



StreamBox

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TRANSCRIPT:

Test test test test

>> Hello.

>> How are you doing?

>> Hi. We'll start in the next minute.

One second. My name is Matthew and I want to thank all of you for joining this meeting and listening session. When people ask what is the

>> It's like what Olmstead S. so I've been in this role

since September of 2017. I've been with ODR since 2018 s

so -- I want to thank management for ODR in that fashion.

Right now, I think we'll start with (indiscernible)

there's three dots in the corner and there's a way to pin

the interpreter to see the interpreter all the way

throughout the presentation. You're we switch interpreters

every 20 minutes. We will see them on screen right now and

we also have Stephanie who will switch in 20 minutes. All

right. I ask folks to mute your MICS because we have 41

people attending this meeting and I anticipate over the next

10 minutes or so we'll have a lot more people. If you mute,

that would be great. Abby, do you want to share some

visual

information?

>> Sorry, folks. Welcome. Thank you for joining us.

This is -- can you hear me?

>> Yes.

>> I think this is really important for all district residents and I'm looking forward.

>> Excellent. All those folks on web ex, you should see two things on your screen. On the right side, you should see the OLMSTEAD community town hall. For anybody

who needs captioning, there's a link in the chat box where you can click on. There's also another screen that you can either type or click on the link in the chat box. ABBEY, how about we start this show? All right.

All right. So we have captioning in the text box.

Click on the link and you can read what's being said and also we have the interpreters on the screen for anybody that's deaf or hard of hearing. The other question in the presentation we will have questions throughout. This town hall meeting is being recorded. Part of the reason why is a way to capture ideas and being the 2021 integration plan that you guys have. If you have any questions, we'll be watching raise your hand. A way to raise your hand is that there's a monitor at the bottom of the screen. And you'll see some EMOJIS and you can watch. I'm going to raise my hand right now. Now I'm going to raise my hand. Finally, during that, we have a lot of people here in this town hall and this helps the interpreters speaking and helps people who are deaf and hard of hearing. It helps. Me too. We want you to give us input on the plan that's open for public comment. I realize that the plans the whole thing -- my great friend and colleague, you'll be giving a presentation also when we want you to be more involved OLMSTEAD is dealing with the services many. With that in mind, next slide. Why are we here? Background about OLMSTEAD. As many of you know -- back in 1990 and leading

up to making them there's a request of what this means for folks. And there's a case. In the great state of Georgia they received services through a hospital. Can we get the same services in the community surrounded by families. Bark

in 1999 this is addressing -- you recollect receive services. So that's -- the district of the plans to bring several different agencies together. We have all and within the next several years. We also want your feedback. You should be very critical about this plan. This plan where

the communities are, I realize there's always in time I will also want them to. I always have a mind set that you need to be engaged with the community so this town hall and listening session and helps you receive your services community sources, and that team services you need to understand that when it comes to that they required as the Government you should be directing. Next slide. I just want to add one thing that in 2008, they reauthorized, the ADA commendment and the result of that was that they significantly broadened the definition of disability. And there's a larger number of people this is a community effort. And certainly, we can't do this on our own. We need the collaboration of so many of our partners and we develop this plan to have the most comprehensive collaborative we can't access all these services and programs and activities. And the agencies involved. To make insure we want to make sure all the services are susceptible in an integrative setting. Chapter 2017 through 2020 was the initial on set plan. We re-evaluate it and it focuses on lessons we learned from the years and we decided

to focus on moving forward we have the number of district residents and using the support and services. And it serves as a guide for people who need to services now or in the future to let them know what is available and this will be published in 2021. And the plan for 2021 to 2024

>> Hello, everyone. How are you? I'm glad all of you are here joining us. My name is Dr. Sheila Armstrong. I'm the ADA compliant specialist with the department of human services. We have become recently a partner with the OLMSTEAD plan and what we have been tasked to do with DHS is

the housing program. We do a lot of housing through voucher

programs and various housing programs for our residents. We

have the programs, the DHS family oversees the family services administration and economical security administration where these programs case management and

permanent supportive housing programs. The guiding principles are that DC residents can transition to community based housing that meets their needs. With that in mind,

the permanent supportive housing program which is better known as PSH is the permanent supporting housing program and it's designed to provide greater housing stability for our homeless residents and then we have our pandemic emergency program better known as -- program where we have the program and we are having the folks come out of the streets and into our foe tells to protect them from the pandemic and we have the housing program for our youth and we have target affordable housing and this program provides a sub saidty for the families in the program. The THP is a housing program that lasts up to two years. THP provides intensive support services geared toward increasing house hold self-sufficiency. All the programs here at DHS for housing is under the guiding principle about DC residents can transition to community based housing that meets their needs. Our goal is being able to track where the residents are coming from and where they're going as far as getting housing in the community where they would like to live.

>> Okay.

>> Everyone needs to mute. Dr. Jones is also on our team over at DHS and I want to know if she has anything she

would like to add about how we are transitioning our homeless population to the community. Dr. Jones. What we are working with is the program making sure they don't return the culture or the streets. Our utilizing those programs as Dr. Armstrong mentioned from the supportive housing, we're looking at rapid rehousing where appropriate and project reconnects where we can and target

affordable housing as well. So we're utilizing all our resources that we have along with Dr. Armstrong who has mentioned to make sure each individuals are safely placed in

the community. In addition to that, she did mention the economic service administration. I would like to add a couple of sentences about that with regard to our persons with disabilities. We have been also working to make sure that in addition to finding housing for them, they're a part

of our snap program where they're getting the food stamps they need using the old terminology and they're part of those who still need medicaid as well as those who are working with some people interested in getting involved with

work so it's definitely becoming apart of our program.

There are a number of programs that we are working with our

population to make sure they not only have -- but have benefits to stabilize them and keep them safe in the community.

>> Thank you Dr. Jones. Now I can open it up for questions if anyone has questions about housing at DHS.

>> Good afternoon. We are extremely supportive of your report. We've taken a look at it. I want to reiterate something we said. When we see housing and other services

for our most vulnerable citizens. I want to make sure that the agencies are focusing all awards and not just four, five, seven and eight. Or any discussion on how to ensure that individuals are placed throughout all in this community. I say DC is a community for everyone. Ward four -- is there a conversation about making sure like all awards are servicing and housing citizens?

>> And representatives.

>> That's my question. We're support I have of the plan. No complaints but we want to make sure that this is a plan that's going to work to ensure that the most vulnerable are spread out throughout the city and not continuing to be concentrated in certain neighborhoods.

>> If I may speak on some pet V perspective, right now, we have a far more demand than supply. With that understanding, we are looking at any options in all eight wards. Thus far, we've been having bus tours for persons to look at that time apartments. They're wanting to live where we show them. They have determination but definitely trying

to achieve that goal

>> One last point on that is the fact that part of OLMSTEAD having folks choose where they like to live. That's one issue we have here. You may have a unit or availability in ward two and the next person that needs housing says I don't want to live there. I'm use to living

in ward eight. We try to match with case managers those particular areas that customers are choosing to live. It's like a balancing act. Dr. Jones was correct we do tours through all eight wards. I'm sorry?

>> I didn't mean to cut you off. Thank you.

>> We just take folks all over the city. Yes, ma'am.

Thank you for the question with.

>> Yeah, thank you so much.

>> I have a question.

>> Okay.

>> I live in ward four. One thing y'all always accept housing and people with disability. What do you have to offer for the residents that's legally blind or totally blind? You never offer anything for that community. To that point, if I may we've had at least three persons who are blind and they have been placed in various wards in the city based on where they wanted to live. So we have given them the determination right to choose where they like to live.

>> Where were they placed at because I'm legally blind and I live in the city. Where were they placed at?

>> We have two in ward eight and we have one that was placed in ward four and that individual had a guardian and working with that client's guardian, they decided that's where she wanted to live was in ward four. We have two in eight and one in four.

>> What features that you have for the building that make it accessible for me to live in that neighborhood? It takes more than just a location where I live now at ward four, there's nothing accessible friendly for a legally blind woman such as myself. It's not a push button on the pole for me to cross the street. There's not even a sign to let anybody know that a legally blind lady lives here. On my building, it's not even accessible entrance on any of entrances of the my building. I've been x-raying since last summer. No one has returned my call. I have constantly called 311. No one has returned my call. As far as DHS, as far as snap and food stamps, the web site is not comfortable

to my talking programs. I use zoom tech and, nothing.

>> I hear you and I understand your questions. You were going to say something.

>> By your agency, y'all do not have ADA coordinators

to assist us. You think you're helping these people with disabilities, how do you know? You haven't checked to see if it worked. You give speeches but do you follow up?

>> I would like to get your name and number as well. I am the ADA coordinator.

>> When I talk to office ODR because the young lady called me back and I was so grateful. I've been calling since last July and I got a voice mail and it was real difficult during COVID. I didn't know where the vote this year. Don't get me started with the disability services.

>> Matt, you're muted, Matt.

>> You mentioned --

>> I have friends with wheelchairs and they can't come in my building. It's terrible. This building has been here 10 years. When you build a building for people with disabilities, you got to think about everything. Y'all don't do that with the disabled. It's the bare minimum. It's not one accessible apartment in DC for viz usual impairment people. You know what I'm saying. You got braille outside the door. We don't sleep in a hallway.

>> I understand but if I wasn't waiting for my equipment for two and a half years from DDS, I wouldn't be so frustrated. That's all I'm saying. They to the bare minimum. That's all I'm saying to you. I understand. I'm saying if I had my equipment, I know what I had to do. They haven't bothered to call me. I get an e-mail finally. It's always the run around. That's all I'm saying. I always sign up with e-mails and listening to calls, done surveys. It hasn't been anything. I'm sorry if I'm hijacking this meeting but I'm just saying it's just that it's very frustrating. I've been living in a new building in park place in ward four and I've lived in ward eight. I've been to every apartment building in the city. If you come in, I want to turn my AC on and I can't see the numbers to turn it on. You can look at the dial and go over and turn your dishwasher on. Why the hell we always got braille? Do you know how to read braille? Think about everybody when building a building. They got new buildings, the mayor, don't get me started on her. She's a piece of work.

>> SHARMAINE.

>> Sorry.

>> There's always great opportunity to move forward. I really appreciate your willingness to share your frustration

working hard for disability -- any other questions

>> Hi.

>> This is Sandy.

>> Okay. I want to get the ADA coordinator for DC housing. Can I get her name and telephone number? Also, I'm going to put her on speaker. I'm going to record. I'm blind myself. I'm going to record her information.

>> The coordination with the authority put DCU -- take it away.

>> Yes, this is Hanna.

>> Hold on one second. I'm going to put you on speaker. I'm going to record because I am blind. Okay.

>> Okay.

>> This is Hanna Carter. I'm with the DC housing authority. I'm in the ED's office. I am not the ADA coordinator but I would be more than happy to make sure you

are followed up with directly by the ADA office. Would it be possible for you to share your contract information with me so I can connect you with the ADA office?

>> Okay. You want my information?

>> That would be perfect.

>> Should I give that to you now?

>> Actually, Matt, is there a way she can share her information without saying it publicly to everyone?

>>

>> She can -- protect and contact information. She should be contacting, that would be great.

>> I'm still waiting for my name to come to the top of the list.

>> I think calling the housing authority at 535-1000 would be the best course of action

>> It is possible for some reason her eligibility under ADA is not somehow being factored in. Not saying it is or isn't but I think the ADA office might be more equipped to help her navigate and gets the answer that's most focused on

her questions and information. Is that possible?

>> You can definitely contact me. I will, I'm not sure I would be able to provide more help. I'm happy to provide my phone number.

>> Hanna, can you just put that, I guess you can't. So sorry. Okay. Thank you.

>> 202-853-7490. I'll be happy to make sure you're connected within the housing authority.

>> We should move forward with the contention.

>> Thank you. Good afternoon, everyone. My name is LAYLA. As Matt said. I'm a project manager in the long term care administration of D.C.'s medicaid agency. The department of health care finances and as many of you probably know, medicaid, not just in D.C. but around the country is the biggest pair of long term care services that we're talking about community based services. Services and institutions like nursing facilities or hospitaling.

Medicaid plays such a big role insuring people who need the support can live where they want to live. That's one of the key reasons that Matt asked me at the department of health care finances to co-chair the health care and wellness for the subcommittee. I'm focused on that priority area of the OLMSTEAD plan. I wanted to talk about the agencies that participated. We met for about a year to develop both the metrics and the activities that are a part of the plan. Of the agencies apart of the OLMSTEAD group. Health care finances, medicaid, the department of ages and community living. Department of behavioral health and department of disability services. In addition to the core agencies, we also have our new partners participating especially for the district D.C. public lie bares and the transportation agencies and the department of higher vehicle. We also had D.C. health joining us and I'll talk a little bit about the roles that they're playing in this too. Actually, if we can go back one slide, I wanted to touch on the first guiding principal. We have two guiding principals under the health care wellness section of the plan. The first is that D.C. residents are supported and transitioned from institutional settings like nursing facilities, hospitals, interimmediate care facilities for people with sleek chill or developmental disabilities or the institutions for quote unquote mental disease as they're called under medicaid like Elizabeth hospital, back to the community so people who want to move

out of an institution and back to the community, back to their own homes or find new housing can do that. So one of the things that we're looking at under the plan in particular with our agencies is providing the transition assistance that people they immediate to actually make this

move. You'll see metrics here that are listed with the the department of aging and community living. Department of behavioral health and the medicaid agencies where we're actually measuring the systems provided to people currently living in the nursing home, hospital and are trying to move back to the community. So you see here through the community transition program and department of aging and living, we're looking at things like how long it's taken to envision. How many people were able to make that move if they received transition assistance. And also looking at people who received transition coordination and been able to successfully move from St. Elizabeth back home. As well, people with substance abuse disorders, they've been able to step down to a less restricted lower level of the care. We're looking at the number of people who moved back with the supports of medicaid services to do so. Guiding principle, we're looking at quality, accessible, person centered home and community based services that are necessary. Once people move back home, you can stay there and have all the support you need to do that. We're looking at this, we're going to summarize and then we'll also go through all the slides is where you'll see the metrics listed. What I'm going to do now is summarize the we we've thought about the ways that we can support people with the services in the community. You can get the information you need about the services throughout reach and other information services that are available through the department of aging and community living in particular. You'll see metrics that address that. Also, through medicaid, we're looking at eligibility. Are you eligible? Are you doing things in a timely matter that we're doing assessments in a timely manner to make sure you get the level of care you need and supports in the community. And also you're going to get the services you need. In particular, with this plan and under medicaid, we're looking at participant directive services with services my way. We're also looking at the health

program. Under department of aging and community living we're looking at senior wellness centers ensuring people know about them and can get to them. We're looking at nutrition programs we know are so valuable for people to sustain their health while at home in the community. At times when people can't prepare their own meals and showing that's available. When looking at medicaid services, that's where we look at personal care and services, skilled nursing delivered at home to ensure people have the health care they need, if they have a GI tube moving along and looking at the services, you can see metrics here from the medicaid agency, department of health care finances, department of disability services as well. And looking at the assurances required under health and safety when we look at person centered services that the person receiving the services says this is what I need and how I need you to help me get it. On the back end, the quality is up to par. You're getting what you need so that you can stay at home. You'll see DC health is looking at the community side and nursing homes. DC is focusing on the reviews to see that nursing homes are actually helping people who want to move out of the nursing home and back home to get the help they need. They'll see the metrics here on the slide. So across the metrics what you see is a continuum really from information about the services, the outreach, the eligibility for the services, receiving the services and then on the back end insuring those services are quality services and accessible and person centered and everyone is getting what they need that really captures the section of the plan and I'll open it up for questions. For those of you who cannot see the metrics. I will say I have summarized these at a high level and if people want me to read through the metrics, please do that. There's probably at least 20 metrics or so in the section of the plan. I'm going to leave it there and ask for questions or comments.

>> I'm sorry, you wanted to put the metrics in the chat?

Q Can you send them? It doesn't talk to us. To me,

unless you going to read everything to us, we have no idea what it says. I understand you're summarizing it but I like to know exactly what it says word for word and also, I do have a question for you.

>> Okay. That being said, abby, if you flip back, I can read through the metrics.

>> No, I just like to have a copy of it.

>> Okay. It is a lot of reading. I don't know if you want to hear me go through all of them.

>> That's a prime example of what I'm talking about because this is SHARMAINE again. Like you're saying providing the service of the department of disability services. Everything you just said, that's what you guys are suppose to do. With me being with the agency since 2004. Ins beginning, yes. But lately, no. Right now, I've been home waiting on my services for two and a half years. It's authorization, authorization. Even before COVID. Everything you're saying and read off sounds good in actuality, that's not what goes on at the department at all.

>> I'll give my information, e-mail address to everyone. I'll put it in the chat. You can feel free to reach out to me. I'm with the medicaid agency. I can follow up with partners and as I mentioned in talking about the agencies that were the court agencies on the subcommittee, certainly, department of disability services is one of the agencies and they're a very active partner.

>> When we go through adaptive I equipment and things like that, if it's covered under medic, that's what you're saying? Is that what you're talking about? As far as equipment and need for us to stay home?

>> Yes. They're under different services.

I'm going to say something quickly and I know you were about

to say something as well. I'll go back to you. Under medicaid we have medical equipment. It's a service under our medicaid state plan which is also referred to as community medicaid. There are some things that can be found

under that. Under our intellectual and which is administered, there we have I believe assistive technology services I will refer to my colleagues to talk about that. There's also a program available under department of disability services in partnership with university legal

services. So there's a few different options depending on exactly what you need. Let me see.

>> Whose on from DDS?

>> My colleague from DDS, did you want to add to that?

>> Yes, please.

>> Hi, LAYLA, this is Angela hi, SHARMAINE.

>> Oh, Angela, the one I missed the meeting with on Monday.

>> Possibly. I'm not sure but anyway. It is correct we have AT services available through ULF and Columbia life house for the blind. We have some information. SHARMAINE can I give you my contact information so I can share that with your counselor you were

trying to get in touch. I see your name on here.

>> I had a meeting with you on Monday.

That's what Ms. chambers told me. I was suppose to meet with you on Monday at 10:30 and no one called me.

>> I can fool up with Ms. chambers directly.

I see, can I text you on this so I can get your contact information to her?

Q Yeah, you want it now. I can give it to you.

>> If you feel comfortable sharing it.

>> I don't care. I don't mind.

>> I can also give you my e-mail address.

>> Yeah, that's fine.

>> You can share it privately in the chat.

>> I think so. I'll have to figure it out.

>> I think I should be able to receive it.

>> Okay. Let me know if you don't get it.

>> Thank you, ma'am. Thank you, LAYLA.

>> No problem.

>> Any other questions? It's a pretty hefty section of a plan. If there are no other questions, what we plan to track, employment. Services has three different organizations. One of those have services and administration involved with the equipment and all of that with the employment services have been working together for

the past several years to insure people given the employment

opportunities they carry. So I'm going to introduce. If

you would be willing to take over, that would be great.

>> Good afternoon, everyone. I'm here, this is Charlotte Roberts. Good afternoon, everybody. I hope you all are all safe and well. So first, we want to recognize the efforts of the office of disability rights for your continued leadership and just kind of direction as we develop this plan as we kind of schedule these town halls and really, all other efforts in OGR we might not know about. We appreciate all the work you're putting into it. Just to add on to what Matt just introduced with the department of disability services, mainly, the work we do when we try to provide these innovative and person centered taking that approach to the information we provide and the case management we offer and access to services and supports, this is done through the work of two administrations. Then also our rehabilitations services administration which partners with the employment vendors that provide those specific employment supports and needs that identify through our case management and planning prophesies. So we talk about this person's approach we like to take and service delivery. It's a perfect system as I'm sure we can all heard today. It's a process that we're constantly working to find better ways to improve. We definitely appreciate all the feedback and real time we're getting today and the feedback we'll get on the development of our plan. When we talk about OLMSTEAD in general and the ability to have people with disabilities receive services at the same level and integrative way that people without disabilities should, one key way to insuring that independence and community inclusion is through employment. That's why we really value the opportunity to collaborate with some of our other partners at PCS and agency to really develop those metrics we thought would help us collect information. With that, I'm going to turn it over the Angela, our transition program manager and then we'll get into the metrics at that point.

>> Thank you, Charlotte and thank you to ODR for hosting today I'm going to come on and hope this

doesn't

crash my camera. I'm under the department of disability services. RSA as we call it, that's the rehabilitation services. We focus on employment and make sure persons with

disabilities achieve a greater quality of life. We do that by ensuring persons with disabilities sustained employment and economic self-sufficiency and independent. We have an employment first philosophy whereby competitive integrative

employment has an option for working age youth and adults

with disabilities that we support. We do that through a variety of services. Inclusive business enterprises and support through the BC center with independent living. So I thank Charlotte for the introduction and I'm going to turn it over to jazz minute to talk a little bit about the youth in transition services. I did see a note about that in the chat. I don't know if that was for us. We do have transition services that are available.

>> Good afternoon. Thank you Angela, for just giving all that. I do want to cover a few things for you all today. As Angela mentioned, I'm the project manager for the general VR side. I wanted to give you information about the transition services we provide here at RSA. The current plans solid identifies the approach to services and folks on utilizing the no wrong door funding that the district received DDS is one of the six agencies who report out on the goals and assuring people with disabilities live in the community of their choice. As I dive in, the information about that, you've been transitioned services unit within DDS provide transition services as defined by the rehabilitation services act these include post secondary education, vocational training, integrative employment, including employment and independent living. They work to provide services including work base experiences for children 14 through 21. DDS/RSA internship program Auch known as HSIP offers paid work base learning experiences for

students in community base, school base and virtual online settings. Examples include the work force development center at RTEC. Since 2015, DDS/RSA has partnered with department of employment services, office of youth

program

DOES/OYP to provide additional supports and services for people with disabilities participating through the jump start program. The jump start program supports students for

more significant disability through travel, training, job rating as training and other preemployment transition services if you have anymore questions, we'll take them at the end. I'm going to hand it off to Ed at this point.

>> Thank you, jazz minute. I appreciate it.

Jazz minute just mentioned my name is Ed. I'm an analyst at the department of disability services and as my colleague said earlier, I would like to thank ODR for hosting this.

Our partner agencies with OLMSTEAD as well as the community

members attending here today. Again to Angela, Charlotte and jazz minute who are my colleagues here. Representing DPS. Can you go back one slide? I'm going to briefly go over the metrics. So everyone can hear them and get an idea

working on. We've developed these plans with partners.

Guiding principal for this which is the employment. Section of the OLMSTEAD plan. DC residents with disabilities have access to employment. The first metric is the average hour wage for district residents employed for more than 90 days. The next metric was the number of district residents successfully employed who remained employed for 90 days or

more. The next is percentage of district high school students ages 16-22 with disabilities who receive at least one preemployment transition service each school year.

Our next metric will be employment rate

fourth quarter for district residents with disabilities.

Finally, it's the median or average wages 2nd quarter after exit for district residents with disabilities. With that, I'll open it up for questions or comments.

>> Thank you very much for speaking on behalf

of DDS. You guys work hard for the services and we appreciate your on going leadership. So first of all, the DC residents feel connected which for communities. When there's services, it's connected to medical services or Government. However, the quality of life. In terms of, people may be -- through the test force which is all about

continuing in that over time we should be given the opportunity. The other thing is that.

>> I don't think he's here.

>> That's fine. All of you should check out the new construction you take metro and access and it's a critical role D.C. residents with disabilities can see the services this includes the former metrics this goes back to the disabilities it also benefits.

Finally, as many of you know, it's important the Record people with the access to make arrangements to take a cab for \$5. In addition, we are trying to put all these different dots together under one umbrella. She has done a good job connecting herself we're all offering over time with that in mind, we still have a half hour.

>> Sure. To add to the current plan, we're changing how we report and we're creating a photograph eight

report. We'll visually be able to see the metrics. We are publishing agency resource videos and trying to keep the conversation going. We can find all of this on the OLMSTEAD web page. Which I will put up now. Everything we've discussed here and everywhere else is going to be on the web

page. So that's it.

>> Can we have -- talk about the slide?

>> By all means.

>> Sure. Consumer of family affairs administration or department of behavior health. DBH in conjunction with the office of disability rights, our host for today, presents the OLMSTEAD conference every year. The

theme is going to be people and community. Better together.

Last year during the pandemic we had a virtual event. We're going to do the same thing this year. This focus is going to be three days in September, the 13th, 14th and 15th.

That's Monday, Tuesday, Wednesday of that week. The sessions are going to run 1:00 p.m. to 3:00 p.m. The first two days is going to consist of a panel made up of agency providers as well as community members. The second day we'll have a panel made up of the partners like department of transportation, DC libraries as well as vehicle for hire.

Some of presentation community sources available. The last

day we're doing something a little bit different. It's going to be called the welcome back cafe. We're actually going to give people an opportunity to express just their beliefs on what has happened the last year during the pandemic as the community slowly opens up, we're going to give people an idea to share what has been helpful, better, just kind of just let it all go as we kind of move into this fall as a new city that has been changed by the pandemic. We've already started planning for the event. We're going to have community partners and advocates please shoot me an

e-mail. We can involve you in the planning and hopefully get you to participate we're really open to having community

drive this effort. So we're excited. Like I said, we really started early this year. We've been working on getting this in place. If anybody has any questions I'll be free to answer those. If not, just look like I said just reach out to ODR or DBH for support. Thank you.

>> Thank you, John. Appreciate it. Did you have the contact information please join us in September. So we're recording the last day is next Friday, June 4th, 2021 so I want to welcome you. Any comments, good, bad. Be

critical. Be critical because that's the only way for us and the Government. Are there any questions? Any questions

that anybody has in the community? Regarding the next steps, regarding the OLMSTEAD community.

>> Yes.

>> Hello, can you guys hear me? This is MASIPULA. I think it's important for the OLMSTEAD to organize. I'm curious about interstate collaboration and solidarity and just making sure that we are involving or encouraging involvement from and sharing incite across states. So can you maybe speak a little bit to I guess it's about collaboration but across different, you know, states and how maybe we can give those connections more after a natural.

>> So we're a part of an agreement network of systems across the United States. It's important for the region in Virginia and it's part. We have the 4th of July events we need to make sure all our events are successful.

So we collaborate. This is one of the most comprehensive plans. They're recognizing the meetings include public libraries and transportation systems it's the department of behavioral health, DDS and health care. We need to do a better job recognizing we need to partner on the agency and

in a community. So we need this plan I am very proud of this plan. It's a key commitment to different agencies within this plan. To move forward and progress we need to -- we will definitely be there and see great results.

>> Thank you, Matt. Thank you. If.

>> Thank you. Other questions?

>> I was just going to thank you, Matt with this whole process. Having the plan for the city, you have pushed a lot of us to make certain that we are inclusive going forward. I'm very happy even though I didn't get an opportunity to speak when I met you, going forward in this plan we're able to now look forward to doing some tracking where people are being housed. I know SHARMAINE brought up

some concerns and with some of the other folks we'll be able

as we move forward with this plan to let people know from a

data perspective we have collected information, we know what

area of the cities people are living and we'll be in a better place to report these things out. I wanted to just thank you and offer disability right for your vision and for your being just who you are. Thank you.

>> Thank you. I appreciate it. Go ahead.

>> I would like to say as well thank you very much. This is outstanding and I just wanted to respond there was a question in the chat about where our youth was in this initiative and Dr. Armstrong, I didn't get a chance to say but under DHS, we have a whole youth division within family services administration and we do have metrics that will address the number of youth for the access and disabilities for accessing community services. I just wanted to say that. This is excellent.

>> Thank you.

>> Thank you, I also wanted to mention we have received additional comments and speaking to the

comment one we received was the plan to bring in BYOS and we have the plan for support through the years over time. I wanted to thank you for bringing the plan. Any other questions?

>> I wanted to say thank you for letting me talk today. This is SHARMAINE.

>> Hi, SHARMAINE.

>> I know I'm a lot sometimes. That's the only time I can talk sometimes. Thank you. No disrespect.

>> SHARMAINE, I think you advocated for yourself very well.

>> Okay. All right.

>> SHARMAINE, you were talking and you felt confident and comfortable respecting your views, that's what

we need more of. Don't ever shy away from your thoughts.

>> And next time you need to get the mayor on here seriously. I live right above the subway station. It's very dangerous because there's no push button. I've been leaving e-mails for DOT. It's just too much. So I mean I've been here one year now. I'm working on it but I need to talk to the mayor. I'm tired of calling them too listening to the voice mail since March. You ain't that busy.

>> Thank you very much. Are there any other questions? All right. Guys, as a reminder,.

>> I have a question.

>> Go ahead.

>> I wanted to talk about getting CEU's for this event.

>> If I'm not mistaken we've mail we are not offering any CEU's. This was for community.

>> Is that why we did a receipt of attendance?

>> I can give you my contact information and we can send assertive cat or I can send you a new thing. Yes.

>> Okay. Thank you.

>> Not a problem.

>> Any other questions?

>> Just a quick question or comment. It's important to have, to look at things more long term so that

was one of the questions. The other question about having a data base, it's important for us to be able for individuals to be able to connect and contact each other. Based on people's consent there's a form to fill out for whatever if you want to be part of the data base or not. For disability advocates, we can regain some of our independence as we try to connect. Thank you.

>> And Matt --

>> Fair enough.

>> In the chat room where people come together if they want to find out stuff about different things.

>> Yes. But just even with the chat box, people have asked hey, I want to follow up with you. I want to get in touch with you about this. Somebody shared the E or written it down on the piece of paper.

>> For me, I don't give out my cell phone number and I help people. I don't mind. If you want my number, I can assist you. I didn't go blind until 2003. I use to be a pastry chef. I'm still learning every day. I use to could drive and do a lot of stuff. I have so many disabled friends now it's crazy but we learn from each other. If you want my number, I can send it to you through the chat and that's fine and I'll follow up. I think we should stay together and help each other out. Don't talk about it, be about it. That's my motto.

>> It shouldn't matter. Let people decide.

Hey Matt, I want to address a question looking at the employment measures so at DDS we do, we review metrics over a period of time.

>> Have we received him Ms. Tracey. Are there any questions? It's approaching 5:00. So now thanks. It can be challenging for anybody. We're not doing it in person. We're still going -- for the community and Government for being here today. We had a nice event. So thank you. So does anybody from the Government have questions? Would you want to respond to those questions?

>> Yeah, I put them in the chat but can say it here. We're open. We don't have one way. We're open. There's not one way we did it.

>> Comments?

>> Hi, yes. This is LAYLA from health care finances, medicaid agency. For our long term care elderly physical disability community based service program, we have been surveying using telephone surveys reaching out to people who use services getting feedback. We have not used that in the development. We are now using that to gain performance. We have released a report card for the provider agencies. We are using telephone service to do that.

>> I know there's a program. We are seeking feedback about what they should be working on with the infrastructure and being with you all and stuff like that. So I know these guys have been very active trying to compile feedback from the community as well. It's now 4:58. To all of you and your time if there are no further questions, I'm going to wish all of you a good night. I wish all of you a safe holiday and look forward to working with you in the future. I want to thank the interpreters who joined us. I also want to thank the CART reporter for recording this and doing a transcript. I want to thank all of you as the leaders of D. C. I thank you and wish you a good night, guys.