BSCIP 1st Biannual Advisory Council Meeting-20251112_125654-Meeting Recording

November 12, 2025, 5:57PM

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Casavant, Robert 4:08

Good afternoon, everybody.
Thank you for joining our afternoon session of the brain and spinal cord Injury Programs Advisory Council.
This is the second-half of our first BI annual meeting.
As a reminder to everybody here in person and online, we have a court reporter this afternoon who will be taking the minutes. So when you speak.
Please identify yourself so that she can make note of.
And I obviously did not do that when I first started speaking.
So I am Kimberly Robinson.
I apologize for that.
I also want to take just a quick minute before we get started and introduce my new manager for the program he overseas. The administrative piece here at headquarters.
His name is Keith Soins.
They can't see you on the camera if you go over there.
Keith has a a pretty heavy background with management and.
Projects he's been very successful and I'm really excited to have him so wanted to introduce him because Council members will be getting to know him through e-mail and so forth through our meetings.
So thank you.
Thank you everyone. Glad to be here.
And with that, I'll turn the meeting over to you, Doctor.
Yes, thank you for everyone who's joining us for the Biskup Advisory Council.
We'll go ahead and and and take roll call.
Don Chester.

CD **Chester, Don** 10:48

Here.

Casavant, Robert 10:52
Kevin Mullen.

KM **Kevin Mullin** 10:54
I'm here.

Casavant, Robert 10:56
Patty Lance.

PL **patty lance** 10:57
Here.

Casavant, Robert 10:58
Phil Ulnick, president.
Doctor valbuena.

V **Valbuena Valecillos, Adriana D** 11:04
Present.

Casavant, Robert 11:06
Doctor Higdon present doctor.
Arista.
Harry rayburn.

CR **Carrie Rayburn** 11:17
Present.

Casavant, Robert 11:18
Rather than Tattersall.
So you have a quorum very good.
For shorter business, is approving our minutes from last March, March 6, 2025.
Do we have a motion to approve a motion?
This is Jill olenik.

Kevin Mullin 11:41
Kevin Mullen, 2nd.

Casavant, Robert 11:48
All right. Approved.
OK.
So we're going to do a few program updates for everybody.
For some of those that are on teams, you may or may not have gotten some of our statistical reports from Porter's three and four from last state fiscal year in quarter one of this year and these reports are providing information on Rob. If you could just pull.
Up quarter.
We'll start with quarter three.
That out here.
These are reports that are showing new clients that were in service in each region.
The regions are our offices across the state.
How many clients were in service that were brain injuries?
Spinal cord injury dual in total.
We we separate this out by adult in Pediatrics.
And then we also provide for the same quarter closures.
For each region, how many were community reintegrated?
How many were eligible?
VRVR, excuse me?
And these are closures for the adult and pediatric programs.
I provided quarters 3 for physically state physical year 2425 quarter four for 2425 and quarter one for 2526.
Is there any particular report that you want to look at or questions you have for?
The regional managers.
I do have two regional managers at 3 regional managers that are out today, so I only have two online.
I have a question start in general is are these numbers trending up or is there or or down or staying the same they're maintaining they're maintaining OK.
None of these reports are providing by referral source.
These are no, these are just injuries.

I'm curious.
What are the, you know, typical pediatric age? Do we have a? Is it a wide range or is it you know?
I can't tell you definitively, but.
The the youngest that I think I can recall.
Oh gosh, I'm trying to remember which region it was.
It was.
Uh.
They go up to 17 and at 18 they transition over to.
Adult and we have more in probably that date range.
I'm I can't recall what the youngest pediatric client was that we had served.
I can't tell you.
Good question though.
Does counting back from our conversation this morning but eligible for VR is synonymous with that?
They're transitioning to VR, right? Correct.
Yeah, there's no other definition for. Correct. OK.
I can tell you for current statistics, just as of Monday.
I was going to tell you what our total and services are. It's right here.
Currently we have 439 clients being served by the program.
And as of July 1st of 2025, we have served a total of 577.
Sorry, I was just trying to can you can you say those again?
Currently we are serving 439 clients as adult and peeds to date from July 1st to date we have served 577.
Love.
Yeah, it's interesting. Quarter over quarter House, so close. The numbers are just off, you know, difference in two or three.
Yeah, we may have less seasonal variation than than more northerly states.
They fluctuate definitely around season and holidays.
This is doctor Higgin.
I just realized we're not.
We're not interested identifying ourselves, identifying ourselves.
I apologized right away.
Again, this is Doctor Higgin. I don't have any other further questions about these these numbers, OK.

I don't see any hands raised.
OK.
So then we'll go into. I already did our client statistics. I wanted to provide from each of the regions success stories because you all are always asking about success stories.
So Region 1 Fallon is out. I'll today.
So Roslyn is going to present for region 1.
Is Roslyn online?

Clark, Rosalind M 17:35
Yeah, I'm here.

Casavant, Robert 17:36
Oh, OK.
I'm sorry.

Clark, Rosalind M 17:38
It's OK.
I'm here.
OK.
Rosalyn.
This is a 30 year old female who sustained a very severe TBI from a high speed motor vehicle accident. She was admitted to UF Health in Gainesville and remain in a coma for 10 days. In addition to her TBI, she had numerous orthopedic and internal injuries Requ.
Multiple surgeries and procedures, she had many complications.
An acute care, but stabilized and discharged to Shepherd Center in Atlanta, GA for comprehensive inpatient rehab.
She then eventually transferred to the outpatient day treatment program, where she remained for two months.
She returned to Florida, still having significant cognitive deficit. She participated in some outpatient therapy at UF Health.
She eventually discharged from all outpatient therapy meetings, meeting all goals.
At 100%, she was provided with a daily home exercise program.
She is married and the couple has two young children, her husband and extended

family remain extremely supportive throughout her rehab program, and he described her as driven and very motivated and diligent about her daily home exercise program, a prior to her injury, she worked as a loan officer.
And part time college economic professor, she did return to her position as a college professor.
And since has returned to work full time.
Her employer provided accommodations to her schedule to offset ongoing fatigue and difficulty speaking for long periods and projecting her voice so she could be heard in a large classroom. Client, husband and family also continued to help her with household management and organization, including caring for their children he.
Attributes her amazing progress to.
Their faith and her hard work, dedication and the support of her family.
Brands and BSEIP services and support, which he praised BSEIP, helped with outpatient therapy and case management, including support, guidance and counseling with positive impact, which positively impact clients recovery and successful community reintegration. He and client expressed a desire to start a non profit organization to help others going.
Similar situations when her BSCIP case was closed successfully.
Client's husband contact the case manager recently and share that he and client did in fact form a nonprofit organization and said that it is growing and they would like to help others with traumatic injuries in need.
He is now working full time to grow and expand the nonprofit they founded, and he and client leave the board of directors. He provided information.
About the organization with the purpose to walk alongside others in similar circumstances and the mission to support traumatic injuries, survivors and their families.
Offering financial aid, peer support, housing assistance, community awareness.
The organized and sponsored AA, K5 run walk to promote awareness and support, and their second annual run Walk was scheduled last March.
He plans to develop peer support groups for victims of trauma.
And families who are also very much affected, he also has.
Planned to organize and sponsor a yearly golf tournament to further promote awareness beginning in 2026.
Types of support offer includes financial aid for medical treatment, survivor and family member counseling, ADA equipment, family housing during acute care or

inpatient rehab, and rehabilitation, peer support, church connection and traumatic injury awareness. With his approval, their organization, Project 145, was recently added as a Poss.
Resource on our BSCIP Resource Center website.

Casavant, Robert 21:52
Could I ask a question that would be a perfect candidate to be somebody who we brought on as a board member, either the family member or the patient or the client?

Clark, Rosalind M 21:53
That.

Casavant, Robert 22:02
So I'm wondering if we can follow up to see if there's somebody that would like to participate with bskip. You bet.
Excellent recommendation. So I'll follow up with Fallon.

Carrie Rayburn 22:14
Did you share the name of the nonprofit?

Casavant, Robert 22:17
I think it's project 145.

Clark, Rosalind M 22:18
I'm sorry.

Carrie Rayburn 22:19
Project 145 is the name of the OK.

Clark, Rosalind M 22:20
Yeah.

Carrie Rayburn 22:22
Thank you.

Casavant, Robert 22:28
Rosen, I know you're. You're presenting this on the behalf of of.
Of Fallon, but.

Clark, Rosalind M 22:34
About him.

Casavant, Robert 22:36
From your notes or or or from what you heard, did they?
So this is a successful return to work story after after a huge brain injury.
Did did they utilize VR, did or just their? Her previous employer was just very, very good at accommodating and and and didn't require VR services.

Clark, Rosalind M 22:51
Just.
She did not require VR services like the previous employer, just accommodated her.

Casavant, Robert 23:06
This may be outside this conversation, but if there's only we could count for that for for that key indicator. It's like if they successfully return to work without VR, then then that should still be counted as a success.
It depends on the type of closure.
Yeah, depends on if she was closed as community reintegrated and not transferred to VR.

Clark, Rosalind M 23:25
Mm-h.

Casavant, Robert 23:26
It wouldn't.
It wouldn't be all right.
Yeah, it's interesting, but awesome story.
OK.
Any other questions?

Thank you, Rosalyn.
I'm going to speak on behalf of Region 2 because Beth is out. I'll today and so I asked one of the case managers this morning to give me a nice success story, and she did at the at the 11th hour.
So be Skip received a referral from Orlando Health of a woman with no significant past medical or surgical history who was found to be a victim of a home robbery, robbery and had been shot in the upper back.
As a trauma alert, she was elevated and found that she was unable to move her lower extremities on the day of admission, she underwent endoscopy bronchoscopy and a CT demanded a fixation of the thoracic spinal cord of the C7 and through T6 she was told she.
Had a complete T6 spinal cord injury with permanent deficits of lower.
Extremity paralysis meaning lack of motor, sensory and bowel in the latter.
And remain so to this day.
This client is a 36 year old wife and mom of two young children was working full time in managing a home. She and her husband had just bought. After months in the hospital, healing and participating in inpatient physical and occupational therapy, it was time to discharge home.
The client could no longer work and had to rely on her children as caregivers while her husband worked full time. Beskip evaluated and accepted her ability to participate.
Benefit from our services, we were able to contribute $31,769 towards her care plan. This included a bathroom modification, access to her back porch, giving her two emergency exits, and durable bathroom equipment along with case management throughout her rehab journey, the client stated Beskip gave her life back, gave her her life back.
She was an independent mom again, her children and husband were proud of her accomplishments.
Without B skip and through case management providing community resources, they may not have been able to maintain. Remain. Excuse me in the community, they work so hard to live in, both financially and emotionally. She regained her independence to cook, do Laundry, watch the children while swimming and perform. Her own hygiene, privately and with dignity again, but also regained a sense of security in her home. That.
She thought she had lost forever as a parent.

Clark, Rosalind M 26:10
OK.

Casavant, Robert 26:11
Yeah, that's really what.
Besides about what?
What else professionals do, and yeah, absolutely.
She's another one spinal cord potential.
You can ask. Mm-hmm. Yeah, absolutely.
OK.
Is recruiting hour the the base Camp Advisory Council?
Well, we we have two applications out there that are we have many more than two spots.
So pending, yes, we do.
But I'm just saying that we do have two applications that are pending, OK, Region 3, Roslyn is gonna present again for region 3.

Clark, Rosalind M 26:49
OK.
This is a 52 year old male who was involved in a motorcycle accident, sustaining AC6 spinal cord injury incomplete. He was taken to Sarasota Memorial Hospital where even he was treated. Eventually he was moved to the comprehensive inpatient rehab floor and he was fortunate to be.
Able to receive four months of inpatient.
There he was discharged home with the power.
A power wheelchair, hospital bed and a manual on where you live, which was covered by his insurance bsci P provided the client with power for your lift.
Because the power lift was much easier for the wife to transfer client, we had a we had a slightly used power lift that was returned.
We had the vendor pick up the lift, clean it, check the batteries, etcetera prior to delivering it to the client.
Bsip also assists with ramp grab bars, expand expansion hinges and supplies for his discharge. Home Client eventually transitioned to outpatient therapy and made good progress. PT felt that he should be using a manual on wheelchair given the progress.

The progress that he was making in an ultra light manual wheelchair was recommended, but unfortunately it wasn't covered by his insurance because they had already purchased.

Casavant, Robert 28:18
Object.

Clark, Rosalind M 28:18
The power wheelchair BSCIP assisted with the manual.
Chair client did well with the manual.
Chair are mainly using it around his home.
Unfortunately client had a set back when he was involved in an accident. When the bus he was riding on through the county was involved in an accident.
He was not hurt, but the accident did set him back some physically and emotionally.
Client reached out to his case manager about.

Casavant, Robert 28:37
Much.

Clark, Rosalind M 28:45
Wanting to get into our credit therapy.
The case manager encouraged him to talk to his rehab doctor about the appropriateness of this type of therapy. The therapy was recommended.
And after a few months of water therapy, client made great strides in his physical functioning.
He was able to control to do control jumping jacks and three feet of water. He was ambulating more at home and in the community, and one of his goal was that he.
Could say forget it in and out of his own pool so he can continue his exercise and get better at the same time. And by the time of case closure, the client was functioning well in the community.
He was independent in all AD LS. He could get himself in and out of the pool on his own.
He was driving independently.
Client had a very supportive wife and family who helped him in his recovery.
He never gave up as his goal, which was he never gave up his, which was to be able

to walk and do for himself.
Client still has his wheelchair in case he need. He needs it for long distance or trips with his family.
Client and his wife are very grateful for all the help, support and guidance from the program and their BSCIP case manager.
Set.

Casavant, Robert 30:06
You know, was he?
Did he return to work?

Clark, Rosalind M 30:10
She didn't say.
I'm sorry I don't have that information.

Casavant, Robert 30:19
The next success story is from Region 4.
John Wineski is a regional manager and he's actually on leave.
Today, getting ready for his daughter's wedding. But he did provide me with.
A short read here and then I also have a video to share of the client with you all.
So this gentleman is a 59 year old who was referred by Broward's Health Medical Center documenting a complete spinal cord injury.
The injury occurred when he was picking mangroves mangos.
Excuse me when the metal pole that he uses to pick the mangoes hit an electric line, causing him to fall. He was initially on a ventilator and the doctor said that the probability of walking again was very minimal at best.
He came to be skip in August of 2025.
We provided him with physical and occupational therapy.
The case manager played a very supportive role, offering support.
Encouragement and guidance and continues to do the video attached, which we're going to see in just a moment, is an excellent example of what the program is about.
A little hope can go a long way.
So Rob's gonna play this video for us.
We wanted to say thank you so much for all of your support and helping him come to therapy.

We would not be doing this well if it was not for you.
So thank you so much.
Nicole, thank you.
Everything you've done for me and my family.
Really appreciate it.
Help or whenever that is for. Really appreciate everything you do. Thank you.
All right, later.
Alrighty.
Nicole and Kelly, thank you so much for all you've done for my brother. I mean, you guys are awesome.
Look at him. He's walking.
We thank you guys for all you do and continue to do for us. Thank you very much.
Thank you.
Those people that their name is the the the case managers with bsip Nicole is yes.
Nicole is very good. Nice Kelly is on.
I see she's in the meeting here. I don't.
Kelly, do you know any more about this client that maybe you can share?
I I know Nicole is not on. Kelly works in the same office with Nicole.

Jackson, Kelly 33:16
Hi everybody.
This is. Oh, hi everybody.
This is Kelly Jackson.
Unfortunately, I do not.
We worked the referral at the very beginning, but as.
Far as services providing and communication, that was all with Nicole.

Casavant, Robert 33:33
OK.
All right.
Well, thank you for that.
Yeah. So that that was I love seeing the the videos.
That speaks volumes to me. Just to be able to see the success.
Our last success story is from Region 5, which is a regional manager, Jose de Brock.

Dubrocq, Jose A 33:55

Good afternoon.
My name is Jose Dubrock.
I'm the regional manager for Region 5.
And the case has a sex story here for this region.
It's a 39 year old female who sustained spinal cord from a motor vehicle accident back in April last year in Orlando, FL.
Due to her injuries, she added to go to rehab and will be escape, was able to assist her with, you know, with medical equipment that she needed.
The insurance wasn't not covering.
And also the rehab process, but now this comes to Doctor Haines.
She was.
She went back to her job.
She was a proper management company, but even though she went back to her job, we refer her to VR due to her main issue was the independence driving.
So she bought the van.
It was modified by VR.
She got her van all modified and she was able to go back to work and, you know, and go back to her regular life.
She called us a month afterwards and let us know how happy she was and that we were able to help her to transition to her life again.
So you know that was really rewarding for her to call us back and let us know how everything was going.
But that's like you're saying, even though she went back to work, we refer her to VR.
Especially because of the the vehicle modification.
So that was that was that is, you know, in a nutshell the the story. But I also want to tell you that we had a lot of events in September and one of them is that we went and visited VA hospital.
And we met with the team. It was a great meeting and we found out I was telling Kimberly that actually the whole modification is not cover 100%.
They only cover 75% for the whole facility, so we agreed that.
We're gonna work together. The part that is not gonna be covered by VA will take care of it.
Or there might be another resource that you know might be able to help.

But if there's not, then we'll step in and help.
You know, because they will need that. We also attended the ADA Disability Fair, the FIU grounds.
There was an event at Jackson Memorial Hospital for the Aspinal core awareness.
We attended that and we also did an in service at West Gables Hospital.
Which had we had lost contact for a while.
The back again and they're referring clients as well. So that's basically our, you know, the success story and what we'd have done in region 5.
So if you have any questions.

Casavant, Robert 36:32
It's it's really interesting about the the VEAI.
I thought it was just kind of covered, but it'd be interesting to partner with them for these important home modifications.
So this may not be a question for Jose because he probably worked with the with the one VA in his area, but have we had conversations with the other VA centers in, in, in Tampa? And I don't know if it would be a for for North Florida but.
But had conversations with Virginia for the other, for the other hubs, and made sure that they think of us.
When it comes to these, did they think of B skip when it comes to these home odds?
Page in region one I believe does reach out to the BA ordering games.
Bill. Mm-hmm.
Roslyn, can you speak about your area in the VA?

Clark, Rosalind M 37:19
Yeah, they reach out to us.
They will let us know that they have someone there and and give us their percentage and that they're gonna need help from our program.
So yeah, we do communicate.
They communicate with us.

Casavant, Robert 37:33
Are you in the Tampa area? Resident. OK, I'm good.

Clark, Rosalind M 37:35
Yes, yes.

Casavant, Robert 37:39
So on that.
Gonna plug this again, but if there is a VA client that we've helped, that would be interested or that we could.
Encourage to participate on this Council. That would be wonderful to have that addition to this Council.
Yes. Yeah, we have.
We have two.

Dubrocq, Jose A 38:00
I did.

Casavant, Robert 38:01
We have two vacant seats for.
A VA specifically, yeah.

Dubrocq, Jose A 38:08
And I did.
I did tell him about that.
They were and they trying to get someone to. So I did tell him.

Casavant, Robert 38:13
OK.
Thanks Jose.
OK.
Any other questions for the Regents right now?
No, I just want to say I absolutely love the success stories and that's really what it's all about. And I hope to hear that we can post some of those on our social media and on our website.
So that rolls us right into Becky Robinson.
Who is the drumroll?

Who is our bskip Resource Center manager?
And she's going to provide an update on the Resource Center and maybe we can speak to being able to put success stories out there where we are with that. And also she's going to present on some Google Analytics on hits that from.
The Resource Center.
Amanda, that's a fast stories are already on our list.
Or kind of busy with the portal getting everything up and going.
You wanna? I'm not sure if people online can hear you.
Success stories already on our wish list for the Resource Center website.
But we've been really busy since central registry went live and people submitting referrals through the portal and having make a few fixes and all of that.
So that's that's been top priority right now. But yes, that is already on the list. We will have that.
Thank you.
Becky.

Robinson, Rebecca 39:50
Resource Center manager.

Casavant, Robert 39:51
Yeah.

Robinson, Rebecca 39:53
I do wanna touch base on, like Amanda said, the Resource Center Central Registry portal is one of our main concerns right now.
So we're not doing a whole lot as far as updates for the Resource Center. One of the last things that we did, we added another role to our website of Military and Veterans.
So we now have 5 categories for people to go to and search for resources being survivor, caregiver, advocate, professional and military and veterans.
And to date, we have 381 resources on our website available to anyone that visits it.
So that's come up quite a bit. And right now I just go out and try to find new resources that that pertain to brain and spinal cord injury.
For our website, so anybody that has anything that they would like added to our website by all means, please send them to me.

Now we're gonna go over a few of the Google Analytics for the Resource Center the website.
This first one and the second one are just some graphs that one of our developers put together and you can see where we've got like 1.1.
Active users, but what really struck me is down here at the bottom where it says can you Scroll down just a little bit rob like starting out?
What? That's enough.
Woop Woop woop, woop. You went too far.
On the the first day there were like 38 hits and then it goes up to Day 7 where there was 271. And then at day 30 we had 1.1000.
Users hit the website, so it's really growing.
I hope to see more and more people get on there and and use the website. This has actually broken out by different countries.

Casavant, Robert 41:50
Right.

Robinson, Rebecca 41:55
And I do have a breakdown of the cities within the United States, which most of them are Florida, obviously.
And these are just some of the views that they've hit on. And I've got that broken down for you as well. You can go to the next one, Rob.
This one is just a graph of the different sites that they go to, like the Resource Center, central registry. Whether they're looking for categories or sub categories. The actual content that they're looking at.
The filters by role and the Resource Center that they visit.
And then you've got the actual numbers over here that that they've they've used it.
Next one is the one that I've put together from what the developer sent me.
If you can go to that one, Rob, where we've got visits by injury type. So we had 235 brain injuries.

Casavant, Robert 42:49
Thank you.

Robinson, Rebecca 42:52

View the site and 121 spinal cord injury and I believe if I'm not mistaken, this is for September, October and what look few days we had in in November and then these are the visits by city and state and you can see that M.
Was the.
The highest hit.
But then we've got a lot of different Florida cities in their Tampa, Jacksonville, St. Pete Spring Hill, which is a little town, but it had 28 hits.
Which is.
Which is nice.
And then this last one is the pages we had a 1145 grand total visits to the different pages and these are the different sites that they went to on the website.
So it just kind of gives you an overall view of how people are using our website.
And a lot of these that you'll see like content link and update content, that's actually me. And then the code values are the developers, but everything else is people hitting our sites and looking at different resources.

Casavant, Robert 43:48
Hey Cortana.

Robinson, Rebecca 43:59
Questions. Thank you, rob.

Casavant, Robert 44:03
No, I'm just excited to see the results and that people are searching it and beginning to use it.

Robinson, Rebecca 44:11
Yeah.

Casavant, Robert 44:12
Fantastic. So we have some new Flyers that is almost completely approved to to be able to to stand out. We're really close.
That I think it's gonna help a lot because this ties into our portal where as we're getting referrals.

Robinson, Rebecca 44:33
So.

Casavant, Robert 44:34
Into the facts.
Once we have these Flyers, our central registry specialist, Josh, is going to turn around and send these Flyers back to where the fax referrals are coming from, which promotes the portal.
But it's also a general reminder of our resource centre because it links it back to the Resource Center and it puts our our name out there. And one of the Flyers that we have is going to be like.
1/2 page that we put on.
Notes with papers.
Stock paper.
It's thicker paper.

Robinson, Rebecca 45:09
Yeah. Start start, start.

Casavant, Robert 45:10
To where we can actually put them in the hospitals? Does it have a QR code on it?
It does. Cool.
Yup, we have a QR code for the portal and we have a QR code for.
Central registry.
Yeah, that links them all back.
Good. So that's that's working out well.
And those Flyers, I'm like as close to actually getting them in my hands here.
Two years.
Yeah. Amanda had to make some tweaks to it recently, and we sent it back to comms.
And so they're just finalizing it.
And so we should.
I'm hopeful that we will have them very shortly to be able to put out. That's exciting.

Robinson, Rebecca 45:52
And referrals are picking up for the the through the Central registry. The the facilities are doing more as well as even self referrals.
So we're hoping to see that pick up even more.

Casavant, Robert 46:00
Yeah.
So I have some.

Robinson, Rebecca 46:04
With some of the fixes that we're putting in that the that the facilities have suggested.

Casavant, Robert 46:10
So I have some statistics here on the referrals and these these numbers go from May 1st, 2025 to November 10th, 2025 we went live with the portal July 1st. So since May 1st we've received 1153 referrals 21.
Percent of those have been through the portal and 78% are still fax so.
We're making progress.
The end goal is to have you know.
Let's say 90% of referrals going through the portal by the end of the state year, we had a few hiccups with the portal, which we've got a little time here. If you want to jump to that part on the agenda where Amanda can talk about the central.
Registry portal before our guest speaker gets here and she can tell you about some development that we've.
Put in place due to feedback that we've gotten.
From the users.
Is that you drive to this part, OK?
So one of the main things that we ran across some of the facilities like Jacksonville and Shanes and I think there was three or four of them that they can't use the portal without having confirmation of what information they're submitting.
So our developers, we they put together.
An e-mail that.
Is gonna be sent out whenever you submit one, you get a confirmation e-mail and

then there is a code that you put in to be able to open the attachment of what you submitted.
And we did just implement that.
It's a temporary way we're going to do it and eventually we're going to set it up with usernames and passwords, which that is also on the wish list.
But this is a fix for now.
It is still secure and.
We haven't announced it to everyone that we have that yet, but it did go live November 30th.
Or I mean October 30th. And so once we get all the verbiage, updated the faxes that come in, we'll have a central registry specialist send that new information out.
And then once we get our Flyers fully approved, we'll be sending that out to them, which has all the instructions as well.
But yeah, that's one of the main things we're working on so that we can have more facilities use the portal.
So those facilities that identified they they needed to get a some kind of report back for.
Reporting purposes on that, yes, they did send a referral in and so it was identified to us in, like Amanda said, this is a temporary fix because it's what we could do quickly in order for people to continue to use the portal long term is user names and.
IDs which.
Keith and his team will be managing.
They will be the support for that once we get that fully developed and implemented.
I'm sorry. And and then with that then I think you know we can track users and and and and collect more data on on, on our, on the probably gonna be case managers doing that but.

Robinson, Rebecca 49:26
Yeah.

Casavant, Robert 49:37
Good. But it might be interesting to see some of that data.
Well, I think what it also show us is to turn around or turn over in the hospitals, which will be really key.
So that'll help for us to identify the hospitals that we really need.

To focus on for providing education in services because they have so much turnover.
Yeah, definitely.
And then our self referrals that are coming through the portal.
We've had a few things with our self referrals where we're getting referrals that for people who really don't qualify for our program.
So we're looking at the qualifying questions to see if we can change them a little bit to be more specific to help filters some of those people out. But with any system, if you know how to answer everything correctly.
It'll get you right through into the referral process, which is OK and we expect that we know that. But we're trying very hard to filter out the self referrals that are coming through the portal because we are getting an influx of of of people that just don't qual.
For our program, yeah, that's more work on you guys.
It is.
It is for case managers. Mm-hmm.
Yeah.
I noticed in that data that there's a lot of.
Lot of visitors from outside the state and outside the country from China.
Singapore it's not real.
Actual users.
Yeah, it's a. So the China.
Yeah, those locations.
It is.
We have good security.
Thank goodness, because if not, that would've been bad because there are a lot of out the country users, yeah.
Walks, yeah.

Robinson, Rebecca 51:27
Yeah, 442 charna.

Casavant, Robert 51:28
It's just that's it.
That's why I didn't really.
I wasn't sure about showing that all over graph. I kinda just wanted to base it United

States and then mainly Florida.
Yeah, but that's the graph.
It gives us worldwide we can.
We can specify us only, but it is kinda nice to see.
How many bots are coming to it and our security's working, so that's good.
Mm-hmm.
Is it like malicious bots or just or just data scraping?
Probably these days.
Are they all?
Well, they might be.
You know these LO Miss scrape scraping information? Maybe they're.
Right. Maybe they're using the the language on our on website.
You can go into detail.
Eric told me that.
You can go into and see the exact IP addresses that it's coming from, but you have to dig down and it hasn't affected us at all. No, yeah.
But it just makes everything else hard to interpret it when there's so much noise, right? So.
We are trying to get a more standard analytics for you all for these meetings, but we're trying to figure out exactly what information we're wanting from it.
Yeah. Or what you all are wanting so that we can.
Eric likes to automate everything and the last report that he did it was manual and it was very, very detailed and it took a lot of time.
So, he said, once we figure out what we want, every meeting, he'll just set it up to be automated.
So is there something you're wanting to see that isn't shown?
Are you wanting to narrow it down just for us?
It'd be interesting to see, like, repeat visitors.
That like they you know, if if they find the Resource Center useful then they might come back for it for for another query.
So so I think that might be a a key one is is, is, is repeat visitors and time spent on the website just for us or yeah. However for us, yeah.
And I'm curious, can it identify if it's an individual or if it's like an institution that's, you know, an institution computer or something that's searching?
I'm pretty sure yes, but I'll have to get back to you on that.

But it says very specifically what it where it's coming from and what it is.
I think I think he even said what kind of computer you know, are we able to see like?
Like computer versus like mobile device oh.

Robinson, Rebecca 54:07
Yeah, I think so.

Casavant, Robert 54:08
Yeah, I'll look into that.
I see a couple raised hands.
Gary, you're muted.

Carrie Rayburn 54:17
Yeah, I was.
I was just curious about the process, Becky.
That's amazing that you have so many resources listed.
What process do you use to make sure that they're active and up to date?

Robinson, Rebecca 54:28
I go out and research the website myself.

Carrie Rayburn 54:32
How often do you do that?
Like with the ones that are listed on there.

Robinson, Rebecca 54:36
That are already on there.

Carrie Rayburn 54:38
Mm-h.

Robinson, Rebecca 54:38
That's what I'm trying to find.
I'm I've asked the developers to give me a list of any of the links that that are not

working any longer so that I can go out and research them and see what a good link address is and and update them. But I would have to go through.

Carrie Rayburn 54:48
OK.

Robinson, Rebecca 54:56
All 380, some you know, resources to find broken links or to make sure that they're up to date. If I don't have some kind of report.

Carrie Rayburn 55:05
Right. That's why I was curious how, yeah, how that was being done 'cause, that's a lot of resources to have to do manually. If you had like a system of how often it was gonna be checked and stuff like that.

Robinson, Rebecca 55:13
Right.
I would like to do it once a month.
I would like that report, you know, to be able to run it once a month so that I can keep them updated.

Carrie Rayburn 55:21
OK.
That's great.

Casavant, Robert 55:25
Yes, and Google Analytics that runs that for us.
And yes, we do.

Carrie Rayburn 55:31
Oh, that's great.

Casavant, Robert 55:32
Yes, that's what we use to run for broken links and how often are using it. That that's where all of this data came from is Google Analytics.

Carrie Rayburn 55:40
OK.
And how often are you guys reaching out to like the support groups that you have listed to make sure that they're active?

Robinson, Rebecca 55:49
I try to do it twice a year.

Carrie Rayburn 55:52
OK.

Robinson, Rebecca 55:54
I send out emails to every everyone on our support groups and they were I've got a response.
I probably got an 80 or 90% response back from everyone. The last time I did it.

Carrie Rayburn 56:05
That's great.

Robinson, Rebecca 56:06
Yeah.

Casavant, Robert 56:11
Kevin.

Kevin Mullin 56:13
Thank you.
Just because I've used Google Analytics in the past and have some familiarity with it, I think just for an ongoing basis, we just keep the US alone.
Maybe Canada as well, just because we do get a strong influx from Canada, that does come down, that moves here.
It might be value added, but I think we can take away the rest of the countries and just keep trying to keep the analytics just from North America, so to speak.
Secondly, when you talk about IP addresses.

I have a good familiarity in that area as well.
You'll you'll be able to tell whether it's a mobile device or APC and what type of PC, but I'd I'd be shocked to find out that you can view into an IP address and find out whether it's personal or business related, because usually it doesn't show that data. Unless you'd have a higher tech software than even Google Analytics, I don't think it explains whether it's business related or a non profit or personal.
It just gives the IP address for the location.
Question.

Robinson, Rebecca 57:17
OK.

Casavant, Robert 57:22
Do you wanna ask Becky about the surveys?
Yeah, not on the agenda. But you had mentioned it earlier today, I did.
Wrote it down, Becky, Jill. Jill has another question for you about the surveys.

Robinson, Rebecca 57:39
I feel like I heard it.
Someday.

Casavant, Robert 57:43
You stand. You stand a little muffled.

Robinson, Rebecca 57:45
So.
Oh, I'm sorry, I said.
I didn't prepare anything for that, but I can hopefully answer your question.

Casavant, Robert 57:57
Yeah, as soon as I find it because it was about closures, cases that have been closed.
Oh, when you send out. Thank you.
It's a good thing make a complete bring when you send out the surveys you're sending them.

Robinson, Rebecca 58:12
Mm-hmm.

Casavant, Robert 58:15
To all clients who.
Have at least initiated in the process. They might have been closed and we never made contact with them.
But are you sending the surveys to? I guess who's the?
Target audience for the surveys and how often are you sending those and then do you stop at one point like a year, post closure or whatever?

Robinson, Rebecca 58:38
Once a month I send them out.
And it's for ineligible clients six month post closure, 30 day post closure and in service.

Casavant, Robert 58:49
Say that last part again.

Robinson, Rebecca 58:51
In service active.

Casavant, Robert 58:55
So 30 day post closure.

Robinson, Rebecca 58:59
Right.

Casavant, Robert 59:00
For anybody.

Robinson, Rebecca 59:02
It's in a certain time frame that we pick up every month.

Casavant, Robert 59:02
Who?

Robinson, Rebecca 59:07
If you can hold just a second, I'll tell you what we pulled up the last time just to give you an idea.

Casavant, Robert 59:17
So I guess where I'm where I was trying to target was specifically those clients that it was closed out and we never made contact with.
You know, and if we're still sending the survey to them.
Or those those that chose not to ever utilize the service.

Robinson, Rebecca 59:48
I'm not sure that I think it. It's capturing anyone like when I pulled this last data set it was from like August 1st through October.
1st of 2025 and it it that was for the active ones and like the six month is like May 1st to June 1st 2025.
So it it goes back and captures for that much time, like the six months or 30 days.
I don't.
They've all had to have been clients.
S.

Casavant, Robert 1:00:23
But you're asking specific foreclosure.

Robinson, Rebecca 1:00:23
Except for maybe being knowledgeable ones.

Casavant, Robert 1:00:28
I think Jill is asking specifically about clients who have either declined services or we were unable to locate them when we send the you send surveys out at the 3030 day, six month even for those applicants that decline services or we were unable to locate. They're included in that data set, correct?

Robinson, Rebecca 1:00:51
Oh yes.

Casavant, Robert 1:00:54
Excuse me, OK.
And then after six months, we don't send anymore.
We have one year.
What's the is it one year post closure?
Did we?
Did Becky drop?
She might have dropped off.
Looks like she dropped.
I can't remember if the one year is the in services or closures, but I believe there's a 1A survey that goes out at one year, but I can't tell you for sure if it's closure or in service.
I need my expert.

Robinson, Rebecca 1:01:32
Sorry, I can cut off.

Casavant, Robert 1:01:35
So the question was, Becky, the surveys that go out at one year are those are those.
Surveys.
For clients that are still in service or surveys for clients that were closed post one year or both.

Robinson, Rebecca 1:01:54
No, it's actually in service.

Casavant, Robert 1:01:58
OK. And so our post closures are 330 days and six months.

Robinson, Rebecca 1:02:03
Yes.

Casavant, Robert 1:02:08
OK.
Thank you.

Robinson, Rebecca 1:02:11
Mm-hmm.

Casavant, Robert 1:02:12
Thanks for the reminder. Any other questions?
So Jose, you updated us kind of on a couple of the activities?
Are there any other activities that have occurred?
Recently in the other regions that were fruitful.
Well, I know Fallon goes to Brooks a lot and does a lot of in services there.
She goes out quite often to the facilities there in Jacksonville region to there's been no activity.
Region four, I know that their case managers go out to the facilities and I have Kelly online here that that just did a visit at Saint Mary's recently.
And they also visit the facility.
Down there in Broward, Joan out in Fort Myers. I can't tell you that she's been when the last time when she went to the facilities, but she contacts them quite a bit and some of their.
In services that they're providing, we're finding that the facilities also like to do them online.
So they've been doing some visits online.
I do have a report that they keep track of all their visits, that they're doing, that I can go and pull up.
I have to get on the network to to do that, but I could tell you specifically where the regions have been going because they have to document that.
So that was something new that I implemented at the beginning of July.
So every time they go do a site visit and in service anything they have to log that so we can keep track.
You know how many times they have to go back to the facility or what have you.
Region.

3 Roslyn, you're online.
Do you have anything significant from region 3?

Clark, Rosalind M 1:04:11
But I do not.
No.

Casavant, Robert 1:04:17
Roslyn's region does a lot of in services with vendors in their office.
They they do a lot that way as well.
But was family Cafe this summer right? Did we have?
We did not attend Family Cafe.
Any other questions? No other questions.
OK.
So we're running a a little early this morning according to our agenda or this afternoon for our agenda.
So our speaker starts at 2:15.
Do you want to just take a 15 minute break?
Yes, 'cause, we hadn't had that.
It was not in the schedule, so I think this is a better opportunity than than later in the schedule, OK.
Yep. So, well, I'll come back at 2 by 215. Yep. OK.
All right.
Thank you so much.
We'll see you all back at 2:15.
We have to press these again.
We're going to get back to our meeting in about one minute.
All right. We're gonna get back to the rest of our afternoon session.
Here we have a guest speaker with us today.
His name is John Pettit from Accessibility Solutions, and he is at the podium here and he's going to educate us all on home modifications. Thank you.
Thank you all.
I appreciate you having me here.
So I'm going to start by just telling you who I am, where I came from and how I ended up where I am today.

I grew up in Massachusetts.
A little suburb outside of Boston spent from about 12 years old until a little bit later in my life working in construction.
And I did everything you can imagine.
Outdoor construction, indoor construction, windows framing, really, you name it.
And I did it as a kid.
Went into the Marine Corps in 1987 and spent some time in the Marine Corps, and when I got out of the Marine Corps, I took a job. The first job I took was in home medical equipment.
And I didn't know anything about it and didn't have any experience in it, but I did that for about 7 years and I did a kind of particular kind of equipment that got me very close to the people that I worked with.
I would spend a day or two a week at each one of my the patients homes that I was in and I spent a lot of time trying to help them figure out how to get wheelchairs into their bathrooms and out their front door and down the hall.
And all sorts of things like that and woke up one morning and decided that there are too many questions out there.
Answer So I quit my job and I started a company that's today called Accessibility Solutions.
That was in 1997.
It was.
I was excited when I made the jump and terrified when I completed the jump.
Spent a couple of years just really locked in a basement, learning about all the things that were out there that could help people with disabilities kind of cope with their homes and and their office or wherever they wherever they were.
That was in 1997, so we're almost 30 years in now.
And I can honestly say there's not a day that goes by that I don't learn something. I don't run into something that I hadn't before. I don't go back to that basement environment and sit down and try and teach myself what we can do to help resolve these.
Issues.
So at accessibility solutions, the kind of the the logo or the catch phrase was we'll do whatever it takes to make a home safe and accessible.
And that's that's really true.
It's as much a construction effort as is a problem solving effort where we have to go

in and and as you all know, every home.
Home is a little bit different and every person's a little bit different and their challenges are all different and it's really a matter going in and trying to make solutions for problems in a in a unique environment and almost always in a unique way.
That being said, after 30 years we do have some sort of cookie cutter answers where we can walk into a home and there's, you know, we've done this 50 times.
We know exactly what needs to be done here, but that's really more the exception than it is the rule.
That's kind of where the company came from.
We do work from Jacksonville to Pensacola.
We go as far South as Ocala.
We do work in South Georgia, but it's a little bit limited because of construction, licensing and permitting and all those kinds of things.
So we're pretty limited in terms of what we can do up in Georgia.
But we cover about the entire N half of the state, the entire Panhandle. We've got crews that we send out to those projects.
So I spent some time working the subcontract route where I would hire a subcontractor in Gainesville to do a job and we just didn't have enough control over what was going on there and we'd have one job go great, one job, go horrible and we'd have to pick.
Up the pieces afterwards. So.
The costs are a little bit higher because we do literally put people in trucks.
Put them up in hotels for a week.
My people do the work and then they come on home.
So that's just kind of my philosophy about the best way to get it done and the best way to make sure the right people are doing the right things.
There's literally nothing we won't do to a home to make it work for a person based on their individual needs.
Obviously the ramps and the grab bars and shower modifications and that sort of thing. We also deal with all kinds of different equipment.
We do overhead lift systems, power door openers, vertical platform lifts.
We also invent a lot of things.
We come up with solutions where there may be knots. Isn't something out there?
That's a little less frequent now because if you get on Amazon, you can literally find

just about anything on Earth, but you know in years past and we do it once awhile.
Now we see a we see a problem.
We can't find a product to to solve it, and we'll figure out how to do it ourselves and and kind of create a solution for that problem.
That's in a nutshell who we are and where we are, where we came from and and what we're doing.
Now I was gonna jump into.
I appreciate you all sending me some questions. I went ahead and prepared some answers for those, so I'm gonna go through those questions and answers and then really just open it up and see if anybody has any additional questions.
It's it's a really challenging conversation.
I could talk for three days about all the things I've done, but there's so many individual solutions to each problem we run into that can get a little bit boring for everybody else and and.
A little pointless.
Any particular modifications that are more technically?
I'm going backwards.
Let me let's start on page one.
What is the typical turn around from request to completion?
I broke that into four different places, 'cause it can really vary a lot.
It can also vary by region.
We're located here in Tallahassee.
This is where our main office is.
So the farther away we go, sometimes those lead times can change a little bit, but the first one is what we call from the quote request to quote submittal.
So from the first time we hear from somebody and they ask us to come out and do it until the time we have a prepared estimate that answers all their questions, that's typically about two to four weeks for us to get that done.
The biggest I'll get into that in a minute, quote submitted to approval is kind of the next step.
And that's the time after we've submitted it, until somebody reaches out to us and says, OK, this project's been awarded.
Let's get it on the schedule.
That's usually and this is a big window, but it's usually about 3 to 12 weeks.
That gets real long sometimes when it's a complicated project and there's a lot of

back and forth between me and the the individuals at the brain scored brain and spinal cord injury program trying to figure out, you know, is this the best way to do it? Do we?
Need to add this? Do we need to take this away?
There are additions and subtractions and things like that from the time a job is approved until we can begin, it is usually between one and four weeks.
So so we can typically get onto these things pretty quickly, 90% of the.
Jobs we do take between one and 10 days, most of them about three to five days.
The next question was what are the limiting factors to those time frames? I touched on a couple of them.
Quote to submittal one of the hardest things is sometimes scheduling a visit.
A lot of times.
The homeowner's not home and it's really challenging to be able to.
We've got to meet somebody there.
We're meeting a neighbor or daughter or a wife, and that can get real.
Tricky sometimes takes us a couple of weeks just to be able to arrange that.
And and then the other part of it is. You know, we're generally working off an assessment.
We do write some of the assessments, but sometimes there's some confusion with exactly what the person wrote. The assessment is asking for and what we're going down there to try to deliver and we try to get all those things sorted out before we make a visit so that.
We don't have to make a second visit or create any delays in between there.
I mentioned the time from submittal to approval.
Google is generally clarifying that scope of work, so we get an assessment or if it's assessment I wrote, we'll write a proposal based on that and then we've just got to make sure that that what we're offering is what the assessment asked for and when the program is.
Expected.
Approval to beginning work.
The biggest delay obviously is materials.
Particularly these shower units that we do that I'll touch on here in a little bit is they can take us there.
They're custom built when we order them, and they usually take us about two weeks to get those in. We won't schedule a job until.

They're actually in the warehouse.
They show up the image on occasion and we don't wanna try to get everything all set up and have people expectations and furniture moved and then have to wait if something comes damaged.
And the other thing is just schedules, if we've got if a project requires plumber and we've got to hire a local plumber to be able to do the plumbing work, we're gonna have to obviously work around his schedule.
Beginning to completion.
The things that affect that are are the overall scope of work.
Some jobs are big, some are small.
You know a ramp.
We can usually get to in a couple of days and finish in a couple of days. Some of the bathroom renovations take us a month or so to get set up, and they can take us a month to finish. Depending on how complicated it is.
Some of the delays that we have on site have to do with access. A lot of the people we work with don't want us in the house until 9:30 or 10:00 because they've got a morning routine, they've got to go through and sometimes they'll ask us to.
Be out of the house by 4:00 or 4:30. So when we compress a day like that.
We can turn a four day job into an 8 day job pretty quickly.
And and those are things that we just that have to be dealt with.
They are what they are.
Unforeseen conditions, of course, when we tear out a tub, we try to predict what's going to be there.
I've been working construction for a long, long time and I've gotten very good at that.
But sometimes you find surprises and those along slowdown project.
Are there any consumer roadblocks or challenges you encounter? And this is a question I really appreciate because I've been at this for 30 years and nobody really asked me what bothers me.
So I do appreciate the question and truthfully.
We work with a bunch of different programs.
We work with the VA, we work with MIDWAVER.
We work with vocational rehab.
We work with a whole bunch of different programs, the brain and spinal Cord Injury program really is the smoothest operating program that we work with.

By far.
The communication is excellent. Everybody and everyone of the offices we work with are. They're open to what we have to say. We're open. What they have to say and that really helps things move pretty smoothly. That being said, the biggest issue we run into with these things is.
Always, almost always, the expectation of the consumer and the product that we're delivering and that can happen in a handful of different ways.
And it's it's resolvable, but it gets a little confusing.
And that question kind of.
Hit a couple more times, so I'm gonna leave that playing for a minute and touch on it again here in a second.
Any suggestions on how to mitigate the brain and spinal cord?
I'm sorry, I'm funding obviously is an issue and.
I if I had an open checkbook, it's it's you couldn't imagine what we might be able to do. Some of these folks homes. But reality is reality and I I want to throw that out there.
That's obviously something we encounter where we'd love to go into this House and do this, but it's just impractical.
It's just it.
It just can't be done.
Reasonably, any suggestions to mitigate from brain to spinal cord injury programs and?
And this is again back to what I was talking about. The biggest thing from my perspective is a provider of these services for consumers is.
Making sure that the the provider understands what the program's expecting and making sure that the consumer understands what the program's providing.
We oftentimes find ourselves caught in the middle of those things where we provide a proposal to provide the services as we understand them and when we walk into the House, consumers expecting something completely different.
We had a really bad experience with a brain and spinal cord injury program about a little over a year ago where his expectations had nothing to do with what we had been on and been asked to bid on and we really got caught in the middle of it.
And it was a, it turned out.
To be an unpleasant experience for everybody.
And I got a whole lot more written on that, but it really is just an issue of making sure

that these consumers understand exactly what the provider's coming out to provide by the time I show up, if they've got expectations that don't match what I've been asked.
To do it's an uphill battle, and it's probably not not going to satisfy anybody with it's all sitting down.
And kind of along those lines. And this came up in this one about a year ago.
That we did was.
When these things do occur, unfortunately they don't happen all that often.
But when they do occur where we really run into these mismatches.
As a provider, we're oftentimes left out in the cold.
The counselors at brain and spinal Cord Injury program are usually standing by the consumer and despite the fact that we've we prepare a written proposal, we have the consumer sign that proposal before we start work.
Obviously, the counselor lives. Seen it when these things start to go a little bit sideways, we oftentimes find ourselves kind of on the outside looking in and and that that gets really frustrating for for an organization like mine as well. Spent 30 years just trying to help people.
With disabilities live better in their homes.
Most common modifications that we provide, bathrooms, entry and exit and transfer assistance. Those are the three biggest things that we run into in a in a broad brush.
Term specifying some of those things.
Curbless showers taking out either tubs or curb showers and putting in curb curbless showers.
Ramps door widenings and in terms of transfers, the most common thing we're looking at is overhead lift systems.
To be able to assist with with making transfers.
Any particular modifications that are more technically difficult?
And why Tao kurbless showers?
Are very difficult.
They add a significant amount of time and cost onto jobs, particularly when you're talking about a house sits on a concrete slab or in a mobile home. Because recessing that floor to do a tile curbly shower is a very time consuming, expensive process.
We've been using for 25 years a system manufactured out of Boise ID which is a curbless shower unit that sits on the existing floor.
We can build up the floor around it if we need to.

It does have a small lip, but in terms of the difference between the amount of time it takes us and the amount of money it takes to get it done, it generally is a is a is a better solution, particularly mobile homes where oftentimes you're dealing with a. Steel frame.
And that these mobile homes sit on which we can't cut out. So you're you're limited in your ability to lower that floor.
The other one is mobile homes.
I I kind of touched on it but renovating mobile homes is a huge challenge.
All kinds of things that 30 inch wide hallways, 54 inch wide bathrooms.
The the wall and floor and ceiling structures are not the same as they are in homes.
You're not dealing with full size joists and full size studs and.
Ceilings are not load bearing, so we can't hang over head lifts from them.
The wall sizes are different, so the doors we can't just get a regular interior door and put it up there a lot of times the plumbing is run through the floor instead of in the wall and that's because the walls are so thin. So these are all kinds.
Of little things in a mobile home that makes remodeling and much more difficult and unavtentimes more expensive.
Characterize common consumer preferences in regard to these modifications.
The two biggest things, and I'm gonna skip over the part about cuz I beat it up a little bit about the MIS aligned expectations. The two biggest things we run into that consumers are asking us for when we get into their home is low maintenance they don't want.
To deal with anything that's going to cause grout lines and they don't want you know, things on the they don't want drop in sinks where they have to deal with.
Clutter and things around the sink.
So those are all things we try to take into account.
When we're specifying a job is trying to eliminate those things, and then the other thing is more space and that's that can be challenging.
That can be challenging.
So when we can we investigate ways to to creatively create bigger spaces form and sometimes the space just isn't there.
Characterize common preferences in regard to these modifications I just touched on that one.
Pao is providing housing mods changed over the last five or ten years.
For us, it hasn't.

It really hasn't. The brain and spinal Cord Injury program has, like I said, it's been one of the it's been the easiest one that we have to work with and it really has been a consistent set of expectations for us. And I sat down with the two girls.
Who work in my office and ask them if they had any input on any of these and they said really not so from our perspective, it really hasn't changed a great deal.
Eric Treiser your perspective on working with brain and Spinal Injury program including.
And then a few sub questions.
Success stories.
The sad story is we're not always around for the for the success story.
So we get in there, we finish the modification and the day we run our last paintbrush stroke, we leave.
So we don't really get to enjoy.
Watching them enjoy what what we've created for them, we do get calls, we do get emails weeks, months later. And from our perspective, the success stories all come when somebody calls and says, you know, this is the first shower I've taken in nine months.
It's the first time I've been able to go on my front door at a year and a half.
I get to use my bedroom again for the first time since I was injured.
So those are those are those are my success stories.
Obviously, every renovation we do, we try to make sure as a success story from a renovation standpoint, but the true success is when we can create an environment that somebody hasn't been able to take advantage of since they were injured.
The number of clients we've served.
That's tricky.
We kind of beat this around a little bit, but it's about 7:00 to 10:00 a year that we do our company.
It's probably been 12 or 15 in some years, and it's probably been three or four in some years, but I think it's typically about 7:00 to 10:00 for the brain and spinal cord injury program.
Pain points are inefficiencies.
Expectations misaligned with.
Program guidelines.
With proposals that are submitted and that sort of thing, and what the solutions might be for those pain points, really it's communication.

It's it's coming up with a way to make sure that the the consumer and the counselor and the provider are all on the same page before we get started.
Again, the challenge is the provider is walking in and trying to share that proposal with with the consumer.
Is the assumption that I've got some kind of ulterior motive because it's coming from me and not from the program and I'm the one trying to explain to him why he's not getting, you know this tile shower.
Or getting the one in particular I was talking about earlier was expecting a wet rump, so he was expecting a 10 by 10 room with a center floor drain and all these kinds of things.
It was never what was proposed or talked about, but that was his expectation.
So when we finished and that's not what he had.
I was standing there trying to explain.
Why you didn't have it and that was it.
That shouldn't have been my role, and his assumption was I was just trying to cut corners so and and we couldn't overcome that, that that gap so.
Those were the questions I had.
It was a little bit of a mouthful, but I'd love to hear if anybody has any questions.
So in instances like that, this is Jill olenik the when the proposal is signed, do you ever give like sample pictures of what it might look like?
We do, yes.
And OK, I was just trying to help because some of the clients I'm sure have some cognitive deficits and so they don't always have that understanding.
Yeah. And part of the challenge is a lot of times the consumer's not even home.
So we're making the site visit before the consumer.
Gets out of treat, so the consumer's not there to hear what we're going to do.
So I'm I'm there may be meeting with a relative or a neighbor in some cases and then we're submitting. Yes, pictures and examples and and we describe it as clearly as we possibly can.
I just think by the time the telephone operator gets all the way back to the consumer and then they get home and see it either in progress or sometimes complete.
That ships sailed.
So we're there.
And now we got to figure out how to make sure everybody's happy.
So a follow up question to the managers is what are your thoughts on making sure

that the patient or the client is clear about what's modifications are going to be done?
That's the Jose or Rosalyn.

Clark, Rosalind M 1:39:34
So I repeat the question again please.

Casavant, Robert 1:39:38
Yep. So my my question to you all on this particular subject is.
What steps do you all take to try and?
Help the client understand exactly what's going to be done.
What modifications are going to be made or what's been approved to to reduce?
The the miscommunications.

Clark, Rosalind M 1:40:02
Oh, the case manager usually go over once we get the report back. Some the rehab engineer.
The case manager usually go over that report with the family.

Casavant, Robert 1:40:12
Roslyn Roslynn, you're you're we're having a hard time hearing you.

Clark, Rosalind M 1:40:14
Yes.
OK, I said. Once we receive the report back from the rehab engineer, the case managers usually go over that report with the client or the family and at that way they know exactly what we're doing and what we're not going to do.
And in some cases the case manager will go with the engineer assessing the home and letting them know this is what we're going to do at that point.
So they know that there's nothing extra.
The case manager is there.
The engineer is there and the talent and and they're going over exactly what.
We're doing and therefore there's no question and there's no misunderstanding because it's already been explained his manager's there with the engineer, so everybody involved know exactly what we're going to do.

Casavant, Robert 1:41:05

Clarify who is this rehab engineer?

Is it AB Skip employee or is it like a contracted?

Separately from what you do or or how do they fit into the rest of this?

Clark, Rosalind M 1:41:16

This is a vendor.

It's one about vendors.

Casavant, Robert 1:41:19

And I do.

I do that as well, so there are occasions that I'm asked to to act as the rehab engineer and I go out and do those reports.

And that is the report, if I, whether I do it or not. That's the report that the proposal should be based on.

Now there are there are occasions when a recommendation might be made in the assessment that a contractor may vary from.

And may need to make it clear.

And it can be trying to think of some examples, but certain vendors have access to certain things.

Clark, Rosalind M 1:41:51

Mm-hmm.

Casavant, Robert 1:41:55

Other vendors don't the the the company that I mentioned that I get these showers from, not every contractor in the state of Florida has access to that product.

There are a couple other companies that make a similar one, so there are other contractors who maybe are tile installers.

That's their kind of home, so they may prefer to do a tile shower.

So there may be slight variations in that.

The important part is.

Is probably.

After that assessment has been reviewed, making sure that if there are any variations

in the proposal that those are also reviewed with the consumer.
So it's a, it's a. It's a two stage process, an individual goes out and assesses the house and writes a plan and then a contractor sits down and writes a proposal based on the plan.
In my experience, a lot of the assessors write extraordinarily good assessments and they're very conscientious and detail oriented.
A lot of mark contractors.
So although they understand that a door needs to be 36 inches wide, sometimes they don't understand what it takes to make that door 36 inches wide, or what other things might be affected.
They don't understand the difference. Maybe between Recessing a shower in a mobile home versus on a concrete slab versus on a wood sub floor that's off grade.
So those are some of the things as a contractor that I'll look at.
When I get these assessments in and try to evaluate, you know the term we use is the most cost effective way of achieving achieving the goal. If it's a barrier free shower, let's find the most cost effective way of making sure that we're creating an environment that's gonna.
Satisfy the assessment.
That may vary in in small ways about how I might go about it as opposed to another contract.
So with that, you know and you have to get 3.
Quotes.
I imagine there's variability in those three.
Quotes as far as the interpretation of that engineer's information, after that as approved, does the case manager go back and confirm exactly what's being done?
Yes, it's on the scope of work when we award the job to the contractor, it's for the sign off. Yeah, OK.
It's specific on the scope of work, and it has to match with the engineer evaluation.
Was I'm I'm really curious what these documents look like.
Maybe after this meeting just send it out to the Council members just for for.
Notification you wanna sample of an engineer eval.
Yeah, both the engineer eval and the and then sample that the that the quotes are a quarterly quotes, yeah.
Of the projects that you end up doing for bskip, how many of them are mobile homes?

Yeah, third of them, OK.
It's just off the cuff, but probably a third of them. And then they're again particularly challenging.
They they they can be 456 feet off the ground.
So just providing a wheelchair accessible entrance can sometimes be challenging and then all the things that that the way they're manufactured makes them a challenge to to get in and actually work on.
But in North Florida, probably about a third of them.
What factors are used for for the transfer assistance? I I I was aware how much how how much bsip's pays for those but seems like a single amount.
What factors go into who?
Who ends up getting them and who?
Who ends up meeting them?
I don't know if that's AB skip question or a question for you, but but how?
What goes in deciding you know who, who needs and who gets the the overhead left?
Well, that's based on the clients medical necessity.
Is it just based on like the the dimensions of the room and like they're not able to use the Hoyer or well, it depends on the patient too. If they're not able to move and they need the Hoyer lifts, Mm-hmm, then we then we do the assessment to.
Get them a a wire lift.
There's the client has to meet the criteria for needing one. Not everybody does.
So it could be part of the evaluation that is done at the time of an engineer, that he'll go out to assess.
And lift is going to be needed in the home and then that's part of the quote that so the engineer helps with that decision about what's? Yeah. OK. And from my perspective, if a Hooray lift won't work in a house, for example, a mobile home with 24.
And 28 inch wide doors where you can't get a hoarder lift through carpeting floor coverings. If there if the place is too small to put a hole.
So the advantage.
The overhead lift is there's nothing to store, there's no place to keep the Hoyer lift.
Well, I'll times consider recommending an overhead lift a lot of times we're asked to, so a lot of times when I'm asked to provide one of these assessments, there's a list of things, a bathroom and a ramp and an overhead lift.

It I already know what I'm going in there to look for.
I just got to figure out how to make it work in the house that we're looking at.
And do you put typically then the lift system through to the bathroom into like the living room or to the OR is it just really bedroom?
Generally it's only going to be primary transfer points and.
A lot because of some of the other programs I work with, cost effective is, is, is kind of beat into us. When you start these overhead lifts are remarkable in terms of their ability to be able to track through an entire house and all the different things they.
Can do.
I typically am going to recommend.
A piece of rail over the bed and if necessary, we're renovating a shower. We'd need one 'cause we built.
That's the purpose of the roll and shout, so I'll normally recommend one over the bed to be able to help make the transfer from the bed to the chair.
And whether it's a transfer into their, their wheelchair or a shower chair that they can then roll into the into the accessible shower.
So if we're, if we're doing that now, if it's a bathroom, we can't renovate for whatever reason, then we'll put an overhead lift in the bathroom to be able to help make a transfer from the from the from the bathroom.
From into the the tub or whatever the shower that's in there. If it's one that we can't do or if cost reasons are are asking us, there are families who have kids and they say we don't want to take the bathtub out, make my bathroom accessible an over.
Lift is really the only.
The the rehab engineer is out like a specific designation, like a certification for that or just.
Like, what's the? What's the qualifications to be a rehab engineer?
There are specific qualifications to be rehab engineer.
I was grandfathered into that because of the amount of time and experience I have in this.
Not just certified, I'm cap certified.
I can't list them all off a bunch of different training programs I went to.
I did.
Rezna is the certification generally used for rehab engineers residencies.
That is more for people who do custom wheelchair fitting and that sort of thing.
Than it is from the construction side, so I just haven't done that.

The program grandfathered me in to do these assessments.
I don't do a whole lot of them generally.
I think you all frown on me doing the assessment in offering a proposal, but there are a limited number of vendors in the Panhandle.
So I think that's the main reason why occasionally I'm asked to provide one of those assessments. Gotcha.
Uh, I'm we have. Engineers are usually occupational therapists.
Mm-hmm. As opposed to construction people like me.
Yeah. So, but then those occupational therapists may not understand, you know, dealing with the substructure and correct what what that might take to make that door that wide and things like that, that you, that you and that's a lot of times that gap when I was talking about.
Time, from quote submitted to, to to.
Quote awarded can be me talking with the case manager about. Yeah, I know they recommended this.
But we really need to think about maybe doing this instead, because.
Or a different way of going about doing it, whether it's creating a barrier free shower or creating access at a front door or something like that.
I'm just came up coming with questions.
Here's this.
Turn to me on the page.
Is anybody online?
Have any questions while he's looking for his additional?
So do you, do you guys deal with like smart home like to be able to do like environment control unions verbally or like or like open like open like access open front close the front door and things like that?
Very limited, very limited considerations or no experience considerations we get so few requests for that kind of stuff that I don't have anybody who's truly qualified to do the installation, troubleshooting and repair form when we do get asked about it, it's usually something we'll reach out to a.
Company.
That specializes in that. In the past, I've had people employed who were trained in that kind of stuff.
We were just getting so few requests for it.
We if you don't do it, you don't.

You can't be good at it.
So we've that's just one thing that we've kind of carved out and if we get a request, whether it's from y'all or anybody else, we'll usually introduce a third party to be able to deal with that.
There's some real simple ones now with the technology we have like turning lights on and off with a voice that we do do. But the more complicated home control systems there are companies that specialize.
Or now in the field are are they?
Are they starting to use like virtual ways to do that using like like 3D mapping of homes and and taking measuring measurements with with like 3 cameras and things like that?
Not that I'm aware of.
Not that I'm aware of. I don't.
I don't think we have any vendors that have submitted quotes based on those tools, yeah.
Something that Brooks is working on.
But we'll we'll come to you guys when? When we have it developed.
The anyways I I I wanted to thank you for coming.
This is sort of a a good opportunity to kind of get insights that that. Otherwise I would I'd I'd have zero access to.
So I really appreciate you you taking time out of your day and and doing this and and also just doing this work.
It's it's very niche thing, but it's for for our community.
It's it's it's incredibly valuable.
Do you think there's?
In time, your whole field of work do what? What drives people from from this environment to this type of work.
And is it?
Is it difficult to get?
To get people that are really passionate about this.
Yeah, it is.
And I've been fortunate as I've hired people that I've found some people who become passionate.
Of it quickly, I've run into people who've had experience with relatives or even children who were disabled, and it kind of drew them to me. But it is.

It's hard to find people who are passionate and interested in it.
That's what drew me.
I said I was serving people who were confined to their home because of illness or or injury and and just there was a clear need for them to be able to have a little bit of independence and access to their homes.
So that's what started the whole thing.
And if whenever I can find somebody like that, I try to bring them on board as quickly as I can.
And there's a there's a there's the other side of that coin, which is there are a lot of people out there who have a discomfort with this. And those are people that that show themselves pretty quickly and they don't last very long. In my company, they may be.
The best Carpenter on the planet?
But they just they lack the ability to to work comfortably in that kind of environment.
I think a little bit less with brain and spinal cord injury programmed waiver, we deal with a lot of disabled children and a lot of people just really struggle.
Doing that day after day after day.
So you guys work in the Panhandle and all the way east of Jacksonville sometimes, but reputationally are there, are there some parts or some regions of Florida that are more challenging than others as far as kind of the the housing stock that's there or or or different other?
Barriers that makes things more challenging because of the the the architecture in that region or or or for other reasons.
No, truthfully, the only one is Jacksonville.
And it's just 'cause. It's so big.
It you know, it takes me as long to get from Tallahassee to the outskirts of Jackson.
Bill, as it does to get from one side of Jacksonville to the other.
So it just the size of it makes it a really challenging.
Environment for us to deal with.
You know, a lot of times we'll try to schedule if we have a couple of jobs in, in, in the Gainesville area, we'll try to schedule them together.
So we'll send four or five people down. We'll be working on both of them at the same time.
That that doesn't work in Jacksonville.
It's just too big.

Too much back and forth, too much back and forth and and too long between them, yeah.
But architecturally, I don't think so.
I don't think so.
Maybe early on, you know more more mobile homes in the Panhandle and things like that. But we we've kind of I was brought up in a house that was built in 1766.
So when I talk about pre-existing conditions, there aren't many things that surprise me.
That's kind of where I pride my teeth on on construction actually was trying to keep that thing from falling over so.
From a construction standpoint, there really aren't that too many surprises.
That we run into.
So you mentioned funding, you know obviously is is the biggest limiting factor.
If there was one thing that you could change.
If funding improved, you know of all the things that you do, what would it be?
She sent me that. So I thought. Yeah, sorry. No, that's a great question.
I mean, there's just.
Space I guess would be the easiest answer.
I'd love to go into every one of these homes and take a bathroom wall and move it three feet, but sometimes when you've got plumbing and electrical and structural issues in a house that just becomes so cost excessive that they can't be done.
So I guess being able being able to create a truly accessible sized space.
We can wide the door and we can remove the threshold from the tub and and all those sorts of things. But you're still usually dealing with a with a really small space. If I could get into these bathrooms that are 5 by 8 or 5 by 9 and.
Make them seven by 98 by 9. Sure, then.
Now we've got some maneuverability room and some you can really kind of create some independent living in there. But.
That that would probably be it.
It's generally something we don't look at.
Because of the cost factors.
You mentioned you sometimes like start a job and then realize that that there's something something you didn't realize going on.
Is that just like?
A weight bearing weight bearing wall or something like that or or or a power or or.

An electrical or plumbing thing? Or is it damage that you don't that you didn't anticipate, or the the most common thing we run into is unanticipated damage?
It's maybe a window was what had a leak in it and you couldn't see it inside the bathroom. But when we tore the wall covering off, the entire wall was was wet and rotted, or a tub or a shower was leaking.
We generally you know, again, I've been doing this a long time.
Accessibility and non accessibility.
So I've gotten pretty good at building that in my expectations of what we're gonna run into.
But you still find surprises, and the biggest one is damage.
The second biggest one would be usually electrical.
We'll go into a house and have an expectation of what's going to happen when you pull stuff out.
You know that.
The scariest one we ran into?
We pulled out a fiberglass bathtub with a 220 Volt electrical line laying on the floor under the tub.
That's spectacular.
No reasonable person should ever expect to run into that.
Our criteria, and this is this, is the way my company works is and I expected condition is something that no.
No, no reasonable person should ever expect.
To see and we can't fix it.
So when we run into drywall, when we run into rotted walls or rotted sub floors and trailers, we see a lot.
We're just gonna fix it. You all won't even hear about it.
We're just gonna fix it by the time we stop and call somebody and tell them, hey, we need an extra $300.00 for a couple of sheets of plywood and then get that approved.
We've lost money, so we just fix it.
We're just gonna fix all that stuff. If we can't, we are not licensed to deal with the 220 Volt electrical line lane.
So we've got to stop.
We gotta call an electrician.
I have never run into a load bearing issue in an accessibility modification that I'm doing. If I ever did and we needed to get an engineer to come out and say, you

know, we're taking this wall down, what, how are we gonna hold the house up that would?
Be something I'd have to stop on.
That's I've never been caught off guard about this.
Is that what?
You would normally.
This is a who. Who's your competition?
Do you guys end up like?
Probably quoting the same projects pretty often.
Are they also like accessibility?
Only places are the more general contractors that kind of are trying to get in that game or.
From from Jacksonville to Pensacola. I don't think there are any other companies that specialize in accessibility.
I think they're more like general contractors.
I know there's a roofing company that that they're bidding on a lot of these things.
So I don't think there are any that specialize.
There used to be there used to be a company out of Panama City. There used to be one in Pensacola.
There used to be one in Niceville or or somewhere around there, but they're they're all gone.
How about like outside your region?
Are there?
Are there others outside of Cotton Jacksonville that I know they're a bunch in South Florida.
I know there are a bunch.
There's a big one in Tampa.
There's a couple in Miami.
In the Miami area, I'm sure there's some in inner.
And again in Jackson, Jacksonville's the only one we really bump into.
Who are people?
And we I actually talked to will share notes and share ideas and we run into strange things, in particular the company in in Tampa and one of the companies in Jacksonville.
I'll call them up and say I got this.

You ever seen something like? What's the best way to deal with this?
I haven't.
I haven't seen this before so but.
Good for me.
Not not in North Florida, you know.
I don't.
I don't mind competition. It'd be nice if there was more people out there doing it because I know there's a lot.
There's a there's high demand for.
So there are a lot of challenges with it and a lot of companies that get into it decide not to because there are some challenges with being a third party contractor.
It just it just adds kind of an administrative burden that that some construction companies don't aren't set up for don't really want to have to deal with.
What happens if you have them for the?
Unfortunately, you know the person in their house.
How about you grab my my microphone?
As a probable one, yeah.
Thank you.
What happens when you know you've completed a project?
And unfortunately, for financial reasons.
The homeowner can't pay his mortgage and they lose their, so now they have to downgrade to a smaller home and the existing configuration does not fit the parameters of their new home.
What happens to that is that situation?
I haven't faced that.
We do a lot of private pay work.
We have had customers pass away in the middle of our project.
We have had people lose their houses in in the middle of their project and those are generally things that that are kind of the risks of doing business as far as we're concerned in terms of working with with any of these programs we work with. I've never I.
Had a few issues in the Med waiver program, which is a little bit different where.
A consumer has had to be hospitalized.
In the process of the project and when that happens, their funding goes from.
Me to something else and I'm not sure I don't. The other side of it.

I just know the funding leaves me and we run into some problems with that because we we've done the construction.
And maybe they left in the middle of it because they got sick.
Or maybe they left right before or right after.
But their funding boss had got turned off and that's something we struggle with.
Happens once or twice a year, and it usually takes us months to get it cleared.
But I've never had an issue in terms of of doing business.
There was one down in the Gainesville area that we finally ended up doing work for him, but that he moved three or four different times and I went to every one of the houses.
We'd assess it, we'd decide what needed to be done to it.
We'd get all ready to go, and then he was moved to another house.
So fortunately we had started and he worked, but we finally got him located and situated and got his house fixed up for him.
Thank you.
You mentioned that there's permitting issues going into Georgia, but how does permitting go in Florida?
Is it?
Is that often a barrier or or you have a pretty smooth process with that or.
It is a barrier.
It's a significant barrier and the reason is.
The majority of the homes we work in are low income and very few of them meet building code and the issue with a contractor pulling a permit to fix a bathroom for accessibility.
Is that when the building inspector goes in there, he's gonna look at the roof. He's gonna look at all the structure. He's gonna look at the electrical panel and anything that doesn't meet code he's gonna require to be brought up to code.
The VA is the only program that will pay for bringing a house up to code.
The only program we work with, every other program says that's not our deal. And the homeowners, 90% of them are not in a position to be able to bring the house up to code.
Yeah. So it is an issue.
So that they just don't get the service.
Basically, they don't get the I turn my mic off.
That's not a question for you.

We do it.
We do the work. Yeah, we do.
I am a licensed contractor.
I've been licensed in the state of Florida for 30 years.
We go in and do the work we we use licensed subcontractors, even though we don't have a per, I haven't found another solution. If if there is another solution, I would prefer to work under a permit. Every job I do.
I don't know who's watching.
I should be really.
We do.
We go in and we do the work.
It's not going to get done if we don't.
Does that permitting process take a long time?
No, we can usually get department done in the time it takes us to get the materials in. OK, it's really 99% of the time.
It's an issue of of of a house that's out of compliance and a house that's that's going to be 5 or $10,000 to get it to be code compliant in order for us to have a permit issue to be able to do the work, yeah.
You mentioned the Medway, but it sounds like it's not related to B Skip.
But I'm curious.
What is medwaver?
So Midwaver is a Medicaid part of Medicaid and it's got a program that that pays for home modifications for. Originally was children with with disabilities, and it was under 18.
But I think they've extended it and we're working with with individuals in their 30s now, but it's it's individuals were born with some sort of disability developmental disability.
I knew Medway or Medicaid. Medway were paid for caregiver, medically paid for. Months. But you have a program for home months.
Yeah, I see.
What are the standards for like ingress and egress are are are there?
It can only be one.
Or does it have to be two?
Or what's is there certain standard with that?
There is not.

There's not a standard from the state of Florida based on residential environments, so I'm trying to answer this concisely.
Some programs require us the VA, for example, to provide primary and secondary means of egress the brain, spinal cord injury program does not.
Medway ver.
Does not. Well, Prehab does not.
So when I do an assessment, I always try to make sure that whichever entrance and exit we're making.
Accessible is one which meets the most logical safety needs.
It's accessible from the bedroom.
Hopefully it doesn't go through the kitchen.
Those are the two big things that we try to make sure you know, we don't want something on the other end of the house. So if there's a problem there, 99% of all fire start in the kitchen.
We don't want somebody going through the kitchen if there's a fire to get out of the house. So those are the things that we've got to take into consideration.
That being said, we have done a lot of emergency and secondary egresses.
For the brain and spinal cord injury program and some other ones.
But it's not something that's kind of a mandatory step.
I was really glad to hear that that Bescab has really been good, been great to work with, because then then for our clients, then there's gonna be more, more people come to the table and and want to work with with bscap because not not a heavy administration admin.
Headache for the contractor.
So it was a great opportunity to come in and be skip for for for being smooth, smooth operators.
And we have worked with dozens of different programs and and that's a sincere sentiment.
That it it has been the easiest program we've worked with. Mm-hmm.
It's awesome.
That it got some keep coming.
I'm ready.
You gave me a lot of clues about this Horror Story about the the mismatched expectations. Could you tell?
Divulging confidential information.

But like what was it?
What? What was like they they're expecting like aesthetic things that weren't.
Or was it just that drain thing you were talking about or?
So he had an expectation, which I didn't.
I wasn't even aware that this was his expectation.
He had an expectation of a wet room which what that basically?
Means is we.
He had about a 10 by 10 bathroom.
That we have to cut out the concrete floor.
We set a drain in the center of the floor in the entire room. Slopes to that drain, and then we can put a shower anywhere we want a toilet in the whole room is basically a giant shower.
We build a shower within that, but the whole room will drain to that one center drain.
We ended up putting in a 5 by 5 shower.
And he just wasn't satisfied.
There's really not any other way to put it.
Mm-hmm. And he kept bringing up the wet room, and he kept bringing up, you know.
That this expectation that he had, that the whole room was gonna be a tiled wet.
And it wasn't what we were asked to provide.
It wasn't what we proposed. It obviously wasn't what we did.
Yeah.
I'm I'm sort of curious if that was a brain injury or spinal brain injury.
Yeah, patient if that led to kind of like the persistence on that or something.
It was a spinal cord injury.
It was a really interesting situation about 3 days before we were supposed to start work.
These tornadoes that have been bouncing through Tallahassee for the last few years.
One of the Tornadoes hit his house and half the house was destroyed.
So he had his homeowner's insurance company rebuilding half his house.
And he had me rebuilding his bathroom.
And I really just think he was.
Trying to upgrade while he was at it.
Yeah, that that was kind of the cause because we spent about two weeks out there

more than we expected to trying to find ways to to, to make sure that he was satisfied with the way he got and and it became clear that that was never gonna happen.
Call the case that you're talking about now. Me too.
I kept thinking.
I.
I knew this.
I knew this case.
I know the case. That's unfortunate.
That doesn't sound like it's the common.
It's not the common and when I talk about mismatched expectations, they're usually very subtle.
They're usually very subtle, and they're usually things we can work through once in a while.
That's something major like that.
But, but usually it's something that's reasonably small and and can be worked through.
So I have a question for you as a vendor because I've I've heard of issues where we had home modifications done before.
And the clients didn't like the tile.
They wanted a specialty tile.
Well, the program does not pay for specialty tiles and so.
So when the contractor is assigned or awarded the job to go out there and I know you share the scope of work with them and and and know the clients aware about how often do you really run into that in the area that you cover where you've been?
Approved to go out, do a service. You get there and you have the client that says no, I want these blue tiles.
As in my bathroom and not the standard white ones.
So we reach out to the consumers and offer them an opportunity to give us some input on what they want. And we explained to them that we have an allowance for tile and we have an allowance for the faucet and we have an allowance for the the counter.
Or whatever we might be doing, and we'll try to give them some some kind of guidance in terms of, you know, some list of choices to make it a little bit easier for them.

I also visit every home we work on, so I get to go in and see the house.
And we're by default, we're always going to go back with something similar. What we took out.
So if it's kind of brown and white tile on the floor, we're gonna find a brown and white tile for the floor. If it was a white vanity, we're gonna bring back a white vanity.
We do pose the question to them if there's any any input they want to have as long as it doesn't exceed the allowance that we had built in, we're fine with it.
And that's probably the best example of this mismatched expectation where we'll, you know, we'll tell them what we're bringing out for Tyler.
They won't offer us any input.
And we'll go back with something similar to what was there and they had an expectation.
We had a customer who had found a $1400 wall mount sink that they really wanted and our specification said a wall mounted sink.
But it wasn't a $1400 Italian wall mounted sink.
And and you know, there was a little discussion over that, but again that was something that was pretty easy to work through.
The tile selection is usually something that's pretty easy to work through.
The challenge for the vendor is often times I'm perceived as the person who's.
Just being cheap and cutting corners.
Because I've been given a certain amount of money to get a certain job done, that amount of money was based on what I expected the job to cost, and then I get into these, these, you know, detailed somebody wants a a big, beautiful faucet and it just wasn.
Built in and we I don't know.
Maybe I shouldn't say this either.
I don't know if the program allows this or not.
We do allow people to to upgrade if they want.
So if I've got $125.00 built in for a faucet and these people have found this $100 faucet, I'm perfectly willing if they're willing to pay the difference to provide that boss.
So none of the other programs I work with have an issue with that.
So we've, we've extended that to consumers at brain spine as well upgrading tile or something like that.
Well, that is the same message that when I've gotten complaints about the tile they

want the Italian tile or whatever that they have to pay the difference.
Yeah, because it's we are a pair of last resort and have you know, a strict budget that we have to go by.
So from a programming perspective, the program's fine with that.
Yeah, if there's if there's like, a large hurricane that there's, you know, large construction projects going on across the straight state, does that kind of impact your, your labor or supply availability?
It hasn't.
We've never had an issue with that.
We're we're we're not huge. You know, when we go do one of these bathroom renovations, we might need 2 sheets.
A sheetrock and one door and and most of the stuff we get we order from from different places so.
Generally no.
So we have very rarely had supply chain issues or material availability issues or anything like that.
You know, there was some crazy times during COVID when you couldn't find a piece of sheetrock in the southeast or something.
Weird like that but.
Grand exception to the rule.
It's very rare that we run into anything like that.
This might be more of a question for Kimberly, but what quality metrics or or or or how do we keep track of of of various contractors and is just sort of by reputation like you know this one keeps on having bad bad feedback and and we we're not.
Going to work with them anymore, but or or or how do we track that so vendors have to qualify every two years? OK, we do have.
A.
A something we implemented in rims now for staff.
To rate our vendors not just contractors, but all of our all of our vendors. Mm-hmm.
So consumer or client has the right to pick who they want.
So they can be given choices and so they can choose who they want. When it comes to quotes and so forth.
We will go generally with the most cost effective.
Not always. Sometimes it's.
Based on the vendors that we're obtaining quotes from and if we have had issues

with them.
Significant issues not like that client you're talking about, but significant issues with them completing the job in a timely fashion.
That they may not win the quote.
We have to we still get the quote.
They're still able to bid.
We don't remove them from the system.
You know, we try to be very fair and give every opportunity that we can, but there is we do have a thing now in rims where we can score.
The case managers field staff can go in and it's the five star system, right?
Yeah. I was gonna ask if it was like the like Google like 5 star. How do I get at that?
And they can also put comments in there.
Yeah. So if we have like billing issues, we might put a comment in there again with a vendor that you know this vendor has billing issues, we can't get billing in on time.
This vendor took three months to complete a project.
You know, just notes within our internal.
Yeah. Yeah, of course you have.
Good readings and ratings, and that's why you got invited.
No, I I'd be curious just as a a thought.
Do you share that with the vendors?
Maybe not the details or anything like that.
Wouldn't be a public record?
So I'm I'm just talking about a kind of counseling for your vendors, for people like me to say, you know, over the last 12 months we've had.
Four or five star reviews and two three stars. We got this one one star.
Are tell me what's going on.
We've got a problem with your billing department.
We've got so we will communicate with the vendor if if there are issues with billing, we will communicate with the vendor that we're having these issues. If there's issues with a job taking too long or.
If you're a vendor and we gave you a quote and you're out there doing a job and then you come back after you're almost completed.
With it and say, oh, well now we found this. We gotta do all of these things now too.
We we we don't appreciate that because we already have set funding against that, but I can assure you that if there's any issues with the vendor.

I will call the vendor OK or the manager will call the vendor or Beth Collins, who is our unit administrator.
We do communicate with the vendors if we're having issues, OK.
Definitely.
Good. I mean, I I tell customers I work with if you don't share with me my shortcomings, it's hard for me to crack.
So yeah, great, great.
I'll be sitting by the phone.
Yeah. If you don't hear from me, is what I tell people. If you don't hear from me, it's all good.
Anybody.
Thank you very much.
I really appreciate your your career on this. And then of course taking your time out to just to to come chat with us.
No, I I truly appreciate the opportunity.
This was this was good for me.
And again, I I enjoy working with the program and hope to do it for a bunch more years.
Program.
And lack of communication between the consumer and you and expectations.
Then I in turn would like to hear that as well.
Because I I am for all the people. OK. OK.
Did you see the letter I wrote about that one job in particular?
We were talking about, I believe I have.
Yes, I was. I apologize.
I'm sorry.
I'll leave it at that. I'm sorry.
OK.
Fair enough, we will.
We will reach out if we have issues or or concerns.
Thank you so much.
It was great insight. My pleasure.
Thank you all.
I appreciate it.
I'm just going to take my stuff and go, OK?

Thank you.
Yeah. Thank you so much.
I greatly appreciate. Thank you.
Yes, Sir.
What happens here once the e-mail?
Thank you.
Sure. Yeah.
Pass it on.
Region 1 speaks very highly of him.
Yeah.
Yeah, I remember reading a A Washington Post article about home accessibility and stuff. I think I I think I shared it with with the Council.
But yeah, that that talk was was exactly kind of what I had in mind. Mm-hmm. Sure.
Learning opportunity.
Yep, OK.
I think I think we're gonna roll into the next agenda item, which is new business, but this is our our objective. We need to to talk about what he just talked about and kind of and also kind of how how bskip handles that.
But I have a question for to just follow on that what percent of of bscapt budget are these home mods?
I imagine it's pretty sizable.
Well, if you I think if you well it's not on the report that I sent you but.
Home modification nowadays is probably an average of about $30,000.
Average average 25 to 30,000? Mm-hmm.
They used to be, you know, more cost effective before the pandemic and everything went sky high and so forth, so.
I did look at that on a fee code report and I'm really trying to remember what the amount was.
I'm sorry, rob.
I am I close enough?
What the amount was that we spent for the year, don't quote me, but I want to say it was around $800,000 is what I want to say.
But I don't know that I'm correct on that.
I'd have to pull that report back up and look, it was substantial.
Yeah.

Carrie Rayburn 2:22:53
Is that something that could be added to when we're following, like all of those, like a monetary value to all of the services that we're providing?
I'd be interested to see that.

Casavant, Robert 2:23:04
That's one that we excluded this morning from.
I've seen that number before as far as when we talk about the number of code report that tells you.
By priority, the most used fee codes or services that we provide and it gives you a monetary amount that was spent.
So I can.
I can have that report available again.
Yeah.
Yeah, I remember seeing, not not this meme, but previous meetings, a breakdown of yeah, that's that's good report of the budget. That's a good one.
Yeah. If you wanna see, of course.

Carrie Rayburn 2:23:43
Thank you, Karen.

Casavant, Robert 2:23:45
My pleasure. If you wanna see where the money is being spent the most, absolutely.
It's definitely therapies and therapies, therapies.

Carrie Rayburn 2:23:53
Yeah.

Casavant, Robert 2:23:57
Accessibility devices and home mods.
Sure, even vehicle mods, we do.
Vehicle modifications, but not not not that many.
Yeah.

Carrie Rayburn 2:24:09
And then sorry, Kim, the list of that we were were just Speaking of that you did share this morning, did you send that via e-mail to the Council?

Casavant, Robert 2:24:18
I did.

Carrie Rayburn 2:24:19
OK.
I.
I don't have access to my work e-mail from home, so I just wanted to make sure that I would have a copy of that. Thank you.

Casavant, Robert 2:24:25
Yes, ma'am. If you don't have them, Carrie, I can resend them.

Carrie Rayburn 2:24:30
OK.
Thank you.

Casavant, Robert 2:24:31
Yes, ma'am.
You know, obviously one of our metrics that we're tracking is kind of these these clients who are not able to, you know, get in contact or have them agree to our services, but.
If we succeed in that, if we succeed in in getting more clients from those who are injured, then there's gonna be the same the same amount of money.
Going to, you know, maybe 10% more, more, more client or ten, 1020% more clients, 20 would be a big jump, but.
But then it's going to even more push and pull with you know, how much do we spend on therapy versus?
These other things and things like that.
Right now, I think we have a waiting list for home modifications because we get more requests than we have funding, yeah.

Yeah. So they carry over from one year to the next.
They will carry.
Well, yes, they will carry over for one year to the the next, but budget is allocated quarterly. Mm-hmm. And we have a reserve that we hold back specifically for special funding requests, which are 99% of the time home modifications. Once that reserve funding is spent any.
That comes in is a special funding request.
Is put on a waiting list until the next budget release.
And then it's. But first come, first serve. I was gonna say first come first serve, not necessarily prioritization based upon.
Occasionally.
A.
A request.
Will get.
Pushed to the top if it's putting the client at risk for health and safety. So if there's a health and safety issue that this really needs to be done, it will get pushed to the top.
And they'll get served, and then we'll go to the next.
Are all kind of these well, besides health and safety, but all these are kinda created equals like a ramp going in and out would be the same as like bathroom, bathroom mods or most ramps the regions can fund themselves separate from this.
Yeah, because unless it's.
A ramp.
That's modifying the home. That one may be put on a wait list if the region doesn't have the funding, but most of the ramps that the Regents do, they have funding.
For that, for yeah. And a lot of those are end up being portable for yes, as you talked about earlier, yeah.
So it is like a for like this special category. I figure what you called it.
Is that like a special funding?
Is that like a a a separate corner of the budget, or is it just kind of the funds that are that are not spent on other things, or so it is a a percent of funds that are released quarterly by the state for us to distribute through the.
Regions.
We take.
I'm trying to remember how what the percent is of the amount released. It usually comes out to like $125,000 a quarter that we put in reserves, OK, of the quarterly

release.
So that will go into reserves. And when I say special funding request, most of them are home modifications, but it can also be a vehicle modification. It's a reserve funding.
For if the region is running out of money, they can request additional funding to serve their clients. If they're running short that quarter, they can request that.
A special funding request is anything over 15,000, typically over $15,000, that the region is not going to have the money for once in a while. A region might have the money for it, but that's really pretty rare.
So they have.
They have specific requirements.
They have to meet.
To make a request for that funding.
Mm-hmm. Yeah.
But if it's 120 a quarter.
Then that's.
Then that's basically like 4-4 home mods right there.
It could be, yeah.
So. So, so goes away very, very quickly.
It does, yeah.
Yep, it's it's spent every quarter.
Mm-hmm. Yeah. And usually within the first month, month and a half, yeah.
Is it the same?
Is the same amount every quarter or is it like, yes, OK, we generally do, yes, yeah.

Chester, Don 2:29:16
Hey this is.

Casavant, Robert 2:29:16
What are the oh, go ahead.

Chester, Don 2:29:17
I just tell you that.
Let me just tell you what they, I this was a great reminder for me about how easy I had it because.

The old thing is I got a guy.
I had a guy who could do every, you know, who was a general contractor, a plumbing contractor, a tile contractor.
They did all those modifications for me before I got home.
And did it.
Very, very quickly and told our city that we weren't getting that.
Told the city we weren't gonna bother to get a permit. We were just gonna do it.
And the mayor was a friend.
So she went along with it, but it reminded me about how easy I had it compared to so many other people.

Casavant, Robert 2:30:07
And you and your family were able to self fund it.
Or was it different different group that helped pay for it?

Chester, Don 2:30:13
No, we just, we just took care of it.
But most of the guys that did the stuff.

Casavant, Robert 2:30:15
Mm-hmm.

Chester, Don 2:30:20
It it cost me very little, they would.
You know, it was a friend would come in and would just do the tile or they would do the modifications to the flooring.
You know, we would just pay for, you know, we paid for some materials, I think, but almost nothing.
Again, I I had it very easy.
And I was.
There reminded me I was in a study with the university.
To Miami and they they would come up and check with me every once in awhile and and they would say.
Boy, I can't believe you don't need any of our help.
So I I have been, you know, the only thing we we have paid for was a handicapped

van.
And that was about the difference. You know, the the, the hospital modified my office.
So that I could get in and you know, in and out and modify my desk.
All kinds of stuff.
I had it really, really lucky, which I realize most people don't have.

Casavant, Robert 2:31:23
Thanks for sharing that.
Any other discussion on on home modifications?
The next order of business on our agenda is the Central Registry portal. We got to hear this morning some about it, but I imagine you have some more to present.
Who knows about it?
But central registry portal, this is Amanda Strickland.
We are making improvements to it every month. One of the main ones we're doing right, one of the main ones we just got done was.
Setting up to where facilities get a confirmation showing what information they put in, for who, and it's secure e-mail, where they can open up a PDF with a password.
Long term, we're going to or. The next steps are.
Log in.
Usernames, passwords, so they're able to log in and see all of the.
Applicants they submitted and being able to open them up.
Is it working OK Rob?
And we have a lot of stuff on our wish list that we're doing.
Josh.
Josh, our new central registry person, he he says it's working really well, makes his job a lot easier. Even though he wasn't here before.
But he knows the process because he still has to do manually interim faxes until we have everyone completely transitioned over to the new portal.
And he gives us this feedback. We're still testing a few things.
I'm constantly making upgrades, changes, fixing bugs and we have a good development team that stays on top of it.
Does anyone have any questions about the Central Registry portal?
Well, that's good news.
But yes, everything's going smoothly. We're hoping that more and more people are

going to be jumping on board, especially now that they do have the confirmation that they can save to their files.
And yes, if you ever have any issues or questions or.
Maybe some enhancements, enhancement ideas. Reach out to the Bscap team and we'll see what we can do. Very good. Thank you.
I have a something.
I'm now looking back.
I wish I did. I did.
But it's just a a follow up question.
So.
We as a group Advisory Council went through the rehab standards and I think as it stands now, it's before the before the trauma committee.
Is that where where that resides?
It's already been through the trauma administrator, OK? And he had made some adjustments to it.
OK. And it's net back with my Bureau chief right now, OK.
I'm curious.
You may not be able to go through all of them, but what were the? What were the adjustments?
Were they I?
I couldn't tell you offhand.
I would have to actually pull it up, but he made it was mostly language to to go along with what trauma standards OK to match.
Trauma standards, yeah.
Is that something that can be sent to us for review?
Yeah. OK.
I'll have to download it.
From my workflow, yeah.
As long as it doesn't impede the workflow, I won't impede so. So who does it reside with now?
Again, my Bureau chief, Mike Lambler. OK Ashley he so. So he's reviewing too.
He's he was recently appointed as Bureau chief, OK.
And then after that.
It may go to legal.
I have to look in my workflow. OK actually.

Take it back.
I think it it may go to comms and then it may go to legal.
I can't remember if it goes to legal before comms, OK?
And then and then and then.
Yeah.
Would be interesting to kind of see see what changes they recommended.
Yeah, that was a long journey to get through.
Still yes.
Yeah, absolutely.
Yeah, that was a. That was a big feat.

Carrie Rayburn 2:36:15
Yeah, one one question that I had. Once the standards are done is that when we'll start discussing like how we are gonna attempt to certify like facilities as like bskit preferred facilities or whatever term we use.

Casavant, Robert 2:36:16
Yeah.
No. So probably the next step after the standards get approved, we will have to go to rule, we have to go to rulemaking and that's like the comment period.
Is that rulemaking?
It's it's public meetings.
It involves the the lawyers.
It's it's several meetings and sometimes rule we get a rule added to our statues or administrative code can take a year.
OK.
Yeah, Rule Rule is a long process.
Yeah. Yeah. OK.
But then they hadn't been redone in a long time. So trauma, I think, has been going through the same thing and they'll end up going, I believe, to rule to change their standards with whatever changes they're making. I think they have to take it through rule as well.
And coincides with theirs, so Mm-hmm.

Carrie Rayburn 2:37:24

But the the goal eventually, once we do all of these things, is to do that right with the facilities like where we they would get acknowledgments of certification and stuff like that again.

Casavant, Robert 2:37:28
That's it.
Yes.
Well, so currently.
Currently, facilities can be be skip designated because we are umbrella under the trauma standards and I forget what chapter in the trauma standards it is that mentions be skip, but because we're in there, I can as long as the trauma center has been certified by trauma.
I can send out the Bsket designated letter. Yeah, if.
But there's a lot of places that dark trauma that have great the rehab facilities, there's rehab facilities that don't or that had designation that I can't just send them a designation letter now.

Carrie Rayburn 2:38:14
Right.

Casavant, Robert 2:38:23
So yes, but I can do that with all of the trauma centers.
I got it I can.
I can still issue those.
But the certification period has to follow with trauma certification period.
So I work with Gene and his team as they go out and they do their new site surveys. They should let me know they've done a site survey. They've been recertified and then I just have to issue my letter back to the facility to say that you or B skip designated, OK.

Chester, Don 2:38:58
Yeah, this is we're a we're a trauma center.
And we have to for years, we've had to be handicapped accessible, you know with, with ramps and any number of other things that had to be done so that people in, in wheelchairs like me can get around without any difficulty.

Casavant, Robert 2:39:21

Absolutely.

All right.

Any other?

Well, the next thing on the agenda is the voting for Chair and Co chair results. OK, Mitzi, OK.

You want a drum roll for this one.

No, no, thank you.

So I got everybody's vote except for two people. They didn't submit a vote.

But I can tell you.

There was one vote for a Co chair for Don Chester, one vote for a Co chair for Kevin Mullen.

Three votes for the chair for Jill Ulnick, 3 votes for Co, chair for Jill Ulnick.

Four votes for chair for Doctor Higdon, one vote for Co, chair for Doctor Higdon.

One vote for Co chair for Doctor Haridas.

And one vote for Co, chair for Carrie Rayburn.

So according to the vote.

If you accept the chair nomination again, I continue to accept you accept, OK? And do you accept any as Co chair? OK.

So then do I have a motion from anybody to approve the new chair and Co chair?

Valbuena Valecillos, Adriana D 2:40:42

Motion to approve.

Casavant, Robert 2:40:45

A second motion.

2nd.

OK.

So our new chair is still will remain.

Named Doctor Higden and our Co chair will still remain Jill Ulnick, and this time next year we'll vote again. All right.

Very good.

We have to vote once a year.

Any other new business that people had in mind?

Again another thing I wish I'd put on the agenda 'cause. I'm the one that helped put stuff on the agenda.
We had a conversation before about, you know, the the bsip tends to try to match what?
Like the level of service that Medicaid sometimes provides, as far as came up with patients, whether or not bskip would pay for for home health services.
But Medicaid doesn't tend to pay for those.
But then Medicaid also pays for transportation.
Is that still the status that that bscap is not paying for home health services or or has there been a kind of change in practice with that?
There's there's no change in that.
The only service.
Home health service that Beskit pays for is personal care, and it's up to six months.
OK, I'm getting eyeballed over there. 'cause. I'm not talking to my speaker.
Sorry, so personal care is the only service that we will provide and it's for six months.
I didn't realize that that that beast kept covered for that.
Can you tell me more about that?
What what? The parameters of the of the personal care is.
Personal care, I believe is one of the managers might have to help me with.
This this is not a service. We do very much with is 4 hours 4 hours a day up to six months maximum I believe is what it is. I would have been seven days a week.
I believe so, but I would have to go back into policy to to verify that I'm correct on that.
That's not a service we do hardly ever.
Yeah, because it's cost prohibitive, I imagine.
Yeah, yeah.
Well, we follow Medicaid's rates for that. Mm-hmm. So.
So Medicaid does.
It's not real expensive through Medicaid, but it could be.
It could turn into costly, yeah.
Good question.
Thank you for asking that.
I just wanted to verify for the PQI will continue every other month like we had been.
So the next PQ I I believe is.
December. I'll tell you one second, when the next one is scheduled.

Yeah, we had it in October and then we had this morning and so we've been doing everything. So it would be so if it was October, it would be December doesn't count.
Well, that's up to the Council. OK, so let me tell you what I have here.
But we didn't have one scheduled.
Yeah, I'm going.
I have it on the on the agenda. I'm sorry.
December 4th is yeah, December 4th is what I have is scheduled for the next PQI.
And then I have after that it would be February.
April May will be our virtual second biennial Council meeting and then June 4th would be our.
Last PQI meeting for this year. So OK, do we wanna continue with December?
Do you wanna skip December? Go to February.
Yeah, I think we can continue December simply because we have a few reports that will be gathering some information on and then we can OK, determine.
All right.
So we'll continue with December 4th.
Yeah. Quick, turn around between now and then.
Thursday. It's a Thursday, and it'll be from 2:00 to 4:00.
02 to three, I'm sorry. Two to three. Sorry. Two to three.
2:00 to 3:00.
Yeah, it's our standard meeting and I think I've already sent all the calendar invites out for that.
So they should be on everybody's calendar and then as time gets near, you will hear from my new manager.
He will be updating and I'll get with you to put together an agenda.
Yeah. OK.
Great.
Yep, any council recommendations?
I don't have any notes now.
And then any anyone online.
Public cons and then next agenda item is public comments.

V **Valbuena Valecillos, Adriana D** 2:45:27
Hello.

Casavant, Robert 2:45:33

Any any public members?
It'd be awesome if we get more more puck members.
Yeah.
Which I'm wondering since we saw the Google Analytics piece, I'm wondering. I know that we post it, but do we post it on the bskip website or page?
Or for public comments.
Or for public attendance for our meetings.
So all of our meetings are publicly noticed through the Florida Administrative Register.
And that so we can't post them.
Can we duplicate those to our?
They can be posted.
I'm not sure if I can put them on the.
Resource Center, but I know that they are posted.
Rob posts them on our website.
Our regular SharePoint website people.
Pardon me.
I know some people call that SharePoint some people.
Yeah, I know.
It's the DoH website I think.
Yes, we're getting more ress on the Resource Center.
It'd be great if we.
OK.
Well you can.
You can notice it as a public notice that the B skip is holding.
Their program.
Quality insurance or second annual?
2nd Biannual Advisory Council meeting. You can you can notice it that way.
So it'll probably be noticed just like our fire notice.
It'll probably say the exact same thing.
We can talk to Lindsey about that. Excuse me.
You could put it in the events and For more information that you could direct them to the too far to where they could get more information on the actual meeting, the

links, the contacts.
We can talk about that.

Robinson, Rebecca 2:47:43
So you're saying put it in the events page?

Casavant, Robert 2:47:46
I'll talk about it.
Becky on the Resource Center under events.

Robinson, Rebecca 2:47:49
OK.
Right. That's age. Yeah. OK.

Casavant, Robert 2:47:53
But while those two individuals are waiting to go through the process to become members, they they could be invited as as public members.
What remind me of what are the rules regarding?
Like what?
So, so obviously they can't vote, but are there any other restrictions regarding you participating to their participation in our meetings?
No. So because these are public meetings, the public is welcome. They can make comments. They can make suggestions.
The only thing they cannot do.
Is vote on Council business. They can't motion.
They can't second then they can't vote.
Sure that they can provide feedback, OK.
Yeah. So they won't count towards quorum for our minutes, correct.
No, we're not a very contentious council.
So the voting really doesn't.
It's more just discussion based and exploratory. So OK, so.
Can I?
Can I ask you to just let them know that they're welcome to join if they would like those people who are going through process or?
I can, OK.

I can send them a meeting and give them an update on their application and let them know when the next meeting is being held. Yeah, OK.
They're invited.
Mm-hmm. Very good.
Thank you. Mm-hmm.

Carrie Rayburn 2:49:06
Kim, do you know what positions they're like joining the Council for? They like survivors, professionals.

Casavant, Robert 2:49:16
Must be survivors.
These are survivors.

Carrie Rayburn 2:49:18
OK.

Casavant, Robert 2:49:18
I well, I think 11 is a person and I can't remember if it's a spinal cord injury or TBI injury. And then the other one I is a survivor and I think the other one is a family member of.

Carrie Rayburn 2:49:34
OK, great.

Casavant, Robert 2:49:40
So Rob has our website up.
So you can see where we post the transcripts from our meetings that we record when we have the court reporter like we have here today.
Those minutes can be posted out here once we get the transcript back from them, we can post their minutes.
Their very long minutes, if you look in your packet.
Yeah, I I have reviewed those minutes before, but those were the shortest ones. I, out of all the copies I get, I picked the shortest one.
And I think it was.

Yeah, I do.
Still, 63 pages. Yeah, that's pretty, yeah.
But there's usually there's recordings out here as well, Rob Rob posted the recordings of our meetings and the transcripts of our meetings.
Yeah. And when Fr notices posted, it should be out here as well.
Pardon me, I'd like to see the metric.
Not really, but yeah, I'm joking that I'd like to see metrics on that, but I can imagine how how low those counts are, yeah.
All right.
Any other public comments or otherwise, before we we motion to adjourn.

Carrie Rayburn 2:50:46
Do we have dates for May yet?

Casavant, Robert 2:50:50
I think it was may.
I do have a.
I'll say a tentative date.
Let me go back and tell you.
Because I have to schedule these way in advance for a report.

Carrie Rayburn 2:51:04
I thought so.

Casavant, Robert 2:51:05
For headquarters, give me one second.
Let me get into my folder.
And May will be virtual.
It won't be face to face and so I have it tentatively scheduled for May 7th.

Carrie Rayburn 2:51:27
Higher.

Casavant, Robert 2:51:34
OK, so for our applicants pending I have spinal cord survivor or family member and I

believe he's a a family member and then the TBI survivor or family member. And I think that person was a survivor.
Those are the applicants I have pending.
You said May 7th, yes.
On my calendar.
And at at that meeting, if you if you don't want to have a morning session for PQI, we don't have to.
We can just have an afternoon session.
Yeah, I think we can figure out where we're at in April and make that decision right.
Yeah, absolutely.
I just try to combine since I have everybody.
Oh yeah, for sure.
I try to as long as I got everybody, I try to get everybody together for.
What we should?
All right, I'll if not, that's another business.
I'll invite a motion to adjourn. I make a motion.

Valbuena Valecillos, Adriana D 2:52:47
2nd.

Casavant, Robert 2:52:49
All right.
Thank you very much and see you guys next time.

Carrie Rayburn 2:52:56
Thank you.