.
You would be very missed so.
All right guys.
I think is that everything from everybody for tonight, OK?

Scheff, Jordan A 1:48:17
Thank you all.

Patti 1:48:18
Would would somebody like to make a motion to adjourn?

Kevin Zingler 1:48:26
Still moved and happy Thanksgiving.

Patti 1:48:28
OK. Who was that, Kevin?

Kevin Zingler 1:48:30
Kevin Bronson.

Patti 1:48:32
And I think, yeah, no zingler and and who would?
Who would like to 2nd the motion?

Fay Lenz 1:48:40
I can't say.

Deidre Toole 1:48:40
One second.

Patti 1:48:43
OK, alright. It is 649 and we are adjourned.
Thank you very much everybody and have a nice night.

Scheff, Jordan A 1:48:52
Thank you.

Patti 1:48:52

We will see you in December and you'll hear from yes, happy Thanksgiving to everybody.

aramirez 1:48:55
For Thanksgiving?

Fay Lenz 1:48:57
Yes, Thanksgiving.

Frey, Dawn 1:48:57
Take care everyone. Thank you.

Diana Mennone 1:48:59
Happy Thanksgiving. Goodnight.

aramirez 1:49:00
Bye bye bye.

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