

BSCIP Advisory Council PQI Committee Meetings-20250807_140406-Meeting Recording

August 7, 2025, 6:04PM

57m 47s

🔴 **Casavant, Robert** started transcription



+15***00** 0:03

Hello.



Robinson, Kimberly S 0:07

You want to get started.



+15***00** 0:09

Yes.



Robinson, Kimberly S 0:10

OK.

So this is Kimberly and I would like to welcome and thank everybody for joining our PQI committee meeting.



+15***00** 0:11

204.



Robinson, Kimberly S 0:19

This is the first one for this state year, so kind of exciting getting off to a good start. With that, I will turn the meeting over to Jill Olnik, who is the committee lead.



+15***00** 0:33

All right, fantastic. Well, welcome everybody.

I'm excited to be connected again.

We'll go ahead and start with roll call first.



Robinson, Kimberly S 0:41

OK.

So Beth is not here today. So I am going to take.

I'm going to take roll call.

As I as I call your name.

As I call your name, just say yay, nay.

Don Chester.



Chester, Don 1:02

Here.



Robinson, Kimberly S 1:04

Kevin Mullen, I do know Kevin is running late.

He did send me an e-mail just a little bit ago, so he will be on Patti. Lance.

Joe ulnick.



+15***00** 1:16

I'm here.



Robinson, Kimberly S 1:18

Doctor Val Buena.



Valbuena Valecillos, Adriana D 1:20

Present.



Robinson, Kimberly S 1:21

OK, I heard you coming and going so.



+15***00** 1:22

Mm-hmm.



Valbuena Valecillos, Adriana D 1:24

Yeah. Present.



Robinson, Kimberly S 1:25

Doctor Higdon.

Doctor herdaz.

Carrie rayburn.

 **Carrie Rayburn** 1:34

I'm here.

 **Robinson, Kimberly S** 1:36

Who's Tattersall?

OK.

Thank you.

So we have a quorum of six people and that is enough to vote on your minutes and the Charter.

You do have a quorum.

 **+15*****00** 1:52

Fantast.

All right, great.

Well, we can start with voting on the Minutes for approval.

Do I hear a motion to approve the Minutes from our last two meetings? I believe.

 **Chester, Don** 2:07

Don Chester so moved.

 **Valbuena Valecillos, Adriana D** 2:09

2nd.

 **+15*****00** 2:12

Thank you.

That was Doctor Bob Wayne, all right.

 **Robinson, Kimberly S** 2:15

Yes.

 **+15*****00** 2:17

All right, fantastic.

And then if you want to scroll up for me.



Robinson, Kimberly S 2:23

On screen.

Oh, I've had some challenges lately.



+15***00** 2:28

Alright.

That's OK, I get it.

So if we can pull up the Charter, then we're gonna just do some review, kind of a final review.

And and then we'll vote.



Robinson, Kimberly S 2:45

OK.



+15***00** 2:45

So starting with this first page, it really just gives the background our mission, vision values and kind of the stakeholders as well as the Council members.

Does anybody have any changes or recommendations for this first section?



Carrie Rayburn 3:07

I don't recommendations, I just had a question about the vacant spots that says special needs of children with TBI. I wasn't.

I don't remember seeing that before and I just didn't understand.

Is it like the children of people with TBI?

What does that mean?



Robinson, Kimberly S 3:25

No it could.

It could be somebody who works in a field.

For children that have special needs and specifically for TBI or SCI.



Carrie Rayburn 3:33

OK.

OK.



Robinson, Kimberly S 3:39

We had council members who just resigned their positions in April.



Carrie Rayburn 3:43

OK.



Robinson, Kimberly S 3:44

I think, and I think Madonna was one of those positions that resigned in December as well.



Carrie Rayburn 3:50

OK.

Thank you.



Robinson, Kimberly S 3:54

The only comment I have on the screen that you're looking at here and I have it highlighted is I will update this end date to be June 30th 2026. Once this is approved I can actually change it on here right now.

Can I change it on here I can.

I have to go find my edits here.

And see if it'll let me change it this way.

Now I'm not gonna mess with it right now, but I will change that once you all approve that.



+15***00** 4:26

All right, perfect.

OK.

So if we wanna this section is approved, we'll move to the next.

So our goals.

For for this is evaluate monitor and provide visibility to program success and opportunities for improvement through our objectives, evaluating, monitoring and providing guidance for quarterly reports of program services, resources and

stakeholders and developing specific and quantifiable performance measures to evaluate program efficacy and success.

So first, before we go any further, do we want any modifications to goal number one or the objectives?

And do we think this goal remains continues to remain?

Relevant if you will.

HB **HIGDON, BRIAN** 5:20

Yes, Sir.

+15***00** 5:24

OK.

So what?

We will take a look at the outcomes relative to that goal first before we move on tools that will provide data that can be used to identify necessary services and need a program to support community reintegration of our BIP clients, a quarterly report being disseminated to council members.

And performance improvement statistics that can be utilized to demonstrate program success rates and other relevant data. Is there anything else that we and or anything that we want to change?

Relative to the outcomes.

HB **HIGDON, BRIAN** 5:54

I still like those, I think.

Those are opportunities to to do better. Those in the future. But I'd still like them.

+15***00** 6:05

Yeah.

And you know, I the only thing I think that we could probably delineate and it doesn't necessarily have to be on this is that for is is to make them really.

You know, kind of follow the smart smart process for the goal setting.

Specific. Measurable you know.

HB **HIGDON, BRIAN** 6:27

Mm-hmm.

 **+15*****00** 6:29

Time all the things.

 **HIGDON, BRIAN** 6:30

Yeah, and not to criticize our past cells, but this past because this past year we've been really working on that.

The that other.

 **+15*****00** 6:39

Mm.

 **HIGDON, BRIAN** 6:41

Rules and regulations, things that so we've been spending our time on that and now we can shift our our focus on on these things.

 **+15*****00** 6:48

Yeah. Agree.

Does anybody else have any other thoughts on that?

All right, so goal #2, the Council will maintain an understanding of the statutes and rule promulgation process for legislative change in metro recommendations in the best interest of the people served.

So review current statutes, both programmatic and related to TVI.

FCI review for administrative processes, develop and submit proposals.

Understand the process for funding for public awareness, education and outreach activities.

Review existing rules.

Both programmatic and those related to TBI and FCI review the administrative process for.

Full promulgation.

Our outcomes for identification of next steps to develop AB skip legislative proposal and rule promulgation funding proposal.

So just to break it down, our goal, if I recall correctly, when we set this goal was because most of us didn't have an understanding of kind of the the process that Kimberly is wonderful in guiding us and directing us.

And and for the other objectives we did.
Review. You know, some of the the current.
Legislation or requirements, if you will, that have gone on to the next step.
So is there any changes we wanna make to this specific Lee?

 **Valbuena Valecillos, Adriana D** 8:21

So this is for to move forward, right?
We have a rare review.
Do we still wanna keep that as?
Are we gonna continue doing that?
Are we done with that?

 **Robinson, Kimberly S** 8:34

If I may chime in here, so my recommendation would be to leave this on here. If during the year we come across something or the Council comes across something where they would like to create a rule for the program, or if there's any statute that you want to.
Look at that.
Maybe you want to change anything like that?
This this is what this goal and the objectives and the outcomes is about.

 **Valbuena Valecillos, Adriana D** 9:02

OK.

 **+15*****00** 9:03

Perfect.

 **Robinson, Kimberly S** 9:03


So this will come into play.
Actually, this this goal will come into play with the.


 **+15*****00** 9:11

Proposed.


 **Robinson, Kimberly S** 9:11


The facility standards that you all just wrote this is this is now in play with that because you wrote it.

 **+15*****00** 9:16
Mm-hmm.


 **Robinson, Kimberly S** 9:19
It's in what we call workflow going through all the approval process and reviews that it has to go through and that is never.
Quick, just so you all know, I I watched that ticket to see if it's moving all the time. I mean, it's moving, but it's moving very slow.
It hasn't even made it to legal yet.
It has to get through one more level here at the Bureau and then I think it can start heading towards legal.
So that's what, that's what this goal objective and outcome is about is what you guys did with the standards.
So if there's something else that when you're looking at rules that are already out there for bskip or the statues that are out there that you want to add to clarify.
Change, that's what.
That's when this comes into play.
So my recommendation, short story is don't move it, don't remove it.


 **Valbuena Valecillos, Adriana D** 10:09
OK.


 **+15*****00** 10:10
Perfect.
I like it. Yes, slow.
I mean, I I can't believe it.
Something at the state takes.


 **HIGDON, BRIAN** 10:19
Thank you.

 **+15*****00** 10:22
Fine.

 **Robinson, Kimberly S** 10:24
Yeah, little bit.

 **+15*****00** 10:28
Alright, so if there aren't any other comments, we'll move on to keep this particular goal. Knowing what we have out there already.
And then.
If do we have a third one I can't remember.
We just have a 2, right?

 **Robinson, Kimberly S** 10:41
Yeah, Nope. You have third one.

 **+15*****00** 10:43
Oh, we do have a third. OK, perfect.
So the third is the increasing the public awareness, education and outreach for traumatic brain and spinal cord injury patients are issues and the BASEKET program. So we were doing that through developing a strategy and associated task, disseminate information and resources.
Relevant and timely information dissemination communication to the populations regarding current issues and identify audiences and other stakeholder special create awareness.
Develop a strategy and associated task to identify and develop educational opportunities and resources, and then develop a strategy and associated test to conduct outreach activities as needed to achieve Council goals. So.
We we did a lot of work on this.
And Kimberly, your team did a tremendous amount of work on this with you know the website development and.
Your team getting into the facilities and doing outreach and attending certain you know events.
What things do we want to modify, if any, in this particular goal or strategy?

 **Carrie Rayburn** 12:04

I think it's important to keep this one just as you know, we can always try to increase the awareness.

I think that those are really great ways to do it.

I don't know if we need to keep develop on every one of them. If there's already something in place that we know of within the last year, maybe we change that.

Has there been a strategy that has been like, identified and developed already for those things, Kim, if you can help us remember.

 **Robinson, Kimberly S** 12:45

Sure. So what?

What's recently been developed?

The most recent other than our update in our Resource Center.

 **Carrie Rayburn** 12:54

Mm-h.

 **Robinson, Kimberly S** 12:54

Thank you, Becky.

Is we have now rolled out. It was effective July 1st, a central registry portal where people can enter their referrals online.

Instead of having to fax them in, you now can enter them online and they come directly into our database.

And then our central registry person verifies the information. The system automatically checks for duplicates.

And so we are. Right. Right now we're still rolling that out, getting the information out to facilities, so.

There'll always be some development going on because as the world changes, we have to change with it.

So we're always looking ways to improve.

 **+15*****00** 13:42

OK.



Robinson, Kimberly S 13:45

You know, communications out there where we're talking about increased public awareness.

What I'm having the regional managers do this year is I have a spreadsheet and every time they go out and they do an in service, whether it's to a facility.

If they go to an event they now have to track, I am tracking everything that the the regions are doing as far as public awareness is so that that's kind of a that's kind of a development tool.

That actually came from a report that Doctor Val Buena participated in last fall, a research project that was going on and that was one of their recommendations.

And so I don't typically start something in the middle of a year, something new if it. If

I can start it at the beginning of the year, I will pause and start at the beginning.

So I have a fresh start, a clean count.

And so that's what I did with this specific type of reporting that the managers are now doing.

So I'm not sure that I answered your question, Carrie. I think so, but maybe not.

There's always room for development is my bottom line.

There's always room for improvement and development, and that's what this committee is about.



Carrie Rayburn 15:01

OK.

Thank you.



+15***00** 15:04

Great.



Robinson, Kimberly S 15:05

Of course.

My pleasure.



+15***00** 15:06

Is there?

Anything that anybody wants to add or adjust on this particular goal?

 **HIGDON, BRIAN** 15:20

One second.

 **+15*****00** 15:21

I think we're all good.

 **HIGDON, BRIAN** 15:22

We've, we've gone down the route of social media.

I think there's been a few posts on the Department of Health Social Media, but as some of the Council members have experienced, there's kind of limitations to what a Florida State organization can do on social media. So I don't know who we want to keep it there.

Or or move that.

 **Robinson, Kimberly S** 15:48

I can speak to that.

 **HIGDON, BRIAN** 15:52

Please.

 **Robinson, Kimberly S** 15:52

I myself would like.

I would like to leave this on the Charter because I do want to get us out there and social media is a way and I've been working with Lindsey.

I don't.

I'm not sure if any of you have ever met, but she is our Bureau liaison and I have brought this up to her multiple times and so we are trying to work with.

DoH Coms to see what we can do to better serve by putting us out there on public media.

We are working on that.

It's just hard. It's just hard.

 **+15*****00** 16:25

Great.



Robinson, Kimberly S 16:29

Not impossible. Let me make sure you all know it's not impossible.
I just have to be more persistent.



+15***00** 16:37

So if we keep it in the Charter, that's just gonna add a little bit of.
More that you know, we as a part of who we are and what we wanted to accomplish.



Robinson, Kimberly S 16:47

Correct.



+15***00** 16:49

All right, fantastic.

So hearing nothing else for goal three, looking at the Council procedures and
Council responsibilities.

Procedures, agendas outlining meeting objectives shall be published at least two
weeks in advance of meetings.

Conference call meeting shall be held at least quarterly face to face.

A virtual meeting shall be held as feasible and as often as necessary meeting shall be
conducted in accordance rules of orders, and Council members shall review meeting
summaries and provide feedback or revisions as required.

Council members shall participate in a signed.

BBCI AC special Committees and Council members shall.

Actively participate in promote an environment that supports DHS I care values,
innovation, collaboration, accountability, responsibility, excellence.



HIGDON, BRIAN 17:40

Connecticut's.



+15***00** 17:41

Any recommendation for changes to the Council procedures?



Carrie Rayburn 17:47

Is it just safe to put keep the special committees even though we only have this one currently right now in case we decide to have another later on in the year?



Robinson, Kimberly S 17:56

Yes, ma'am.



Carrie Rayburn 17:57

OK.

It looks good.



+15***00** 18:07

All right.

Uh, nothing else will move on to responsibilities.

So the chair direct the Council's mission in moderate, moderate all meetings lead the Council through problem solving, collaboration and continuous improvement to achieve comfortable objectives, provide leadership to ensure ensure consensus is obtained and comfortable.

The recommendations accommodate all viewpoints on issues and communicate Council needs based on the consensus, votes and opinions of the Council members. Any changes for the chair?



Carrie Rayburn 18:40

No.



+15***00** 18:42


OK. And the members attend and participate in meetings, provide review and feedback as instructed, research assigned issues and share results with Council members.

Collaborate on the development of resolutions related to.


Issues I just have one thought on this and I feel like we've had some conversation around it, but attend and participate in meetings. I think there needs to be a minimum, you know, a certain percentage.

Umm, most most other have that.


 **Valbuena Valecillos, Adriana D** 19:11
I think we discussed that, yeah.

 **Robinson, Kimberly S** 19:11
So.
Yes, you're right, doctor, that that was changed in the bylaws.


 **Valbuena Valecillos, Adriana D** 19:15
We discussed them.


 **Robinson, Kimberly S** 19:18
We changed that in the bylaws.


 **Valbuena Valecillos, Adriana D** 19:19
Mm-hmm.


 **Robinson, Kimberly S** 19:22
So in the bylaws, we changed it to where if you miss.


 **+15*****00** 19:22
OK.

 **Robinson, Kimberly S** 19:27
Two consecutive meetings.
I'm not sure if consecutive is right, but if you miss two meetings then.
You may.
You may be removed from the Council and I would have to pull the bialya by by laws
up to read you the exact language, but we did address that.
That.


 **HIGDON, BRIAN** 19:45
Thought we had one for the committee and one for the Council, but we weren't.


 **+15*****00** 19:45
OK, so could.

 **HIGDON, BRIAN** 19:51
I think there's a limit to what we can do for the Council itself. Maybe does that.
Does that ring a bell?


 **Robinson, Kimberly S** 19:57
The the Council, I had bylaws opened earlier. I can go find it and pull it back up.

 **HIGDON, BRIAN** 20:03
Mm-hmm.

 **Robinson, Kimberly S** 20:04
In bylaws, the state surgeon general can remove a Council member at their discretion, and there are certain circumstances in which the state surgeon general can remove a Council member, and then we had a statement in there about.
About attendance at meetings.
There's a statement in the bylaws for that.

 **+15*****00** 20:27
So maybe we just say attend and participate in meetings according to bylaws or something, I don't know.


 **Robinson, Kimberly S** 20:34
OK.


 **+15*****00** 20:36
Is it meaningful there or not?
I guess is the question.


 **Robinson, Kimberly S** 20:38
Oops.

Where it's meaningful is bylaws because that's what the Council has to go by. The Charter is just what your goals are for the year.

 **+15*****00** 20:49
OK.

 **Robinson, Kimberly S** 20:51
OK, the bylaws is is what we have to go by.

 **+15*****00** 20:51
OK.
All right, perfect.
OK.
So anybody else have any other thoughts on members?
All right, moving on constraints, time related outcomes must be completed within time frame specified.
That gets to the part of that smart goal setting that I was talking about.
Resource related Council members may have competing priorities.
Resources may become unavailable because of regular job responsibilities.
Organizational related leadership may delegate responsibilities to council members and quarterly updates on assignments are required, and then funding related funding shall be taken into consideration. Assure the most efficient use of force money agency travel restrictions may limit the ability to conduct face to face meetings.
No particularly personally see anything there.
Does anybody see anything there?

 **HIGDON, BRIAN** 21:48
40 years before he followed them.

 **Carrie Rayburn** 21:52
No.

 **HIGDON, BRIAN** 21:55
So BWI is.

 **+15*****00** 21:56

All right then. Assumptions delivery related outcomes will be specific.

They'll be delivered within specified timeframes.

Unless council members have been given additional time to work on a report.

Resource related Council members actively participate in meeting members shall complete action items and or assignments, and then output and all activities the Council should provide advice and expertise in strive to fulfill the mission of the branch spinal cord injury program. The Council will focus primarily on activities necess.

 **HIGDON, BRIAN** 22:11

Yeah. Well, I don't know for a whole week, so on and.

 **+15*****00** 22:25

To meet identified strategies and objectives. Pretty straightforward.

 **HIGDON, BRIAN** 22:30

I personally don't get it why it's called assumptions. If you write it down, then it's not no longer an assumption, but.

 **Carrie Rayburn** 22:30

Yeah.

 **HIGDON, BRIAN** 22:37

Maybe expectation, I don't know.

But if that's just the regular language of this sort of document, that's fine.

 **Robinson, Kimberly S** 22:45

As I understand Doctor Higdon it is this is this is how it's always been written.

 **HIGDON, BRIAN** 22:50

All right.

I'll take it.

 **+15*****00** 22:54

Yep.

Very good.

Is that the end right?

So other than changing the date, there are no other changes that we're recommending at this time.

 **Robinson, Kimberly S** 23:02

Yes, that's it.

 **+15*****00** 23:09

So with that date being changed June 30th, 2026 for the Charter, do I have a motion to vote?

 **Chester, Don** 23:18

So moved.

 **HIGDON, BRIAN** 23:18

Motion.

For a second.

 **+15*****00** 23:22

All right. And all in favor.

 **Kevin Mullin** 23:23

I second what I will need.

Aye.

 **Robinson, Kimberly S** 23:30

So who would?

 **+15*****00** 23:31

Any opposed?



Robinson, Kimberly S 23:31

Who was first?

Doctor Higdon was first.



HIGDON, BRIAN 23:35

Yes.



+15***00** 23:36

Yeah.



Robinson, Kimberly S 23:36

And Kevin, Kevin was second, OK.



+15***00** 23:38

Yep.



Kevin Mullin 23:39

Sure.



+15***00** 23:42

All right, fabulous.



Robinson, Kimberly S 23:46

Excellent, good job.



+15***00** 23:48

Look at that.



Kevin Mullin 23:52

Woohoo.



+15***00** 23:53

Did you start?



Robinson, Kimberly S 23:54

I will update that.

I'll update that date on the Charter and then I'll send out the the approved copy to everybody.



+15***00** 24:03

OK.

So the next section was really just to kind of take a hard look at the goals and talk about any additional actions as far as you know, those are overarching actions, but is there anything specific we want to talk about to help meet the goals and work a? Plan for.

You can go back to those schools, Kimberly.



Robinson, Kimberly S 24:25

Oh, I'm sorry.



+15***00** 24:27

That's OK.



Robinson, Kimberly S 24:30

Good goals. That's one and two.



+15***00** 24:34

Yep.



Robinson, Kimberly S 24:35

And three was increased public awareness.



CR Carrie Rayburn 24:40

Kimberly, is there anything that you would suggest that would be helpful for us to focus on 1st that six out to you?



+15***00** 24:40

So I guess now.



Robinson, Kimberly S 24:52

Umm.

Let's see.

Well, we're working on this one public awareness.

That's definitely a good one, and that's measurable right now.

So I like public, you know, increased public awareness because that's to me that's the most important. Getting the knowledge out about beeskip and it has increased knowledge about Bskip has really increased over the last few years and and I really that was one of my goals when I.

Took this seat.

Was to make sure I always said Beeskip.

It's going to be a household name, not because of, you know, people being injured, but because of awareness, people knowing who we are. Because so often we're told, oh, we never knew you existed.



Valbuena Valecillos, Adriana D 25:38

Hmm.



Robinson, Kimberly S 25:38

We hear that all the time.

And you don't until you need us.

Most people don't know we're even out there and and I understand that.

So I would say either focus on three, I wouldn't worry about two right now because that's.

A rule rule making and we aren't there with the standards yet.

That will come with standards that you just wrote and then evaluate, monitor and provide visibility to the program's success and opportunities for improvement. That could roll right in, maybe more towards the Resource Center reporting maybe on successful stories.

Successful candidates.

I'm sorry applicants. One of the things that Becky is working on that we wanna do is put success stories out on our website.

So we have some people who have already signed.

Media releases we just haven't got to the development piece of that on the Resource Center yet.

 +15*****00 26:44

I think that's great. And at our next meeting, which really technically I think will be in the, we'll talk about that in a minute, but we'll get the, the data and statistics right that can help give us some more information relative to the visibility to the success. Ess.

 **Robinson, Kimberly S** 27:03

So my question back to the Council, and I think it is.

Where was it I saw it.

Where orderly.

Oh, right here, quarterly reports.

So specifically, I'm asking the Council, I know that you get the reports on client serve, brain injury, spinal cord injury, counties, things like that.

Is there another specific quarterly report that the Council would like to see?

The other one that I provide at our meetings, usually at our face to face our biannual meetings is the count of referrals from the facilities where they're coming from.

Is there anything other than those?

Those two things that the Council would really like to see any kind of reporting on, I can start including the spreadsheet of contacts that the regions are making.

I can include that.

We could talk about that at each meeting.

 +15*****00 28:04

Yeah, I personally would like like to to see that and then anybody on the Council, even if they're if they're promoting or.

You know the correct way of course, because we have to have all follow all the rules with that.

But if they're participating in something that can be done in adjunct, I'm sure that your folks are putting that on there.

So I say I would like to know you know quarterly what we're doing from that perspective. And then also with the website up and running just some data on kind of the number of hits and if there's new new.

New clients that potentially come in that way that weren't necessarily referred weren't weren't a referral in of itself.

They actually found found out the resources on the website just so that we can kind of see if you know if that is gaining in momentum and utilization.



Robinson, Kimberly S 29:01

So the way that our Central registry portal is working, we we have AQR code for it as well and we have two types of referrals out there.



+15***00** 29:09

Good.



Robinson, Kimberly S 29:11

We have self referral and we have a a facility referral. If you're going to and Becket correct me if I get this wrong, if you are, if you are a self referral and you want to refer yourself to the program.



+15***00** 29:13

Up.



Robinson, Kimberly S 29:27

When you first go in, there's a set of questions that you have to go through.

That helped to determine whether you are eligible for this program or not.

If you if you answer all the questions, yes.

And you're eligible for the program. Then it takes that person to the self referral form to fill out online. If you say no to any one of the qualifying questions and you hit submit, another screen will come up and tell them why they didn't qualify for a partic. Element.

Measuring element there.

Then it will also redirect them to resources on the Resource Center, so it's it's.

A.


You're getting the referrals, but it's also not only for self referrals, but facilities.


It's showing them we have a Resource Center that they can utilize as well, so.


I don't.


It's like the bang for your buck, OK?


It's the two for one.
So it it serves. I'm sorry.


 **+15*****00** 30:32
Yeah, I just don't get.

 **Robinson, Kimberly S** 30:35
Go ahead.

 **+15*****00** 30:35
It go ahead.

 **Robinson, Kimberly S** 30:36
It serves a dual purpose.

 **+15*****00** 30:39
I was just perfect.
I just didn't know if we had a separate count for those who are accessing the Resource Center, you know whether it's family members or friends or loved ones or just people who are, you know, providers that are interested in in learning what we have.
So I didn't know if there was a separate count for that, and I see Becky. You have your hand up.

 **Robinson, Rebecca** 30:59
Yeah. I just wanted to clarify on those five questions that Kim was talking about at the beginning of the answer.
All, yes, but if they answer no on something and they did it in error, it will allow them to go back and correct that.

 **Robinson, Kimberly S** 31:13
Yeah.

 **+15*****00** 31:14
Hey.



Robinson, Rebecca 31:14

So that they can move forward.
It doesn't lock them in.



Robinson, Kimberly S 31:19

Right. And Becky does do Google Analytics. Her and Amanda work on the Google Analytics for the Resource Center itself to see where the hits are coming from and what people are looking at the most. So we can provide a report from the Google Analytics. As far as the.
Activity on the website. I don't know that it will drill it down to whether it's a client. A caregiver? A facility.
I'm not sure that it will drill down for that.



Robinson, Rebecca 31:47

I think it does.



+15***00** 31:50

But it can be by topic even right?
So that you can at least see what people are searching for or looking for specifically.



Robinson, Rebecca 31:57

Yes, yes.



+15***00** 31:59

OK. Did that just make guide us in what we need to spend time focusing where people are really searching for answers on certain things or resources?



Robinson, Kimberly S 32:08

Agreed.



HIGDON, BRIAN 32:08

Yeah.
I I do have some like other outcomes that I think may be worth tracking separate from.

The public awareness point from the public awareness standpoint, no, it'd be great if we became a household name and I wish, you know, everyone knew about bskip and and the resources offers, but I'm not sure honestly to politely disagree. I I don't think that's a realistic goal for.

It to be household because.



Robinson, Kimberly S 32:39

Oh no.



HIGDON, BRIAN 32:41

Because most people don't when they get injured, they've never met a single other person that've had, you know, spinal cord injury or maybe a little bit better numbers with TBI.

But it's just a very rare, rare diagnosis.

So I I think we should continue to to, to more publicize bskip and and TBI and spinal cord injury care in general, but.

I I think there's some limit to to what we can do as far as you know, making it known to everybody.

Me.



Robinson, Kimberly S 33:11

Oh, I I agree.

I I just use that at, you know as as a.



HIGDON, BRIAN 33:13

Yeah.



Robinson, Kimberly S 33:17

As a point of reference that that's how important it is to me that people are aware of bskip.



HIGDON, BRIAN 33:19

Sure.



Robinson, Kimberly S 33:23

I know that's unrealistic.



HIGDON, BRIAN 33:24

Yeah.



Robinson, Kimberly S 33:24

I know it'll never be a household name.

Who wants it to be a household name for starters.



HIGDON, BRIAN 33:27

Yeah, yeah.



Robinson, Rebecca 33:28

Yeah.



Robinson, Kimberly S 33:29

Who wants that? Nobody.



HIGDON, BRIAN 33:30

Yeah, yeah.

Yeah. Are there certain metrics though that we do want to hit as far as visitorship or?

Or I don't know how else you would rate or or account for or numerically, but how?

How we should? What goal we should point towards for this?



Robinson, Kimberly S 33:58

So I don't know that it's necessarily for one of your goals, but when you talk about outcomes, there's certain reports that we can pull from rims.



HIGDON, BRIAN 34:02

Mm-hmm.



Robinson, Kimberly S 34:09

One of the one of the things that previous councils like to see was services.

What are the top services that we provide?

How much money is spent on those services?

And we can pull those by fee codes and we can pull them by fee codes.

HB

HIGDON, BRIAN 34:24

Yeah.



Robinson, Kimberly S 34:26

Tell you how often you know we provide those services.

And what the current cost is, you know, for the physical year or maybe an average we can provide what the average cost of a client's case is, you know across the board we we can pull statistics like that.

HB

HIGDON, BRIAN 34:44

Yeah. Yeah. On the topic of awareness, one thing I've noticed is like I've had some patients where, you know, I'm just normal clinic visit.



Valbuena Valecillos, Adriana D 34:46

Yep.

HB

HIGDON, BRIAN 34:54

I'm like, oh, by the way, are you still in bskip or do you have you talked to your Bossip case manager and they look, give me a strange look. And they said, oh, no, I'm. I'm talking about the Florida brain and spinal cord program. You know, the the. State the Florida State program that you know helps you.

With helps you with stuff you have a case manager and they're just like their face is blank.

And then you like take the steps to refer them program and then they're in the program and the case manager just was talking to them like a couple weeks ago.

So I feel like even within the within the clients that are actively in served, sometimes there's a there's lack of awareness of of the of the name of it or the.

The all of it has to offer. I don't know.

That's, you know, are are these clients are under extreme amounts of extra amounts of stress and that that can limit learning and engagement, things like that.

But not not. Not to mention the TBI patients with with cognitive deficits.

But but yeah, I.

Maybe there's some can be some metric around patients or family members being aware of of the program.



Robinson, Kimberly S 36:01

So we do have requirements for client contacts and we have indicator reports that come out.



HIGDON, BRIAN 36:06

Mm-hmm.



Robinson, Kimberly S 36:10

That that show if you know the client, how how long it's been since the client was last contacted.

But our regional managers, they get those reports and so we make sure that we are constantly in contact and it's like you said especially.



HIGDON, BRIAN 36:21

Mm-hmm.



Robinson, Kimberly S 36:28

Folks, when you're talking with those clients, they don't always remember. Our case managers some do.



HIGDON, BRIAN 36:35

Mm-hmm.



Robinson, Kimberly S 36:35

It's easy.

It's better when we work with the caregivers and directly with the the clients.

But we do have measures in place, we have standards.

What's the word I'm looking for? We.

Total blank today.

The word is right there that I want.

It's part.

It's measurable in which they have to compliance.

 **HIGDON, BRIAN** 37:02

Yeah.

 **Robinson, Kimberly S** 37:03

They're they have to stay in compliance.

 **HIGDON, BRIAN** 37:04

Yeah.

 **Robinson, Kimberly S** 37:05

That's what I was trying to say.

They have to stay in compliance with client contacts.

 **HIGDON, BRIAN** 37:11

Is there like a? Is it OK?

 **Robinson, Kimberly S** 37:12

That.

 **HIGDON, BRIAN** 37:15

So so that is a thing that's like being tracked and imagine like, because of missed phone calls and things like that that, you know, expecting 100% may not be reasonable, but there's a but a certain threshold they should be able to to reach.

 **Robinson, Kimberly S** 37:18

Yes.

Right. So we have like client contact success, client contact attempts, family member success attempts, facility success attempts, vendors, we we have all kinds of benchmarks that we can actually pull to see how often you know somebody is making contact for the client.

 **HIGDON, BRIAN** 37:43

Mm-hmm.

Yeah.

Yeah. Within Bskip, would you say there's among all of those, do you?

Is there one that's been picked out as far as you know, a KPI like a key performance indicator of of a given case manager?



Robinson, Kimberly S 38:01

Well, we we have several indicator reports that we run weekly and which include case closures.



HIGDON, BRIAN 38:06

OK.



Robinson, Kimberly S 38:08

We look at our case closures.

How long a case has been in applicant status?

The client contacts. We have a vendor report.

We have weekly caseload reports.



HIGDON, BRIAN 38:20

Mm-hmm.



Robinson, Kimberly S 38:21

I have to go.

I'm trying to go through my schedule in my brain when they come out here.



HIGDON, BRIAN 38:24

Yeah, yeah, this is just, yeah, to me.



Robinson, Kimberly S 38:25

We have several, though I think we.



HIGDON, BRIAN 38:29

Like all these outcomes, it's it's a little bit overwhelming to me.

It's like there's so many to choose from and you think we as a Council should should

pick some ones that are important to us and track those instead of kind of being awash with with outcomes and not really knowing where to focus, what do what do you guys?



Robinson, Kimberly S 38:34

Mm-hmm.
Sure.



HIGDON, BRIAN 38:46

Think about that.



Ruthan tattersall 38:48

I would agree, and I think there is at one point and I can't remember 'cause, there's a lot of different meanings, but I thought that we had the case managers on the calls by region and kind of reporting out those metrics.

And then I remember there being one of the ones that kind of jumped out to me was kind of who they accepted in the program versus who.

Were not accepted and really want I I was interested in understanding that piece more and I can't remember where we went with it from there.



HIGDON, BRIAN 39:12

Mm-hmm.



Ruthan tattersall 39:17

Because it seemed like a lot were being not meeting criteria for the program, which? Just wanted to explore that more and understand that.



Robinson, Kimberly S 39:28

Right. So your regional managers are on these calls?



HIGDON, BRIAN 39:28

Yeah.



Robinson, Kimberly S 39:31

I have some regional managers on this call and the regional managers that report

statistics to you about their regions at the biannual meetings.

They are the ones that are reporting.

It's the case managers are never on these calls.

It's the regional managers and we do have indicators foreclosures, how many closures?

 **HIGDON, BRIAN** 39:47

Yeah.

 **Robinson, Kimberly S** 39:53

Were done. And why were they closed? Were they ineligible?

Bold. Did they decline services?

Were they out of state?

Did they not meet statutory requirements?

There's variables, foreclosures, and that report can be easily provided as well to the Council if you want to see how many were closed in 1/4 in a month in a week and why that can be reported as well.

 **+15*****00** 40:21

I'm wondering if we can see a list of all the things or the reports or whatever.

However you want to send it.

Of everything that you're currently tracking and then we can go from there to kind of narrow it and select what are the things that we want.

 **Robinson, Kimberly S** 40:39

Yeah, you want a summary.

 **HIGDON, BRIAN** 40:40


I very much agree.

 **+15*****00** 40:40


To.


 **Robinson, Kimberly S** 40:41


Yeah. You want a summary of what our indicator reports are that we, OK.


 **Carrie Rayburn** 40:42
So it's.


 **+15*****00** 40:45
Yes.

 **HIGDON, BRIAN** 40:46
Yeah, maybe we can.
I'll throw a number out there, but maybe we can pick like five of them across different kind of categories of of what would what would.

 **+15*****00** 40:53
Right.

 **HIGDON, BRIAN** 40:58
Constitute quality.
And and pick maybe one of each, knowing that we are leaving some behind and there's more nuance than we may capture, but.
But picking each of us kind of take a look at that, that list and see which ones we find are the most.
This this case acceptance rate I'm I'm very curious about that, that that Ruth was talking about.
But I think that's a number where, you know, going up, going down. I'm not sure what, what, what is best because I do want a robust referral where you know case Manager, hospital otherwise you know give them the benefit of doubt like give the patient the benefit out.
And make the referral if they think it may be appropriate.
But then they may end up overreferring quote UN quote, but that's not.

 **Robinson, Kimberly S** 41:40
Mm-hmm.

 **HIGDON, BRIAN** 41:45
Anyway, that's it's not a not a bad problem to have that they that's B skip the first

thing to think of for some of this particular injury, but maybe it's not traumatic.
Maybe it's.

Maybe it's not quite qualified, but so that number.

In, in my opinion, wouldn't be a good quality metric.

I'm very curious about it, but but it's not very good quality metric because good or bad, there's a lot of things that go into it. And you know, if it goes up, it goes up, it goes down, it goes down.



Robinson, Kimberly S 42:16

But what the program can use that data for is education.



+15***00** 42:17

Yeah.



Robinson, Kimberly S 42:20

So if we find a facility that continues to send us and what my regional managers do this and when they get a facility that keeps sending referrals that really don't qualify, they they will make an appointment for an in service with that facility and educate them again.



+15***00** 42:21

Yeah, that's fine.



Robinson, Kimberly S 42:37

As to what qualifies for our program and what doesn't.



HIGDON, BRIAN 42:41

Yeah. Yeah, so, so so internally within bscape use it. But as far as us kind of as a supervisory role for bskip.



Valbuena Valecillos, Adriana D 42:43

1.



+15***00** 42:43

Good afternoon.

HB **HIGDON, BRIAN** 42:53

It's maybe not a quality metric if you will.

 **Robinson, Kimberly S** 42:56

OK.

 **+15*****00** 42:57

Yeah. The only thing I think it would push is that, you know, if they're referring more, you know, then people that will qualify, at least the people that are getting access to the website and educational materials for them or resources.

 **Robinson, Kimberly S** 42:58

Agreed.

 **+15*****00** 43:11

Otherwise that maybe they don't get the benefit of the the B skip dollars and case managers if you will.

But they can utilize the the site and get access to other resources.

HB **HIGDON, BRIAN** 43:25

That's a good point.

V **Valbuena Valecillos, Adriana D** 43:27

Yeah, I think also the comparing regions.

It will help to identify the areas that need more intervention.

 **+15*****00** 43:38

Hello.

V **Valbuena Valecillos, Adriana D** 43:38

More of the comparing and seeing is the trend that always low on the referrals.

I don't know if we have the demo demographics included too.

Like which are more especially in the self referral is there is a specific patient demographic trend that are more.

More.

Knowledgeable about the service or versus another one that it may be lower the patient level areas that maybe we can't come up with different approach.

 **HIGDON, BRIAN** 44:12

Yeah, especially if there's a high like refusal where they're offered services, but they say no links.

 **Robinson, Kimberly S** 44:12

OK.

 **Valbuena Valecillos, Adriana D** 44:17

Yeah. Then maybe they're concerned about sound legal component or something.

 **+15*****00** 44:18

Yeah.

 **Valbuena Valecillos, Adriana D** 44:22

You know, try to understand why in that area there is a trend or not affecting the service or not even applying for the service.

 **HIGDON, BRIAN** 44:27

Mm-hmm.

Mm-hmm.

 **Robinson, Kimberly S** 44:31

So that indicator report that you want is number of referrals by facility.

By injury, if they were enrolled and if they were closed, why they were closed.


Is that what I understand?


 **Valbuena Valecillos, Adriana D** 44:45


Mm-hmm.

 **Robinson, Kimberly S** 44:46


OK.


 **Valbuena Valecillos, Adriana D** 44:49
Interesting demographic on that report.

 **Robinson, Kimberly S** 44:51
Yeah. Yeah, including the region, the area you want, county, region and county or just county?


 **Valbuena Valecillos, Adriana D** 44:57
Mm-hmm.
What everyone thinks Great Island County or just county.


 **HIGDON, BRIAN** 45:04
Mm-hmm.

 **Robinson, Kimberly S** 45:05
I can give, I can give region and county what that will tell you is this region covers these counties, so that will help you as far as demographics of how the regions are spread out across the state because each region has so many counties, region 1, poor fall.


 **+15*****00** 45:05
Thank.
Yeah.

 **Valbuena Valecillos, Adriana D** 45:17
Yep.


 **Robinson, Kimberly S** 45:21
She's got 33 counties across the top of Florida.
She has the most counties.


 **Valbuena Valecillos, Adriana D** 45:27
Yeah, but we may see different significant difference between now and even it's just one region.


 **+15*****00** 45:27
Yeah.


 **Robinson, Kimberly S** 45:30
Yeah.
Absolutely.


 **+15*****00** 45:35
Yeah.

 **Ruthan tattersall** 45:36
But I guess in terms of outcomes, I guess I might have missed what are we actually measuring for outcomes right now? And do we have like targets that we're trying to achieve or are we trending?
Are we knowing if we're meeting them, type things, or is that something we should work on?
Just trying to understand that piece.

 **+15*****00** 45:55
Yeah.
Yeah, that's that's what we want to establish based on the we're we're gonna select.
Umm, you know, whatever it is.
5 metrics or whatever that we wanna consistently look at and then establish kind of what what our working goal would be off of that.

 **Valbuena Valecillos, Adriana D** 46:17
Hi, Brooke. I think it will match with.

 **Ruthan tattersall** 46:17
OK. But right now, like there's nothing like baseline we're doing already to like kind of improve from we're kind of starting from scratch.

 **+15*****00** 46:27
The reports at our next meeting.

RT **Ruthan tattersall** 46:30
OK.

HB **HIGDON, BRIAN** 46:31
I think we're starting sort of starting from scratch scratch, which is exciting.

+15***00** 46:35
Yeah. I mean, as far as once we can see what all being already collected and then we can determine that might that'll give us some baseline to know from there.

RT **Ruthan tattersall** 46:36
Yeah.

HB **HIGDON, BRIAN** 46:43
Yep. Well, to be clear, I think Kimberly and your team has been doing this for a long time.

+15***00** 46:44
After we decide.

RT **Ruthan tattersall** 46:45
OK.

HB **HIGDON, BRIAN** 46:48
This is our first time to kind of participate in that.

+15***00** 46:49
Yeah.
Right.

RT **Ruthan tattersall** 46:52
Right. OK.

+15***00** 46:57

Good. So the only other thing I thought of is that can help with awareness.

The number 3 is.

I'm not sure how much has been done for all of the various.

Whether it's medical schools or of course, I'd go to the therapy side, the therapy schools and those kinds of things, but that is often a great.

Just.

Opportunity to get more awareness out because then they're diffused outgoing to their different facilities and things like that when they go in their clinicals and if they have something in their head or their brain that they are recalling relative to brain and spinal cord injury for the state.

Of Florida, that's that might be another opportunity for us to increase awareness. For programs.

 **Valbuena Valecillos, Adriana D** 47:48

I clearly agree.

I think that that's that's an area to medical therapies component education in those.

 **Carrie Rayburn** 47:50

That's a good idea.

 **Robinson, Kimberly S** 47:50

That's.

 **Valbuena Valecillos, Adriana D** 47:57

Different facilities.

 **Robinson, Kimberly S** 48:02

An excellent idea.

 **+15*****00** 48:08

All right, so great discussion.


I think we are at talking about what our next.

Meeting is Kimberly, if you don't mind scrolling down.


On.


The agenda.


 **HIGDON, BRIAN** 48:25
Mm-hmm.


 **+15*****00** 48:25
Yeah.

 **Robinson, Kimberly S** 48:25
Sorry.

 **+15*****00** 48:27
Oh, you're fine.

 **Robinson, Kimberly S** 48:29
And it's the blonde hair. I'm telling you. It's the blonde.

 **+15*****00** 48:29
So.
Oh, it's all good. All good.
So our future, we have a meeting that's scheduled for October 2nd.
And I wanted to just see if you guys wanna keep it and kind of prep for our in person meeting that's scheduled for November or if you wanna wait and just have our upcoming meeting in November.
I kind of think, you know, if we can get the the you know, all the things that are being tracking in next meeting decide on kind of the things where we wanna go.
And that'll help us guide our in person meeting in November.
I don't know what y'all starts up. Thoughts are on that.

 **Carrie Rayburn** 49:14
Great.

 **+15*****00** 49:16
OK.

 **Valbuena Valecillos, Adriana D** 49:16

Yeah, really quick.

 **+15*****00** 49:19

All right.

Does anybody have anything else for this meeting?

Before we adjourn.

 **Robinson, Kimberly S** 49:25

If I can, if I can interject before you adjourn so.

For our November face to face meeting, if anyone has.

Suggestions or recommendations on anything that they want to target specifically in that meeting? If you can send me that, you know as soon as possible. You know, if there's a speaker that you want to come anything. So that gives me time to work on that.

I am still working on hotels.

Jeremy is has moved on.

He took another position, so he always was the one to help me with counsel. So I'm back to me and so.

I'm working hard on it.

But if I can start getting that agenda together and start pulling, you know, who speakers, maybe that you want. What? What specifically you want to address at that meeting? That would be fantastic.

Fantastic for today.

Great. What the take away is to prepare for October's meeting and my take away is that I will send you all.

Well, I will include a summary of all the indicator reports that we generate weekly.

Sometimes some of them are monthly, but most of them are weekly.

I will generate a report that tells you what the name of it and a summary of what that indicator report provides.

And then from there you all can decide which ones you want to focus on for your goals. According to the Charter. I will also create a referral report of the clients that have been enrolled and closed by facility if or if their self referrals which will also

Indic.

Include injuries, types and regions and counties.

 **+15*****00** 51:23

Perfect.

 **Robinson, Kimberly S** 51:23

Did I get all that right. OK.

I have to write my take away so I don't forget them. OK, cool.

 **Carrie Rayburn** 51:30

Kim, can you remind us what the date was for the November meeting again?

 **+15*****00** 51:30

No, it's great.

 **Robinson, Kimberly S** 51:35

Yes, ma'am. It is November 12th.

It is a Wednesday. I'm gonna have it here at Betty Easley in Tallahassee again.

I couldn't get the 13th.

It was already taken so I have to take the day before.

 **Carrie Rayburn** 51:51

OK.

 **Robinson, Kimberly S** 51:52

And we most likely stay at the same hotel that we were at last time.

It's easy when you already have a contract from the year before.

You just copy the same contract.

And it just makes it so much easier to route and get approved if I can stay at the same hotel.


So if nobody has objections with that, that's what I'm going to aim for.


 **+15*****00** 52:16


Perfect.


 **Valbuena Valecillos, Adriana D** 52:16
It's fine.


 **Carrie Rayburn** 52:17
OK.


 **+15*****00** 52:18
Can you remind me, did we have I think we talked about Vog rehab, but we already had people.

 **Robinson, Kimberly S** 52:19
It.
I believe they spoke at our meeting.
March.

 **Robinson, Rebecca** 52:31
Yeah, they did.

 **Robinson, Kimberly S** 52:33
I it but I I can always.

 **+15*****00** 52:34
Sorry, isn't it terrible?

 **Robinson, Kimberly S** 52:35
I can always ask him to.
No, I can always ask him to come again.
They're they're very willing to come. We've had fast.

 **HIGDON, BRIAN** 52:42
Goodbye.

 **Robinson, Kimberly S** 52:44

Has spoke at our meetings.
VR spoke.

 **HIGDON, BRIAN** 52:49

What's what's that first one?

 **Robinson, Kimberly S** 52:51

Fast FASS.

Becky, help me out on the acronym, if you remember.

 **Robinson, Rebecca** 52:55

FFAAST Florida Assistive Alliance for assistive technology.

 **HIGDON, BRIAN** 52:56

What do they do?

 **Robinson, Kimberly S** 52:58

Yeah.

 **HIGDON, BRIAN** 53:02

All right.

 **Robinson, Rebecca** 53:02

Services and technology.

 **Robinson, Kimberly S** 53:02

Yeah.

Yeah, there are she. That's Fran.

She has spoke at our Council before.

I believe we've had sports ability who has spoke at our Council before.

There is a new.


Member project for Bskip this year it's called Stay in step, which is a rehabilitation program that I think is down in palm area. I'm not sure about that project.


I'm not really familiar with it.

Yeah, but they may be a good opportunity to come and speak to our group.


They deal a lot with veterans.


I've reached out to them to see if they have any veterans who may want to sit on our Council.


 **HIGDON, BRIAN** 53:45
Mm-hmm.


 **Robinson, Kimberly S** 53:49
I've reached out to them.


 **HIGDON, BRIAN** 53:49
Yep.


 **Robinson, Kimberly S** 53:52
So they may be a good candidate to have speak at our our meeting.

 **HIGDON, BRIAN** 53:57
Yep, I think I thought staying Stepp was in.

 **Robinson, Kimberly S** 53:58
So I'm just throwing out some ideas.

 **HIGDON, BRIAN** 54:00
I thought staying steep was in Tampa.
There's also one in South Florida or, yeah, because it's when I trained the VA there.

 **Robinson, Kimberly S** 54:02
It might be.
No, it it might be Tampa.
I know it's South of me.

 **HIGDON, BRIAN** 54:07
I think there's when I trained the VA, I think there's a lot of veterans that went there.
There's also an activity base therapy place called Core in Orlando.
I'm not sure if there's any abt in in Miami area but.

But the the folks from the core.
Or Saints that might be interesting to have a conversation with.
Just to dialogue with him.



Robinson, Kimberly S 54:30

Sure. Well, I can invite staying step.



+15***00** 54:31

What?

And I wonder along the lines it's actually right around veteran's day anyway, but.



Robinson, Kimberly S 54:35

Definitely.



+15***00** 54:42

Would you know there be some conversation and I don't, you know, particularly what division of the VA, but to have some have somebody from the VA come from the.

You know what I mean?



HIGDON, BRIAN 54:53

Yeah. From the VA itself, that might be even better if there's like.

Either a patient.

Like a patient advocate or.

Or A or a staff member.



Robinson, Kimberly S 55:08

OK.



+15***00** 55:09

That we can partner and align better and then maybe we'll fill some of our our board member roles with some veterans that, that that they're wanting on there as well.




Robinson, Kimberly S 55:20


And what? You know what our Council is and what we do it it's better than you know


I send.


Letters out in explaining our Council and provide information to them, but sometimes when you're face to face and you're engaged and you actually hear what's going on, it makes a difference other than reading it on a piece of paper. I'm a visual person.

 **+15*****00** 55:44
Yes.


 **Robinson, Kimberly S** 55:44
I'm very visual.

 **HIGDON, BRIAN** 55:45
Yep. Any chance we could get a a legislator to drop in?


 **Valbuena Valecillos, Adriana D** 55:50
OK.
Ignore it.

 **Robinson, Kimberly S** 55:53
Oh no, I can ask about that.

 **HIGDON, BRIAN** 55:54
No.

 **Robinson, Kimberly S** 55:57
I just have to be.

 **HIGDON, BRIAN** 55:57
OK.

 **Robinson, Kimberly S** 55:58
I have careful when.

 **HIGDON, BRIAN** 56:00

Who you yeah.

 **Robinson, Kimberly S** 56:03

Legislators, I have to be very careful about that.

 **HIGDON, BRIAN** 56:07

Every single one of them and see which one of them shot.

 **Robinson, Kimberly S** 56:11

Yeah, you make it sound so easy.

 **HIGDON, BRIAN** 56:13

That way you'll be non partisan.

 **Robinson, Kimberly S** 56:14

You make it sound so easy, Doctor H.

 **HIGDON, BRIAN** 56:16

No, I'm. I'm smiling.

No, I'm smiling because I know it's it's a loaded question.

 **+15*****00** 56:22

Oh oh.

 **Robinson, Kimberly S** 56:22

That is a loaded question. I I think you're setting me up here and this is recorded.

 **+15*****00** 56:27

Huh.

 **HIGDON, BRIAN** 56:29

No, no, I just.

 **+15*****00** 56:29

What about?

 **HIGDON, BRIAN** 56:32

The no my comment is the the the legislators added this language for the veterans to be part of this Council and we haven't had anyone really applied to that and that's that'd be great if we could have have more Members. Yeah, yeah.

 **Robinson, Kimberly S** 56:43

Mm-hmm.

 **+15*****00** 56:47

Mm-hmm.

 **Robinson, Kimberly S** 56:47

I agree I have to report on that once a month.

I have to report on that.

 **HIGDON, BRIAN** 56:53

Sure. Yep.

 **+15*****00** 56:53

OK.

 **HIGDON, BRIAN** 56:54

All right.

 **+15*****00** 56:55

So what about the liaison process?

The social media piece that that.

We talked about having her come at some point also just.

 **Robinson, Kimberly S** 57:05

Liz or you talk about having Liz comes.

Liz has spoke to the Council before about social media.

 **+15*****00** 57:13

She did.

 **Robinson, Kimberly S** 57:13

And she has.

She has spoke before, but I can ask if Coms can come again and talk to us about what we can and can't do.

 **+15*****00** 57:26

OK.

All right.

Well, we are at 3:01, so I want to be respectful of everybody's time.

Do I have a motion to adjourn?

 **HIGDON, BRIAN** 57:34

Motion.

 **Valbuena Valecillos, Adriana D** 57:36

2nd.

 **+15*****00** 57:37

All right, great. Thank you all.

Talk to you in November.

 **Robinson, Kimberly S** 57:41

OK.

Have a great day.

 **Robinson, Rebecca** 57:42

Thanks, bye.

HB **HIGDON, BRIAN** 57:44
Mm-hmm.

+15***00** 57:44
You too.

● **Casavant, Robert** stopped transcription